

Please refer to the Town of Essex Human Services Funding Application Guidelines for information on completing this application. Electronically submitted documents are preferred. For optimal viewing, please use a desktop or laptop to complete this application.

[Human Services Funding Application Guidelines FY25](#) (pdf) - (Document will open in another tab.)

VERMONT PUBLIC RECORDS ACT

Under the Vermont Public Records Act, 1 V.S.A. sections 315-220, any person has the right to request inspection or copying of a public record from government agencies, including municipalities. Applicants are discouraged from submitting information considered proprietary unless it is deemed essential for proper evaluation of the application.

SECTION 1: Organization Information

1. Organization name:*

Age Well

2. Name of program:*

Support and services for older adults

3. How long has the organization been active?

51 years

4. Are you a current 501(c)(3) nonprofit organization in good standing or does your organization file an annual IRS Form 990 tax return?*



YES



NO

5. Essex Human Services Funds requested: (Request cannot exceed \$20,000.)*

\$15,000

6. Contact name:*

Katelyn Irwin

7. Phone number:

8026625236

8. Address *

875 Roosevelt Hwy. Ste 210

If awarded, this is the address where a check will be issued and should match the address on the uploaded IRS W-9 form in SECTION 4.

City

Colchester

State

VT

Zip Code

05446

9. Email address:*

kirwin@agewellvt.org

10. Website address:<https://www.agewellvt.org/>**11. Total program budget: (Must equal the TOTAL ANNUAL BUDGET in SECTION 3 of this application.)***

\$13,671,628

12. Percentage of request to total program budget: (Request cannot be more than 25% of the program budget.)

.11 %

13. Brief organization description:*

Our mission is to provide the support and guidance that inspires our community to embrace aging with confidence. Our programs and services are provided to those 60 years and older and their caregivers in our four county service area.

SECTION 2: Summary of Services**1. Number of people served by your program in the last 12 months:**

11,052

2. If you do not formally track the number of people served, please explain how you assess if people are receiving services.**3. Number of TOWN OF ESSEX residents served by your program in the last 12 months:**

880

4. If you do not formally track the residences of people served, please explain how you assess if people in the TOWN OF ESSEX are receiving services.**5. Anticipated number of people to be served by your program in the next 12 months:**

900

6. Anticipated number of TOWN OF ESSEX residents to be served by your program in the next 12 months:

7. If your organization provides a service or resource to TOWN OF ESSEX residents that is important for reasons other than the number of residents served, please explain. (If you provided answers to questions 1-6 in this section, you do not need to answer.)

Examples are: that your organization provides a resource that may not be available anywhere else; you provide service to a smaller demographic and is available when needed; or your service provides cultural awareness that is not quantified in numbers. Please be sure to explain.

8. Describe the program services to be provided. Be sure to include an overview of the main program activities and how the program design fits within one or more of the Essex Human Service Focus Areas. *

As the leading experts and advocates for the aging population, we believe that health happens at home and focuses on lifestyle, happiness, and wellness—not on age. We have provided Vermonters with the necessary support to manage their daily living needs, with the goal of keeping them active, healthy, and independent. Our wide array of programs enhances the quality of life and improves health outcomes. Committed to helping individuals age well, we reduce barriers by providing access to healthy meals, in-home care, transportation, translation services, expertise on Medicare and insurance, long-term and short-term care options, Veteran services, a Helpline, and many more community resources. Carried out by staff members and over 1,000 incredible volunteers, our sought-after services are designed to meet the diverse needs of our clients, their families, and their caregivers

FY25 FOCUS AREAS:

- Access to Community-Based Resources as a Source of Support for Health & Behavioral Health
- Affordable Housing or Housing Assistance
- Child or Family Support for Healthy Relationships
- Diversity, Equity & Inclusion
- Emergency Food & Disaster Relief
- Increasing Workforce Development

9. Describe why you need this funding to support your program for TOWN OF ESSEX residents. What will be the effect if your application is not funded? What will be the effect if your application is partially funded?*

Age Well continues to face decreases in government funding (or funding that has leveled off) while experiencing increases in the number of individuals in need of our services year after year. Age Well services are provided at no cost, but we want to emphasize the value we provide to your community. In FY24, we delivered services valued at \$579,810 to Essex residents.

10. How will TOWN OF ESSEX residents benefit from this program? What is the demonstrable need for this program in Essex?*

Age Well's Programs for Older Vermonters strengthen the Essex community through adequate nutrition, the valuable social interaction and companionship, and the safety checks. Adequate nutrition is a necessity for health, functionality, and the ability to remain independent. The safety check that accompanies each Meal on Wheels delivery ensures that, in the case of an emergency or problem, medics will be called, families will be notified, and our aging Vermonters will not be forgotten.

11. Describe the program's measurable outcomes. What social condition, behaviors or situation will improve because of this service?*

Age Well helps vulnerable adults remain in their own homes and avoid far more costly healthcare alternatives, such as unnecessary trips to the emergency room, hospitalizations, and nursing home placements. • Improved mental health, specifically decreases in depression and anxiety • Improved physical health and a higher likelihood of eating healthier • Reduced likelihood of falls and fewer hospital visits • Reduced feelings of isolation and loneliness • Worry less about remaining at home

12. What criteria is used to determine eligibility for program participation? Where will participants access/participate in this program?*

Age Well serves clients in Northwestern, VT who are 60 and over, and those who are at least 18 years old with a disability. Eligibility for our many programs is dependent on both funding streams and assessed client risk. Approximately 33% of Meals on Wheels recipients are below the poverty level (using the current federal standards) and half of those we serve are living alone and lack the financial resources to pay for basic needs. Our services are provided to clients at home or their community.

13. How do TOWN OF ESSEX residents learn about your program? What strategies and/or mediums do you use?*

Age Well has a comprehensive marketing and communications strategy which includes: earned and paid media; social media; public relations; outreach; etc. Age Well is active on Facebook, Twitter, Instagram, and LinkedIn social media platforms.

14. By providing examples, please describe how your nonprofit ensures access to services and/or provides culturally responsive services to BIPOC, LGBTQ+, and/or underserved populations?*

Our ongoing efforts to expand collaboration with existing partners aim to facilitate the exchange of information, resources, and opportunities benefiting older Vermonters. Simultaneously, we actively seek out new partnerships with organizations dedicated to serving this demographic, with a particular focus on addressing pressing issues such as social isolation and food insecurity, known to significantly impact the health outcomes of aging populations.

15. Please provide examples of how you support cultural awareness within your organization.*

Age Well is committed to supporting our staff and believe that demonstrating inclusiveness creates a healthy, positive, & collaborative work culture. Senior leadership supports DEI training opportunities & employee policies that foster culturally competent practices. We provide paid time off to celebrate diverse cultural holidays, a culturally safe workplace that includes the voices of all colleagues and empower individuals in an environment that embraces cultural awareness to sustain change.

16. (You must complete this question if you received Essex Human Services Funding during the previous award cycle). Please provide a summary of services provided to Town of Essex residents and how the award your organization received last year supported your program.

Thanks to past support from Essex, we have been able to offer 1,804 hours of Case Management, 16,564 Meals on Wheels, 1,194 Grab & Go meals, 585 community meals, 712 calls to the Helpline, 147 hours of options counseling, 270 hours of SHIP counseling, in addition to a variety of wellness programs, social activities, transportation services, expertise on Medicare, insurance, and long and short-term care options, and the Helpline to residents in need. As a non-profit, our services are provided at no charge.

SECTION 3: Budget Detail

TOTAL ANNUAL PROGRAM BUDGET

Instructions: Budget items in boxes 1, 2, 3, and 4 must equal the TOTAL ANNUAL BUDGET in box 5. The total percentages in 1a, 2a, 3a, and 4a must total 100%.

1. Annual cost for personnel including benefits*

7,334,011

1a. Percentage of budget*

55

2. Annual cost for facilities*

309,310

2a. Percentage of budget*

2

3. Annual other operating costs (indirect)*

386,690

3a. Percentage of budget*

3

4. Direct services costs (not staff)*

5,474,302

4a. Percentage of budget*

40

5. TOTAL ANNUAL BUDGET*

13,671,628

(Must equal the total in SECTION 1, box 11 of the application.)

6. Provide comments or details on the Program Budget that are relevant for the reviewer to better understand how the budget works and what steps your organization is prepared to take to keep the program active if funding and revenues shift or change:

Age Well and the other Vermont Area Agencies on Aging (AAAs) continue to advocate for increased State and Federal funding to meet the growing demand for this important service. We are continuously working to expand our local, corporate, and foundation fundraising efforts to keep up with the demand. We have focused a number of grant requests on this particular funding initiative in hopes that we can continue to deliver the program for years to come.

7. REVENUE. Please list all current and projected funding sources for the existing program. Please specify and list revenues from other municipalities, other agencies, United Way funding, state/federal funding, fundraising/donations and other sources. *

Federal Funding 8,806,997 State Funding 3,214,228 Local Funding 1,678,238 Total Revenue 13,699,463

SECTION 4: Attachments

1. Please upload a copy of your Internal Revenue Service (IRS) tax-exempt determination letter for the applicant organization.*

501C3 IRS Letter and Name Change Confirmation.pdf

2. Please upload a copy of the organization's last IRS 990 tax filing (first page only) OR end of year financial statement (PLEASE DO NOT UPLOAD MORE THAN 3 PAGES - anything beyond 3 pages will not be included in the application).*

Age Well FY23 990 - Public Copy.pdf

If submitting IRS 990 - please submit only the FIRST PAGE. DO NOT SUBMIT THE FULL RETURN.

3. Download a blank Internal Revenue Service (IRS) W-9 form. If you have completed Form W-9, you can skip to uploading the form.

[Download blank IRS W-9 form.](#)

4. Please upload your completed IRS W-9 form.*

W-9 Age Well Signed.pdf

SECTION 5: Disclosures

1. DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST

The existence of a potential conflict of interest does not necessarily make the program ineligible for funding, but the existence of an undisclosed conflict may result in the termination of any funding awarded. Are you aware of any board members or employees of the agency which will be carrying out this program or members of their immediate families, or their business associates:

a) employees of, or closely related to employees of the Town of Essex?*

YES

NO

b) members of, or closely related to members of the governing bodies of the Town of Essex?*

YES

NO

c) current beneficiaries of the program for which funds are being requested?*

YES

NO

d) paid providers of goods or services to the program or having other financial interest in the program?*

YES

NO

If you have answered YES to any question, please provide a full explanation:

2. NON-DISCRIMINATION AND ACKNOWLEDGMENT

I certify that the above statements and the information provided in this application are true and current to the best of my knowledge, agree to cooperate fully with the Town of Essex in making available to its authorized agents information which reasonably relates to the review of this application and the processing of any awarded funding and acknowledge and understand that as part of consideration of awarded funding, the agency which will be carrying out this program shall not discriminate on the basis of race, color, religion, gender, gender expression, age, national origin, disability, marital status, sexual orientation, crime victim status, or military status, in any of its activities or operations. These activities include, but are not limited to, hiring and firing of staff, selection of volunteers and vendors, and provision of services. *

YES

NO

3. Typed name:*

Katelyn Irwin

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SECTION 1: Organization Information

1. Organization name:*

American Red Cross of Northern New England

2. Name of program:*

American Red Cross of Northern New England

3. How long has the organization been active?

Since May 21, 1881

4. Are you a current 501(c)(3) nonprofit organization in good standing or does your organization file an annual IRS Form 990 tax return?*



YES



NO

5. Essex Human Services Funds requested: (Request cannot exceed \$20,000.)*

\$2,500

6. Contact name:*

Lauren Jordan

7. Phone number:

207-233-4217

8. Address *

32 N Prospect St.

If awarded, this is the address where a check will be issued and should match the address on the uploaded IRS W-9 form in SECTION 4.

City

Burlington

State

VT

Zip Code

05401

9. Email address:*

supportnne@redcross.org

10. Website address:

www.redcross.org/nne

11. Total program budget: (Must equal the TOTAL ANNUAL BUDGET in SECTION 3 of this application.)*

\$8,494,549

12. Percentage of request to total program budget: (Request cannot be more than 25% of the program budget.)

<1%

13. Brief organization description:*

The mission of the American Red Cross is to prevent and alleviate human suffering in the face of emergencies by mobilizing the power of volunteers and the generosity of donors. We are a non-profit organization dedicated to helping local communities.

SECTION 2: Summary of Services

1. Number of people served by your program in the last 12 months:

1,445 people served in our Home Fire Campaign

2. If you do not formally track the number of people served, please explain how you assess if people are receiving services.

3. Number of TOWN OF ESSEX residents served by your program in the last 12 months:

6

4. If you do not formally track the residences of people served, please explain how you assess if people in the TOWN OF ESSEX are receiving services.

5. Anticipated number of people to be served by your program in the next 12 months:

We respond to home fires throughout our region and cannot anticipate the number of people we will serve.

6. Anticipated number of TOWN OF ESSEX residents to be served by your program in the next 12 months:

We respond to home fires throughout our region and cannot anticipate the number of people we will serve.

7. If your organization provides a service or resource to TOWN OF ESSEX residents that is important for reasons other than the number of residents served, please explain. (If you provided answers to questions 1-6 in this section, you do not need to answer.)

Should a disaster strike in Essex, the Red Cross will be there to provide a place to stay, food to eat and emotional support. We teach life-saving CPR and first aid, and we host drives in your community to collect pints of life-saving blood.

Examples are: that your organization provides a resource that may not be available anywhere else; you provide service to a smaller demographic and is available when needed; or your service provides cultural awareness that is not quantified in numbers. Please be sure to explain.

8. Describe the program services to be provided. Be sure to include an overview of the main program activities and how the program design fits within one or more of the Essex Human Service Focus Areas. *

We provide disaster response support, most commonly in the wake of a home fire. We work to mitigate the risk of home fires by installing free smoke detectors in homes that need them and educating families and individuals on home fire safety. We also collect and distribute essential blood and blood products to hospitals throughout our region. We offer services to active and veteran members of the armed forces including emergency communications and resiliency training, and we offer affordable First Aid and CPR classes in the communities we serve.

FY25 FOCUS AREAS:

- Access to Community-Based Resources as a Source of Support for Health & Behavioral Health
- Affordable Housing or Housing Assistance
- Child or Family Support for Healthy Relationships
- Diversity, Equity & Inclusion
- Emergency Food & Disaster Relief
- Increasing Workforce Development

9. Describe why you need this funding to support your program for TOWN OF ESSEX residents. What will be the effect if your application is not funded? What will be the effect if your application is partially funded?*

We offer multiple lines of service at the American Red Cross, including disaster response and preparedness, blood collection, CPR training, and services to the Armed Forces. Funds will be used to support general operations, so that we may continue to offer these services effectively as they are needed.

10. How will TOWN OF ESSEX residents benefit from this program? What is the demonstrable need for this program in Essex?*

Should a disaster strike, the Red Cross will be there to provide a place to stay, food to eat and emotional support. If a member of the Armed Forces or their family requires assistance, we can be a valuable resource to them. We teach life-saving CPR and first aid, and we host blood drives in your community to collect pints of life-saving blood. We believe that all of this work enhances the quality of life for your friends and neighbors in Essex.

11. Describe the program's measurable outcomes. What social condition, behaviors or situation will improve because of this service?*

In 2023, our staff/volunteer workforce provided these services throughout the region: Made over 626 homes safer by 1,907 installing smoke detectors and educating 730 families about fire safety and prevention; Trained 39,492 people in first aid, CPR, and water safety skills; Collected over 131,800 units of blood. Hospitals throughout the region depend upon the American Red Cross for these collections; Over 3,400 service members, veterans, and their families received supportive services.

12. What criteria is used to determine eligibility for program participation? Where will participants access/participate in this program?*

All of our services are free of charge.

13. How do TOWN OF ESSEX residents learn about your program? What strategies and/or mediums do you use?*

Website, word of mouth, community volunteers, and displaying informational flyers at the Town Office.

14. By providing examples, please describe how your nonprofit ensures access to services and/or provides culturally responsive services to BIPOC, LGBTQ+, and/or underserved populations?*

All of our services are available to the general public. Many are now able to donate blood through a new inclusive screening process that expands blood donor eligibility and eliminates questions based on sexual orientation through updated FDA guidelines issued in May 2023. Please read more on our website: <https://www.redcrossblood.org/donate-blood/how-to-donate/eligibility-requirements>

15. Please provide examples of how you support cultural awareness within your organization.*

The American Red Cross has established a Diversity, Equity, and Inclusion committee in each region made up of staff and volunteers. This group hosts workshops, newsletters, daily activities for all American Red Cross staff and volunteers to participate, review, and learn.

16. (You must complete this question if you received Essex Human Services Funding during the previous award cycle). Please provide a summary of services provided to Town of Essex residents and how the award your organization received last year supported your program.

SECTION 3: Budget Detail

TOTAL ANNUAL PROGRAM BUDGET

Instructions: Budget items in boxes 1, 2, 3, and 4 must equal the TOTAL ANNUAL BUDGET in box 5. The total percentages in 1a, 2a, 3a, and 4a must total 100%.

1. Annual cost for personnel including benefits*

\$6,150,643

1a. Percentage of budget*

72

2. Annual cost for facilities*

\$280,652

2a. Percentage of budget*

3.3

3. Annual other operating costs (indirect)*

\$500,935

3a. Percentage of budget*

5.8

4. Direct services costs (not staff)*

\$1,562,319

4a. Percentage of budget*

18

5. TOTAL ANNUAL BUDGET*

\$8,494,549

(Must equal the total in SECTION 1, box 11 of the application.)

6. Provide comments or details on the Program Budget that are relevant for the reviewer to better understand how the budget works and what steps your organization is prepared to take to keep the program active if funding and revenues shift or change:

Please see the attached fiscal year 2025 Northern New England Budget.

7. REVENUE. Please list all current and projected funding sources for the existing program. Please specify and list revenues from other municipalities, other agencies, United Way funding, state/federal funding, fundraising/donations and other sources. *

Federated, Monetary Contributions, Corporate/Foundation/Individual Contributions, Net Special Events, Legacies & Bequests, In-kind Contributions, Income From Endowments, Contracts, Products & Services, Other Revenues.

SECTION 4: Attachments

1. Please upload a copy of your Internal Revenue Service (IRS) tax-exempt determination letter for the applicant organization.*

2024 - IRS Letter - April 5, 2024.pdf

2. Please upload a copy of the organization's last IRS 990 tax filing (first page only) OR end of year financial statement (PLEASE DO NOT UPLOAD MORE THAN 3 PAGES - anything beyond 3 pages will not be included in the application).*

FY25 Budget for NNE Region.pdf

If submitting IRS 990 - please submit only the FIRST PAGE. DO NOT SUBMIT THE FULL RETURN.

3. Download a blank Internal Revenue Service (IRS) W-9 form. If you have completed Form W-9, you can skip to uploading the form.

[Download blank IRS W-9 form.](#)

4. Please upload your completed IRS W-9 form.*

ARC W9 2024 (1).pdf

SECTION 5: Disclosures

1. DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST

The existence of a potential conflict of interest does not necessarily make the program ineligible for funding, but the existence of an undisclosed conflict may result in the termination of any funding awarded. Are you aware of any board members or employees of the agency which will be carrying out this program or members of their immediate families, or their business associates:

a) employees of, or closely related to employees of the Town of Essex?*



YES



NO

b) members of, or closely related to members of the governing bodies of the Town of Essex?*

- YES
- NO

c) current beneficiaries of the program for which funds are being requested?*

- YES
- NO

d) paid providers of goods or services to the program or having other financial interest in the program?*

- YES
- NO

If you have answered YES to any question, please provide a full explanation:

2. NON-DISCRIMINATION AND ACKNOWLEDGMENT

I certify that the above statements and the information provided in this application are true and current to the best of my knowledge, agree to cooperate fully with the Town of Essex in making available to its authorized agents information which reasonably relates to the review of this application and the processing of any awarded funding and acknowledge and understand that as part of consideration of awarded funding, the agency which will be carrying out this program shall not discriminate on the basis of race, color, religion, gender, gender expression, age, national origin, disability, marital status, sexual orientation, crime victim status, or military status, in any of its activities or operations. These activities include, but are not limited to, hiring and firing of staff, selection of volunteers and vendors, and provision of services. *



YES



NO

3. Typed name:*

Lauren Jordan

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SECTION 1: Organization Information

1. Organization name:*

Aunt Dot's Place

2. Name of program:*

Community Food Shelf

3. How long has the organization been active?

8 years

4. Are you a current 501(c)(3) nonprofit organization in good standing or does your organization file an annual IRS Form 990 tax return?*



YES



NO

5. Essex Human Services Funds requested: (Request cannot exceed \$20,000.)*

20,000

6. Contact name:*

Kaki McGeary

7. Phone number:

802-233-8615

8. Address *

PO Box 8216

If awarded, this is the address where a check will be issued and should match the address on the uploaded IRS W-9 form in SECTION 4.

City

Essex

State

VT

Zip Code

05451

9. Email address:*

kaki@auntdotsplace.com

10. Website address:

www.auntdotsplace.com

11. Total program budget: (Must equal the TOTAL ANNUAL BUDGET in SECTION 3 of this application.)*

\$242,000

12. Percentage of request to total program budget: (Request cannot be more than 25% of the program budget.)

8%

13. Brief organization description:*

We are a community food shelf supporting residents in Essex Town, Essex Junction, Jericho, Underhill and Westford. Open three days per week, we provide food, diapers & essential household goods up to three times per month for each client household.

SECTION 2: Summary of Services**1. Number of people served by your program in the last 12 months:**

1184

2. If you do not formally track the number of people served, please explain how you assess if people are receiving services.

We formally track client households and the number of individuals in each; we also provide emergency bags and bags for unhoused individuals which are not currently counted

3. Number of TOWN OF ESSEX residents served by your program in the last 12 months:

592

4. If you do not formally track the residences of people served, please explain how you assess if people in the TOWN OF ESSEX are receiving services.

We track the town residency of each household and we track the number of members in each unique household. 50% of the households are from Town of Essex

5. Anticipated number of people to be served by your program in the next 12 months:

1300

6. Anticipated number of TOWN OF ESSEX residents to be served by your program in the next 12 months:

650

7. If your organization provides a service or resource to TOWN OF ESSEX residents that is important for reasons other than the number of residents served, please explain. (If you provided answers to questions 1-6 in this section, you do not need to answer.)

We partner with Essex Middle School, Founders & Essex High School to provide backpacks full of emergency food for students to take home. School staff identify the students and distribute backpacks, which also include our registration materials.

Examples are: that your organization provides a resource that may not be available anywhere else; you provide service to a smaller demographic and is available when needed; or your service provides cultural awareness that is not quantified in numbers. Please be sure to explain.

8. Describe the program services to be provided. Be sure to include an overview of the main program activities and how the program design fits within one or more of the Essex Human Service Focus Areas. *

Our program aligns with the focus areas of Emergency Food & Disaster Relief and Diversity, Equity & Inclusion. Our services are vital to fighting hunger and mitigating food and health inequities. We provide consistent, essential access to fresh and frozen produce, meat, eggs, dairy, bread and healthy non-perishable foods for those facing food insecurity. We provide emergency food bags for unhoused individuals and we deliver groceries monthly to two senior living communities, including Essex Town Meadow. To meet the diverse needs of our clients, we stock culturally appropriate, gluten-free, dairy-free, nut-free, and vegetarian options. We offer Spanish translation services. BIPOC communities, children, seniors and persons with disabilities are disproportionately affected by food insecurity, putting them at greater risk for developmental problems, chronic diseases and mental illness. 36% of our clients are children. 52% of our adult clients are retired, unemployed, or disabled.

FY25 FOCUS AREAS:

- Access to Community-Based Resources as a Source of Support for Health & Behavioral Health
- Affordable Housing or Housing Assistance
- Child or Family Support for Healthy Relationships
- Diversity, Equity & Inclusion
- Emergency Food & Disaster Relief
- Increasing Workforce Development

9. Describe why you need this funding to support your program for TOWN OF ESSEX residents. What will be the effect if your application is not funded? What will be the effect if your application is partially funded?*

We are an essential resource for Town of Essex residents, who consistently comprise 50% of our clients. According to Vermont Foodbank, 2 in every 5 Vermonters face food insecurity, which is linked to poor health outcomes. We rely on donations and grants to ensure that no one in our community goes hungry. About 60% of the food we provide is donated, but the other 40% must be purchased. Reduced funding would mean reducing the amount of food we provide or reducing the number of people we serve.

10. How will TOWN OF ESSEX residents benefit from this program? What is the demonstrable need for this program in Essex?*

Aunt Dot's Place began after the Williston Food Shelf reported that about 40% of its clients were Essex residents. Today, half of our clients reside in Essex Town. Client registrations increased by 22% in 2024 and we had 2,649 visits to our food shelf last year. With Williston Food Shelf no longer serving Essex residents, and Heavenly Food Pantry's recent reduction in service to just 1x per month, we expect even greater need for our services.

11. Describe the program's measurable outcomes. What social condition, behaviors or situation will improve because of this service?*

The outcomes of this program are 1) improved access to healthy food for 650 people in Essex Town and 2) improved nutrition for vulnerable populations, especially children and seniors, and those with special dietary needs and transportation challenges. We will measure outcomes by tracking client visit data, food distributed, and conducting client surveys. Our core belief is that all people deserve to have high quality, healthy and culturally appropriate food to meet their nutritional needs.

12. What criteria is used to determine eligibility for program participation? Where will participants access/participate in this program?*

To access services, clients only need to show proof of residency in Essex, Essex Junction, Jericho, Underhill or Westford; there is no means test. Services are accessed at 51 Center Road in Essex. Milk may be picked up 1/8 mile down the road Essex Discount Beverage using a milk voucher. Clients may designate an alternate shopper if they lack transportation, and we deliver groceries monthly to two senior living communities. We are open 3 days a week, with evening, weekday and weekend hours.

13. How do TOWN OF ESSEX residents learn about your program? What strategies and/or mediums do you use?*

We promote awareness through social media, partnering with schools and civic groups, and community events (e.g. National Night Out, Addi's Blood Drive). We are listed in the Essex Food Resource Guide, Vermont FoodBank directory and Vermont 211.

14. By providing examples, please describe how your nonprofit ensures access to services and/or provides culturally responsive services to BIPOC, LGBTQ+, and/or underserved populations?*

Many clients are from underserved populations, including refugees, BIPOC, elderly and low income. We offer halal and kosher items to meet cultural dietary needs. We have volunteers who provide Spanish translation, and our forms are available in multiple languages. We stock heart-healthy choices required by many seniors. We coordinate food deliveries to two senior living communities for residents who are unable to come to our location due to lack of transportation, age, and/or disability.

15. Please provide examples of how you support cultural awareness within your organization.*

We provide clients equitable access to food and educate volunteers about the difference between equity and equality in food distribution. We seek feedback from clients and offer culturally appropriate foods such as fish, dates, yams, tofu, basmati rice, and halal and kosher items. Documents are available in multiple languages, we utilize translation apps, and we have several volunteers who provide Spanish translation. Our board continually identifies ways to remove barriers to access.

16. (You must complete this question if you received Essex Human Services Funding during the previous award cycle). Please provide a summary of services provided to Town of Essex residents and how the award your organization received last year supported your program.

Last year, we distributed over 209,000 pounds of food through 2,649 client visits by 423 unique households. We served 1,184 community members seeking food assistance, half of which were Town residents. Of the 209,000 pounds of food we distributed, about 40% was purchased to ensure that our shelves remained stocked with healthy and nutritious produce, eggs, dairy, fish and lean meats, and essential dry goods. Your funding was crucial to our mission of fighting hunger and our ability to meet the urgent needs of our community amidst the rising cost of food, which had the twin effect of increasing our expenses and increasing the number of people accessing our services. Your funding covered nearly 2 months of food expenditures, allowing us to directly purchase and distribute approximately 10,362 pounds of food. Your funding also allowed us to continue our special diet program, ensuring those with medically restricted or cultural dietary needs had access to foods that they could consume.

SECTION 3: Budget Detail

TOTAL ANNUAL PROGRAM BUDGET

Instructions: Budget items in boxes 1, 2, 3, and 4 must equal the TOTAL ANNUAL BUDGET in box 5. The total percentages in 1a, 2a, 3a, and 4a must total 100%.

1. Annual cost for personnel including benefits*

50,600

1a. Percentage of budget*

21

2. Annual cost for facilities*

\$27,500

2a. Percentage of budget*

11

3. Annual other operating costs (indirect)*

\$20,500

3a. Percentage of budget*

9

4. Direct services costs (not staff)*

\$143,400

4a. Percentage of budget*

59

5. TOTAL ANNUAL BUDGET*

242,000

(Must equal the total in SECTION 1, box 11 of the application.)

6. Provide comments or details on the Program Budget that are relevant for the reviewer to better understand how the budget works and what steps your organization is prepared to take to keep the program active if funding and revenues shift or change:

Our budget is based on past revenue/expenses and projections. Food expenses have increased due to higher food costs and increased visits. Rent and utility costs are higher due to a new landlord. We have a paid bookkeeper; our Board reviews all financial statements and provides fiscal oversight. With no guaranteed sources of funding, we have healthy reserves to ensure continued operations if revenue changes. We actively seek community donations to sustain operations.

7. REVENUE. Please list all current and projected funding sources for the existing program. Please specify and list revenues from other municipalities, other agencies, United Way funding, state/federal funding, fundraising/donations and other sources. *

Individual Donors: 80,000 Donations from Businesses, Trusts & Private Foundations: \$40,000 Grants: \$60,000 (Anticipated Vermont Foodbank Grant of \$5,000) Fundraising/Special Events: \$58,000 Dividends: \$4,000 Total: \$242,000

SECTION 4: Attachments

1. Please upload a copy of your Internal Revenue Service (IRS) tax-exempt determination letter for the applicant organization.*

501c3confirmation letter (1).pdf

2. Please upload a copy of the organization's last IRS 990 tax filing (first page only) OR end of year financial statement (PLEASE DO NOT UPLOAD MORE THAN 3 PAGES - anything beyond 3 pages will not be included in the application).*

2023 990.pdf

If submitting IRS 990 - please submit only the FIRST PAGE. DO NOT SUBMIT THE FULL RETURN.

3. Download a blank Internal Revenue Service (IRS) W-9 form. If you have completed Form W-9, you can skip to uploading the form.

[Download blank IRS W-9 form.](#)

4. Please upload your completed IRS W-9 form.*

W-9 Form.pdf

SECTION 5: Disclosures

1. DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST

The existence of a potential conflict of interest does not necessarily make the program ineligible for funding, but the existence of an undisclosed conflict may result in the termination of any funding awarded. Are you aware of any board members or employees of the agency which will be carrying out this program or members of their immediate families, or their business associates:

a) employees of, or closely related to employees of the Town of Essex?*

YES

NO

b) members of, or closely related to members of the governing bodies of the Town of Essex?*

YES

NO

c) current beneficiaries of the program for which funds are being requested?*

- YES
- NO

d) paid providers of goods or services to the program or having other financial interest in the program?*

- YES
- NO

If you have answered YES to any question, please provide a full explanation:

2. NON-DISCRIMINATION AND ACKNOWLEDGMENT

I certify that the above statements and the information provided in this application are true and current to the best of my knowledge, agree to cooperate fully with the Town of Essex in making available to its authorized agents information which reasonably relates to the review of this application and the processing of any awarded funding and acknowledge and understand that as part of consideration of awarded funding, the agency which will be carrying out this program shall not discriminate on the basis of race, color, religion, gender, gender expression, age, national origin, disability, marital status, sexual orientation, crime victim status, or military status, in any of its activities or operations. These activities include, but are not limited to, hiring and firing of staff, selection of volunteers and vendors, and provision of services. *

- YES
- NO

3. Typed name:*

Kaki McGeary

Please refer to the Town of Essex Human Services Funding Application Guidelines for information on completing this application. Electronically submitted documents are preferred. For optimal viewing, please use a desktop or laptop to complete this application.

[Human Services Funding Application Guidelines FY25](#) (pdf) - (Document will open in another tab.)

VERMONT PUBLIC RECORDS ACT

Under the Vermont Public Records Act, 1 V.S.A. sections 315-220, any person has the right to request inspection or copying of a public record from government agencies, including municipalities. Applicants are discouraged from submitting information considered proprietary unless it is deemed essential for proper evaluation of the application.

SECTION 1: Organization Information

1. Organization name:*

Cancer Patient Support Foundation

2. Name of program:*

Emergency Fund

3. How long has the organization been active?

2001

4. Are you a current 501(c)(3) nonprofit organization in good standing or does your organization file an annual IRS Form 990 tax return?*



YES



NO

5. Essex Human Services Funds requested: (Request cannot exceed \$20,000.)*

\$2,500

6. Contact name:*

Sarah Wallace-Brodeur

7. Phone number:

802-488-5495

8. Address *

PO Box 1804

If awarded, this is the address where a check will be issued and should match the address on the uploaded IRS W-9 form in SECTION 4.

City

Williston

State

VT

Zip Code

05495

9. Email address:*

swallace-brodeur@cpsfvt.org

10. Website address:

cpsfvt.org

11. Total program budget: (Must equal the TOTAL ANNUAL BUDGET in SECTION 3 of this application.)*

\$311,699

12. Percentage of request to total program budget: (Request cannot be more than 25% of the program budget.)

.8%

13. Brief organization description:*

The Cancer Patient Support Foundation (CPSF) mission is to serve Vermont cancer patients and their families in a time of extraordinary need by providing financial assistance and support during diagnosis, treatment and recovery.

SECTION 2: Summary of Services**1. Number of people served by your program in the last 12 months:**

469

2. If you do not formally track the number of people served, please explain how you assess if people are receiving services.**3. Number of TOWN OF ESSEX residents served by your program in the last 12 months:**

9

4. If you do not formally track the residences of people served, please explain how you assess if people in the TOWN OF ESSEX are receiving services.**5. Anticipated number of people to be served by your program in the next 12 months:**

500

6. Anticipated number of TOWN OF ESSEX residents to be served by your program in the next 12 months:

12

7. If your organization provides a service or resource to TOWN OF ESSEX residents that is important for reasons other than the number of residents served, please explain. (If you provided answers to questions 1-6 in this section, you do not need to answer.)

Examples are: that your organization provides a resource that may not be available anywhere else; you provide service to a smaller demographic and is available when needed; or your service provides cultural awareness that is not quantified in numbers. Please be sure to explain.

8. Describe the program services to be provided. Be sure to include an overview of the main program activities and how the program design fits within one or more of the Essex Human Service Focus Areas. *

The CPSF Emergency Fund program helps cancer patients and their families pay for their basic living needs such as housing, home heating, utilities, food, transportation to treatment, prescriptions and out of pocket medical expenses. At least 90% of the patients we serve would fall into the low/moderate income category.

FY25 FOCUS AREAS:

- Access to Community-Based Resources as a Source of Support for Health & Behavioral Health
- Affordable Housing or Housing Assistance
- Child or Family Support for Healthy Relationships
- Diversity, Equity & Inclusion
- Emergency Food & Disaster Relief
- Increasing Workforce Development

9. Describe why you need this funding to support your program for TOWN OF ESSEX residents. What will be the effect if your application is not funded? What will be the effect if your application is partially funded?*

CPSF receives support from the Victoria Buffum Endowment Fund, Hoehl Family Foundation, and the Fanny Allen Corporation. These grants are not enough to fully fund the Emergency Fund program, so we rely on other small grants, community support, private donations and our annual fundraising event to close the gap. If we were to receive \$2,500 from the Town of Essex, we would be able to directly support 7 cancer patients from Essex Town through the Emergency Fund.

10. How will TOWN OF ESSEX residents benefit from this program? What is the demonstrable need for this program in Essex?*

Cancer is one of the most expensive diseases to treat and many patients and caregivers experience "financial toxicity", a now recognized side effect of cancer. Patients often must choose whether to pay their bills or continue their treatment. Our program helps to pay for their basic needs so they do not have to make the difficult choice of either continuing with treatment or paying their bills.

11. Describe the program's measurable outcomes. What social condition, behaviors or situation will improve because of this service?*

Each year we survey patients we have served to determine how we are doing and if there are improvements that need to be made to our program. According to our most recent patient survey, 91% reported that the Emergency Fund reduced their stress, 86% said their quality of life improved, and 60% said the fund allowed them to access their medical treatment.

12. What criteria is used to determine eligibility for program participation? Where will participants access/participate in this program?*

For cancer patients to be eligible for our Emergency Fund program they must be a Vermont resident and be in active treatment. Patients are referred to the Emergency Fund by their medical social worker or health care provider. CPSF sends either a check directly to the patient or to the company whose bill is being paid within 3-5 days from receipt of the referral.

13. How do TOWN OF ESSEX residents learn about your program? What strategies and/or mediums do you use?*

Town of Essex residents who are undergoing cancer treatment learn about our program either from their medical social worker, health care provider or other outreach efforts CPSF participates in. CPSF recently spoke at the Essex Rotary club meeting.

14. By providing examples, please describe how your nonprofit ensures access to services and/or provides culturally responsive services to BIPOC, LGBTQ+, and/or underserved populations?*

CPSF is the only statewide organization that serves all ages, income, and cancer diagnosis. Our program serves any cancer patient who needs financial support including those from the BIPOC and LGBTQ+ communities. The majority of the patients we serve would be considered low/moderate income. Transportation is the most requested form of support due to the rural nature of our state. Many patients would not be able to access their treatment without our support because of the cost of gas.

15. Please provide examples of how you support cultural awareness within your organization.*

CPSF is a very small organization comprised of a staff of 2 people. We continually assess our program to ensure our application process is as responsive as possible to the patients we serve. The flexible nature of this program fosters a sense of dignity and agency throughout a patient's cancer journey. We strive to meet cancer patients where they are at and have even hand delivered checks to patients when they needed immediate support.

16. (You must complete this question if you received Essex Human Services Funding during the previous award cycle). Please provide a summary of services provided to Town of Essex residents and how the award your organization received last year supported your program.

SECTION 3: Budget Detail

TOTAL ANNUAL PROGRAM BUDGET

Instructions: Budget items in boxes 1, 2, 3, and 4 must equal the TOTAL ANNUAL BUDGET in box 5. The total percentages in 1a, 2a, 3a, and 4a must total 100%.

1. Annual cost for personnel including benefits*

123,381

1a. Percentage of budget*

40%

2. Annual cost for facilities*

11,800

2a. Percentage of budget*

4%

3. Annual other operating costs (indirect)*

13,180

3a. Percentage of budget*

4%

4. Direct services costs (not staff)*

153,300

4a. Percentage of budget*

49%

5. TOTAL ANNUAL BUDGET*

311,699

(Must equal the total in SECTION 1, box 11 of the application.)

6. Provide comments or details on the Program Budget that are relevant for the reviewer to better understand how the budget works and what steps your organization is prepared to take to keep the program active if funding and revenues shift or change:

In our 2025 budget, \$153,300 is for the Emergency Fund program. At our most recent Board of Directors retreat we did a deep analysis of the past 6 years of our program to determine utilization rate and sustainability of the program. CPSF's investment policy allows us to withdraw up to 4% from our investment account each year if needed to help with operating costs. CPSF is proud that we have never denied a patient due to lack of funding for the program.

7. REVENUE. Please list all current and projected funding sources for the existing program. Please specify and list revenues from other municipalities, other agencies, United Way funding, state/federal funding, fundraising/donations and other sources. *

Victoria Buffum Endowment Fund- \$50,000 Hoehl Family Foundation- \$25,000 Anticipated funding from NorthCountry Federal Credit Union- \$15,000 Anticipated Funding from Fanny Allen Corporation- \$10,000 Anticipated Esther Ellsworth Miller Emergency Fund- \$15,000

SECTION 4: Attachments

1. Please upload a copy of your Internal Revenue Service (IRS) tax-exempt determination letter for the applicant organization.*

CPSP 501 (c)(3) status approval from IRS 1.pdf

2. Please upload a copy of the organization's last IRS 990 tax filing (first page only) OR end of year financial statement (PLEASE DO NOT UPLOAD MORE THAN 3 PAGES - anything beyond 3 pages will not be included in the application).*

2023 Form 990 Page 1.pdf

If submitting IRS 990 - please submit only the FIRST PAGE. DO NOT SUBMIT THE FULL RETURN.

3. Download a blank Internal Revenue Service (IRS) W-9 form. If you have completed Form W-9, you can skip to uploading the form.

[Download blank IRS W-9 form.](#)

4. Please upload your completed IRS W-9 form.*

W-9 CPSEF.pdf

SECTION 5: Disclosures

1. DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST

The existence of a potential conflict of interest does not necessarily make the program ineligible for funding, but the existence of an undisclosed conflict may result in the termination of any funding awarded. Are you aware of any board members or employees of the agency which will be carrying out this program or members of their immediate families, or their business associates:

a) employees of, or closely related to employees of the Town of Essex?*

- YES
- NO

b) members of, or closely related to members of the governing bodies of the Town of Essex?*

- YES
- NO

c) current beneficiaries of the program for which funds are being requested?*

- YES
- NO

d) paid providers of goods or services to the program or having other financial interest in the program?*

- YES
- NO

If you have answered YES to any question, please provide a full explanation:

2. NON-DISCRIMINATION AND ACKNOWLEDGMENT

I certify that the above statements and the information provided in this application are true and current to the best of my knowledge, agree to cooperate fully with the Town of Essex in making available to its authorized agents information which reasonably relates to the review of this application and the processing of any awarded funding and acknowledge and understand that as part of consideration of awarded funding, the agency which will be carrying out this program shall not discriminate on the basis of race, color, religion, gender, gender expression, age, national origin, disability, marital status, sexual orientation, crime victim status, or military status, in any of its activities or operations. These activities include, but are not limited to, hiring and firing of staff, selection of volunteers and vendors, and provision of services. *



YES



NO

3. Typed name:*

Sarah Wallace-Brodeur

Please refer to the Town of Essex Human Services Funding Application Guidelines for information on completing this application. Electronically submitted documents are preferred. For optimal viewing, please use a desktop or laptop to complete this application.

[Human Services Funding Application Guidelines FY25](#) (pdf) - (Document will open in another tab.)

VERMONT PUBLIC RECORDS ACT

Under the Vermont Public Records Act, 1 V.S.A. sections 315-220, any person has the right to request inspection or copying of a public record from government agencies, including municipalities. Applicants are discouraged from submitting information considered proprietary unless it is deemed essential for proper evaluation of the application.

SECTION 1: Organization Information

1. Organization name:*

Child Care Resource

2. Name of program:*

Specialized Child Care

3. How long has the organization been active?

41 years

4. Are you a current 501(c)(3) nonprofit organization in good standing or does your organization file an annual IRS Form 990 tax return?*



YES



NO

5. Essex Human Services Funds requested: (Request cannot exceed \$20,000.)*

\$18,015

6. Contact name:*

Jane A Van Buren

7. Phone number:

802-863-3367 X118

8. Address *

300 Cornerstone Drive

If awarded, this is the address where a check will be issued and should match the address on the uploaded IRS W-9 form in SECTION 4.

City

Williston

State

VT

Zip Code

05495

9. Email address:*

jvanburen@childcareresource.org

10. Website address:

www.childcareresource.org

11. Total program budget: (Must equal the TOTAL ANNUAL BUDGET in SECTION 3 of this application.)*

225,190

12. Percentage of request to total program budget: (Request cannot be more than 25% of the program budget.)

8%

13. Brief organization description:*

CCR provides access to and resources for the early care and education community. We help make child care connections and strengthen early learning opportunities. We support adults in providing nurturing environments so that children can flourish.

SECTION 2: Summary of Services**1. Number of people served by your program in the last 12 months:**

1,784

2. If you do not formally track the number of people served, please explain how you assess if people are receiving services.**3. Number of TOWN OF ESSEX residents served by your program in the last 12 months:****4. If you do not formally track the residences of people served, please explain how you assess if people in the TOWN OF ESSEX are receiving services.**

we can assess if we consult with an Essex child care provider about the children in their care.

5. Anticipated number of people to be served by your program in the next 12 months:

1,800

6. Anticipated number of TOWN OF ESSEX residents to be served by your program in the next 12 months:

370

7. If your organization provides a service or resource to TOWN OF ESSEX residents that is important for reasons other than the number of residents served, please explain. (If you provided answers to questions 1-6 in this section, you do not need to answer.)

We provide consultation and support to Essex families whose children have specialized health needs or who need Family Support. We provide consultation and training to child care providers in Chittenden County many of whom with Essex children in care

Examples are: that your organization provides a resource that may not be available anywhere else; you provide service to a smaller demographic and is available when needed; or your service provides cultural awareness that is not quantified in numbers. Please be sure to explain.

8. Describe the program services to be provided. Be sure to include an overview of the main program activities and how the program design fits within one or more of the Essex Human Service Focus Areas. *

Child Care Resource is part of a bundle of Chittenden County community based services provision called CIS. We fill the role of Specialized Child Care Coordination. We are responsible for working with the families of children with intensive special needs to coordinate their placement in a care setting, including processing financial assistance, transportation, and support for both the family and the provider. We also work with children who are removed from their home and placed in protective custody. In addition to that work, a highly trained CCR staff member visits programs in the field, on request, to observe classrooms, children's behavior, and teacher's approach. We work with the child care provider, children, and families to develop and implement a plan to address the challenges presented and work to support healthy relationships that will serve the child and family going forward. All our services are offered free of charge.

FY25 FOCUS AREAS:

- Access to Community-Based Resources as a Source of Support for Health & Behavioral Health
- Affordable Housing or Housing Assistance
- Child or Family Support for Healthy Relationships
- Diversity, Equity & Inclusion
- Emergency Food & Disaster Relief
- Increasing Workforce Development

9. Describe why you need this funding to support your program for TOWN OF ESSEX residents. What will be the effect if your application is not funded? What will be the effect if your application is partially funded?*

We rely on funding from towns, individuals and foundations to supplement the CIS contract from the State of Vermont. This allows us to visit more programs and provide services to more children and providers. While we do not track the residence of CIS clients we do know that in the past 12 months we consulted with 75 Essex providers about 132 Essex children. No funding or partial funding will reduce our capacity to be in Essex as needed.

10. How will TOWN OF ESSEX residents benefit from this program? What is the demonstrable need for this program in Essex?*

Essex families benefit from our support and consultation. An Essex family with a special needs child can work with us to navigate the financial assistance process so that their child receives appropriate services in a quality program, and we coordinate the transportation to get them there. An Essex child care provider benefits from our training and support in managing challenging behaviors in their classroom. The need is evident in the numbers of programs in Essex that have received assistance

11. Describe the program's measurable outcomes. What social condition, behaviors or situation will improve because of this service?*

When a parent or guardian is supported, and their child is in quality care receiving necessary supports, that parent can work, earn a living and provide for their family. The family becomes stronger and healthier. Child care is expensive which causes a great deal of stress for families. We assist in the process of securing financial assistance for tuition, and if eligible we coordinate transportation and other community services to wrap around that family.

12. What criteria is used to determine eligibility for program participation? Where will participants access/participate in this program?*

Every Chittenden County family with children between birth and age 13 is eligible for our Specialized Child Care services if they have a specialized need for family support, or have a child with a special health need. We work with them to support all of their needs. Families learn about us from medical service providers, child care settings, places of worship and friends. We are well known in the community and serve everyone regardless of their situation.

13. How do TOWN OF ESSEX residents learn about your program? What strategies and/or mediums do you use?*

We provide outreach at community events, with service providers and in state offices. We count on referrals from providers and word of mouth.

14. By providing examples, please describe how your nonprofit ensures access to services and/or provides culturally responsive services to BIPOC, LGBTQ+, and/or underserved populations?*

CCR's services are open, and free of charge to all residents of Chittenden County. Our offices are accessible and our services are confidential. We arrange translation as needed either through a paid translation service or with google translate, which many non English speakers who come into the office for assistance prefer. All individuals regardless of family composition are welcome, and we provide the same quality service to all who need our assistance.

15. Please provide examples of how you support cultural awareness within your organization.*

Staff at CCR are experienced case managers with years working with clients from all walks of life. We take advantage of cultural awareness seminars offered by the state and keep abreast of the shifting demographics in Chittenden County. As mentioned we regularly use a translation service to accommodate a growing number of non English speakers.

16. (You must complete this question if you received Essex Human Services Funding during the previous award cycle). Please provide a summary of services provided to Town of Essex residents and how the award your organization received last year supported your program.

SECTION 3: Budget Detail

TOTAL ANNUAL PROGRAM BUDGET

Instructions: Budget items in boxes 1, 2, 3, and 4 must equal the TOTAL ANNUAL BUDGET in box 5. The total percentages in 1a, 2a, 3a, and 4a must total 100%.

1. Annual cost for personnel including benefits*

162115

1a. Percentage of budget*

72%

2. Annual cost for facilities*

8246

2a. Percentage of budget*

4%

3. Annual other operating costs (indirect)*

54829

3a. Percentage of budget*

24%

4. Direct services costs (not staff)*

0

4a. Percentage of budget*

0

5. TOTAL ANNUAL BUDGET*

225190

(Must equal the total in SECTION 1, box 11 of the application.)

6. Provide comments or details on the Program Budget that are relevant for the reviewer to better understand how the budget works and what steps your organization is prepared to take to keep the program active if funding and revenues shift or change:

As noted below the budget is funded from 3 sources. The cost for rent and other operating are pro rated throughout the entire organization based on usage and percent of space programs occupy. We work every year in an effort to increase and diversify the funding for this program, and are currently exploring opportunities for increased foundation funding.

7. REVENUE. Please list all current and projected funding sources for the existing program. Please specify and list revenues from other municipalities, other agencies, United Way funding, state/federal funding, fundraising/donations and other sources. *

Vermont Children's Trust Foundation - \$12,750 AVADA Foundation - \$35,000 State of Vermont, Department of Children & Families, Child Development Division - \$177,440

SECTION 4: Attachments

1. Please upload a copy of your Internal Revenue Service (IRS) tax-exempt determination letter for the applicant organization.*

501C letter 2016.pdf

2. Please upload a copy of the organization's last IRS 990 tax filing (first page only) OR end of year financial statement (PLEASE DO NOT UPLOAD MORE THAN 3 PAGES - anything beyond 3 pages will not be included in the application).*

CCR Financial statements 063024.pdf

If submitting IRS 990 - please submit only the FIRST PAGE. DO NOT SUBMIT THE FULL RETURN.

3. Download a blank Internal Revenue Service (IRS) W-9 form. If you have completed Form W-9, you can skip to uploading the form.

[Download blank IRS W-9 form.](#)

4. Please upload your completed IRS W-9 form.*

W-9 010925.pdf

SECTION 5: Disclosures

1. DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST

The existence of a potential conflict of interest does not necessarily make the program ineligible for funding, but the existence of an undisclosed conflict may result in the termination of any funding awarded. Are you aware of any board members or employees of the agency which will be carrying out this program or members of their immediate families, or their business associates:

a) employees of, or closely related to employees of the Town of Essex?*

YES

NO

b) members of, or closely related to members of the governing bodies of the Town of Essex?*

YES

NO

c) current beneficiaries of the program for which funds are being requested?*

YES

NO

d) paid providers of goods or services to the program or having other financial interest in the program?*

YES

NO

If you have answered YES to any question, please provide a full explanation:

2. NON-DISCRIMINATION AND ACKNOWLEDGMENT

I certify that the above statements and the information provided in this application are true and current to the best of my knowledge, agree to cooperate fully with the Town of Essex in making available to its authorized agents information which reasonably relates to the review of this application and the processing of any awarded funding and acknowledge and understand that as part of consideration of awarded funding, the agency which will be carrying out this program shall not discriminate on the basis of race, color, religion, gender, gender expression, age, national origin, disability, marital status, sexual orientation, crime victim status, or military status, in any of its activities or operations. These activities include, but are not limited to, hiring and firing of staff, selection of volunteers and vendors, and provision of services. *



YES



NO

3. Typed name:*

Jane A. Van Buren

Please refer to the Town of Essex Human Services Funding Application Guidelines for information on completing this application. Electronically submitted documents are preferred. For optimal viewing, please use a desktop or laptop to complete this application.

[Human Services Funding Application Guidelines FY25](#) (pdf) - (Document will open in another tab.)

VERMONT PUBLIC RECORDS ACT

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SECTION 1: Organization Information

1. Organization name:*

Committee on Temporary Shelter (COTS)

2. Name of program:*

Housing Resource Center

3. How long has the organization been active?

42

4. Are you a current 501(c)(3) nonprofit organization in good standing or does your organization file an annual IRS Form 990 tax return?*



YES



NO

5. Essex Human Services Funds requested: (Request cannot exceed \$20,000.)*

10000

6. Contact name:*

John Michael Longworth

7. Phone number:

8023919516

8. Address *

PO Box 1616, Burlington, VT 05402

If awarded, this is the address where a check will be issued and should match the address on the uploaded IRS W-9 form in SECTION 4.

City

Burlington

State

Vermont

Zip Code

05402

9. Email address:*

johnmichaell@cotsonline.org

10. Website address:

www.cotsonline.org

11. Total program budget: (Must equal the TOTAL ANNUAL BUDGET in SECTION 3 of this application.)*

543540

12. Percentage of request to total program budget: (Request cannot be more than 25% of the program budget.)

2

13. Brief organization description:*

COTS is Vermont's largest provider of services to households experiencing homelessness. We provide housing services, adult and family shelter, transitional housing, permanent affordable housing, and intensive family case management.

SECTION 2: Summary of Services**1. Number of people served by your program in the last 12 months:**

2,618 including 349 children

2. If you do not formally track the number of people served, please explain how you assess if people are receiving services.

N/A

3. Number of TOWN OF ESSEX residents served by your program in the last 12 months:

0

4. If you do not formally track the residences of people served, please explain how you assess if people in the TOWN OF ESSEX are receiving services.

N/A

5. Anticipated number of people to be served by your program in the next 12 months:

1,500

6. Anticipated number of TOWN OF ESSEX residents to be served by your program in the next 12 months:

5-10

7. If your organization provides a service or resource to TOWN OF ESSEX residents that is important for reasons other than the number of residents served, please explain. (If you provided answers to questions 1-6 in this section, you do not need to answer.)

COTS is a primary provider of Housing navigation, family shelter, and single adult shelter in Chittenden County. Households from Essex who experience or at risk of homelessness in the coming year would be eligible for services free of charge.

Examples are: that your organization provides a resource that may not be available anywhere else; you provide service to a smaller demographic and is available when needed; or your service provides cultural awareness that is not quantified in numbers. Please be sure to explain.

8. Describe the program services to be provided. Be sure to include an overview of the main program activities and how the program design fits within one or more of the Essex Human Service Focus Areas. *

COTS Housing Resource Center (HRC) provides an all-in-one service center for COTS clients to receive critical support for prevention, re-housing, coordinated entry, supportive rehousing, housing navigation and retention. Through our HRC staff, we can accompany households wherever they are in their housing instability crisis. Two housing navigators work with single adults to identify housing needs, barriers, and resources whether they are staying in COTS shelter, visiting our Daystation, or referred by community partners. One housing navigator works with families with children, serving both of our family shelter locations. Private dollars for emergency intervention are a critical component of our ability to deploy flexible assistance to households who are not eligible for traditional low or very low-income subsidies. We assist with past due rents and utilities, back rent from previous housing that stands in the way of new applications, moving costs, and with vouchers for essential goods

FY25 FOCUS AREAS:

- Access to Community-Based Resources as a Source of Support for Health & Behavioral Health
- Affordable Housing or Housing Assistance
- Child or Family Support for Healthy Relationships
- Diversity, Equity & Inclusion
- Emergency Food & Disaster Relief
- Increasing Workforce Development

9. Describe why you need this funding to support your program for TOWN OF ESSEX residents. What will be the effect if your application is not funded? What will be the effect if your application is partially funded?*

The Town of Essex has been a vital partner in providing emergency housing services, both to its own residents in years past, and to the residents of Chittenden County at large. Social Service funding from our local partners helps to close the gap between what State Grants pay and what our services cost to operate. This ensures that we can provide all of our services free of charge to the people who access them.

10. How will TOWN OF ESSEX residents benefit from this program? What is the demonstrable need for this program in Essex?*

In 2024 there were 584 households experiencing homelessness in Chittenden County. There are systemic income factors that make successful rehousing a challenge. According to the National Low-Income Housing Coalition's Out of Reach survey, market rate two-bedroom apartments require a tenant to make \$20.34 an hour if they want to spend only a third of their income on housing. Individuals working at the current minimum wage of \$12.55 an hour would need to work almost 60 hours a week to afford even a

11. Describe the program's measurable outcomes. What social condition, behaviors or situation will improve because of this service?*

During COTS FY24: • Number of unduplicated households who received Financial Assistance Services: We served 130 households that included 155 adults and 102 children. • Number of unduplicated households who received Housing Navigation Services: We served 151 adult households and 35 households that were families with children. 33 of our households were considered chronically homeless. Our navigation caseload was comprised of 158 adults and 65 children.

12. What criteria is used to determine eligibility for program participation? Where will participants access/participate in this program?*

Households must be homeless or at risk of losing their housing within 30 days.

13. How do TOWN OF ESSEX residents learn about your program? What strategies and/or mediums do you use?*

COTS provides information to potential clients through our website, VT 211, and we receive shelter referrals through the DCF Economic Services Division.

14. By providing examples, please describe how your nonprofit ensures access to services and/or provides culturally responsive services to BIPOC, LGBTQ+, and/or underserved populations?*

We acknowledge that members of the BIPOC and LGBTQ+ communities are disproportionately impacted by homelessness. We actively work to ensure the services we offer and the support we provide are in alignment with the needs of these and other marginalized communities. We have done client surveys and an equity audit of our program procedures through nuWave consulting to assess implicit biases in policy and procedure.

15. Please provide examples of how you support cultural awareness within your organization.*

We aim to recruit team members that reflect the diversity of our community and those we serve. Beyond recruitment, once an individual is part of our team, we focus on cultivating a culture that allows all members of Team COTS to bring their authentic selves to work. • We invest the time and resources necessary to continually improve our understanding of diversity, equity, inclusion, and belonging, through intentional education, celebration, and reflection on our current practices.

16. (You must complete this question if you received Essex Human Services Funding during the previous award cycle). Please provide a summary of services provided to Town of Essex residents and how the award your organization received last year supported your program.

The Housing Resource Center provided 150 instances of emergency financial

SECTION 3: Budget Detail

TOTAL ANNUAL PROGRAM BUDGET

Instructions: Budget items in boxes 1, 2, 3, and 4 must equal the TOTAL ANNUAL BUDGET in box 5. The total percentages in 1a, 2a, 3a, and 4a must total 100%.

1. Annual cost for personnel including benefits*

375,976

1a. Percentage of budget*

69

2. Annual cost for facilities*

66,314

2a. Percentage of budget*

12

3. Annual other operating costs (indirect)*

1182

3a. Percentage of budget*

.2

4. Direct services costs (not staff)*

101,250

4a. Percentage of budget*

19

5. TOTAL ANNUAL BUDGET*

543450

(Must equal the total in SECTION 1, box 11 of the application.)

6. Provide comments or details on the Program Budget that are relevant for the reviewer to better understand how the budget works and what steps your organization is prepared to take to keep the program active if funding and revenues shift or change:

COTS receives its largest share of funding from individuals in the community who donate to support our work, if revenue from government or corporate sources declines, this places a larger burden on those private donors to maintain services. We might allocate more of our private fundraising to maintaining core services, instead of pursuing innovative experiments to uncover new ways to support our clients and guests.

7. REVENUE. Please list all current and projected funding sources for the existing program. Please specify and list revenues from other municipalities, other agencies, United Way funding, state/federal funding, fundraising/donations and other sources. *

State of Vermont Grants \$210,076 Anonymous Family Foundation \$100,000 Anonymous Business Grant \$40,000 United Way \$27,000 Smith House Revenue (Transitional Housing) \$14,500 TD Bank Foundation \$15,000 Fanny Allen Corporation \$10,000 M&T Bank \$10,000 Local Government Grant \$10,000 Fundraising \$106,964

SECTION 4: Attachments

1. Please upload a copy of your Internal Revenue Service (IRS) tax-exempt determination letter for the applicant organization.*

501c3.pdf

2. Please upload a copy of the organization's last IRS 990 tax filing (first page only) OR end of year financial statement (PLEASE DO NOT UPLOAD MORE THAN 3 PAGES - anything beyond 3 pages will not be included in the application).*

COTS FY22 Form 990 - Public with EIN.pdf

If submitting IRS 990 - please submit only the FIRST PAGE. DO NOT SUBMIT THE FULL RETURN.

3. Download a blank Internal Revenue Service (IRS) W-9 form. If you have completed Form W-9, you can skip to uploading the form.

[Download blank IRS W-9 form.](#)

4. Please upload your completed IRS W-9 form.*

COTS IRS W-9.pdf

SECTION 5: Disclosures

1. DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST

The existence of a potential conflict of interest does not necessarily make the program ineligible for funding, but the existence of an undisclosed conflict may result in the termination of any funding awarded. Are you aware of any board members or employees of the agency which will be carrying out this program or members of their immediate families, or their business associates:

a) employees of, or closely related to employees of the Town of Essex?*

YES

NO

b) members of, or closely related to members of the governing bodies of the Town of Essex?*

YES

NO

c) current beneficiaries of the program for which funds are being requested?*

YES

NO

d) paid providers of goods or services to the program or having other financial interest in the program?*



YES



NO

If you have answered YES to any question, please provide a full explanation:

2. NON-DISCRIMINATION AND ACKNOWLEDGMENT

I certify that the above statements and the information provided in this application are true and current to the best of my knowledge, agree to cooperate fully with the Town of Essex in making available to its authorized agents information which reasonably relates to the review of this application and the processing of any awarded funding and acknowledge and understand that as part of consideration of awarded funding, the agency which will be carrying out this program shall not discriminate on the basis of race, color, religion, gender, gender expression, age, national origin, disability, marital status, sexual orientation, crime victim status, or military status, in any of its activities or operations. These activities include, but are not limited to, hiring and firing of staff, selection of volunteers and vendors, and provision of services. *



YES



NO

3. Typed name:*

John Michael Longworth

Please refer to the Town of Essex Human Services Funding Application Guidelines for information on completing this application. Electronically submitted documents are preferred. For optimal viewing, please use a desktop or laptop to complete this application.

[Human Services Funding Application Guidelines FY25](#) (pdf) - (Document will open in another tab.)

VERMONT PUBLIC RECORDS ACT

Under the Vermont Public Records Act, 1 V.S.A. sections 315-220, any person has the right to request inspection or copying of a public record from government agencies, including municipalities. Applicants are discouraged from submitting information considered proprietary unless it is deemed essential for proper evaluation of the application.

SECTION 1: Organization Information

1. Organization name:*

CVOEO

2. Name of program:*

Chittenden Community Action

3. How long has the organization been active?

59 years

4. Are you a current 501(c)(3) nonprofit organization in good standing or does your organization file an annual IRS Form 990 tax return?*



YES



NO

5. Essex Human Services Funds requested: (Request cannot exceed \$20,000.)*

2,000.00

6. Contact name:*

Linda Amante

7. Phone number:

802-863-6248 extension 748

8. Address *

P O Box 1603

If awarded, this is the address where a check will be issued and should match the address on the uploaded IRS W-9 form in SECTION 4.

City

Burlington

State

VT

Zip Code

05402

9. Email address:*

lamante@cvoeo.org

10. Website address:

www.cvoeo.org

11. Total program budget: (Must equal the TOTAL ANNUAL BUDGET in SECTION 3 of this application.)*

\$3,041,672

12. Percentage of request to total program budget: (Request cannot be more than 25% of the program budget.)

<1%

13. Brief organization description:*

CVOEO addresses economic, social, environmental and racial justice. CVOEO helps people access basic needs in times of crisis, and helps them acquire the necessary education, skills and assets to build a stable future in which they thrive.

SECTION 2: Summary of Services**1. Number of people served by your program in the last 12 months:**

7,107

2. If you do not formally track the number of people served, please explain how you assess if people are receiving services.

CVOEO does track the number of people served.

3. Number of TOWN OF ESSEX residents served by your program in the last 12 months:

124

4. If you do not formally track the residences of people served, please explain how you assess if people in the TOWN OF ESSEX are receiving services.

CVOEO does track the town of residence for people served.

5. Anticipated number of people to be served by your program in the next 12 months:

8,000

6. Anticipated number of TOWN OF ESSEX residents to be served by your program in the next 12 months:

150

7. If your organization provides a service or resource to TOWN OF ESSEX residents that is important for reasons other than the number of residents served, please explain. (If you provided answers to questions 1-6 in this section, you do not need to answer.)

In addition to the services identified in Section 1, #13, CCA also conducts outreach and advertising for 3Sqs VT, VITA tax prep, regular informational mailings to faith-based agencies, health care providers, municipalities & private businesses.

Examples are: that your organization provides a resource that may not be available anywhere else; you provide service to a smaller demographic and is available when needed; or your service provides cultural awareness that is not quantified in numbers. Please be sure to explain.

8. Describe the program services to be provided. Be sure to include an overview of the main program activities and how the program design fits within one or more of the Essex Human Service Focus Areas. *

The CCA program services fit within the focus areas of Affordable Housing/Housing Assistance by providing individuals and families who are homeless with services including information, advocacy, referrals, one-on-one housing navigation and case management services. We provide assistance with obtaining copies of birth certificates, photo identification, and social security cards. Additionally, we help clients complete housing applications and apply for a grant to cover security deposits and/or first month's rent as needed as well as past-due rent to stabilize their housing. The program also assists clients in accessing community-based resources to support health, home heating fuel and utilities, free income tax preparation, financial education and planning, emergency access to food and renters' advocacy programs, providing a full spectrum of services that address many aspects of daily living.

FY25 FOCUS AREAS:

- Access to Community-Based Resources as a Source of Support for Health & Behavioral Health
- Affordable Housing or Housing Assistance
- Child or Family Support for Healthy Relationships
- Diversity, Equity & Inclusion
- Emergency Food & Disaster Relief
- Increasing Workforce Development

9. Describe why you need this funding to support your program for TOWN OF ESSEX residents. What will be the effect if your application is not funded? What will be the effect if your application is partially funded?*

Services such as obtaining identification documents, housing application fees, temporary shelter, or essential household goods for families transitioning from homelessness into permanent, stable housing are not covered by any grant. Private donations and funding from the Town of Essex allow us to bridge these gaps. Without this grant award, our ability to help will be limited.

10. How will TOWN OF ESSEX residents benefit from this program? What is the demonstrable need for this program in Essex?*

Essex residents represented 1.7% of households requesting CCA service last year; 24 of 124 households served sought help with housing. CCA provides Essex residents with services to prevent homelessness and works with those experiencing homelessness to help them access housing. For 2023, U.S. Census Bureau reported that 25% of Essex renters paid more than 50% of their income on housing and 26% were paying over 30-49% of their income on housing. (30% or lower is the affordability threshold).

11. Describe the program's measurable outcomes. What social condition, behaviors or situation will improve because of this service?*

Measurable outcomes include helping clients stabilize their housing within 28 days of enrollment and maintaining stable housing for at least 90 days. In 2024, 78% of households were stabilized within 28 days of enrollment and 97% remained stably housed for at least 90 days. Affordable housing is a social determinant of health and wellbeing as it provides people with a stable and secure base that reduces economic stress and allows them the opportunity to engage in and contribute to our community

12. What criteria is used to determine eligibility for program participation? Where will participants access/participate in this program?*

Eligibility criteria includes proof of housing status (homelessness or at-risk of homelessness), income eligibility of less than 50% of the Area Median Income (AMI) and a documented hardship. Applicants must prove that their housing is sustainable. Advocates work with applicants to develop and review their budgets, and refer to other community resources. The application process is the same for all applicants and is performed at the CVOEO Burlington office.

13. How do TOWN OF ESSEX residents learn about your program? What strategies and/or mediums do you use?*

Clients are referred by friends, family, or neighbors who have benefited from our services previously, other social service agencies, or by their landlords. CVOEO advertises all our services on social media platforms and the website, www.cvoeo.org

14. By providing examples, please describe how your nonprofit ensures access to services and/or provides culturally responsive services to BIPOC, LGBTQ+, and/or underserved populations?*

CVOEO steadfastly champions and provides services for all. Interpretation services are through community ambassadors from our Office of Racial Equity and Community Inclusion. The ambassadors act as bridges to other programs, including CCA housing services. We also work with Certified Languages International, and the Association of Africans Living in VT for translation services. We conduct outreach to BIPOC-owned businesses and regularly work with the VT Pride Center and VCIL.

15. Please provide examples of how you support cultural awareness within your organization.*

CVOEO is committed to provide accessible services for all community members. Our team members participate in regular trainings on topics including racism, de-escalation, motivational interviewing, and more. CVOEO addresses fundamental issues of economic, social, racial and environmental justice and works with people to achieve economic independence. CVOEO engages in local and statewide initiatives to influence policy and advance racial justice.

16. (You must complete this question if you received Essex Human Services Funding during the previous award cycle). Please provide a summary of services provided to Town of Essex residents and how the award your organization received last year supported your program.

Chittenden Community Action provided services to 124 unduplicated Town of Essex residents during FY 2024. 23 people received services to maintain or obtain safe, affordable housing, 44 received free income tax filing, 75 received Fuel & Utility assistance (fuel deliveries and help to prevent utility disconnection), 19 Town of Essex residents who were unsheltered accessed services through the Community Resource Center in Burlington and received forms assistance, essential goods, help getting identification documents, information, advocacy and referral services. Discretionary funding from towns and private donors is extremely valuable as resources available for many expenses are scarce. CCA was able to assist community members whose needs did not meet eligibility criteria for State grant funds. CCA was able to help Essex residents through private donations and the discretionary grant awarded through the Town of Essex.

SECTION 3: Budget Detail

TOTAL ANNUAL PROGRAM BUDGET

Instructions: Budget items in boxes 1, 2, 3, and 4 must equal the TOTAL ANNUAL BUDGET in box 5. The total percentages in 1a, 2a, 3a, and 4a must total 100%.

1. Annual cost for personnel including benefits*

\$1,313,066

1a. Percentage of budget*

43%

2. Annual cost for facilities*

\$120,465

2a. Percentage of budget*

4%

3. Annual other operating costs (indirect)*

\$260,426

3a. Percentage of budget*

9%

4. Direct services costs (not staff)*

\$1,347,715

4a. Percentage of budget*

44%

5. TOTAL ANNUAL BUDGET*

\$3,041,672

(Must equal the total in SECTION 1, box 11 of the application.)

6. Provide comments or details on the Program Budget that are relevant for the reviewer to better understand how the budget works and what steps your organization is prepared to take to keep the program active if funding and revenues shift or change:

The majority of Direct Service costs are grant-specific; the discretionary funding and donations we receive from towns and private donors provides us the flexibility to meet needs not covered by State and Federal grants. Our focus is helping clients achieve housing and financial stability; CVOEO will continue to offer these services, and has weathered many changes in revenue over the years. Town grants help us expand our reach and impact.

7. REVENUE. Please list all current and projected funding sources for the existing program. Please specify and list revenues from other municipalities, other agencies, United Way funding, state/federal funding, fundraising/donations and other sources. *

CSBG current/projected \$267,957, 3SquaresVT current/projected \$62,008. HOP grant current/projected \$1,428,411. DMH current/projected \$466,430. United Way current/projected \$10,200. LIHEAP current/projected \$206,000. Warmth donations current/ projected \$200,000.State Treasurer VITA current/projected \$96,000. IRS VITA current/projected \$70,251. CEDO current/projected \$230,915. Town Grants current/projected \$5,500. Donation-general current/projected \$500.

SECTION 4: Attachments

1. Please upload a copy of your Internal Revenue Service (IRS) tax-exempt determination letter for the applicant organization.*

IRS Determination Letter 501c3 1-11-21.pdf

2. Please upload a copy of the organization's last IRS 990 tax filing (first page only) OR end of year financial statement (PLEASE DO NOT UPLOAD MORE THAN 3 PAGES - anything beyond 3 pages will not be included in the application).*

CVOEO 2022 990 FY2023 page 1.pdf

If submitting IRS 990 - please submit only the FIRST PAGE. DO NOT SUBMIT THE FULL RETURN.

3. Download a blank Internal Revenue Service (IRS) W-9 form. If you have completed Form W-9, you can skip to uploading the form.

[Download blank IRS W-9 form.](#)

4. Please upload your completed IRS W-9 form.*

W9 010725.pdf

SECTION 5: Disclosures

1. DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST

The existence of a potential conflict of interest does not necessarily make the program ineligible for funding, but the existence of an undisclosed conflict may result in the termination of any funding awarded. Are you aware of any board members or employees of the agency which will be carrying out this program or members of their immediate families, or their business associates:

a) employees of, or closely related to employees of the Town of Essex?*

YES

NO

b) members of, or closely related to members of the governing bodies of the Town of Essex?*

YES

NO

c) current beneficiaries of the program for which funds are being requested?*

- YES
- NO

d) paid providers of goods or services to the program or having other financial interest in the program?*

- YES
- NO

If you have answered YES to any question, please provide a full explanation:

2. NON-DISCRIMINATION AND ACKNOWLEDGMENT

I certify that the above statements and the information provided in this application are true and current to the best of my knowledge, agree to cooperate fully with the Town of Essex in making available to its authorized agents information which reasonably relates to the review of this application and the processing of any awarded funding and acknowledge and understand that as part of consideration of awarded funding, the agency which will be carrying out this program shall not discriminate on the basis of race, color, religion, gender, gender expression, age, national origin, disability, marital status, sexual orientation, crime victim status, or military status, in any of its activities or operations. These activities include, but are not limited to, hiring and firing of staff, selection of volunteers and vendors, and provision of services. *

- YES
- NO

3. Typed name:*

Linda Amante

Please refer to the Town of Essex Human Services Funding Application Guidelines for information on completing this application. Electronically submitted documents are preferred. For optimal viewing, please use a desktop or laptop to complete this application.

[Human Services Funding Application Guidelines FY25](#) (pdf) - (Document will open in another tab.)

VERMONT PUBLIC RECORDS ACT

Under the Vermont Public Records Act, 1 V.S.A. sections 315-220, any person has the right to request inspection or copying of a public record from government agencies, including municipalities. Applicants are discouraged from submitting information considered proprietary unless it is deemed essential for proper evaluation of the application.

SECTION 1: Organization Information

1. Organization name:*

Essex CHIPS

2. Name of program:*

Tween and Teen Center

3. How long has the organization been active?

38

4. Are you a current 501(c)(3) nonprofit organization in good standing or does your organization file an annual IRS Form 990 tax return?*



YES



NO

5. Essex Human Services Funds requested: (Request cannot exceed \$20,000.)*

\$20,000

6. Contact name:*

Christina Corodimas

7. Phone number:

802-878-6982 x1

8. Address *

2 Lincoln Street, 2nd Floor

If awarded, this is the address where a check will be issued and should match the address on the uploaded IRS W-9 form in SECTION 4.

City

Essex Junction

State

Vermont

Zip Code

05452

9. Email address:*

christina@essexchips.org

10. Website address:

www.essexchips.org

11. Total program budget: (Must equal the TOTAL ANNUAL BUDGET in SECTION 3 of this application.)*

\$191,943

12. Percentage of request to total program budget: (Request cannot be more than 25% of the program budget.)

10%

13. Brief organization description:*

Essex CHIPS is a leader in positive youth development, serving primarily youth in grades 4-12. CHIPS provides programs and initiatives that engage youth in meaningful ways to create relationships that help steer them toward a positive future.

SECTION 2: Summary of Services**1. Number of people served by your program in the last 12 months:**

1200

2. If you do not formally track the number of people served, please explain how you assess if people are receiving services.

We track everyone who attends our after school and public programs

3. Number of TOWN OF ESSEX residents served by your program in the last 12 months:

150

4. If you do not formally track the residences of people served, please explain how you assess if people in the TOWN OF ESSEX are receiving services.

We know where the youth in our after school program live and which programs are delivered in Essex Town.

5. Anticipated number of people to be served by your program in the next 12 months:

2000

6. Anticipated number of TOWN OF ESSEX residents to be served by your program in the next 12 months:

250

7. If your organization provides a service or resource to TOWN OF ESSEX residents that is important for reasons other than the number of residents served, please explain. (If you provided answers to questions 1-6 in this section, you do not need to answer.)

Examples are: that your organization provides a resource that may not be available anywhere else; you provide service to a smaller demographic and is available when needed; or your service provides cultural awareness that is not quantified in numbers. Please be sure to explain.

8. Describe the program services to be provided. Be sure to include an overview of the main program activities and how the program design fits within one or more of the Essex Human Service Focus Areas. *

We are inclusive of 4 focus areas. We focus on child&family support for healthy relationships. We offer diversity, equity&inclusion programming to youth&the entire community. We offer programs around health&behavioral health&child/family supp. for healthy relationships. We offer programming&strategy coaches to schools through VDH grant focused on curriculum, school policies, cessation, youth engagement/empowerment(substance use, mental health&family engagement). We held Teen Mental Health First Aid Training for community youth, STEM Robotics with GlobalFoundries& our UVM 4-H partnership offer many STEM opportunities. In terms of workforce development, our no-cost program fills the needs of caregivers who need a place for their youth after school. We currently employ a Essex High student and have 3 youth Board members who attend Essex High School. We are a resource to the comm., assisting caregivers in raising comm. members who are safe and feel connected to other youth&trusted adults.

FY25 FOCUS AREAS:

- Access to Community-Based Resources as a Source of Support for Health & Behavioral Health
- Affordable Housing or Housing Assistance
- Child or Family Support for Healthy Relationships
- Diversity, Equity & Inclusion
- Emergency Food & Disaster Relief
- Increasing Workforce Development

9. Describe why you need this funding to support your program for TOWN OF ESSEX residents. What will be the effect if your application is not funded? What will be the effect if your application is partially funded?*

We are fundraising for our afterschool program. We currently serve youth two days a week this school year in our temporary location with some special Friday Nights held in Essex Center. We will serve 4th-12th graders, 4-5 days a week next school year 2025-2026 when our building renovation is complete. If funding is not received from the Essex Human Services Fund, we will continue to seek other funding sources but may be forced to cut some of our offerings in the after school program.

10. How will TOWN OF ESSEX residents benefit from this program? What is the demonstrable need for this program in Essex?*

We give families peace of mind knowing Essex CHIPS provides quality and enriching programming for their children in a safe environment. Many parents are struggling to find childcare and pay for it. Our no-cost programs are much loved and appreciated by the community. We provide healthy snack to our after school program participants. In many ways Essex CHIPS is lessening the burden families face in our school district.

11. Describe the program's measurable outcomes. What social condition, behaviors or situation will improve because of this service?*

We seek to build developmental assets and promote resiliency among local youth with a focus on five specific outcome areas. By administering a ten-questions survey biannually, we are able to evaluate our impact and measure positive change overtime. The five core intended outcomes are safety (physical and emotional), connection to a role model, connection to community, developing sense of self and making healthy choices.

12. What criteria is used to determine eligibility for program participation? Where will participants access/participate in this program?*

All who live within the boundaries of the EWSD are welcome to participate in our programs at no cost. We are temporarily located in the Kolvoord Comm. Room until the renovation of Lincoln Hall is complete. We will likely be there 3 years and then need to find a new home due to EJ's changing priorities. Our warm reception by the Town and success in Essex Ctr with our Friday Night program makes us want to consider a permanent home in Essex. We feel appreciated and embraced by the community.

13. How do TOWN OF ESSEX residents learn about your program? What strategies and/or mediums do you use?*

We advertise our programs on social media and cross post on community pages. We outreach to the schools, contact families who have been part of our programs in the past and post information throughout the community about our programs.

14. By providing examples, please describe how your nonprofit ensures access to services and/or provides culturally responsive services to BIPOC, LGBTQ+, and/or underserved populations?*

Our True Leaders in Equity Program in partnership with UVM4H helps our kids feel welcome, proud & celebrated. We collaborate with VIEW (Voices for Inclusion in Essex & Westford), participate in Essex Pride. The youth have many candid conversations with each other & staff on issues facing them in school, home & community. We promote healthy discussion and give support around these important topics daily at our Teen Center.

15. Please provide examples of how you support cultural awareness within your organization.*

In cooperation with 4-H and UVM we offer in the Teen Center True Leaders in Equity Challenge. This program focuses on LGBTQ+ awareness and advocacy, Black Heritage Month, Women's History Month, Latino History Month and Accessibility issues for people of all abilities. The students' compassion towards others has increased through these activities where discussions around barriers and equity are held.

16. (You must complete this question if you received Essex Human Services Funding during the previous award cycle). Please provide a summary of services provided to Town of Essex residents and how the award your organization received last year supported your program.

In our Teen and Tween Center, our kids have a chance to be in a safe environment, learn new activities, play games & have a healthy snack while their families have peace of mind knowing they don't need to worry while their kids are with us. Funding from the Town of Essex allows us to continue to offer our no-cost program to youth and their families in the critical afterschool hours, build community, provide a healthy snack and help kids reach their maximum potential. We participate annually in: Explore Essex, National Night Out, Rotary Family Fun Day and events in partnership with EWSD and VIEW (Voices for Inclusion in Essex Westford), as well as planning meetings for the Upper Main Street Project.

SECTION 3: Budget Detail

TOTAL ANNUAL PROGRAM BUDGET

Instructions: Budget items in boxes 1, 2, 3, and 4 must equal the TOTAL ANNUAL BUDGET in box 5. The total percentages in 1a, 2a, 3a, and 4a must total 100%.

1. Annual cost for personnel including benefits*

\$101,293

1a. Percentage of budget*

53%

2. Annual cost for facilities*

0

2a. Percentage of budget*

0

3. Annual other operating costs (indirect)*

\$59,600

3a. Percentage of budget*

31%

4. Direct services costs (not staff)*

\$31,050

4a. Percentage of budget*

16%

5. TOTAL ANNUAL BUDGET*

\$191,943

(Must equal the total in SECTION 1, box 11 of the application.)

6. Provide comments or details on the Program Budget that are relevant for the reviewer to better understand how the budget works and what steps your organization is prepared to take to keep the program active if funding and revenues shift or change:

We spend all we raise yearly on our programs. Our net operating revenue this year is \$181. The support of the Town of Essex makes a huge difference to us as we support the families of the Essex Westford School District with our no-cost programming.

7. REVENUE. Please list all current and projected funding sources for the existing program. Please specify and list revenues from other municipalities, other agencies, United Way funding, state/federal funding, fundraising/donations and other sources. *

Agency on Education School-Based Substance Use Prevention \$60,000 George W. Mergens Foundations \$10,000 Courtney and Victoria Buffum Family Foundation \$5,000 Francis and Louise Nichols Foundation \$5,000 Rotary Club of Essex Vermont \$3,000

SECTION 4: Attachments

1. Please upload a copy of your Internal Revenue Service (IRS) tax-exempt determination letter for the applicant organization.*

IRS Determination 2-02.pdf

2. Please upload a copy of the organization's last IRS 990 tax filing (first page only) OR end of year financial statement (PLEASE DO NOT UPLOAD MORE THAN 3 PAGES - anything beyond 3 pages will not be included in the application).*

2023 Essex CHIPS 990 1 pager.pdf

If submitting IRS 990 - please submit only the FIRST PAGE. DO NOT SUBMIT THE FULL RETURN.

3. Download a blank Internal Revenue Service (IRS) W-9 form. If you have completed Form W-9, you can skip to uploading the form.

[Download blank IRS W-9 form.](#)

4. Please upload your completed IRS W-9 form.*

Essex CHIPS INC. W9 2024.pdf

SECTION 5: Disclosures

1. DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST

The existence of a potential conflict of interest does not necessarily make the program ineligible for funding, but the existence of an undisclosed conflict may result in the termination of any funding awarded. Are you aware of any board members or employees of the agency which will be carrying out this program or members of their immediate families, or their business associates:

a) employees of, or closely related to employees of the Town of Essex?*

YES

NO

b) members of, or closely related to members of the governing bodies of the Town of Essex?*

YES

NO

c) current beneficiaries of the program for which funds are being requested?*

YES

NO

d) paid providers of goods or services to the program or having other financial interest in the program?*

YES

NO

If you have answered YES to any question, please provide a full explanation:

2. NON-DISCRIMINATION AND ACKNOWLEDGMENT

I certify that the above statements and the information provided in this application are true and current to the best of my knowledge, agree to cooperate fully with the Town of Essex in making available to its authorized agents information which reasonably relates to the review of this application and the processing of any awarded funding and acknowledge and understand that as part of consideration of awarded funding, the agency which will be carrying out this program shall not discriminate on the basis of race, color, religion, gender, gender expression, age, national origin, disability, marital status, sexual orientation, crime victim status, or military status, in any of its activities or operations. These activities include, but are not limited to, hiring and firing of staff, selection of volunteers and vendors, and provision of services. *



YES



NO

3. Typed name:*

Christina Corodimas

Please refer to the Town of Essex Human Services Funding Application Guidelines for information on completing this application. Electronically submitted documents are preferred. For optimal viewing, please use a desktop or laptop to complete this application.

[Human Services Funding Application Guidelines FY25](#) (pdf) - (Document will open in another tab.)

VERMONT PUBLIC RECORDS ACT

Under the Vermont Public Records Act, 1 V.S.A. sections 315-220, any person has the right to request inspection or copying of a public record from government agencies, including municipalities. Applicants are discouraged from submitting information considered proprietary unless it is deemed essential for proper evaluation of the application.

SECTION 1: Organization Information

1. Organization name:*

Empty Arms Vermont

2. Name of program:*

Dad's Peer Support Group

3. How long has the organization been active?

four years

4. Are you a current 501(c)(3) nonprofit organization in good standing or does your organization file an annual IRS Form 990 tax return?*



YES



NO

5. Essex Human Services Funds requested: (Request cannot exceed \$20,000.)*

\$1,500

6. Contact name:*

Marie Fietze

7. Phone number:

802-232-2512

8. Address *

34 Blair Park Rd Ste 104, PMB 182

If awarded, this is the address where a check will be issued and should match the address on the uploaded IRS W-9 form in SECTION 4.

City

Williston

State

VT

Zip Code

05495

9. Email address:*

marie@emptyarmsvermont.org

10. Website address:<https://www.emptyarmsvermont.org/>**11. Total program budget: (Must equal the TOTAL ANNUAL BUDGET in SECTION 3 of this application.)***

\$98,705

12. Percentage of request to total program budget: (Request cannot be more than 25% of the program budget.)

1.5%

13. Brief organization description:*

Empty Arms Vermont serves individuals and families whose babies have died through miscarriage, stillbirth, early infant death, or termination for medical reasons through peer-support, care packages, and Remembrance Nights.

SECTION 2: Summary of Services**1. Number of people served by your program in the last 12 months:**

132

2. If you do not formally track the number of people served, please explain how you assess if people are receiving services.**3. Number of TOWN OF ESSEX residents served by your program in the last 12 months:**

10

4. If you do not formally track the residences of people served, please explain how you assess if people in the TOWN OF ESSEX are receiving services.**5. Anticipated number of people to be served by your program in the next 12 months:**

160

6. Anticipated number of TOWN OF ESSEX residents to be served by your program in the next 12 months:

15

7. If your organization provides a service or resource to TOWN OF ESSEX residents that is important for reasons other than the number of residents served, please explain. (If you provided answers to questions 1-6 in this section, you do not need to answer.)

Empty Arms Vermont fills a gap in Vermont's mental health care system by providing free peer support, virtually, statewide. This service is not otherwise available in Vermont and Town of Essex residents have full access to this programming.

Examples are: that your organization provides a resource that may not be available anywhere else; you provide service to a smaller demographic and is available when needed; or your service provides cultural awareness that is not quantified in numbers. Please be sure to explain.

8. Describe the program services to be provided. Be sure to include an overview of the main program activities and how the program design fits within one or more of the Essex Human Service Focus Areas. *

This is a peer support group for male-identified, non-gestational parents who have experienced the loss of a baby. Navigating the loss of a child is profoundly challenging, and men often struggle to find a safe place to express their grief. This is a dedicated space where bereaved fathers can find solace and understanding. Our support group acknowledges that fathers experience grief differently from their partners, and we provide a compassionate environment tailored to these unique needs. This programming fits into Essex Human Service Focus Areas of "Access to community-based resources as a source of support for health and behavioral health" as well as "Child or family support for healthy relationships".

FY25 FOCUS AREAS:

- Access to Community-Based Resources as a Source of Support for Health & Behavioral Health
- Affordable Housing or Housing Assistance
- Child or Family Support for Healthy Relationships
- Diversity, Equity & Inclusion
- Emergency Food & Disaster Relief
- Increasing Workforce Development

9. Describe why you need this funding to support your program for TOWN OF ESSEX residents. What will be the effect if your application is not funded? What will be the effect if your application is partially funded?*

This funding will be applied to paying group facilitators on a monthly basis. We have found that compensation creates accountability, reliability, and consistency that volunteer services may not maintain. If our application is not funded, or partially funded, we will rely on a finite reserve of financial resources to maintain this program for less than 12 months.

10. How will TOWN OF ESSEX residents benefit from this program? What is the demonstrable need for this program in Essex?*

8% of our participants attend as residents from the Town of Essex.

11. Describe the program's measurable outcomes. What social condition, behaviors or situation will improve because of this service?*

The Maternal Mortality Review Panel Report states, "Empty Arms Vermont presently serves as they only organization for perinatal loss support...Funding to this organization would help to further scale their reach into more rural areas of the state." Untreated perinatal mood and anxiety disorders, which impact family members in addition to the pregnant person, account for an estimated \$48 million in societal costs in Vermont. Peer support groups reduce isolation and foster community and healing.

12. What criteria is used to determine eligibility for program participation? Where will participants access/participate in this program?*

When folks express interest in participating in our peer support groups, they first reach out to our Executive Director, Chelsea Levis, via email or phone. We ask that they share which support group they wish to attend and we invite them to share about themselves. Participants of the Dad's group are for male-identified, non-gestational parents who have experienced the loss of a baby. There is no additional criteria.

13. How do TOWN OF ESSEX residents learn about your program? What strategies and/or mediums do you use?*

We have been working extensively with Vermont Department of Health agencies, medical providers, and counselors to disseminate information about our programming.

14. By providing examples, please describe how your nonprofit ensures access to services and/or provides culturally responsive services to BIPOC, LGBTQ+, and/or underserved populations?*

Our outreach is very intentional. A grant we currently have from the VT Department of Health charges us with ensuring outreach to priority populations such as those with lower socioeconomic status or substance use disorders. We are also making connections with the New American population via Parent Child Centers and Community Health Centers. Our next goal for programming will be to create an affinity peer support group for the LGBTQ+ population.

15. Please provide examples of how you support cultural awareness within your organization.*

Our staff and facilitators participate in trainings hosted by Postpartum Support International, Mental Health First Aid, and Maternal Mental Health NOW. Each of the trainings we attend incorporate cultural competency as part of the curriculum. Our goal is to continue this learning to ensure inclusivity of our programming.

16. (You must complete this question if you received Essex Human Services Funding during the previous award cycle). Please provide a summary of services provided to Town of Essex residents and how the award your organization received last year supported your program.

SECTION 3: Budget Detail

TOTAL ANNUAL PROGRAM BUDGET

Instructions: Budget items in boxes 1, 2, 3, and 4 must equal the TOTAL ANNUAL BUDGET in box 5. The total percentages in 1a, 2a, 3a, and 4a must total 100%.

1. Annual cost for personnel including benefits*

64488

1a. Percentage of budget*

69%

2. Annual cost for facilities*

\$0

2a. Percentage of budget*

0%

3. Annual other operating costs (indirect)*

4155

3a. Percentage of budget*

4%

4. Direct services costs (not staff)*

24550

4a. Percentage of budget*

26%

5. TOTAL ANNUAL BUDGET*

\$98,705

(Must equal the total in SECTION 1, box 11 of the application.)

6. Provide comments or details on the Program Budget that are relevant for the reviewer to better understand how the budget works and what steps your organization is prepared to take to keep the program active if funding and revenues shift or change:

Empty Arms Vermont is run by two staff who work remotely. We do not have overhead, such as facilities, to maintain in budget costs.

7. REVENUE. Please list all current and projected funding sources for the existing program. Please specify and list revenues from other municipalities, other agencies, United Way funding, state/federal funding, fundraising/donations and other sources. *

Our Dad's Peer Support Group, about which this grant request is being made, is currently funded through donations made by individual donors during our 2024 year end appeal campaign.

SECTION 4: Attachments

1. Please upload a copy of your Internal Revenue Service (IRS) tax-exempt determination letter for the applicant organization.*

Empty Arms 501c3.pdf

2. Please upload a copy of the organization's last IRS 990 tax filing (first page only) OR end of year financial statement (PLEASE DO NOT UPLOAD MORE THAN 3 PAGES - anything beyond 3 pages will not be included in the application).*

990-N Empty Arms VT.pdf

If submitting IRS 990 - please submit only the FIRST PAGE. DO NOT SUBMIT THE FULL RETURN.

3. Download a blank Internal Revenue Service (IRS) W-9 form. If you have completed Form W-9, you can skip to uploading the form.

[Download blank IRS W-9 form.](#)

4. Please upload your completed IRS W-9 form.*

EAVTW9.pdf

SECTION 5: Disclosures

1. DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST

The existence of a potential conflict of interest does not necessarily make the program ineligible for funding, but the existence of an undisclosed conflict may result in the termination of any funding awarded. Are you aware of any board members or employees of the agency which will be carrying out this program or members of their immediate families, or their business associates:

a) employees of, or closely related to employees of the Town of Essex?*



YES



NO

b) members of, or closely related to members of the governing bodies of the Town of Essex?*

YES

NO

c) current beneficiaries of the program for which funds are being requested?*

YES

NO

d) paid providers of goods or services to the program or having other financial interest in the program?*

YES

NO

If you have answered YES to any question, please provide a full explanation:

2. NON-DISCRIMINATION AND ACKNOWLEDGMENT

I certify that the above statements and the information provided in this application are true and current to the best of my knowledge, agree to cooperate fully with the Town of Essex in making available to its authorized agents information which reasonably relates to the review of this application and the processing of any awarded funding and acknowledge and understand that as part of consideration of awarded funding, the agency which will be carrying out this program shall not discriminate on the basis of race, color, religion, gender, gender expression, age, national origin, disability, marital status, sexual orientation, crime victim status, or military status, in any of its activities or operations. These activities include, but are not limited to, hiring and firing of staff, selection of volunteers and vendors, and provision of services. *



YES



NO

3. Typed name:*

Marie Fietze

Please refer to the Town of Essex Human Services Funding Application Guidelines for information on completing this application. Electronically submitted documents are preferred. For optimal viewing, please use a desktop or laptop to complete this application.

[Human Services Funding Application Guidelines FY25](#) (pdf) - (Document will open in another tab.)

VERMONT PUBLIC RECORDS ACT

Under the Vermont Public Records Act, 1 V.S.A. sections 315-220, any person has the right to request inspection or copying of a public record from government agencies, including municipalities. Applicants are discouraged from submitting information considered proprietary unless it is deemed essential for proper evaluation of the application.

SECTION 1: Organization Information

1. Organization name:*

Green Mountain Habitat for Humanity

2. Name of program:*

Expanding Access to Affordable Housing Campaign

3. How long has the organization been active?

42 years

4. Are you a current 501(c)(3) nonprofit organization in good standing or does your organization file an annual IRS Form 990 tax return?*



YES



NO

5. Essex Human Services Funds requested: (Request cannot exceed \$20,000.)*

7,500

6. Contact name:*

Mike Chamness

7. Phone number:

802-872-8726

8. Address *

400 Cornerstone Drive, Suite 315; PO Box 1436

If awarded, this is the address where a check will be issued and should match the address on the uploaded IRS W-9 form in SECTION 4.

City

Williston

State

VT

Zip Code

05495

9. Email address:*

mchamness@vermonthabitat.org

10. Website address:

www.vermonthabitat.org

11. Total program budget: (Must equal the TOTAL ANNUAL BUDGET in SECTION 3 of this application.)*

30,000

12. Percentage of request to total program budget: (Request cannot be more than 25% of the program budget.)

25

13. Brief organization description:*

Green Mountain Habitat for Humanity works in partnership with the community and volunteers to build affordable homes for low-income families in Chittenden County.

SECTION 2: Summary of Services**1. Number of people served by your program in the last 12 months:**

1,000

2. If you do not formally track the number of people served, please explain how you assess if people are receiving services.

NA

3. Number of TOWN OF ESSEX residents served by your program in the last 12 months:

30

4. If you do not formally track the residences of people served, please explain how you assess if people in the TOWN OF ESSEX are receiving services.

NA

5. Anticipated number of people to be served by your program in the next 12 months:

1,600

6. Anticipated number of TOWN OF ESSEX residents to be served by your program in the next 12 months:

250

7. If your organization provides a service or resource to TOWN OF ESSEX residents that is important for reasons other than the number of residents served, please explain. (If you provided answers to questions 1-6 in this section, you do not need to answer.)

NA

Examples are: that your organization provides a resource that may not be available anywhere else; you provide service to a smaller demographic and is available when needed; or your service provides cultural awareness that is not quantified in numbers. Please be sure to explain.

8. Describe the program services to be provided. Be sure to include an overview of the main program activities and how the program design fits within one or more of the Essex Human Service Focus Areas. *

One of Habitat's essential program services is the ongoing prospective client engagement and recruitment work that is so crucial to fulfilling our mission. This work includes promotional outreach, events planning/abling, managing referrals, homebuyer education presentations, and client support activities coordinated through GM Habitat's Marketing, Volunteer Coordinator, and Family Services Program staff. One of our priorities in 2025 is to launch a new campaign to increase and strengthen Habitat's partner network to include more organizations and community social service agencies that serve residents living in the Town of Essex and other surrounding communities. The Human Services funding will serve as a cornerstone of our new campaign to strategically expand its reach to low-income BIPOC, LGBTQIA, immigrant, New American, single parent and underserved populations and families that might qualify and become eligible to buy a lower cost affordable home through Habitat in 2025.

FY25 FOCUS AREAS:

- Access to Community-Based Resources as a Source of Support for Health & Behavioral Health
- Affordable Housing or Housing Assistance
- Child or Family Support for Healthy Relationships
- Diversity, Equity & Inclusion
- Emergency Food & Disaster Relief
- Increasing Workforce Development

9. Describe why you need this funding to support your program for TOWN OF ESSEX residents. What will be the effect if your application is not funded? What will be the effect if your application is partially funded?*

Essential expenses this grant would help cover include coordinating and hosting free monthly public information/homebuyer 101 sessions, venue rentals, refreshments, and promo materials. A partial award will still allow for coordinating public events and core outreach. If the grant is not awarded, it would make it difficult to deliver outreach education events and distribute promo in 2025. GMHfH must raise all program funds locally and through regional grant opportunities.

10. How will TOWN OF ESSEX residents benefit from this program? What is the demonstrable need for this program in Essex?*

GM Habitat has built 4 units in Essex. The importance of having safe, clean, affordable homes for working families in Essex and surrounding communities is critical. Our partner families learn what it takes to become homeowners and they benefit from this knowledge gained from volunteers as they build their homes. Studies clearly show families who have a safe, reliable home are more healthy, focus better at school, experience more employment stability, and achieve better economic outcomes.

11. Describe the program's measurable outcomes. What social condition, behaviors or situation will improve because of this service?*

GM Habitat will work towards improving the amount and rate of all the following core outcomes: number of Essex residents engaged and informed about affordable housing opportunities, number of community groups and service organizations joining network, number of residents attaining affordable housing, reduction in housing insecurity, volume of volunteers and Youth Build participants adding/improving construction trade work skills, and resources leveraged through partnering.

12. What criteria is used to determine eligibility for program participation? Where will participants access/participate in this program?*

Eligibility is based on a household's total annual gross income compared to the area median income. The families we serve are low-income, working families that earn at or below 80% of the median income as per U.S. HUD. "Very low income" is defined as an income below 50% of the median income for the area. These limits are determined by the county or metropolitan area where the applicant lives and vary depending on family size. Families access programs online and through in-person sessions.

13. How do TOWN OF ESSEX residents learn about your program? What strategies and/or mediums do you use?*

GM Habitat reaches applicants through targeted marketing and outreach (brochures, volunteer & client community events, website, monthly newsletters, mailings) and leveraging its partnering relationships with regional service providers.

14. By providing examples, please describe how your nonprofit ensures access to services and/or provides culturally responsive services to BIPOC, LGBTQ+, and/or underserved populations?*

Underserved and lower income families make up 100% of our new homeowners. It is also important to note that of the 117 families GM Habitat has partnered with, 23% of these families are BIPOC or New Americans. Habitat is fiercely committed to doing the work that brings equity to our efforts and helps bring justice to the communities in which we work. We will be expanding partnerships with organizations in the region such as HireAbility, Spectrum Youth Services, AARP, AALV, and Pride Center.

15. Please provide examples of how you support cultural awareness within your organization.*

Diversity, equity, and inclusion is an imperative for Habitat. GM Habitat has adopted and follows the global Habitat Int'l set of DEI policy and operations guidelines, including its Commitment to Equity and Inclusion. A portion of the award funds will be allocated to cover the cost of producing translated outreach, homebuyer ed, and home financing materials in the eight most common foreign languages spoken in Chittenden County.

16. (You must complete this question if you received Essex Human Services Funding during the previous award cycle). Please provide a summary of services provided to Town of Essex residents and how the award your organization received last year supported your program.

NA

SECTION 3: Budget Detail

TOTAL ANNUAL PROGRAM BUDGET

Instructions: Budget items in boxes 1, 2, 3, and 4 must equal the TOTAL ANNUAL BUDGET in box 5. The total percentages in 1a, 2a, 3a, and 4a must total 100%.

1. Annual cost for personnel including benefits*

21,000

1a. Percentage of budget*

70

2. Annual cost for facilities*

1,800

2a. Percentage of budget*

6

3. Annual other operating costs (indirect)*

3,900

3a. Percentage of budget*

13

4. Direct services costs (not staff)*

3,250

4a. Percentage of budget*

11

5. TOTAL ANNUAL BUDGET*

30,000

(Must equal the total in SECTION 1, box 11 of the application.)

6. Provide comments or details on the Program Budget that are relevant for the reviewer to better understand how the budget works and what steps your organization is prepared to take to keep the program active if funding and revenues shift or change:

The program budget is comprised of estimates that include appropriate anticipated staff workload commitments (Personnel - 3 staff at .2 FTE), hard copy brochures and printing (Direct Services), translated hard copy and online materials (Direct Services), venue rental and event hosting expenses for monthly events (Facilities), event refreshments (Facilities), and a modest indirect rate of 15%. GM Habitat is committed to delivering as much of the program as possible in phases if funding shifts.

7. REVENUE. Please list all current and projected funding sources for the existing program. Please specify and list revenues from other municipalities, other agencies, United Way funding, state/federal funding, fundraising/donations and other sources. *

As of submission date (2-15-25), the program is pursuing a number of other grant and funding options with Vermont Community Foundation, TD Bank regional giving, and St. Michael's College to meet a portion of overall program expenses, but no awards have been made or committed. GM Habitat is committed to delivering the program and would provide some in-kind costs internally if needed.

SECTION 4: Attachments

1. Please upload a copy of your Internal Revenue Service (IRS) tax-exempt determination letter for the applicant organization.*

GMHfH - IRS EIN 501c3 Letter - Rev.pdf

2. Please upload a copy of the organization's last IRS 990 tax filing (first page only) OR end of year financial statement (PLEASE DO NOT UPLOAD MORE THAN 3 PAGES - anything beyond 3 pages will not be included in the application).*

GMHfH 990 - 2023 - Page.pdf

If submitting IRS 990 - please submit only the FIRST PAGE. DO NOT SUBMIT THE FULL RETURN.

3. Download a blank Internal Revenue Service (IRS) W-9 form. If you have completed Form W-9, you can skip to uploading the form.

[Download blank IRS W-9 form.](#)

4. Please upload your completed IRS W-9 form.*

GMHFH W-9.pdf

SECTION 5: Disclosures

1. DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST

The existence of a potential conflict of interest does not necessarily make the program ineligible for funding, but the existence of an undisclosed conflict may result in the termination of any funding awarded. Are you aware of any board members or employees of the agency which will be carrying out this program or members of their immediate families, or their business associates:

a) employees of, or closely related to employees of the Town of Essex?*

YES

NO

b) members of, or closely related to members of the governing bodies of the Town of Essex?*

YES

NO

c) current beneficiaries of the program for which funds are being requested?*

YES

NO

d) paid providers of goods or services to the program or having other financial interest in the program?*



YES



NO

If you have answered YES to any question, please provide a full explanation:

2. NON-DISCRIMINATION AND ACKNOWLEDGMENT

I certify that the above statements and the information provided in this application are true and current to the best of my knowledge, agree to cooperate fully with the Town of Essex in making available to its authorized agents information which reasonably relates to the review of this application and the processing of any awarded funding and acknowledge and understand that as part of consideration of awarded funding, the agency which will be carrying out this program shall not discriminate on the basis of race, color, religion, gender, gender expression, age, national origin, disability, marital status, sexual orientation, crime victim status, or military status, in any of its activities or operations. These activities include, but are not limited to, hiring and firing of staff, selection of volunteers and vendors, and provision of services. *



YES



NO

3. Typed name:*

Michael Chamness

Please refer to the Town of Essex Human Services Funding Application Guidelines for information on completing this application. Electronically submitted documents are preferred. For optimal viewing, please use a desktop or laptop to complete this application.

[Human Services Funding Application Guidelines FY25](#) (pdf) - (Document will open in another tab.)

VERMONT PUBLIC RECORDS ACT

Under the Vermont Public Records Act, 1 V.S.A. sections 315-220, any person has the right to request inspection or copying of a public record from government agencies, including municipalities. Applicants are discouraged from submitting information considered proprietary unless it is deemed essential for proper evaluation of the application.

SECTION 1: Organization Information

1. Organization name:*

HomeShare Vermont (HSVT)

2. Name of program:*

Homesharing Program

3. How long has the organization been active?

42 Years

4. Are you a current 501(c)(3) nonprofit organization in good standing or does your organization file an annual IRS Form 990 tax return?*



YES



NO

5. Essex Human Services Funds requested: (Request cannot exceed \$20,000.)*

5,000

6. Contact name:*

Connor Timmons

7. Phone number:

802-865-4151

8. Address *

412 Farrell Street, Suite 300

If awarded, this is the address where a check will be issued and should match the address on the uploaded IRS W-9 form in SECTION 4.

City

South Burlington

State

VT

Zip Code

05403

9. Email address:*

connor@homesharevermont.org

10. Website address:

www.homesharevermont.org

11. Total program budget: (Must equal the TOTAL ANNUAL BUDGET in SECTION 3 of this application.)*

826,700

12. Percentage of request to total program budget: (Request cannot be more than 25% of the program budget.)

%0.6

13. Brief organization description:*

HomeShare provides a screening and matching service to help people remain in their homes by matching them with others looking for an affordable place to live, who then provide some household help and/or rent.

SECTION 2: Summary of Services**1. Number of people served by your program in the last 12 months:**

961

2. If you do not formally track the number of people served, please explain how you assess if people are receiving services.**3. Number of TOWN OF ESSEX residents served by your program in the last 12 months:**

32 (FY24)

4. If you do not formally track the residences of people served, please explain how you assess if people in the TOWN OF ESSEX are receiving services.**5. Anticipated number of people to be served by your program in the next 12 months:**

1,000

6. Anticipated number of TOWN OF ESSEX residents to be served by your program in the next 12 months:

40

7. If your organization provides a service or resource to TOWN OF ESSEX residents that is important for reasons other than the number of residents served, please explain. (If you provided answers to questions 1-6 in this section, you do not need to answer.)

Serving clients adjacent to Essex can and often has a positive impact on Essex. Many businesses in the area need housing for their new employees and this is something HSVT provides to many new and longtime Vermonters.

Examples are: that your organization provides a resource that may not be available anywhere else; you provide service to a smaller demographic and is available when needed; or your service provides cultural awareness that is not quantified in numbers. Please be sure to explain.

8. Describe the program services to be provided. Be sure to include an overview of the main program activities and how the program design fits within one or more of the Essex Human Service Focus Areas. *

HSVt provides and screening and matching service to create mutually beneficial living arrangements for Vermonters who might need some assistance to stay in their home (hosts) and those seeking affordable housing (guests). In this way HSVt eases a stressed assisted living system and creates affordable housing all while creating better outcomes for hosts and preserving the community connections between neighbors. The average rent paid by HSVt guests this past year was only \$359/month and 73% of hosts and 90% of guests are considered low-income individuals so there are downstream impacts of this work on the emergency housing system as well. Our case managers travel to meet with guests and hosts and provide a client centered service to help people find the right match, then ongoing support to ensure that all parties are happy with how things are working out in practice. This also allows our team to be available for referrals and check ins.

FY25 FOCUS AREAS:

- Access to Community-Based Resources as a Source of Support for Health & Behavioral Health
- Affordable Housing or Housing Assistance
- Child or Family Support for Healthy Relationships
- Diversity, Equity & Inclusion
- Emergency Food & Disaster Relief
- Increasing Workforce Development

9. Describe why you need this funding to support your program for TOWN OF ESSEX residents. What will be the effect if your application is not funded? What will be the effect if your application is partially funded?*

We will use funding to offset operating costs to serve residents of Essex such as background checks, case manager interview time, mileage costs to travel to meet people in their homes. The average cost for HomeShare to facilitate a match is roughly \$2,885, as such this request represents just a fraction of the cost for the active matches in Essex currently. HomeShare is an efficient, effective and empathetic option for Vermonters as they grapple with the crisis of affordable housing.

10. How will TOWN OF ESSEX residents benefit from this program? What is the demonstrable need for this program in Essex?*

The VHFA's 2025-'29 housing needs assessment reports that Chittenden County needs to add almost 12,000 units of housing to keep pace with demand. This report reinforces the need for better options for older Vermonters, the majority of whom would prefer to age in place rather than seek out supportive living options that they often cannot afford. HSVT provides an elegant solution for many older Vermonters, enhancing not only the health and well-being of clients but their financial situation as well.

11. Describe the program's measurable outcomes. What social condition, behaviors or situation will improve because of this service?*

Increased access to affordable housing and older Vermonters in safer, happier living conditions are always our goals. Our annual outcomes survey consistently demonstrates the value of the program. Our FY24 survey showed that 82% of hosts are happier, 86% feel safer in their home, 76% feel less lonely and 100% of participants would recommend the service to a friend. Almost half of hosts report they would not be able to continue living in their homes without their HomeShare guest's support.

12. What criteria is used to determine eligibility for program participation? Where will participants access/participate in this program?*

HSVST completes five background checks and three reference checks on all participants before they are considered eligible for a match. Case managers conduct interviews for guests in our South Burlington office or at neutral locations like coffee shops or libraries. All hosts are interviewed in their home and a tour of the space being offered is conducted at that time. Introductions take place at the hosts' homes and two-week trial matches are completed before confirming the homeshare agreement.

13. How do TOWN OF ESSEX residents learn about your program? What strategies and/or mediums do you use?*

We use a mix of online, social media and print ads for specific and general listings. We hold presentations for clubs, committees, or faith communities. We also rely on referrals from other social service organizations. Suggestions are VERY welcome!

14. By providing examples, please describe how your nonprofit ensures access to services and/or provides culturally responsive services to BIPOC, LGBTQ+, and/or underserved populations?*

We've taken some big strides this past year. HSVT began a three-year process, supported by CQ strategies consultants, to ensure we are reaching and serving BIPOC and LGBTQ Vermonters. First, we reviewed all our marketing materials and have revamped most of them. We've also begun an audit to ensure our vetting or matching process is as inclusive as possible. Next, we will review our personnel and board practices to see if we can do a better job recruiting BIPOC and LGBTQ talent.

15. Please provide examples of how you support cultural awareness within your organization.*

HomeShare Vermont has always been committed to providing equal-opportunity housing, and there is always more work to do. By partnering with a variety of leadership organizations within Vermont historically marginalized communities, we are hoping to increase referral numbers and participation. This is especially critical for us owing to the disproportionate number of BIPOC and LGBTQ Vermonters who experience housing insecurity.

16. (You must complete this question if you received Essex Human Services Funding during the previous award cycle). Please provide a summary of services provided to Town of Essex residents and how the award your organization received last year supported your program.

Essex's generous support helped HSVT's team conduct the labor-intensive work of creating matches. The day-to-day service of HomeShare includes fielding inquiries, processing applications, running background checks, conducting 90-minute initial interviews, scheduling and facilitating introductions. Funds from Essex also allowed us to provide follow up and ongoing support to current matches. That can include ensuring that a match as a graceful end, helping adjust a match agreement or other check in support.

SECTION 3: Budget Detail

TOTAL ANNUAL PROGRAM BUDGET

Instructions: Budget items in boxes 1, 2, 3, and 4 must equal the TOTAL ANNUAL BUDGET in box 5. The total percentages in 1a, 2a, 3a, and 4a must total 100%.

1. Annual cost for personnel including benefits*

602,020

1a. Percentage of budget*

73

2. Annual cost for facilities*

33000

2a. Percentage of budget*

4

3. Annual other operating costs (indirect)*

101,730

3a. Percentage of budget*

12

4. Direct services costs (not staff)*

89950

4a. Percentage of budget*

11

5. TOTAL ANNUAL BUDGET*

826,700

(Must equal the total in SECTION 1, box 11 of the application.)

6. Provide comments or details on the Program Budget that are relevant for the reviewer to better understand how the budget works and what steps your organization is prepared to take to keep the program active if funding and revenues shift or change:

Given the nature of the work we do, HSVT would typically categorize all case manager time as a direct service cost. The majority of our staff and volunteers are working directly with clients. We maintain two offices (one in South Burlington and one in Montpelier) to ensure adequate coverage of our service area.

7. REVENUE. Please list all current and projected funding sources for the existing program. Please specify and list revenues from other municipalities, other agencies, United Way funding, state/federal funding, fundraising/donations and other sources. *

In-Kind (Volunteers) \$25,000 Investments \$10,000 Match Fees \$18,000 State Grant \$480,000 Municipal Grants \$18,000 Foundations \$150,700 Donations \$50,000 United Way \$20,000 Raffle \$35,000 Annual Appeal \$15,000 Event \$5,000

SECTION 4: Attachments

1. Please upload a copy of your Internal Revenue Service (IRS) tax-exempt determination letter for the applicant organization.*

HomeShare Vermont IRS 501c3 ltr.pdf

2. Please upload a copy of the organization's last IRS 990 tax filing (first page only) OR end of year financial statement (PLEASE DO NOT UPLOAD MORE THAN 3 PAGES - anything beyond 3 pages will not be included in the application).*

HSVT_FY24.pdf

If submitting IRS 990 - please submit only the FIRST PAGE. DO NOT SUBMIT THE FULL RETURN.

3. Download a blank Internal Revenue Service (IRS) W-9 form. If you have completed Form W-9, you can skip to uploading the form.

[Download blank IRS W-9 form.](#)

4. Please upload your completed IRS W-9 form.*

HSVT.pdf

SECTION 5: Disclosures

1. DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST

The existence of a potential conflict of interest does not necessarily make the program ineligible for funding, but the existence of an undisclosed conflict may result in the termination of any funding awarded. Are you aware of any board members or employees of the agency which will be carrying out this program or members of their immediate families, or their business associates:

a) employees of, or closely related to employees of the Town of Essex?*

YES

NO

b) members of, or closely related to members of the governing bodies of the Town of Essex?*

YES

NO

c) current beneficiaries of the program for which funds are being requested?*

YES

NO

d) paid providers of goods or services to the program or having other financial interest in the program?*

YES

NO

If you have answered YES to any question, please provide a full explanation:

2. NON-DISCRIMINATION AND ACKNOWLEDGMENT

I certify that the above statements and the information provided in this application are true and current to the best of my knowledge, agree to cooperate fully with the Town of Essex in making available to its authorized agents information which reasonably relates to the review of this application and the processing of any awarded funding and acknowledge and understand that as part of consideration of awarded funding, the agency which will be carrying out this program shall not discriminate on the basis of race, color, religion, gender, gender expression, age, national origin, disability, marital status, sexual orientation, crime victim status, or military status, in any of its activities or operations. These activities include, but are not limited to, hiring and firing of staff, selection of volunteers and vendors, and provision of services. *

YES

NO

3. Typed name:*

Connor Timmons

Please refer to the Town of Essex Human Services Funding Application Guidelines for information on completing this application. Electronically submitted documents are preferred. For optimal viewing, please use a desktop or laptop to complete this application.

[Human Services Funding Application Guidelines FY25](#) (pdf) - (Document will open in another tab.)

VERMONT PUBLIC RECORDS ACT

Under the Vermont Public Records Act, 1 V.S.A. sections 315-220, any person has the right to request inspection or copying of a public record from government agencies, including municipalities. Applicants are discouraged from submitting information considered proprietary unless it is deemed essential for proper evaluation of the application.

SECTION 1: Organization Information

1. Organization name:*

HOPE Works Inc.

2. Name of program:*

General Operating Expenses

3. How long has the organization been active?

50 years

4. Are you a current 501(c)(3) nonprofit organization in good standing or does your organization file an annual IRS Form 990 tax return?*

YES

NO

5. Essex Human Services Funds requested: (Request cannot exceed \$20,000.)*

2000.00

6. Contact name:*

Erika Linskey

7. Phone number:

802-793-2026

8. Address *

PO Box 92

If awarded, this is the address where a check will be issued and should match the address on the uploaded IRS W-9 form in SECTION 4.

City

Burlington

State

VT

Zip Code

05402

9. Email address:*

erika@hopeworksvt.org

10. Website address:

www.hopeworksvt.org

11. Total program budget: (Must equal the TOTAL ANNUAL BUDGET in SECTION 3 of this application.)*

\$656,093

12. Percentage of request to total program budget: (Request cannot be more than 25% of the program budget.)

.3%

13. Brief organization description:*

HOPE Works is dedicated to ending sexual violence in Chittenden County, VT through our 24 hour hotline, legal and medical advocacy programs, support groups, prevention education and clinical therapy services.

SECTION 2: Summary of Services

1. Number of people served by your program in the last 12 months:

515

2. If you do not formally track the number of people served, please explain how you assess if people are receiving services.

n/a

3. Number of TOWN OF ESSEX residents served by your program in the last 12 months:

11

4. If you do not formally track the residences of people served, please explain how you assess if people in the TOWN OF ESSEX are receiving services.

n/a

5. Anticipated number of people to be served by your program in the next 12 months:

525

6. Anticipated number of TOWN OF ESSEX residents to be served by your program in the next 12 months:

12

7. If your organization provides a service or resource to TOWN OF ESSEX residents that is important for reasons other than the number of residents served, please explain. (If you provided answers to questions 1-6 in this section, you do not need to answer.)

n/a

Examples are: that your organization provides a resource that may not be available anywhere else; you provide service to a smaller demographic and is available when needed; or your service provides cultural awareness that is not quantified in numbers. Please be sure to explain.

8. Describe the program services to be provided. Be sure to include an overview of the main program activities and how the program design fits within one or more of the Essex Human Service Focus Areas. *

HOPE Works is requesting funding to support the 24 hour hotline for survivors of sexual violence. This free, confidential service is available to Essex residents 24 hours a day. Our trained, confidential advocates are available to support survivors and their loved ones with crisis counseling, safety planning, resources, and referrals. This may include information regarding forensic exams and follow up medical care after an assault, information regarding the civil and criminal justice resources available to victims of crime, short term housing advocacy for survivors who experience homelessness as a result of sexual violence, referrals to our clinical therapy services and support groups to foster long term healing and recovery, and more. These services fit within multiple focus areas including, "access to community based resources..." and "child or family support for healthy relationships". Sexual violence can have long term harmful consequences on survivors and their families.

FY25 FOCUS AREAS:

- Access to Community-Based Resources as a Source of Support for Health & Behavioral Health
- Affordable Housing or Housing Assistance
- Child or Family Support for Healthy Relationships
- Diversity, Equity & Inclusion
- Emergency Food & Disaster Relief
- Increasing Workforce Development

9. Describe why you need this funding to support your program for TOWN OF ESSEX residents. What will be the effect if your application is not funded? What will be the effect if your application is partially funded?*

Sexual violence touches every corner of Vermont and Essex is no different. Moreover, we believe that ending sexual violence and supporting survivors will take the investment of every community in our county. Support from the Town of Essex will help us to demonstrate to others that we have broad support from area municipalities.

10. How will TOWN OF ESSEX residents benefit from this program? What is the demonstrable need for this program in Essex?*

The need for our services is demonstrated by the number of residents that have used our services in the past. Essex residents will benefit from our services with the reassurance that if they ever need a trained, confidential rape crisis counselor there will be someone ready to support them day or night.

11. Describe the program's measurable outcomes. What social condition, behaviors or situation will improve because of this service?*

The measurable outcomes for our 24 hour hotline are: 1. survivors know more how to plan for their safety 2. Survivors know more about their rights 3. survivors know more about community resources Overwhelmingly survivors respond "yes" to these outcomes after using our 24 hour hotline.

12. What criteria is used to determine eligibility for program participation? Where will participants access/participate in this program?*

All survivors of sexual violence and their loved ones (family members, partners, friends, etc.) are eligible to use our services. If we have a caller who lives outside of Chittenden County, we will refer them to their local program.

13. How do TOWN OF ESSEX residents learn about your program? What strategies and/or mediums do you use?*

HOPE Works uses social media platforms to reach out to survivors. We also have a robust referral network of healthcare providers, social service organizations, educational institutions, and criminal justice partners who know about our services.

14. By providing examples, please describe how your nonprofit ensures access to services and/or provides culturally responsive services to BIPOC, LGBTQ+, and/or underserved populations?*

HOPE Works uses cultural competence benchmarks annually to ensure that our services are accessible to all survivors of sexual violence, including BIPOC and LGBTQ+ Vermonters. These benchmarks were developed specifically for HOPE Works through the work of staff and board as a participant in the We All Belong program in Burlington.

15. Please provide examples of how you support cultural awareness within your organization.*

HOPE Works, as an organization with BIPOC and LGBTQ+ directors, program managers, advocates, interns, and volunteers has worked consistently to hire and retain employees with a variety of lived experiences in order to better serve our community. We maintain an annual budget that has robust training resources to ensure that HOPE Works staff have access to cultural awareness and best practice trainings, both nationally and locally. Lastly, HOPE Works is carrying out a grant focused on serving BIP

16. (You must complete this question if you received Essex Human Services Funding during the previous award cycle). Please provide a summary of services provided to Town of Essex residents and how the award your organization received last year supported your program.

The Essex funding award contributed to sustaining our advocacy services. In addition to our 24 hour hotline, Essex Residents were provided access to the following advocacy services; Education, Employment related, Health Care related, SANE Exam Accompaniments, Housing, Personal Finance, Child Related, Parenting, Crisis Intervention, Emotional Support, Support Groups, Economic Empowerment and Lifeskills, General Information and Referrals, Legal: Attorney Civil Legal Assistance, Legal: Civil: Final Protection Order Assistance and Legal: Civil: Legal Clinics.

SECTION 3: Budget Detail

TOTAL ANNUAL PROGRAM BUDGET

Instructions: Budget items in boxes 1, 2, 3, and 4 must equal the TOTAL ANNUAL BUDGET in box 5. The total percentages in 1a, 2a, 3a, and 4a must total 100%.

1. Annual cost for personnel including benefits*

\$525,503

1a. Percentage of budget*

80%

2. Annual cost for facilities*

\$23,300

2a. Percentage of budget*

3.55%

3. Annual other operating costs (indirect)*

59,600

3a. Percentage of budget*

9.08%

4. Direct services costs (not staff)*

\$47,690

4a. Percentage of budget*

7.26%

5. TOTAL ANNUAL BUDGET*

656,093

(Must equal the total in SECTION 1, box 11 of the application.)

6. Provide comments or details on the Program Budget that are relevant for the reviewer to better understand how the budget works and what steps your organization is prepared to take to keep the program active if funding and revenues shift or change:

Our annual operating budget is comprised of state/federal grants, foundations, municipalities, and donors. We have diversified our funding streams beyond government funding to include insurance billing for clinical therapy services, fee for service models for on campus advocacy services, as well as exploring MOU's with new community partners/institutions. The HOPE Works FY25 budget includes an 8% budgeted surplus in the event that pending funding streams are ceased or interrupted. Sustainability

7. REVENUE. Please list all current and projected funding sources for the existing program. Please specify and list revenues from other municipalities, other agencies, United Way funding, state/federal funding, fundraising/donations and other sources. *

State of Vermont- \$173,561. US Department of Justice, Office for Victims of Crime-\$212,004. US Department of Justice, Office on Violence Against Women- \$167,583. Vermont Bar Foundation, Vermont Community Foundation, Nichols Family Foundation- \$35,000. University of Vermont and Champlain College- \$66,197. Municipalities- Burlington, Williston, Charlotte, Westford, and Essex- \$13,000. Fee for Service- \$7,000 Individual Donors- \$39,229.

SECTION 4: Attachments

1. Please upload a copy of your Internal Revenue Service (IRS) tax-exempt determination letter for the applicant organization.*

IRS Determination Letter - Proof of 501(c)(3) Status.pdf

2. Please upload a copy of the organization's last IRS 990 tax filing (first page only) OR end of year financial statement (PLEASE DO NOT UPLOAD MORE THAN 3 PAGES - anything beyond 3 pages will not be included in the application).*

Hope Works FY23 Form 990 - PUBLIC (2).pdf

If submitting IRS 990 - please submit only the FIRST PAGE. DO NOT SUBMIT THE FULL RETURN.

3. Download a blank Internal Revenue Service (IRS) W-9 form. If you have completed Form W-9, you can skip to uploading the form.

[Download blank IRS W-9 form.](#)

4. Please upload your completed IRS W-9 form.*

HOPE Works W-9 11.15.2024 (1).pdf

SECTION 5: Disclosures

1. DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST

The existence of a potential conflict of interest does not necessarily make the program ineligible for funding, but the existence of an undisclosed conflict may result in the termination of any funding awarded. Are you aware of any board members or employees of the agency which will be carrying out this program or members of their immediate families, or their business associates:

a) employees of, or closely related to employees of the Town of Essex?*

YES

NO

b) members of, or closely related to members of the governing bodies of the Town of Essex?*

YES

NO

c) current beneficiaries of the program for which funds are being requested?*

YES

NO

d) paid providers of goods or services to the program or having other financial interest in the program?*

YES

NO

If you have answered YES to any question, please provide a full explanation:

2. NON-DISCRIMINATION AND ACKNOWLEDGMENT

I certify that the above statements and the information provided in this application are true and current to the best of my knowledge, agree to cooperate fully with the Town of Essex in making available to its authorized agents information which reasonably relates to the review of this application and the processing of any awarded funding and acknowledge and understand that as part of consideration of awarded funding, the agency which will be carrying out this program shall not discriminate on the basis of race, color, religion, gender, gender expression, age, national origin, disability, marital status, sexual orientation, crime victim status, or military status, in any of its activities or operations. These activities include, but are not limited to, hiring and firing of staff, selection of volunteers and vendors, and provision of services. *

YES

NO

3. Typed name:*

Erika Linskey

Please refer to the Town of Essex Human Services Funding Application Guidelines for information on completing this application. Electronically submitted documents are preferred. For optimal viewing, please use a desktop or laptop to complete this application.

[Human Services Funding Application Guidelines FY25](#) (pdf) - (Document will open in another tab.)

VERMONT PUBLIC RECORDS ACT

Under the Vermont Public Records Act, 1 V.S.A. sections 315-220, any person has the right to request inspection or copying of a public record from government agencies, including municipalities. Applicants are discouraged from submitting information considered proprietary unless it is deemed essential for proper evaluation of the application.

SECTION 1: Organization Information

1. Organization name:*

HowardCenter Inc

2. Name of program:*

General Operations

3. How long has the organization been active?

160+ years

4. Are you a current 501(c)(3) nonprofit organization in good standing or does your organization file an annual IRS Form 990 tax return?*

YES

NO

5. Essex Human Services Funds requested: (Request cannot exceed \$20,000.)*

6500

6. Contact name:*

Mike Glod

7. Phone number:

8024886905

8. Address *

Howard Center, 208 Flynn Avenue, Suite 3J

If awarded, this is the address where a check will be issued and should match the address on the uploaded IRS W-9 form in SECTION 4.

City

Burlington

State

VT

Zip Code

05401

9. Email address:*

mglod@howardcenter.org

10. Website address:

www.howardcenter.org

11. Total program budget: (Must equal the TOTAL ANNUAL BUDGET in SECTION 3 of this application.)*

142758988

12. Percentage of request to total program budget: (Request cannot be more than 25% of the program budget.)

<1%

13. Brief organization description:*

Howard Center provides supports and services for individuals with mental health, developmental, and substance use needs.

SECTION 2: Summary of Services**1. Number of people served by your program in the last 12 months:**

19000

2. If you do not formally track the number of people served, please explain how you assess if people are receiving services.

We track the number served.

3. Number of TOWN OF ESSEX residents served by your program in the last 12 months:

193

4. If you do not formally track the residences of people served, please explain how you assess if people in the TOWN OF ESSEX are receiving services.

We served 193 residents of Essex Town as clients. We estimate we served approximately 190 additional residents through low-barrier programs that do not require enrollment as clients.

5. Anticipated number of people to be served by your program in the next 12 months:

19000

6. Anticipated number of TOWN OF ESSEX residents to be served by your program in the next 12 months:

200

7. If your organization provides a service or resource to TOWN OF ESSEX residents that is important for reasons other than the number of residents served, please explain. (If you provided answers to questions 1-6 in this section, you do not need to answer.)

Examples are: that your organization provides a resource that may not be available anywhere else; you provide service to a smaller demographic and is available when needed; or your service provides cultural awareness that is not quantified in numbers. Please be sure to explain.

8. Describe the program services to be provided. Be sure to include an overview of the main program activities and how the program design fits within one or more of the Essex Human Service Focus Areas. *

Howard Center's program align with the focus area: Access to Community-Based Resources as a Source of Support for Health & Behavioral Health. Our services include lifesaving professional crisis and counseling for children and adults, supportive services to individuals with autism and intellectual disabilities, counseling and medical services for those struggling with substance use, and intensive interventions for adults with serious and persistent mental health challenges. Our clients include individuals with autism and intellectual disabilities, children and adults that have experienced trauma, people struggling with substance use, and adults with mental health challenges. Our counselors go to work each day in every school in Chittenden County to support children and families and our Community Outreach Team works closely with several area police departments, including in Esses, to respond when people are struggling because they have unmet social service needs.

FY25 FOCUS AREAS:

- Access to Community-Based Resources as a Source of Support for Health & Behavioral Health
- Affordable Housing or Housing Assistance
- Child or Family Support for Healthy Relationships
- Diversity, Equity & Inclusion
- Emergency Food & Disaster Relief
- Increasing Workforce Development

9. Describe why you need this funding to support your program for TOWN OF ESSEX residents. What will be the effect if your application is not funded? What will be the effect if your application is partially funded?*

Most of Howard Center's revenue comes through Medicaid reimbursement and other state and government grants and contracts that are not always adequate to meet costs. Although Howard Center is highly efficient, with administrative costs less than half those of Vermont's Hospital system, underfunding means we face ongoing financial struggles and look to the generosity of donors to fill many gaps in our program budgets and avoid program cuts and longer waiting lists.

10. How will TOWN OF ESSEX residents benefit from this program? What is the demonstrable need for this program in Essex?*

The need in Essex is demonstrated by the nearly 200 residents who were registered clients of Howard Center last year and the many others we estimate received our help without needing to register.

11. Describe the program's measurable outcomes. What social condition, behaviors or situation will improve because of this service?*

Howard Center outcomes reporting is based on the Results Based Accountability model which asks how much was done, how well it was done, and is anyone better off. As our many programs address different needs, the specific outcomes tracked differ from program to program. Overall, we helped about 19,000 community members last year, 91% of clients agreed they received the help they needed, and 89% agreed that Howard Center services made a difference.

12. What criteria is used to determine eligibility for program participation? Where will participants access/participate in this program?*

Many of our programs have some level of diagnostic requirements. These are often set by the state and tied to government-provided funding streams that support the majority of our work. In cases where individuals do not meet eligibility for particular programs, we offer alternatives or help them identify other supports. Some programs, including our outpatient counseling, some care coordination services, harm reduction, crisis, and outreach programs, have no set eligibility criteria and serve anyo

13. How do TOWN OF ESSEX residents learn about your program? What strategies and/or mediums do you use?*

Howard Center is active on several social media platforms, advertises in local print and broadcast outlets, maintains a website with descriptions of our programs, and widely distributes printed materials. Many are referred to us by medical providers.

14. By providing examples, please describe how your nonprofit ensures access to services and/or provides culturally responsive services to BIPOC, LGBTQ+, and/or underserved populations?*

Our DEI department promotes racial justice values and implements key initiatives including staff affinity networks and monthly roundtable discussions while helping Howard Center recruit and retain a more diverse workforce and implement agency-wide efforts to ensure high quality programming for all members of the community.

15. Please provide examples of how you support cultural awareness within your organization.*

Our DEI team provides cultural competence trainings for staff and all our programs have translated materials and on-demand interpreter services. Our Multicultural Liaison program helps members of the resettled community navigate our services and helps ensure culturally appropriate care.

16. (You must complete this question if you received Essex Human Services Funding during the previous award cycle). Please provide a summary of services provided to Town of Essex residents and how the award your organization received last year supported your program.

Nearly 200 Essex residents received services for mental health, substance use, and developmental needs last year, and nearly the same number benefitted from trainings, postvention, and other services that do not require registration.

SECTION 3: Budget Detail

TOTAL ANNUAL PROGRAM BUDGET

Instructions: Budget items in boxes 1, 2, 3, and 4 must equal the TOTAL ANNUAL BUDGET in box 5. The total percentages in 1a, 2a, 3a, and 4a must total 100%.

1. Annual cost for personnel including benefits*

115203757

1a. Percentage of budget*

80

2. Annual cost for facilities*

5047391

2a. Percentage of budget*

4

3. Annual other operating costs (indirect)*

15602414

3a. Percentage of budget*

11

4. Direct services costs (not staff)*

6806424

4a. Percentage of budget*

5

5. TOTAL ANNUAL BUDGET*

142758988

(Must equal the total in SECTION 1, box 11 of the application.)

6. Provide comments or details on the Program Budget that are relevant for the reviewer to better understand how the budget works and what steps your organization is prepared to take to keep the program active if funding and revenues shift or change:

About 96% of our revenue comes from Medicaid and other state and federal funding sources. These have not kept pace with inflation in recent years and we actively engage with legislators in the hopes of reversing this trend. We also have a very active fundraising effort that helps secure revenue to fill the many gaps left in program budgets by inadequate government funding.

7. REVENUE. Please list all current and projected funding sources for the existing program. Please specify and list revenues from other municipalities, other agencies, United Way funding, state/federal funding, fundraising/donations and other sources. *

About 4% of our revenue last year came from non-state and non-federal sources. This included donations and grants from private funders, individuals and families, and businesses. Each year we request contributions from towns in our service area and nearly all are able to contribute. The United Way also supports Howard Center, this year with an operating grant of \$112,500.

SECTION 4: Attachments

1. Please upload a copy of your Internal Revenue Service (IRS) tax-exempt determination letter for the applicant organization.*

Howard Center 501c3 letter.pdf

2. Please upload a copy of the organization's last IRS 990 tax filing (first page only) OR end of year financial statement (PLEASE DO NOT UPLOAD MORE THAN 3 PAGES - anything beyond 3 pages will not be included in the application).*

HowardCenter Inc. 2022 Form 990 990T first 2 pages.pdf

If submitting IRS 990 - please submit only the FIRST PAGE. DO NOT SUBMIT THE FULL RETURN.

3. Download a blank Internal Revenue Service (IRS) W-9 form. If you have completed Form W-9, you can skip to uploading the form.

[Download blank IRS W-9 form.](#)

4. Please upload your completed IRS W-9 form.*

W-9 signed by SM-Jan 25.pdf

SECTION 5: Disclosures

1. DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST

The existence of a potential conflict of interest does not necessarily make the program ineligible for funding, but the existence of an undisclosed conflict may result in the termination of any funding awarded. Are you aware of any board members or employees of the agency which will be carrying out this program or members of their immediate families, or their business associates:

a) employees of, or closely related to employees of the Town of Essex?*

YES

NO

b) members of, or closely related to members of the governing bodies of the Town of Essex?*

YES

NO

c) current beneficiaries of the program for which funds are being requested?*

YES

NO

d) paid providers of goods or services to the program or having other financial interest in the program?*

YES

NO

If you have answered YES to any question, please provide a full explanation:

2. NON-DISCRIMINATION AND ACKNOWLEDGMENT

I certify that the above statements and the information provided in this application are true and current to the best of my knowledge, agree to cooperate fully with the Town of Essex in making available to its authorized agents information which reasonably relates to the review of this application and the processing of any awarded funding and acknowledge and understand that as part of consideration of awarded funding, the agency which will be carrying out this program shall not discriminate on the basis of race, color, religion, gender, gender expression, age, national origin, disability, marital status, sexual orientation, crime victim status, or military status, in any of its activities or operations. These activities include, but are not limited to, hiring and firing of staff, selection of volunteers and vendors, and provision of services. *

YES

NO

3. Typed name:*

Mike Glod

Please refer to the Town of Essex Human Services Funding Application Guidelines for information on completing this application. Electronically submitted documents are preferred. For optimal viewing, please use a desktop or laptop to complete this application.

[Human Services Funding Application Guidelines FY25](#) (pdf) - (Document will open in another tab.)

VERMONT PUBLIC RECORDS ACT

Under the Vermont Public Records Act, 1 V.S.A. sections 315-220, any person has the right to request inspection or copying of a public record from government agencies, including municipalities. Applicants are discouraged from submitting information considered proprietary unless it is deemed essential for proper evaluation of the application.

SECTION 1: Organization Information

1. Organization name:*

Jericho Underhill Ecumenical Ministry

2. Name of program:*

Essex Jericho Underhill Foodshelf

3. How long has the organization been active?

42 years

4. Are you a current 501(c)(3) nonprofit organization in good standing or does your organization file an annual IRS Form 990 tax return?*



YES



NO

5. Essex Human Services Funds requested: (Request cannot exceed \$20,000.)*

\$5,300

6. Contact name:*

Lisa Walker

7. Phone number:

4193480184

8. Address *

PO Box 65

If awarded, this is the address where a check will be issued and should match the address on the uploaded IRS W-9 form in SECTION 4.

City

JERICO

State

VT

Zip Code

05465

9. Email address:*

ejufoodshelf@gmail.com

10. Website address:

www.ejufoodshelf.com (new website!)

11. Total program budget: (Must equal the TOTAL ANNUAL BUDGET in SECTION 3 of this application.)*

\$69,141

12. Percentage of request to total program budget: (Request cannot be more than 25% of the program budget.)

7.7%

13. Brief organization description:*

Since 1983, representatives from 10 Christian churches located in Essex, Jericho, and Underhill have come together to express unity in Christ and work together on a mission that would be impossible or impractical for the churches to do separately.

SECTION 2: Summary of Services

1. Number of people served by your program in the last 12 months:

2,419

2. If you do not formally track the number of people served, please explain how you assess if people are receiving services.

3. Number of TOWN OF ESSEX residents served by your program in the last 12 months:

805

4. If you do not formally track the residences of people served, please explain how you assess if people in the TOWN OF ESSEX are receiving services.

5. Anticipated number of people to be served by your program in the next 12 months:

2,450

6. Anticipated number of TOWN OF ESSEX residents to be served by your program in the next 12 months:

815

7. If your organization provides a service or resource to TOWN OF ESSEX residents that is important for reasons other than the number of residents served, please explain. (If you provided answers to questions 1-6 in this section, you do not need to answer.)

Examples are: that your organization provides a resource that may not be available anywhere else; you provide service to a smaller demographic and is available when needed; or your service provides cultural awareness that is not quantified in numbers. Please be sure to explain.

8. Describe the program services to be provided. Be sure to include an overview of the main program activities and how the program design fits within one or more of the Essex Human Service Focus Areas. *

Food Shelf: Monthly food shelf distributions take place on the 3rd Saturday of each month. We provide an assortment of shelf staples, breads, dairy products, fresh meats, and lots of fresh produce. Also, diapers, wipes, pet food, and personal care items are available if needed. We continue to operate the drive thru style of distribution developed due to the pandemic. You must show some sort of ID when you are new to the distribution. Volunteers place bags in each car and clients are able to make some personal food choices within the "distribution "circle". Board members and other volunteers do deliver to a limited number of clients who, for a variety of reasons, cannot make it to the distribution. Emergency Aid: We administer emergency aid on an as requested basis. We follow written procedures which are updated annually. Each request is vetted with the vendor and only paid to the vendor. Our requests are mostly for rent and utility type payments but we vet out all requests.

FY25 FOCUS AREAS:

- Access to Community-Based Resources as a Source of Support for Health & Behavioral Health
- Affordable Housing or Housing Assistance
- Child or Family Support for Healthy Relationships
- Diversity, Equity & Inclusion
- Emergency Food & Disaster Relief
- Increasing Workforce Development

9. Describe why you need this funding to support your program for TOWN OF ESSEX residents. What will be the effect if your application is not funded? What will be the effect if your application is partially funded?*

We rely on funding from Essex to help fund our food shelf and emergency aid programs. Without your funding, we could not do as much as we do for the Essex residents. We have seen a large increase in both food shelf and emergency aid clients from the Essex area in the past year. As always, we truly appreciate your support and would gladly accept even a partial funding of our request.

10. How will TOWN OF ESSEX residents benefit from this program? What is the demonstrable need for this program in Essex?*

Essex residents will benefit by receiving food and emergency aid assistance when and if they need it. Knowing that they can rely on assistance helps them in all areas of their lives. It could be a one time need or a need for a period of time. Our volunteers treat all with dignity and respect as many are our neighbors and we know them or their families personally. Our outreach is done with kindness and love and we hope that they feel respected and loved which we hope is passed onto others.

11. Describe the program's measurable outcomes. What social condition, behaviors or situation will improve because of this service?*

The measurable outcomes are fighting food insecurity, homelessness, and a sense of desperation. We hear the immense gratitude from our clients. We spend time getting to know our clients, listening to them, acknowledging their issues or problems. The assistance and the listening ear that we provide helps the whole person to realize that someone cares and we have been told on numerous occasions that people want to pay it forward. Some even want to volunteer at our distributions!

12. What criteria is used to determine eligibility for program participation? Where will participants access/participate in this program?*

We check residency by requiring an ID annually. The approved resident confirmation documents are a valid drivers license, a VT state ID, car registration, rental agreement, or utility bill. The Food Shelf is accessed through the Good Shepherd church in Jericho. Emergency assistance requests can be accessed through email or a phone number that is found on our website and is set up in the system and via the VT Foodbank website.

13. How do TOWN OF ESSEX residents learn about your program? What strategies and/or mediums do you use?*

Essex residents find out about our program via word of mouth, school counselors, FPF, other food shelves, 211 system, area churches, or the VT Foodbank. A large sign advertising the monthly distribution is placed on VT Route 15 before each distrib.

14. By providing examples, please describe how your nonprofit ensures access to services and/or provides culturally responsive services to BIPOC, LGBTQ+, and/or underserved populations?*

We do not discriminate under any circumstances. All are welcome at our distribution.

15. Please provide examples of how you support cultural awareness within your organization.*

We are a group of volunteers both in the form of Board members and various volunteers who help at the food distribution. We allow all volunteers to help out and we are respectful to all of our clients no matter who they are or what their ethnicity, background, or religion is.

16. (You must complete this question if you received Essex Human Services Funding during the previous award cycle). Please provide a summary of services provided to Town of Essex residents and how the award your organization received last year supported your program.

Approximately 805 Essex residents were supplied with groceries in 2024. We approximate those groceries would cost between \$150-\$200 if purchased at the grocery store. We also dispensed approximately \$5,000 in emergency aid requests for Essex residents in 2024.

SECTION 3: Budget Detail

TOTAL ANNUAL PROGRAM BUDGET

Instructions: Budget items in boxes 1, 2, 3, and 4 must equal the TOTAL ANNUAL BUDGET in box 5. The total percentages in 1a, 2a, 3a, and 4a must total 100%.

1. Annual cost for personnel including benefits*

0

1a. Percentage of budget*

0

2. Annual cost for facilities*

\$1,950

2a. Percentage of budget*

2.8%

3. Annual other operating costs (indirect)*

\$1,029

3a. Percentage of budget*

1.5%

4. Direct services costs (not staff)*

\$66,162

4a. Percentage of budget*

95.7%

5. TOTAL ANNUAL BUDGET*

\$69,141

(Must equal the total in SECTION 1, box 11 of the application.)

6. Provide comments or details on the Program Budget that are relevant for the reviewer to better understand how the budget works and what steps your organization is prepared to take to keep the program active if funding and revenues shift or change:

Our organization holds monthly Board meetings which consist of officers, members at large, and representatives from area churches and other organizations. We hold an annual meeting each year to discuss the past year and to propose budget and how to raise funds to support our efforts. This past year we developed a new website which supports online giving. We are fortunate to be a part of a giving community that supports our efforts.

7. REVENUE. Please list all current and projected funding sources for the existing program. Please specify and list revenues from other municipalities, other agencies, United Way funding, state/federal funding, fundraising/donations and other sources. *

Area church support \$4,500 Area businesses \$1,370 Area organizations \$600 Banks \$1,000 Employee Match programs \$2,400 Town of Essex \$5,300 Town of Jericho \$3,200 Town of Underhill \$600 Individual donors \$50,000

SECTION 4: Attachments

1. Please upload a copy of your Internal Revenue Service (IRS) tax-exempt determination letter for the applicant organization.*

EIN Letter.pdf

2. Please upload a copy of the organization's last IRS 990 tax filing (first page only) OR end of year financial statement (PLEASE DO NOT UPLOAD MORE THAN 3 PAGES - anything beyond 3 pages will not be included in the application).*

2024 EJU Profit and Loss.pdf

If submitting IRS 990 - please submit only the FIRST PAGE. DO NOT SUBMIT THE FULL RETURN.

3. Download a blank Internal Revenue Service (IRS) W-9 form. If you have completed Form W-9, you can skip to uploading the form.

[Download blank IRS W-9 form.](#)

4. Please upload your completed IRS W-9 form.*

W-9.pdf

SECTION 5: Disclosures

1. DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST

The existence of a potential conflict of interest does not necessarily make the program ineligible for funding, but the existence of an undisclosed conflict may result in the termination of any funding awarded. Are you aware of any board members or employees of the agency which will be carrying out this program or members of their immediate families, or their business associates:

a) employees of, or closely related to employees of the Town of Essex?*

YES

NO

b) members of, or closely related to members of the governing bodies of the Town of Essex?*

YES

NO

c) current beneficiaries of the program for which funds are being requested?*

YES

NO

d) paid providers of goods or services to the program or having other financial interest in the program?*

YES

NO

If you have answered YES to any question, please provide a full explanation:

2. NON-DISCRIMINATION AND ACKNOWLEDGMENT

I certify that the above statements and the information provided in this application are true and current to the best of my knowledge, agree to cooperate fully with the Town of Essex in making available to its authorized agents information which reasonably relates to the review of this application and the processing of any awarded funding and acknowledge and understand that as part of consideration of awarded funding, the agency which will be carrying out this program shall not discriminate on the basis of race, color, religion, gender, gender expression, age, national origin, disability, marital status, sexual orientation, crime victim status, or military status, in any of its activities or operations. These activities include, but are not limited to, hiring and firing of staff, selection of volunteers and vendors, and provision of services. *

YES

NO

3. Typed name:*

Lisa Walker

Please refer to the Town of Essex Human Services Funding Application Guidelines for information on completing this application. Electronically submitted documents are preferred. For optimal viewing, please use a desktop or laptop to complete this application.

[Human Services Funding Application Guidelines FY25](#) (pdf) - (Document will open in another tab.)

VERMONT PUBLIC RECORDS ACT

Under the Vermont Public Records Act, 1 V.S.A. sections 315-220, any person has the right to request inspection or copying of a public record from government agencies, including municipalities. Applicants are discouraged from submitting information considered proprietary unless it is deemed essential for proper evaluation of the application.

SECTION 1: Organization Information

1. Organization name:*

Joint Urban Ministry Project (JUMP)

2. Name of program:*

Caring for Our Community

3. How long has the organization been active?

36 years

4. Are you a current 501(c)(3) nonprofit organization in good standing or does your organization file an annual IRS Form 990 tax return?*



YES



NO

5. Essex Human Services Funds requested: (Request cannot exceed \$20,000.)*

\$3,500

6. Contact name:*

Karen Grant

7. Phone number:

802-372-0123

8. Address *

P.O. Box 1657, Burlington, VT 05402

If awarded, this is the address where a check will be issued and should match the address on the uploaded IRS W-9 form in SECTION 4.

City

Burlington

State

VT

Zip Code

05401

9. Email address:*

developmentcoordinator@jumpvt.org

10. Website address:

www.jumpvt.org

11. Total program budget: (Must equal the TOTAL ANNUAL BUDGET in SECTION 3 of this application.)*

\$239,337

12. Percentage of request to total program budget: (Request cannot be more than 25% of the program budget.)

1.5%

13. Brief organization description:*

JUMP provides vouchers to our low-income neighbors for food, thrift shops, laundry, and gasoline, as well as bus passes and utility assistance. Caring volunteers provide referrals to other community programs that can be of assistance.

SECTION 2: Summary of Services**1. Number of people served by your program in the last 12 months:**

3187

2. If you do not formally track the number of people served, please explain how you assess if people are receiving services.**3. Number of TOWN OF ESSEX residents served by your program in the last 12 months:**

86

4. If you do not formally track the residences of people served, please explain how you assess if people in the TOWN OF ESSEX are receiving services.**5. Anticipated number of people to be served by your program in the next 12 months:**

5,200

6. Anticipated number of TOWN OF ESSEX residents to be served by your program in the next 12 months:

100

7. If your organization provides a service or resource to TOWN OF ESSEX residents that is important for reasons other than the number of residents served, please explain. (If you provided answers to questions 1-6 in this section, you do not need to answer.)

Examples are: that your organization provides a resource that may not be available anywhere else; you provide service to a smaller demographic and is available when needed; or your service provides cultural awareness that is not quantified in numbers. Please be sure to explain.

8. Describe the program services to be provided. Be sure to include an overview of the main program activities and how the program design fits within one or more of the Essex Human Service Focus Areas. *

In 2024 and continuing, JUMP provided (Emergency Food & Disaster Relief) \$69,930 in food vouchers allowing individuals to select their own healthy & culturally appropriate food; \$45,250 in thrift shop vouchers for essential clothing & household items contributing to independence; \$6,124 in laundry vouchers to help with clean clothes & personal dignity; and \$16,625 in utility assistance to keep their power on & maintain their credit rating. JUMP also gave \$5,273 in bus passes & \$300 in gasoline vouchers (new in December), to help individuals access essential appointments, child-care, education, & transportation to work. (Access to Community Based Resources & Increasing Workforce Development.) Besides vouchers, personal care items, & caring volunteers who can refer to other needed resources, an intangible gift for JUMP's guests is that it is a warm welcoming place where all can enjoy some coffee and a bagel and feel a sense of belonging!

FY25 FOCUS AREAS:

- Access to Community-Based Resources as a Source of Support for Health & Behavioral Health
- Affordable Housing or Housing Assistance
- Child or Family Support for Healthy Relationships
- Diversity, Equity & Inclusion
- Emergency Food & Disaster Relief
- Increasing Workforce Development

9. Describe why you need this funding to support your program for TOWN OF ESSEX residents. What will be the effect if your application is not funded? What will be the effect if your application is partially funded?*

Hunger Free Vermont reports that 2 in 5 Vermonters still experience hunger. Inflation has influenced the cost of food, housing, gas, and consumer goods, forcing many people to choose what necessities they can afford in any given month. The number of Town of Essex residents visiting JUMP increased from 36 in 2023 to 86 in 2024, 12 of whom visited JUMP for the 1st time. Vouchers are provided on a 1st come/1st served bases and if funding is unavailable, we will not be able to serve as many people.

10. How will TOWN OF ESSEX residents benefit from this program? What is the demonstrable need for this program in Essex?*

A generous donation of \$3,500 would help us provide 58 households with \$50 in food or bus or gasoline vouchers, or \$25 in food vouchers and \$25 in bus passes or gasoline vouchers (\$2,900); and 8 households with \$75 in utility assistance (\$600). These households represent 100 individuals.

11. Describe the program's measurable outcomes. What social condition, behaviors or situation will improve because of this service?*

JUMP measures the number of guests by town needing each type of assistance, as well as the number of 1st time and homeless guests. We also collect data on age, gender and ethnicity, and all data helps us plan better outreach to meet the community needs for type/frequency of assistance. JUMP will help provide food, clothing/household items, utility and transportation assistance to fill the gap for emergency relief and help maintain independence.

12. What criteria is used to determine eligibility for program participation? Where will participants access/participate in this program?*

Guests complete a basic demographic Intake Form which documents income and if they participate in qualifying programs such as 3 Squares, Reach Up, or SSI/SSDI. If seeking utility assistance, a current bill with matching name and address is needed. If seeking gasoline vouchers, a car registration is needed. Participants access JUMP's services at the Outreach Center located in Burlington which is open 2 mornings/week.

13. How do TOWN OF ESSEX residents learn about your program? What strategies and/or mediums do you use?*

Town of Essex residents can learn about JUMP via: Advocacy from 4 local (Essex Junction) supporting churches & other faith communities, JUMP's website, FaceBook, and JUMP news and opportunities emailed to guests, volunteers, and community partners.

14. By providing examples, please describe how your nonprofit ensures access to services and/or provides culturally responsive services to BIPOC, LGBTQ+, and/or underserved populations?*

JUMP has a long history of providing services to anyone in need without discrimination. Last year, of the 86 Town of Essex individuals served, 42(49%) were Black, 23 (27%) were White/Caucasian, 18 (21%) were Asian, and 3 (3%) were Native American, American Indian, Alaskan Native. Data is also collected by gender preference and for all households served by JUMP in 2024, 54% identified as female, 41% as male, and 5% preferred not to not identify a gender.

15. Please provide examples of how you support cultural awareness within your organization.*

Cultural Awareness is part of our history as Burlington is a Sanctuary City & has welcomed immigrants and new Americans to the city and surrounding towns. Guests can use food vouchers for culturally appropriate food with anticipated specialty market vouchers this year. Cultural Awareness will again be part of our Spring Volunteer training and will have input from VT Businesses for Social Responsibility & a Black private mental health counselor who promotes racial equality in the local community.

16. (You must complete this question if you received Essex Human Services Funding during the previous award cycle). Please provide a summary of services provided to Town of Essex residents and how the award your organization received last year supported your program.

JUMP was most grateful to receive \$1,974.74 from the FY 2024 Human Services Funding, which contributed significantly to the \$2,617 in services we provided to 86 Essex Town residents. JUMP's assistance included \$900 in food vouchers, the #1 need by Essex Town residents, followed by \$700 each for thrift shop and utility assistance, and \$75 in laundry vouchers and \$76 in bus passes. The ethnicity data shared shows the diversity of the residents who received services, including Black, White, Asian, and Native American/American Indian residents. In addition to vouchers, all guests were welcomed and received personal care items and referrals as needed to other community resources. Plans are in place to add additional services in 2025. Guests coming to JUMP for food and other vouchers, walk away with so much more. One recent guest looked around the Outreach Center, smiled, and said "I go where the heart is, and it's here". Thank you for helping us to make this possible!

SECTION 3: Budget Detail

TOTAL ANNUAL PROGRAM BUDGET

Instructions: Budget items in boxes 1, 2, 3, and 4 must equal the TOTAL ANNUAL BUDGET in box 5. The total percentages in 1a, 2a, 3a, and 4a must total 100%.

1. Annual cost for personnel including benefits*

\$54,387

1a. Percentage of budget*

23%

2. Annual cost for facilities*

\$0

2a. Percentage of budget*

0%

3. Annual other operating costs (indirect)*

\$33,551

3a. Percentage of budget*

14%

4. Direct services costs (not staff)*

\$151,399

4a. Percentage of budget*

63.0%

5. TOTAL ANNUAL BUDGET*

\$239,337

(Must equal the total in SECTION 1, box 11 of the application.)

6. Provide comments or details on the Program Budget that are relevant for the reviewer to better understand how the budget works and what steps your organization is prepared to take to keep the program active if funding and revenues shift or change:

JUMP's Treasurer has Finance experience and Budget updates are presented monthly to the Board of Directors. His responsibilities include initiating/monitoring the annual budget process and overseeing investments/endowments. The First Congregational Church of Burlington donates the space for JUMP's office and Outreach Center. The commitment of the staff, Board, and Volunteers, to JUMP's meaningful work will continue to help foster and create ways to meet the changing needs of our community,

7. REVENUE. Please list all current and projected funding sources for the existing program. Please specify and list revenues from other municipalities, other agencies, United Way funding, state/federal funding, fundraising/donations and other sources. *

Projected 2025 Revenue: Fundraisers: \$92,540 (includes online auction, Spring Campaign, Winter appeal) Congregations: \$63,219 Grants: \$50,578 (Includes City of Burlington, Shelburne Town, Ben & Jerry's, Pomerleau Foundation, EastRise Credit Union, Mascoma Bank, Northfield Savings Bank, SCHIP, Nichols Foundation) Employee Retention Credit: \$33,000

SECTION 4: Attachments

1. Please upload a copy of your Internal Revenue Service (IRS) tax-exempt determination letter for the applicant organization.*

JUMP IRS tax exempt letter.pdf

2. Please upload a copy of the organization's last IRS 990 tax filing (first page only) OR end of year financial statement (PLEASE DO NOT UPLOAD MORE THAN 3 PAGES - anything beyond 3 pages will not be included in the application).*

JUMP 2023 990 1st page.pdf

If submitting IRS 990 - please submit only the FIRST PAGE. DO NOT SUBMIT THE FULL RETURN.

3. Download a blank Internal Revenue Service (IRS) W-9 form. If you have completed Form W-9, you can skip to uploading the form.

[Download blank IRS W-9 form.](#)

4. Please upload your completed IRS W-9 form.*

JUMP W9 2024 Page 1.pdf

SECTION 5: Disclosures

1. DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST

The existence of a potential conflict of interest does not necessarily make the program ineligible for funding, but the existence of an undisclosed conflict may result in the termination of any funding awarded. Are you aware of any board members or employees of the agency which will be carrying out this program or members of their immediate families, or their business associates:

a) employees of, or closely related to employees of the Town of Essex?*

YES

NO

b) members of, or closely related to members of the governing bodies of the Town of Essex?*

YES

NO

c) current beneficiaries of the program for which funds are being requested?*

YES

NO

d) paid providers of goods or services to the program or having other financial interest in the program?*

YES

NO

If you have answered YES to any question, please provide a full explanation:

2. NON-DISCRIMINATION AND ACKNOWLEDGMENT

I certify that the above statements and the information provided in this application are true and current to the best of my knowledge, agree to cooperate fully with the Town of Essex in making available to its authorized agents information which reasonably relates to the review of this application and the processing of any awarded funding and acknowledge and understand that as part of consideration of awarded funding, the agency which will be carrying out this program shall not discriminate on the basis of race, color, religion, gender, gender expression, age, national origin, disability, marital status, sexual orientation, crime victim status, or military status, in any of its activities or operations. These activities include, but are not limited to, hiring and firing of staff, selection of volunteers and vendors, and provision of services. *

YES

NO

3. Typed name:*

Karen Grant

Please refer to the Town of Essex Human Services Funding Application Guidelines for information on completing this application. Electronically submitted documents are preferred. For optimal viewing, please use a desktop or laptop to complete this application.

[Human Services Funding Application Guidelines FY25](#) (pdf) - (Document will open in another tab.)

VERMONT PUBLIC RECORDS ACT

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SECTION 1: Organization Information

1. Organization name:*

Lund

2. Name of program:*

Post Permanency Services Program

3. How long has the organization been active?

134 years

4. Are you a current 501(c)(3) nonprofit organization in good standing or does your organization file an annual IRS Form 990 tax return?*



YES



NO

5. Essex Human Services Funds requested: (Request cannot exceed \$20,000.)*

5,000

6. Contact name:*

Ellie Howell

7. Phone number:

8028612572

8. Address *

50 Joy Drive

If awarded, this is the address where a check will be issued and should match the address on the uploaded IRS W-9 form in SECTION 4.

City

South Burlington

State

VT

Zip Code

05403

9. Email address:*

ellieh@lundvt.org

10. Website address:

lundvt.org

11. Total program budget: (Must equal the TOTAL ANNUAL BUDGET in SECTION 3 of this application.)*

11565143

12. Percentage of request to total program budget: (Request cannot be more than 25% of the program budget.)

.0003

13. Brief organization description:*

Lund helps children thrive by empowering families to break cycles of poverty, addiction, and abuse. Lund offers hope and opportunity through education, treatment, family support, and adoption.

SECTION 2: Summary of Services**1. Number of people served by your program in the last 12 months:**

6176

2. If you do not formally track the number of people served, please explain how you assess if people are receiving services.**3. Number of TOWN OF ESSEX residents served by your program in the last 12 months:**

34

4. If you do not formally track the residences of people served, please explain how you assess if people in the TOWN OF ESSEX are receiving services.**5. Anticipated number of people to be served by your program in the next 12 months:**

6000

6. Anticipated number of TOWN OF ESSEX residents to be served by your program in the next 12 months:

35

7. If your organization provides a service or resource to TOWN OF ESSEX residents that is important for reasons other than the number of residents served, please explain. (If you provided answers to questions 1-6 in this section, you do not need to answer.)

Examples are: that your organization provides a resource that may not be available anywhere else; you provide service to a smaller demographic and is available when needed; or your service provides cultural awareness that is not quantified in numbers. Please be sure to explain.

8. Describe the program services to be provided. Be sure to include an overview of the main program activities and how the program design fits within one or more of the Essex Human Service Focus Areas. *

Lund's integrated, wraparound services align seamlessly with the "Child or Family Support for Healthy Relationships" and "Community Based Resources as a Source of Support for Health & Behavioral Health" focus areas across its adoption, substance use and mental health treatment, and parent-child center services. For example, Lund's Post-Permanency Services Program (PPSP) connects families to comprehensive supports including developmental assessments, counseling for both children and caregivers, and connection to community healthcare providers. Lund's Residential and Outpatient Treatment services provide substance use and mental health treatment to some of the most vulnerable pregnant and parenting individuals in Vermont, ensuring they have access to essential services and are supported navigating systems including telehealth, transportation, and insurance. Our parent child center services support the entire family through early childhood education, home visiting, and community supports.

FY25 FOCUS AREAS:

- Access to Community-Based Resources as a Source of Support for Health & Behavioral Health
- Affordable Housing or Housing Assistance
- Child or Family Support for Healthy Relationships
- Diversity, Equity & Inclusion
- Emergency Food & Disaster Relief
- Increasing Workforce Development

9. Describe why you need this funding to support your program for TOWN OF ESSEX residents. What will be the effect if your application is not funded? What will be the effect if your application is partially funded?*

A large portion of Lund's programming depends upon level-funded government contracts, which do not increase to account for rising needs demonstrated in local areas. Town support ensures the essential services Lund provides in Essex can continue to address the full scope of needs. If our application is not funded, Lund would be limited in its ability to provide these essential services; partial funding would also limit program reach and capacity address needs of Essex residents.

10. How will TOWN OF ESSEX residents benefit from this program? What is the demonstrable need for this program in Essex?*

Lund's programming directly served 34 clients who are Essex residents in 2024, and impacted an additional 50 family members of these clients. As is demonstrated by the Essex Human Services Focus Areas, the need for Lund's programs spans across families who need supports in building family resilience and healthy relationships, equitably accessing healthcare and child development services and supports, and vulnerable or underserved populations including pregnant and parenting individuals

11. Describe the program's measurable outcomes. What social condition, behaviors or situation will improve because of this service?*

Lund utilizes the Results Based Accountability Framework to assess changes and outcomes: 1. How much did we do? - Measured number of clients served, tracked our Electronic Health Records system. 2. How well did we do it? - % of families or clients who attended sessions, appointments, groups, etc - % of clients who report satisfaction with services 3. Is anyone better off? - Increase in family protective factors - Families connected to resources - Improved recovery status

12. What criteria is used to determine eligibility for program participation? Where will participants access/participate in this program?*

Eligibility varies by program: adoption is open to any family across Vermont, and Lund's Parent Child Center services are open to families in Chittenden County. Lund's Residential Treatment Program is open to pregnant and parenting women pursuing substance use and/or mental health treatment, and Outpatient Treatment is also open to fathers/non-gestational parents and caregivers. Lund meets families where they are, with staff located across Vermont in DCF offices and meeting client's in homes.

13. How do TOWN OF ESSEX residents learn about your program? What strategies and/or mediums do you use?*

Essex residents learn about Lund through our website, flyers, social media, schools and external providers (including referrals), and community events, ensuring families in need are aware of services and can access them quickly.

14. By providing examples, please describe how your nonprofit ensures access to services and/or provides culturally responsive services to BIPOC, LGBTQ+, and/or underserved populations?*

Lund continually reviews and revises our Diversity, Equity, and Inclusion (DEI) goals to ensure services are culturally responsive and accessible. Our Committee for Belonging (DEI) actively supports equity and cultural competency across the agency. For instance, we are aligning the agency with the "Standards of Quality for Family Strengthening and Support", focusing on equitable and inclusive language. Staff are also completing trainings in "Cultural Competence and Healthcare".

15. Please provide examples of how you support cultural awareness within your organization.*

Lund's Pathways for New Americans Program trains New Americans interested in a career in early childhood who do not have the educational background to start work in the field. Through paid, on-the-job training, trainees learn from expert mentor teachers at Lund, and create a welcoming childcare environment rooted in cultural awareness and acceptance and celebration of differences among classmates and community members.

16. (You must complete this question if you received Essex Human Services Funding during the previous award cycle). Please provide a summary of services provided to Town of Essex residents and how the award your organization received last year supported your program.

Last year, Essex Human Services Funding supported Lund's Post-Permanency Services Program (PPSP) which provides supports for families formed through adoption and guardianship, particularly children adoption out of foster care. The funding received helped ensure that Essex families formed through adoption built family resilience and have ongoing supports throughout the journey of adoption, beyond adoption finalization and in the ongoing process of building and maintaining family and community connections.

SECTION 3: Budget Detail

TOTAL ANNUAL PROGRAM BUDGET

Instructions: Budget items in boxes 1, 2, 3, and 4 must equal the TOTAL ANNUAL BUDGET in box 5. The total percentages in 1a, 2a, 3a, and 4a must total 100%.

1. Annual cost for personnel including benefits*

9138321

1a. Percentage of budget*

79%

2. Annual cost for facilities*

969770

2a. Percentage of budget*

8.3%

3. Annual other operating costs (indirect)*

1351322

3a. Percentage of budget*

11.7%

4. Direct services costs (not staff)*

105800

4a. Percentage of budget*

1%

5. TOTAL ANNUAL BUDGET*

11565143

(Must equal the total in SECTION 1, box 11 of the application.)

6. Provide comments or details on the Program Budget that are relevant for the reviewer to better understand how the budget works and what steps your organization is prepared to take to keep the program active if funding and revenues shift or change:

7. REVENUE. Please list all current and projected funding sources for the existing program. Please specify and list revenues from other municipalities, other agencies, United Way funding, state/federal funding, fundraising/donations and other sources. *

State of Vermont, Department for Children and Families Vermont Department of Health Vermont Department of Mental Health United Way of Northwest Vermont Private Donations

SECTION 4: Attachments

1. Please upload a copy of your Internal Revenue Service (IRS) tax-exempt determination letter for the applicant organization.*

501C3 updated 08.2019.pdf

2. Please upload a copy of the organization's last IRS 990 tax filing (first page only) OR end of year financial statement (PLEASE DO NOT UPLOAD MORE THAN 3 PAGES - anything beyond 3 pages will not be included in the application).*

Lund 990 2023 first page only.pdf

If submitting IRS 990 - please submit only the FIRST PAGE. DO NOT SUBMIT THE FULL RETURN.

3. Download a blank Internal Revenue Service (IRS) W-9 form. If you have completed Form W-9, you can skip to uploading the form.

[Download blank IRS W-9 form.](#)

4. Please upload your completed IRS W-9 form.*

Lund W-9 June 2024_.pdf

SECTION 5: Disclosures

1. DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST

The existence of a potential conflict of interest does not necessarily make the program ineligible for funding, but the existence of an undisclosed conflict may result in the termination of any funding awarded. Are you aware of any board members or employees of the agency which will be carrying out this program or members of their immediate families, or their business associates:

a) employees of, or closely related to employees of the Town of Essex?*

YES

NO

b) members of, or closely related to members of the governing bodies of the Town of Essex?*

YES

NO

c) current beneficiaries of the program for which funds are being requested?*

YES

NO

d) paid providers of goods or services to the program or having other financial interest in the program?*

YES

NO

If you have answered YES to any question, please provide a full explanation:

2. NON-DISCRIMINATION AND ACKNOWLEDGMENT

I certify that the above statements and the information provided in this application are true and current to the best of my knowledge, agree to cooperate fully with the Town of Essex in making available to its authorized agents information which reasonably relates to the review of this application and the processing of any awarded funding and acknowledge and understand that as part of consideration of awarded funding, the agency which will be carrying out this program shall not discriminate on the basis of race, color, religion, gender, gender expression, age, national origin, disability, marital status, sexual orientation, crime victim status, or military status, in any of its activities or operations. These activities include, but are not limited to, hiring and firing of staff, selection of volunteers and vendors, and provision of services. *

YES

NO

3. Typed name:*

Ellen Howell

Please refer to the Town of Essex Human Services Funding Application Guidelines for information on completing this application. Electronically submitted documents are preferred. For optimal viewing, please use a desktop or laptop to complete this application.

[Human Services Funding Application Guidelines FY25](#) (pdf) - (Document will open in another tab.)

VERMONT PUBLIC RECORDS ACT

Under the Vermont Public Records Act, 1 V.S.A. sections 315-220, any person has the right to request inspection or copying of a public record from government agencies, including municipalities. Applicants are discouraged from submitting information considered proprietary unless it is deemed essential for proper evaluation of the application.

SECTION 1: Organization Information

1. Organization name:*

Partners In Adventure, Inc.

2. Name of program:*

Partners In Adventure

3. How long has the organization been active?

26

4. Are you a current 501(c)(3) nonprofit organization in good standing or does your organization file an annual IRS Form 990 tax return?*



YES



NO

5. Essex Human Services Funds requested: (Request cannot exceed \$20,000.)*

\$8,000.00

6. Contact name:*

Joan E Martin

7. Phone number:

8025055485

8. Address *

P O Box 8190

If awarded, this is the address where a check will be issued and should match the address on the uploaded IRS W-9 form in SECTION 4.

City

Essex

State

VT

Zip Code

05452

9. Email address:*

jmartin@partnersinadventure.org

10. Website address:

www.partnersinadventure.org

11. Total program budget: (Must equal the TOTAL ANNUAL BUDGET in SECTION 3 of this application.)*

\$208,350.00

12. Percentage of request to total program budget: (Request cannot be more than 25% of the program budget.)

8%

13. Brief organization description:*

Partners In Adventure is a year-round, one-of-a-kind non-profit program which offers a wide variety of adapted and inclusive recreational and social programs for young people with disabilities and friends.

SECTION 2: Summary of Services**1. Number of people served by your program in the last 12 months:**

172

2. If you do not formally track the number of people served, please explain how you assess if people are receiving services.**3. Number of TOWN OF ESSEX residents served by your program in the last 12 months:**

53

4. If you do not formally track the residences of people served, please explain how you assess if people in the TOWN OF ESSEX are receiving services.**5. Anticipated number of people to be served by your program in the next 12 months:**

190

6. Anticipated number of TOWN OF ESSEX residents to be served by your program in the next 12 months:

50

7. If your organization provides a service or resource to TOWN OF ESSEX residents that is important for reasons other than the number of residents served, please explain. (If you provided answers to questions 1-6 in this section, you do not need to answer.)

Examples are: that your organization provides a resource that may not be available anywhere else; you provide service to a smaller demographic and is available when needed; or your service provides cultural awareness that is not quantified in numbers. Please be sure to explain.

8. Describe the program services to be provided. Be sure to include an overview of the main program activities and how the program design fits within one or more of the Essex Human Service Focus Areas. *

PIA is a unique, diverse and all inclusive program for young people with disabilities and friends. We seek to offer local community programs which connect participants to their communities in a number of different ways. Our programs support the town of Essex through participation at local venues, businesses, schools and stores. We manage a vocational program for high school graduates to learn essential job skills through our Adventures In Granola program, and have adult volunteers from the Essex community assist with this program. Our programs always have an educational or health enhancing focus, as we strive to enrich the lives of the people in our programs. This year we began a parent support group for families and other care providers to come together and share common issues, information and support one another as they each cope with the struggles of raising children with disabilities.

FY25 FOCUS AREAS:

- Access to Community-Based Resources as a Source of Support for Health & Behavioral Health
- Affordable Housing or Housing Assistance
- Child or Family Support for Healthy Relationships
- Diversity, Equity & Inclusion
- Emergency Food & Disaster Relief
- Increasing Workforce Development

9. Describe why you need this funding to support your program for TOWN OF ESSEX residents. What will be the effect if your application is not funded? What will be the effect if your application is partially funded?*

We are a small but mighty program. Funding from the town of Essex surely enhances our capacity to continue doing our great work. PIA attempts to create positive opportunities for everyone, recognizing that there is a financial burden for some families. With this in mind we try to offer many programs with minimal participation fees. If we received partial or no funding, we would need to increase participation fees, maybe offer less programming, which would have such a negative impact.

10. How will TOWN OF ESSEX residents benefit from this program? What is the demonstrable need for this program in Essex?*

Being involved in this program as a volunteer, participant or workshop provider, one comes away with an uplifting feeling of belonging, which can only increase the positive mental health of everyone. These positive experiences contribute to increased self esteem and self worth for everyone. There is no other program like PIA around. We offer what very few programs provide, especially for young people who do not fit in anywhere else for a number of reasons, disabilities usually being the issue

11. Describe the program's measurable outcomes. What social condition, behaviors or situation will improve because of this service?*

One of the greatest outcomes from involvement in PIA is a sense of belonging and connection with people. Friendships are formed, bonds are created, not just with participants, but for families impacted, as well as volunteers. There is a magic that happens. Participants are offered new experiences to help keep pace with current events and happenings, in an atmosphere where they are accepted and encouraged to try new things.

12. What criteria is used to determine eligibility for program participation? Where will participants access/participate in this program?*

Other than an age limit of 7 for safe and appropriate participation, we have no barriers, in fact we take inclusion very seriously, strategically planning so everyone can participate. PIA is out and about through the many aspects of Essex's community, going to parks, rec. fields, trails, movies, shopping at local markets, stopping for ice cream, renting venues for programs..

13. How do TOWN OF ESSEX residents learn about your program? What strategies and/or mediums do you use?*

Much of our advertising is done through social media strategies: Facebook, Instagram, and our sweet website(which is maintained by and Essex resident!) We create a new brochure every year which is shared at all of our events, delivered to schools.

14. By providing examples, please describe how your nonprofit ensures access to services and/or provides culturally responsive services to BIPOC, LGBTQ+, and/or underserved populations?*

We take the training of our staff very seriously, providing specifics on how to work with people with a variety of disabilities including physical disabilities and autism. We actively talk about ways to include everyone. There is zero tolerance for discrimination of any kind. Individual differences are celebrated. We purchase specialized equipment so barriers associated with physical constraints are minimized(adapted bikes and strollers for example)

15. Please provide examples of how you support cultural awareness within your organization.*

PIA provides a huge variety of diverse workshops, mostly in the music and dance realms; African dance, Irish step dancing, Asian drumming, yoga. In our cooking and crafts activities we also attempt to make foods from different cultures, always in an effort to expand our worlds beyond Vermont. We are actively teaching signing to our summer camp groups in an effort to enhance their capacity to communicate with others who use signing.

16. (You must complete this question if you received Essex Human Services Funding during the previous award cycle). Please provide a summary of services provided to Town of Essex residents and how the award your organization received last year supported your program.

PIA is honored and so proud to have been a recipient of funding from Essex Human Services With the increase in costs for everything these days, this money is used to assist with the purchases of specialized equipment, and materials. It also is part of our capacity to pay for workshop providers, venue rentals, and trainings for our staff so we can maintain the high standards that we have for appropriate programming.

SECTION 3: Budget Detail

TOTAL ANNUAL PROGRAM BUDGET

Instructions: Budget items in boxes 1, 2, 3, and 4 must equal the TOTAL ANNUAL BUDGET in box 5. The total percentages in 1a, 2a, 3a, and 4a must total 100%.

1. Annual cost for personnel including benefits*

\$120,000.00

1a. Percentage of budget*

58%

2. Annual cost for facilities*

\$4,800.00

2a. Percentage of budget*

2%

3. Annual other operating costs (indirect)*

\$56,550.00

3a. Percentage of budget*

27%

4. Direct services costs (not staff)*

\$27,000.00

4a. Percentage of budget*

13%

5. TOTAL ANNUAL BUDGET*

\$208,350.00

(Must equal the total in SECTION 1, box 11 of the application.)

6. Provide comments or details on the Program Budget that are relevant for the reviewer to better understand how the budget works and what steps your organization is prepared to take to keep the program active if funding and revenues shift or change:

We do not provide any benefits to anyone who works for PIA. We try to utilize the work of volunteers whenever we can, to minimize staffing costs. Our board of directors works very diligently on our annual fundraising events to assist with funding PIA. Most of our employees are part-time, with the exception of our summer staff who are fulltime for an 8 week period. As I mentioned previously, if our funding was negatively impacted, we would have to increase fees or eliminate programs.

7. REVENUE. Please list all current and projected funding sources for the existing program. Please specify and list revenues from other municipalities, other agencies, United Way funding, state/federal funding, fundraising/donations and other sources. *

PIA has four annual fundraising events. Some of these provide scholarships for summer camp registrations. Grants are written to several private family foundations from Vermont and New England, the Vt Community Foundation, the Flutie Foundation, Ben and Jerry's. Our summer camp registration fees are also a source of income for PIA, but we can never know how each summer will go, as we are at the whim of families choosing us. For example, for two years we had no summer camps due to COVID.

SECTION 4: Attachments

1. Please upload a copy of your Internal Revenue Service (IRS) tax-exempt determination letter for the applicant organization.*

Page1 IRS Determination letter (1).pdf

2. Please upload a copy of the organization's last IRS 990 tax filing (first page only) OR end of year financial statement (PLEASE DO NOT UPLOAD MORE THAN 3 PAGES - anything beyond 3 pages will not be included in the application).*

IMG.jpg

If submitting IRS 990 - please submit only the FIRST PAGE. DO NOT SUBMIT THE FULL RETURN.

3. Download a blank Internal Revenue Service (IRS) W-9 form. If you have completed Form W-9, you can skip to uploading the form.

[Download blank IRS W-9 form.](#)

4. Please upload your completed IRS W-9 form.*

W-9 .jpg

SECTION 5: Disclosures

1. DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST

The existence of a potential conflict of interest does not necessarily make the program ineligible for funding, but the existence of an undisclosed conflict may result in the termination of any funding awarded. Are you aware of any board members or employees of the agency which will be carrying out this program or members of their immediate families, or their business associates:

a) employees of, or closely related to employees of the Town of Essex?*

YES

NO

b) members of, or closely related to members of the governing bodies of the Town of Essex?*

YES

NO

c) current beneficiaries of the program for which funds are being requested?*

YES

NO

d) paid providers of goods or services to the program or having other financial interest in the program?*

YES

NO

If you have answered YES to any question, please provide a full explanation:

2. NON-DISCRIMINATION AND ACKNOWLEDGMENT

I certify that the above statements and the information provided in this application are true and current to the best of my knowledge, agree to cooperate fully with the Town of Essex in making available to its authorized agents information which reasonably relates to the review of this application and the processing of any awarded funding and acknowledge and understand that as part of consideration of awarded funding, the agency which will be carrying out this program shall not discriminate on the basis of race, color, religion, gender, gender expression, age, national origin, disability, marital status, sexual orientation, crime victim status, or military status, in any of its activities or operations. These activities include, but are not limited to, hiring and firing of staff, selection of volunteers and vendors, and provision of services. *

YES

NO

3. Typed name:*

Joan E Martin

Please refer to the Town of Essex Human Services Funding Application Guidelines for information on completing this application. Electronically submitted documents are preferred. For optimal viewing, please use a desktop or laptop to complete this application.

[Human Services Funding Application Guidelines FY25](#) (pdf) - (Document will open in another tab.)

VERMONT PUBLIC RECORDS ACT

Under the Vermont Public Records Act, 1 V.S.A. sections 315-220, any person has the right to request inspection or copying of a public record from government agencies, including municipalities. Applicants are discouraged from submitting information considered proprietary unless it is deemed essential for proper evaluation of the application.

SECTION 1: Organization Information

1. Organization name:*

Prevent Child Abuse Vermont

2. Name of program:*

Nurturing Parenting Programs

3. How long has the organization been active?

48 years

4. Are you a current 501(c)(3) nonprofit organization in good standing or does your organization file an annual IRS Form 990 tax return?*

YES

NO

5. Essex Human Services Funds requested: (Request cannot exceed \$20,000.)*

1,000

6. Contact name:*

Jacob Bridgeman

7. Phone number:

802-229-5724

8. Address *

PO Box 829

If awarded, this is the address where a check will be issued and should match the address on the uploaded IRS W-9 form in SECTION 4.

City

Montpelier

State

VT

Zip Code

05601

9. Email address:*

jbridgeman@pcavt.org

10. Website address:

www.pcavt.org

11. Total program budget: (Must equal the TOTAL ANNUAL BUDGET in SECTION 3 of this application.)*

482127

12. Percentage of request to total program budget: (Request cannot be more than 25% of the program budget.)

1%

13. Brief organization description:*

Prevent Child Abuse Vermont (PCAVT) is a 501(c)3 statewide, nonprofit organization. The mission of PCAVT is to promote and support healthy relationships within families, schools and communities to eliminate child abuse.

SECTION 2: Summary of Services**1. Number of people served by your program in the last 12 months:**

727

2. If you do not formally track the number of people served, please explain how you assess if people are receiving services.**3. Number of TOWN OF ESSEX residents served by your program in the last 12 months:**

9

4. If you do not formally track the residences of people served, please explain how you assess if people in the TOWN OF ESSEX are receiving services.**5. Anticipated number of people to be served by your program in the next 12 months:**

700

6. Anticipated number of TOWN OF ESSEX residents to be served by your program in the next 12 months:

15

7. If your organization provides a service or resource to TOWN OF ESSEX residents that is important for reasons other than the number of residents served, please explain. (If you provided answers to questions 1-6 in this section, you do not need to answer.)

Examples are: that your organization provides a resource that may not be available anywhere else; you provide service to a smaller demographic and is available when needed; or your service provides cultural awareness that is not quantified in numbers. Please be sure to explain.

8. Describe the program services to be provided. Be sure to include an overview of the main program activities and how the program design fits within one or more of the Essex Human Service Focus Areas. *

We are requesting support for our Nurturing Parenting Programs. Nurturing Parenting Programs (NPP) are proven, effective curriculum-based programs that work with the whole family. These programs provide a supportive group-based, educational environment in which families can begin to address risk factors associated with child abuse and neglect and enhance the protective factors that improve family functioning. NPPs promote healthy relationships with children and families by working with parents to understand their children's developmental needs and behaviors, positively communicate with their children, and manage their own stress. Through the programs, parents learn how to increase empathy, improve communication, have developmentally appropriate expectations, increase their knowledge of available community resources, and gain a sense of community among other participants in the programs. These programs are offered free of charge to families.

FY25 FOCUS AREAS:

- Access to Community-Based Resources as a Source of Support for Health & Behavioral Health
- Affordable Housing or Housing Assistance
- Child or Family Support for Healthy Relationships
- Diversity, Equity & Inclusion
- Emergency Food & Disaster Relief
- Increasing Workforce Development

9. Describe why you need this funding to support your program for TOWN OF ESSEX residents. What will be the effect if your application is not funded? What will be the effect if your application is partially funded?*

We have a diverse funding base with state government grants, private foundation support, and monies raised in our own special events, yet it is not adequate. Additional support from Vermont towns and communities is crucial. We know that the need is very real among at risk families in Chittenden County. If we do not receive the full amount we are requesting, we will likely have to reduce the number of programs that we will be able to offer.

10. How will TOWN OF ESSEX residents benefit from this program? What is the demonstrable need for this program in Essex?*

Research shows that parents most at risk for hurting their children often have a number of risk factors, including substance abuse, domestic violence, mental health issues, poverty, lack of knowledge of child development, strong belief in the use of corporal punishment, and a history of having been abused in their own childhood. High-risk families who are stressed and overwhelmed are the families that NPPs are specifically designed to work with.

11. Describe the program's measurable outcomes. What social condition, behaviors or situation will improve because of this service?*

Progress in the NPPs are quantitatively evaluated through the Adult Adolescent Parenting Inventory-2 (AAPI-2). The AAPI-2 is a scientifically validated tool that measures participants' parenting attitudes in five constructs that are present in abusive parents and indicate the likelihood for abuse and neglect. The constructs are: inappropriate expectations of children; lack of empathy; belief in corporal punishment; parent-child role reversal, and oppression of children's power and independence.

12. What criteria is used to determine eligibility for program participation? Where will participants access/participate in this program?*

When a parent, other caregiver, and/or family is referred, we tell them about the program, gather information, and make sure that they are motivated and that the program is a good fit. Because all of our programs are conducted virtually (e.g. Zoom), a participant's residence does not determine their placement in a particular program. Essex residents can participate in programs based on the content of the offering and their schedule.

13. How do TOWN OF ESSEX residents learn about your program? What strategies and/or mediums do you use?*

Essex residents can visit our website or call our Parent's Helpline (1-800-CHILDREN). We also network with local organizations who may refer families to our programs including schools, child care facilities, and other human service organizations.

14. By providing examples, please describe how your nonprofit ensures access to services and/or provides culturally responsive services to BIPOC, LGBTQ+, and/or underserved populations?*

Our programs are free of charge to all families. We are integrating racial equity messages into existing lesson plans in parenting programs and trainings. We ensure our materials reflect respect and support for all adults, children and youth, all gender identities, and the LGBTQ community. When language is an issue, we offer interpreters for parents who speak other languages to attend our parenting programs.

15. Please provide examples of how you support cultural awareness within your organization.*

In all our programs, we are adding data and information to training for program facilitators describing disproportionate minority victimization, children in foster care, youth involved with police and the courts, the foster care to prison pipeline, children of parents of color being much more likely to be placed into foster care, etc. Our monthly staff meeting topics have included open, honest discussions about race and the BIPOC experience.

16. (You must complete this question if you received Essex Human Services Funding during the previous award cycle). Please provide a summary of services provided to Town of Essex residents and how the award your organization received last year supported your program.

9 Essex residents participated in one of the Nurturing Parenting Programs in 2024. This award helped fund the Family Support Program Coordinators who facilitated these programs, the program materials given to each participant, and the virtual meeting software needed to host these programs.

SECTION 3: Budget Detail

TOTAL ANNUAL PROGRAM BUDGET

Instructions: Budget items in boxes 1, 2, 3, and 4 must equal the TOTAL ANNUAL BUDGET in box 5. The total percentages in 1a, 2a, 3a, and 4a must total 100%.

1. Annual cost for personnel including benefits*

380324

1a. Percentage of budget*

79

2. Annual cost for facilities*

19680

2a. Percentage of budget*

4

3. Annual other operating costs (indirect)*

70123

3a. Percentage of budget*

15

4. Direct services costs (not staff)*

12000

4a. Percentage of budget*

2

5. TOTAL ANNUAL BUDGET*

482127

(Must equal the total in SECTION 1, box 11 of the application.)

6. Provide comments or details on the Program Budget that are relevant for the reviewer to better understand how the budget works and what steps your organization is prepared to take to keep the program active if funding and revenues shift or change:

The biggest expense of the NPPs is personnel and that is because our employees are providing these programs. Other operating expenses include: advertising, printing, supplies, telephone, and repairs and maintenance, and direct services expenses include: costs for leader stipends, program materials, and virtual meeting software. If funding and revenues were to shift or change, PCAVT would have to work to increase revenues received from foundations, special events, or individuals.

7. REVENUE. Please list all current and projected funding sources for the existing program. Please specify and list revenues from other municipalities, other agencies, United Way funding, state/federal funding, fundraising/donations and other sources. *

Individual and Corporate Donations - \$59,500 State Government - \$312,371 Other Municipalities - \$3,000 Foundations - \$83,000 United Ways - \$23,000

SECTION 4: Attachments

1. Please upload a copy of your Internal Revenue Service (IRS) tax-exempt determination letter for the applicant organization.*

IRS Affirmation Letter 2022.pdf

2. Please upload a copy of the organization's last IRS 990 tax filing (first page only) OR end of year financial statement (PLEASE DO NOT UPLOAD MORE THAN 3 PAGES - anything beyond 3 pages will not be included in the application).*

PCAVT 2023 990-1.pdf

If submitting IRS 990 - please submit only the FIRST PAGE. DO NOT SUBMIT THE FULL RETURN.

3. Download a blank Internal Revenue Service (IRS) W-9 form. If you have completed Form W-9, you can skip to uploading the form.

[Download blank IRS W-9 form.](#)

4. Please upload your completed IRS W-9 form.*

W-9 PCAVT 2025.pdf

SECTION 5: Disclosures

1. DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST

The existence of a potential conflict of interest does not necessarily make the program ineligible for funding, but the existence of an undisclosed conflict may result in the termination of any funding awarded. Are you aware of any board members or employees of the agency which will be carrying out this program or members of their immediate families, or their business associates:

a) employees of, or closely related to employees of the Town of Essex?*

YES

NO

b) members of, or closely related to members of the governing bodies of the Town of Essex?*

YES

NO

c) current beneficiaries of the program for which funds are being requested?*

YES

NO

d) paid providers of goods or services to the program or having other financial interest in the program?*

YES

NO

If you have answered YES to any question, please provide a full explanation:

2. NON-DISCRIMINATION AND ACKNOWLEDGMENT

I certify that the above statements and the information provided in this application are true and current to the best of my knowledge, agree to cooperate fully with the Town of Essex in making available to its authorized agents information which reasonably relates to the review of this application and the processing of any awarded funding and acknowledge and understand that as part of consideration of awarded funding, the agency which will be carrying out this program shall not discriminate on the basis of race, color, religion, gender, gender expression, age, national origin, disability, marital status, sexual orientation, crime victim status, or military status, in any of its activities or operations. These activities include, but are not limited to, hiring and firing of staff, selection of volunteers and vendors, and provision of services. *



YES



NO

3. Typed name:*

Jacob Bridgeman

Print

Town of Essex Human Services Funding Application FY25 - Submission #4394

Date Submitted: 2/13/2025

Please refer to the Town of Essex Human Services Funding Application Guidelines for information on completing this application. Electronically submitted documents are preferred. For optimal viewing, please use a desktop or laptop to complete this application.

[Human Services Funding Application Guidelines FY25](#) (pdf) - (Document will open in another tab.)

VERMONT PUBLIC RECORDS ACT

Under the Vermont Public Records Act, 1 V.S.A. sections 315-220, any person has the right to request inspection or copying of a public record from government agencies, including municipalities. Applicants are discouraged from submitting information considered proprietary unless it is deemed essential for proper evaluation of the application.

SECTION 1: Organization Information

1. Organization name:*

ReSOURCE: A Nonprofit Community Enterprise Inc.

2. Name of program:*

Workforce Development Training

3. How long has the organization been active?

34

4. Are you a current 501(c)(3) nonprofit organization in good standing or does your organization file an annual IRS Form 990 tax return?*

YES

NO

5. Essex Human Services Funds requested: (Request cannot exceed \$20,000.)*

\$2,000

6. Contact name:*

Jessica Weiss

7. Phone number:

(802) 857-4342

8. Address *

329 Harvest Lane, Suite 200

If awarded, this is the address where a check will be issued and should match the address on the uploaded IRS W-9 form in SECTION 4.

City

Williston

State

Vermont

Zip Code

05495

9. Email address:*

jweiss@resourcevt.org

10. Website address:

www.resourcevt.org

11. Total program budget: (Must equal the TOTAL ANNUAL BUDGET in SECTION 3 of this application.)*

\$10,302,426.41

12. Percentage of request to total program budget: (Request cannot be more than 25% of the program budget.)

0.02%

13. Brief organization description:*

ReSOURCE provides job skills training, poverty relief, and environmental services to Vermont by creating new economic opportunities for disadvantaged individuals by providing vital work experience and certifications needed to find employment.

SECTION 2: Summary of Services

1. Number of people served by your program in the last 12 months:

115,638

2. If you do not formally track the number of people served, please explain how you assess if people are receiving services.

3. Number of TOWN OF ESSEX residents served by your program in the last 12 months:

594

4. If you do not formally track the residences of people served, please explain how you assess if people in the TOWN OF ESSEX are receiving services.

5. Anticipated number of people to be served by your program in the next 12 months:

120,000

6. Anticipated number of TOWN OF ESSEX residents to be served by your program in the next 12 months:

500

7. If your organization provides a service or resource to TOWN OF ESSEX residents that is important for reasons other than the number of residents served, please explain. (If you provided answers to questions 1-6 in this section, you do not need to answer.)

Examples are: that your organization provides a resource that may not be available anywhere else; you provide service to a smaller demographic and is available when needed; or your service provides cultural awareness that is not quantified in numbers. Please be sure to explain.

8. Describe the program services to be provided. Be sure to include an overview of the main program activities and how the program design fits within one or more of the Essex Human Service Focus Areas. *

For over 30 years, ReSOURCE has empowered individuals and strengthened Vermont communities. Through the focus area of Workforce Development ReSOURCE's programs have provided opportunities for Vermonters to go from unemployed, or marginally employed in low-wage jobs, to a career offering long-term stability with a livable wage providing long-term relief from the effects of poverty. ReSOURCE excels at building programs to reach this demographic with multiple tracks to success and additional support and resources as they navigate their new careers. ReSOURCE's Workforce Development Training is where individuals can learn both soft and technical skills and earn credentials needed to be placed in employment in their desired career successfully. We create a supportive community of trainers and partners to build strong relationships for the future and help our trainees and students overcome barriers to lifelong learning and gain sustained employment.

FY25 FOCUS AREAS:

- Access to Community-Based Resources as a Source of Support for Health & Behavioral Health
- Affordable Housing or Housing Assistance
- Child or Family Support for Healthy Relationships
- Diversity, Equity & Inclusion
- Emergency Food & Disaster Relief
- Increasing Workforce Development

9. Describe why you need this funding to support your program for TOWN OF ESSEX residents. What will be the effect if your application is not funded? What will be the effect if your application is partially funded?*

ReSOURCE's Williston site serves as the organization's headquarters and directly serves residents from Williston's neighboring towns, including Essex. The space's size and capacity allow trainees from Chittenden County to have space for training sessions and partnerships with Essex Schools. If our application is not funded or partially funded, we are committed to providing services to any in need and will search for other alternative funding sources.

10. How will TOWN OF ESSEX residents benefit from this program? What is the demonstrable need for this program in Essex?*

ReSOURCE's Workforce Development Training program benefits Town of Essex residents by providing hands-on skills in high-demand fields. Many trainees are the first in their families to finish high school or develop trade skills, and they credit our practical, real-life training as key to achieving their employment goals. This program addresses Essex's need for skilled labor and helps reduce employment barriers, supporting individual self-sufficiency and the local economy.

11. Describe the program's measurable outcomes. What social condition, behaviors or situation will improve because of this service?*

Measurable outcomes include increased job placement rates, higher wages, and improved long-term earning potential for graduates. Participants gain personal and professional skills that enhance their competitiveness in the workforce, resulting in job stability. Additionally, the program provides a safe, educational alternative that supports hands-on learning and career exploration, helping individuals build confidence, develop a strong work ethic, and contribute positively to their communities.

12. What criteria is used to determine eligibility for program participation? Where will participants access/participate in this program?*

While the program is open to the public, many participants come from underserved communities, reflecting ReSOURCE's commitment to economic equity. Participants can access the program at ReSOURCE's four strategically located sites across Chittenden, Lamoille, and Washington counties, where 25% of families live at or below the poverty line, ensuring accessibility for those who need it most.

13. How do TOWN OF ESSEX residents learn about your program? What strategies and/or mediums do you use?*

ReSOURCE strives to make all its programs accessible, with four locations across the state. Essex residents can learn more about our programs via our website or through agency partners or school counselors.

14. By providing examples, please describe how your nonprofit ensures access to services and/or provides culturally responsive services to BIPOC, LGBTQ+, and/or underserved populations?*

ReSOURCE ensures access to services and provides culturally responsive support to BIPOC, LGBTQ+, and underserved populations through intentional practices embedded in our organizational vision. We offer flexible program structures to accommodate diverse needs, provide staff training on cultural awareness and anti-bias practices, and create safe spaces where participants feel respected and valued. This commitment helps foster a supportive community where everyone can succeed.

15. Please provide examples of how you support cultural awareness within your organization.*

ReSOURCE has a strategic goal of being a culturally competent organization in which all staff are made to feel welcome and can succeed and advance. We are well-positioned to pursue this goal and can strategically invest in staff training and skill development.

16. (You must complete this question if you received Essex Human Services Funding during the previous award cycle). Please provide a summary of services provided to Town of Essex residents and how the award your organization received last year supported your program.

Thanks in part to the award from the Town of Essex, in 2024, ReSOURCE served at least 594 Essex households: 163 Essex town residents took advantage of our pick-up service to keep household goods and building materials out of landfills. ReSOURCE offers free pick-up for household items and building materials to all towns within Chittenden County. 334 Essex residents saved money by shopping at our ReSOURCE stores. 87 Essex households received free household goods through ReSOURCE's Essential Goods voucher program. 10 Essex residents participated in one of ReSOURCE's Workforce Development training programs. We provide training customized to each individual's needs as well as certifications and basic soft-skills training needed to lay the groundwork for future employment.

SECTION 3: Budget Detail

TOTAL ANNUAL PROGRAM BUDGET

Instructions: Budget items in boxes 1, 2, 3, and 4 must equal the TOTAL ANNUAL BUDGET in box 5. The total percentages in 1a, 2a, 3a, and 4a must total 100%.

1. Annual cost for personnel including benefits*

\$6,056,761.25

1a. Percentage of budget*

59%

2. Annual cost for facilities*

\$1,910,650.00

2a. Percentage of budget*

19%

3. Annual other operating costs (indirect)*

\$475,172.00

3a. Percentage of budget*

5%

4. Direct services costs (not staff)*

\$1,859,843.16

4a. Percentage of budget*

18%

5. TOTAL ANNUAL BUDGET*

\$10,302,426.41

(Must equal the total in SECTION 1, box 11 of the application.)

6. Provide comments or details on the Program Budget that are relevant for the reviewer to better understand how the budget works and what steps your organization is prepared to take to keep the program active if funding and revenues shift or change:

ReSOURCE operates four reuse centers across Vermont, employing 100 individuals, that accept and redistribute household goods and building materials to Vermonters. ReSOURCE owns 329 Harvest Lane in Williston and 30 Granite Street in Barre, and two lease properties, 339 Pine Street in Burlington and 65 Northgate Ave in Morrisville Vermont.

7. REVENUE. Please list all current and projected funding sources for the existing program. Please specify and list revenues from other municipalities, other agencies, United Way funding, state/federal funding, fundraising/donations and other sources. *

Municipalities \$2,000 Federal & State Agencies \$2,052,148.15 United Way Funding \$0.00 Fundraising/Donations \$827,485.00 Earned Income \$7,226,551.97 Donated Facilities/Services \$25,020.00 Other Income \$147,474.08

SECTION 4: Attachments

1. Please upload a copy of your Internal Revenue Service (IRS) tax-exempt determination letter for the applicant organization.*

ReSOURCE 501(C)3.pdf

2. Please upload a copy of the organization's last IRS 990 tax filing (first page only) OR end of year financial statement (PLEASE DO NOT UPLOAD MORE THAN 3 PAGES - anything beyond 3 pages will not be included in the application).*

ReSOURCE 2023 FORM 990.pdf

If submitting IRS 990 - please submit only the FIRST PAGE. DO NOT SUBMIT THE FULL RETURN.

3. Download a blank Internal Revenue Service (IRS) W-9 form. If you have completed Form W-9, you can skip to uploading the form.

[Download blank IRS W-9 form.](#)

4. Please upload your completed IRS W-9 form.*

ReSOURCE W-9 Form - 2025.pdf

SECTION 5: Disclosures

1. DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST

The existence of a potential conflict of interest does not necessarily make the program ineligible for funding, but the existence of an undisclosed conflict may result in the termination of any funding awarded. Are you aware of any board members or employees of the agency which will be carrying out this program or members of their immediate families, or their business associates:

a) employees of, or closely related to employees of the Town of Essex?*

YES

NO

b) members of, or closely related to members of the governing bodies of the Town of Essex?*

YES

NO

c) current beneficiaries of the program for which funds are being requested?*

- YES
- NO

d) paid providers of goods or services to the program or having other financial interest in the program?*

- YES
- NO

If you have answered YES to any question, please provide a full explanation:

2. NON-DISCRIMINATION AND ACKNOWLEDGMENT

I certify that the above statements and the information provided in this application are true and current to the best of my knowledge, agree to cooperate fully with the Town of Essex in making available to its authorized agents information which reasonably relates to the review of this application and the processing of any awarded funding and acknowledge and understand that as part of consideration of awarded funding, the agency which will be carrying out this program shall not discriminate on the basis of race, color, religion, gender, gender expression, age, national origin, disability, marital status, sexual orientation, crime victim status, or military status, in any of its activities or operations. These activities include, but are not limited to, hiring and firing of staff, selection of volunteers and vendors, and provision of services. *

- YES
- NO

3. Typed name:*

Jessica Weiss

Please refer to the Town of Essex Human Services Funding Application Guidelines for information on completing this application. Electronically submitted documents are preferred. For optimal viewing, please use a desktop or laptop to complete this application.

[Human Services Funding Application Guidelines FY25](#) (pdf) - (Document will open in another tab.)

VERMONT PUBLIC RECORDS ACT

Under the Vermont Public Records Act, 1 V.S.A. sections 315-220, any person has the right to request inspection or copying of a public record from government agencies, including municipalities. Applicants are discouraged from submitting information considered proprietary unless it is deemed essential for proper evaluation of the application.

SECTION 1: Organization Information

1. Organization name:*

Rotary Club Charities of Essex Vermont

2. Name of program:*

Food insecurity

3. How long has the organization been active?

59

4. Are you a current 501(c)(3) nonprofit organization in good standing or does your organization file an annual IRS Form 990 tax return?*



YES



NO

5. Essex Human Services Funds requested: (Request cannot exceed \$20,000.)*

9500

6. Contact name:*

Kurt Johnson

7. Phone number:

802-760-0769

8. Address *

PO Box 8466 Essex,VT 05451

If awarded, this is the address where a check will be issued and should match the address on the uploaded IRS W-9 form in SECTION 4.

City

Underhill

State

VT

Zip Code

05451

9. Email address:*

kdp45@msn.com

10. Website address:

https://www.rotaryclubofessex.org

11. Total program budget: (Must equal the TOTAL ANNUAL BUDGET in SECTION 3 of this application.)*

77,260

12. Percentage of request to total program budget: (Request cannot be more than 25% of the program budget.)

12

13. Brief organization description:*

The Essex Jericho Underhill Westford Rotary Club has been operating in Essex as a non profit services organization for almost 60 years providing multiple service programs to help the local community.

SECTION 2: Summary of Services

1. Number of people served by your program in the last 12 months:

All programs= 2-3000 Food Insecurity = 500+

2. If you do not formally track the number of people served, please explain how you assess if people are receiving services.

Members are personally involved in programs.

3. Number of TOWN OF ESSEX residents served by your program in the last 12 months:

All programs= 2-3000 Food Insecurity = 500+

4. If you do not formally track the residences of people served, please explain how you assess if people in the TOWN OF ESSEX are receiving services.

Members are personally involved in programs.

5. Anticipated number of people to be served by your program in the next 12 months:

All programs= 2-3000 Food Insecurity = 500+

6. Anticipated number of TOWN OF ESSEX residents to be served by your program in the next 12 months:

2-3000

7. If your organization provides a service or resource to TOWN OF ESSEX residents that is important for reasons other than the number of residents served, please explain. (If you provided answers to questions 1-6 in this section, you do not need to answer.)

Programs and resources are focused on food insecurity, student leadership/education, diversity, seniors, various community events, environmental causes. This request is specific to food insecurity.

Examples are: that your organization provides a resource that may not be available anywhere else; you provide service to a smaller demographic and is available when needed; or your service provides cultural awareness that is not quantified in numbers. Please be sure to explain.

8. Describe the program services to be provided. Be sure to include an overview of the main program activities and how the program design fits within one or more of the Essex Human Service Focus Areas. *

Essex funds would be put toward increasing the Rotary contribution to the Heavenly Food Pantry at the First Congregational Church. The annual Rotary donation to this program is \$1000. Last year this was increased to \$2700, thanks to the \$1700 Essex grant to support additional personal hygiene products. This year's request has an added \$7500 over last year to increase the Heavenly Food Pantry food refrigeration and storage. Specifically, it is to add a new 65 cu ft commercial refrigerator and 5 new shelving units. This should fit in the Emergency food focus area for Essex. There are a number of other programs the Rotary Club oversees and contributes to financially in Essex as stated above in question 7. This request is focused on just the food insecurity program that supports Town of Essex and Essex Jct.

FY25 FOCUS AREAS:

- Access to Community-Based Resources as a Source of Support for Health & Behavioral Health
- Affordable Housing or Housing Assistance
- Child or Family Support for Healthy Relationships
- Diversity, Equity & Inclusion
- Emergency Food & Disaster Relief
- Increasing Workforce Development

9. Describe why you need this funding to support your program for TOWN OF ESSEX residents. What will be the effect if your application is not funded? What will be the effect if your application is partially funded?*

Expanding the refrigeration capacity at the Heavenly Food Pantry will enable the Food Pantry to properly store perishable food items. Funding the refrigerator request (\$7000) should provide proper food storage for all or most items requiring refrigeration. Note: A request has also been made to Essex Jct. for financial assistance with this purchase.

10. How will TOWN OF ESSEX residents benefit from this program? What is the demonstrable need for this program in Essex?*

There are currently about 90 families / 300 recipients served by the Heavenly Food Pantry and the demand continues to be constant or increasing. Rotary support for this program helps them with their bimonthly distribution of food to needy families and individuals.

11. Describe the program's measurable outcomes. What social condition, behaviors or situation will improve because of this service?*

Rotary doesn't measure the relative assistance our financial and volunteer resources provide the recipients of our programs and services. Our measure of support is in terms of what we put into the programs in the way of volunteer help and financial contributions. There are also countless hours of the many volunteers for this and a variety of other programs as well as fundraising initiatives. This is not tracked and would be difficult to connect to the various programs the Rotary supports.

12. What criteria is used to determine eligibility for program participation? Where will participants access/participate in this program?*

Eligibility requirements for food insecurity programs are managed by the Heavenly Pantry and not by Rotary. Participants gain access to this program at the First Congregational Church in Essex Jct.

13. How do TOWN OF ESSEX residents learn about your program? What strategies and/or mediums do you use?*

The primary way recipients learn about the Heavenly Food Pantry food insecurity program is operated by the First Congregational Church.

14. By providing examples, please describe how your nonprofit ensures access to services and/or provides culturally responsive services to BIPOC, LGBTQ+, and/or underserved populations?*

Rotary provides some support to these populations through other programs, but for food insecurity I am not aware of any restrictions or bias related to these population groups.

15. Please provide examples of how you support cultural awareness within your organization.*

Rotary is an inclusive organization and meets regularly about 25 times a year with a wide variety of guest speakers attending these meetings. Rotary meetings generally have several cultural awareness guest speakers each year. In addition, Rotary provides about \$3000 annually for Outright Vermont, VIEW event, two Essex Library banned books collections, an adaptive sports program, Halloween for children with disabilities.

16. (You must complete this question if you received Essex Human Services Funding during the previous award cycle). Please provide a summary of services provided to Town of Essex residents and how the award your organization received last year supported your program.

Last year Rotary received about \$1700 from the Town of Essex. This money was used specifically to purchase personal hygiene products that were distributed at the Heavenly Food Pantry. This was in addition to the many Rotary services provided to the Essex residents as indicated in the question 7 response of this section 2

SECTION 3: Budget Detail

TOTAL ANNUAL PROGRAM BUDGET

Instructions: Budget items in boxes 1, 2, 3, and 4 must equal the TOTAL ANNUAL BUDGET in box 5. The total percentages in 1a, 2a, 3a, and 4a must total 100%.

1. Annual cost for personnel including benefits*

0

1a. Percentage of budget*

0

2. Annual cost for facilities*

0

2a. Percentage of budget*

0

3. Annual other operating costs (indirect)*

61,661

3a. Percentage of budget*

80%

4. Direct services costs (not staff)*

19,794

4a. Percentage of budget*

26%

5. TOTAL ANNUAL BUDGET*

77,260

(Must equal the total in SECTION 1, box 11 of the application.)

6. Provide comments or details on the Program Budget that are relevant for the reviewer to better understand how the budget works and what steps your organization is prepared to take to keep the program active if funding and revenues shift or change:

Rotary has several major fundraising programs that bring in a fairly steady annual revenue of about \$50,000. Donations and product sales account for the rest and help to offset our direct services costs. Fundraising programs are the primary source of funds Rotary uses for its donations budget (Annual other operating costs shown above).

7. REVENUE. Please list all current and projected funding sources for the existing program. Please specify and list revenues from other municipalities, other agencies, United Way funding, state/federal funding, fundraising/donations and other sources. *

The latest 990 IRS form is for FY 23, so that is where these figures are sourced from. FY23 Fundraising revenue = \$68,537 , Fundraising costs = \$19,794 , Net = \$48,743 FY23 Donations,& product sales = \$29,205 Note Club member donations are kept separate from fundraising to cover expenses for club operations. In FY23 there was no revenue from municipal, state, federal. other agencies, United Way.... Note: FY23 programs support expenditures exceeded net fundraising revenue by about \$13000.

SECTION 4: Attachments

1. Please upload a copy of your Internal Revenue Service (IRS) tax-exempt determination letter for the applicant organization.*

rotary-club-charities-501c3-approval.pdf

2. Please upload a copy of the organization's last IRS 990 tax filing (first page only) OR end of year financial statement (PLEASE DO NOT UPLOAD MORE THAN 3 PAGES - anything beyond 3 pages will not be included in the application).*

990 Rotary Charities 2023 .pdf

If submitting IRS 990 - please submit only the FIRST PAGE. DO NOT SUBMIT THE FULL RETURN.

3. Download a blank Internal Revenue Service (IRS) W-9 form. If you have completed Form W-9, you can skip to uploading the form.

[Download blank IRS W-9 form.](#)

4. Please upload your completed IRS W-9 form.*

Rotary Club of Essex W-9 2025.pdf

SECTION 5: Disclosures

1. DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST

The existence of a potential conflict of interest does not necessarily make the program ineligible for funding, but the existence of an undisclosed conflict may result in the termination of any funding awarded. Are you aware of any board members or employees of the agency which will be carrying out this program or members of their immediate families, or their business associates:

a) employees of, or closely related to employees of the Town of Essex?*

- YES
- NO

b) members of, or closely related to members of the governing bodies of the Town of Essex?*

- YES
- NO

c) current beneficiaries of the program for which funds are being requested?*

- YES
- NO

d) paid providers of goods or services to the program or having other financial interest in the program?*

- YES
- NO

If you have answered YES to any question, please provide a full explanation:

2. NON-DISCRIMINATION AND ACKNOWLEDGMENT

I certify that the above statements and the information provided in this application are true and current to the best of my knowledge, agree to cooperate fully with the Town of Essex in making available to its authorized agents information which reasonably relates to the review of this application and the processing of any awarded funding and acknowledge and understand that as part of consideration of awarded funding, the agency which will be carrying out this program shall not discriminate on the basis of race, color, religion, gender, gender expression, age, national origin, disability, marital status, sexual orientation, crime victim status, or military status, in any of its activities or operations. These activities include, but are not limited to, hiring and firing of staff, selection of volunteers and vendors, and provision of services. *



YES



NO

3. Typed name:*

Kurt Johnson

Please refer to the Town of Essex Human Services Funding Application Guidelines for information on completing this application. Electronically submitted documents are preferred. For optimal viewing, please use a desktop or laptop to complete this application.

[Human Services Funding Application Guidelines FY25](#) (pdf) - (Document will open in another tab.)

VERMONT PUBLIC RECORDS ACT

Under the Vermont Public Records Act, 1 V.S.A. sections 315-220, any person has the right to request inspection or copying of a public record from government agencies, including municipalities. Applicants are discouraged from submitting information considered proprietary unless it is deemed essential for proper evaluation of the application.

SECTION 1: Organization Information

1. Organization name:*

Spectrum Youth & Family Services

2. Name of program:*

Spectrum Youth & Family Services

3. How long has the organization been active?

Since 1970

4. Are you a current 501(c)(3) nonprofit organization in good standing or does your organization file an annual IRS Form 990 tax return?*



YES



NO

5. Essex Human Services Funds requested: (Request cannot exceed \$20,000.)*

20000

6. Contact name:*

Sarah Woodard

7. Phone number:

802-864-7423X350

8. Address *

31 Elmwood Avenue

If awarded, this is the address where a check will be issued and should match the address on the uploaded IRS W-9 form in SECTION 4.

City

Burlington

State

VT

Zip Code

05401

9. Email address:*

grants@spectrumvt.org

10. Website address:

www.spectrumvt.org

11. Total program budget: (Must equal the TOTAL ANNUAL BUDGET in SECTION 3 of this application.)*

9500725

12. Percentage of request to total program budget: (Request cannot be more than 25% of the program budget.)**13. Brief organization description:***

Spectrum helps youth address basic needs, housing, employment, education, life skills, and mental health and substance use issues. Programs provide direct services, prevention, education, outreach, and leadership development for at-risk youth.

SECTION 2: Summary of Services**1. Number of people served by your program in the last 12 months:**

1281

2. If you do not formally track the number of people served, please explain how you assess if people are receiving services.**3. Number of TOWN OF ESSEX residents served by your program in the last 12 months:**

180

4. If you do not formally track the residences of people served, please explain how you assess if people in the TOWN OF ESSEX are receiving services.**5. Anticipated number of people to be served by your program in the next 12 months:**

1400

6. Anticipated number of TOWN OF ESSEX residents to be served by your program in the next 12 months:

180

7. If your organization provides a service or resource to TOWN OF ESSEX residents that is important for reasons other than the number of residents served, please explain. (If you provided answers to questions 1-6 in this section, you do not need to answer.)

N/A

Examples are: that your organization provides a resource that may not be available anywhere else; you provide service to a smaller demographic and is available when needed; or your service provides cultural awareness that is not quantified in numbers. Please be sure to explain.

8. Describe the program services to be provided. Be sure to include an overview of the main program activities and how the program design fits within one or more of the Essex Human Service Focus Areas. *

Spectrum provides programs in three clusters to support youth and families in Chittenden and Franklin counties: Basic Needs and Stable Homes (Emergency Food & Disaster Relief, Affordable Housing/Housing Assistance focus areas) which include Drop-In Centers in Burlington and St. Albans, the Burlington-based Nightly Shelter, the Landing emergency shelter, and Pearl Street Residence; Life and Survival Skills (Diversity, Equity, and Inclusion; Increasing Workforce Development; and Child/Family Support for Healthy Relationships focus areas), including the Multicultural Youth Program which provides services on-site at Essex middle and high schools, Youth Development Program for youth transitioning out of the foster care system, Jump on Board for Success (JOBS), and Detail Works; and Prevention and Intervention (Access to Community-Based Resources, and Child/Family Support focus areas), including the Riverstone Counseling, mentoring program, and the Compass Program.

FY25 FOCUS AREAS:

- Access to Community-Based Resources as a Source of Support for Health & Behavioral Health
- Affordable Housing or Housing Assistance
- Child or Family Support for Healthy Relationships
- Diversity, Equity & Inclusion
- Emergency Food & Disaster Relief
- Increasing Workforce Development

9. Describe why you need this funding to support your program for TOWN OF ESSEX residents. What will be the effect if your application is not funded? What will be the effect if your application is partially funded?*

Spectrum mainly serves low-income youth who have few other options for help. Most programs are available to all youth at no cost (our mental health counseling program bills insurers and includes a generous sliding fee scale). Fundraising from individuals, foundations, and events makes up 41% of Spectrum's annual budget, without which we would be unable to address the most critical needs youth face. If partially funded, we will seek community support, including from Essex donors.

10. How will TOWN OF ESSEX residents benefit from this program? What is the demonstrable need for this program in Essex?*

Last year Spectrum helped 180 Essex youth, benefiting their families, schools, and the broader community. Spectrum's services complement other programs such as school-sponsored activities to help youth who are struggling with a wide range of social, family, life skills, and mental health concerns. Most of our programs serve youth from middle school up to age 22, bridging gaps that can arise as youth enter adulthood. These programs increase safety and stability for all Essex residents.

11. Describe the program's measurable outcomes. What social condition, behaviors or situation will improve because of this service?*

In each program, Spectrum monitors the number of youth served, quality of engagement, and their progress toward improvements in employment, education, housing, health and mental health, life skills, and other areas. Programming aims to reduce the impacts of childhood adversity and trauma on young adults. The overall outcomes of our programs are that youth are able to address basic needs, improve mental health, have positive connections with peers and adults, and make gains toward independence.

12. What criteria is used to determine eligibility for program participation? Where will participants access/participate in this program?*

Programs serve all youth ages 12 to 24. Some services are open to youth up to age 22, as required by VT DCF. We strive to reach youth where they are, with programs based in Burlington, St. Albans, and local school districts (Burlington, Colchester, Winooski, and Essex). The low-barrier Drop-In Centers, Warming Shelter, and Multicultural Youth Program are accessible by design, with no sign-up requirements for youth who may urgently need food, a bed for the night, or help from a supportive adult.

13. How do TOWN OF ESSEX residents learn about your program? What strategies and/or mediums do you use?*

Staff members rely on close relationships with schools, community organizations, and other partners to refer youth to services and programs, and promote programs through our website, social media posts, and advertising.

14. By providing examples, please describe how your nonprofit ensures access to services and/or provides culturally responsive services to BIPOC, LGBTQ+, and/or underserved populations?*

Spectrum's programs are designed to remove barriers for youth who are the most underserved and with the greatest risks for adversity in young adulthood. Across all youth served last year, more than 20% identified as LGBTQ+, including 40% of counseling clients. MYP provides culturally and linguistically responsive support for multicultural youth, including immigrants and refugees. All 105 youth served by MYP in Essex schools last year spoke a primary language other than English.

15. Please provide examples of how you support cultural awareness within your organization.*

All Spectrum staff receive training to provide culturally responsive, youth-friendly programming, with frequent professional development opportunities each year. Organizational policies and practices, outreach efforts, and programming are regularly reviewed to minimize cultural barriers. Spectrum's Youth Action Board, composed of youth with lived experiences from our programs, provides ongoing input to increase access and improve cultural responsiveness.

16. (You must complete this question if you received Essex Human Services Funding during the previous award cycle). Please provide a summary of services provided to Town of Essex residents and how the award your organization received last year supported your program.

Spectrum's programs supported 180 Essex youth last year: -105 EHS, EMS, and ADL students were supported at school to boost academic success and nurture strong connections. -Riverstone Counseling Center helped 29 youth with mental health and substance use concerns. -12 youth were mentored by adult volunteer mentors; 7 mentors live in Essex. -11 youth, including 5 who were homeless, received basic needs services at the Drop-in Center and housing programs. -Case managers assisted 28 youth transitioning from foster care or at risk of DCF or justice system involvement. -9 youth gained employment skills in the JOBS program, and 2 earned a paycheck as employees at our Detail Works car detailing social enterprise. -3 youth completed our Driver's Education program, which enables foster youth, multicultural youth, and other youth who need the support of a licensed adult with an insured vehicle complete required practice hours and prepare for the license exam.

SECTION 3: Budget Detail

TOTAL ANNUAL PROGRAM BUDGET

Instructions: Budget items in boxes 1, 2, 3, and 4 must equal the TOTAL ANNUAL BUDGET in box 5. The total percentages in 1a, 2a, 3a, and 4a must total 100%.

1. Annual cost for personnel including benefits*

6006787

1a. Percentage of budget*

63.2

2. Annual cost for facilities*

451441

2a. Percentage of budget*

4.7

3. Annual other operating costs (indirect)*

937290

3a. Percentage of budget*

9.8

4. Direct services costs (not staff)*

2109637

4a. Percentage of budget*

22.3

5. TOTAL ANNUAL BUDGET*

9500725

(Must equal the total in SECTION 1, box 11 of the application.)

6. Provide comments or details on the Program Budget that are relevant for the reviewer to better understand how the budget works and what steps your organization is prepared to take to keep the program active if funding and revenues shift or change:

Requested funds will be used for general operating support for direct services for youth. This year Spectrum aims to raise \$3.95 million from charitable sources including individual gifts, private foundations, corporations, and events, representing approximately 41% of budgeted expenses. If revenue from these sources fall short, we will seek to reduce expenses and/or draw upon unrestricted funding reserves to maintain high quality services for Vermont's most vulnerable youth.

7. REVENUE. Please list all current and projected funding sources for the existing program. Please specify and list revenues from other municipalities, other agencies, United Way funding, state/federal funding, fundraising/donations and other sources. *

-Program service fees (such as insurance billing for counseling), \$1,521,230 -State/ and federal grants and contracts, \$3,504,534 -Individual, corporate, and philanthropic contributions, grants, and special events, \$4,160,893 -United Way, \$36,000 -Rental Income, \$91,497 -Investment Reserves, \$191,000

SECTION 4: Attachments

1. Please upload a copy of your Internal Revenue Service (IRS) tax-exempt determination letter for the applicant organization.*

Spectrum IRS Letter16.pdf

2. Please upload a copy of the organization's last IRS 990 tax filing (first page only) OR end of year financial statement (PLEASE DO NOT UPLOAD MORE THAN 3 PAGES - anything beyond 3 pages will not be included in the application).*

Spectrum FY23 Form 990.pdf

If submitting IRS 990 - please submit only the FIRST PAGE. DO NOT SUBMIT THE FULL RETURN.

3. Download a blank Internal Revenue Service (IRS) W-9 form. If you have completed Form W-9, you can skip to uploading the form.

[Download blank IRS W-9 form.](#)

4. Please upload your completed IRS W-9 form.*

Spectrum W-9 11.2023 (1).pdf

SECTION 5: Disclosures

1. DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST

The existence of a potential conflict of interest does not necessarily make the program ineligible for funding, but the existence of an undisclosed conflict may result in the termination of any funding awarded. Are you aware of any board members or employees of the agency which will be carrying out this program or members of their immediate families, or their business associates:

a) employees of, or closely related to employees of the Town of Essex?*



YES



NO

b) members of, or closely related to members of the governing bodies of the Town of Essex?*



YES



NO

c) current beneficiaries of the program for which funds are being requested?*

- YES
- NO

d) paid providers of goods or services to the program or having other financial interest in the program?*

- YES
- NO

If you have answered YES to any question, please provide a full explanation:

2. NON-DISCRIMINATION AND ACKNOWLEDGMENT

I certify that the above statements and the information provided in this application are true and current to the best of my knowledge, agree to cooperate fully with the Town of Essex in making available to its authorized agents information which reasonably relates to the review of this application and the processing of any awarded funding and acknowledge and understand that as part of consideration of awarded funding, the agency which will be carrying out this program shall not discriminate on the basis of race, color, religion, gender, gender expression, age, national origin, disability, marital status, sexual orientation, crime victim status, or military status, in any of its activities or operations. These activities include, but are not limited to, hiring and firing of staff, selection of volunteers and vendors, and provision of services. *

- YES
- NO

3. Typed name:*

Sarah Woodard

Please refer to the Town of Essex Human Services Funding Application Guidelines for information on completing this application. Electronically submitted documents are preferred. For optimal viewing, please use a desktop or laptop to complete this application.

[Human Services Funding Application Guidelines FY25](#) (pdf) - (Document will open in another tab.)

VERMONT PUBLIC RECORDS ACT

Under the Vermont Public Records Act, 1 V.S.A. sections 315-220, any person has the right to request inspection or copying of a public record from government agencies, including municipalities. Applicants are discouraged from submitting information considered proprietary unless it is deemed essential for proper evaluation of the application.

SECTION 1: Organization Information

1. Organization name:*

Steps to End Domestic Violence

2. Name of program:*

Emergency Shelter & Housing

3. How long has the organization been active?

50 years

4. Are you a current 501(c)(3) nonprofit organization in good standing or does your organization file an annual IRS Form 990 tax return?*

YES

NO

5. Essex Human Services Funds requested: (Request cannot exceed \$20,000.)*

15,000

6. Contact name:*

Jordan Calderara

7. Phone number:

8026583131 x 1093

8. Address *

PO Box 1535

If awarded, this is the address where a check will be issued and should match the address on the uploaded IRS W-9 form in SECTION 4.

City

Burlington

State

VT

Zip Code

05402

9. Email address:*

jordanc@stepsvt.org

10. Website address:

stepsvt.org

11. Total program budget: (Must equal the TOTAL ANNUAL BUDGET in SECTION 3 of this application.)*

2,607,050

12. Percentage of request to total program budget: (Request cannot be more than 25% of the program budget.)

0.6%

13. Brief organization description:*

Our mission is to assist in the transition to a safe, independent life for all those who have been affected physically, sexually, emotionally or economically by domestic abuse and to promote a culture that fosters justice, equity, and safety.

SECTION 2: Summary of Services

1. Number of people served by your program in the last 12 months:

776

2. If you do not formally track the number of people served, please explain how you assess if people are receiving services.

3. Number of TOWN OF ESSEX residents served by your program in the last 12 months:

101

4. If you do not formally track the residences of people served, please explain how you assess if people in the TOWN OF ESSEX are receiving services.

5. Anticipated number of people to be served by your program in the next 12 months:

815

6. Anticipated number of TOWN OF ESSEX residents to be served by your program in the next 12 months:

115

7. If your organization provides a service or resource to TOWN OF ESSEX residents that is important for reasons other than the number of residents served, please explain. (If you provided answers to questions 1-6 in this section, you do not need to answer.)

Note: survivors often decline to indicate their town of residence due to safety concerns -- the numbers entered (which reflect fiscal year 2024's service) are likely an underestimation of the actual number of Town of Essex residents we served.

Examples are: that your organization provides a resource that may not be available anywhere else; you provide service to a smaller demographic and is available when needed; or your service provides cultural awareness that is not quantified in numbers. Please be sure to explain.

8. Describe the program services to be provided. Be sure to include an overview of the main program activities and how the program design fits within one or more of the Essex Human Service Focus Areas. *

Intimate partner violence is a known precursor to homelessness. Steps' Emergency Housing Program activities directly address Town of Essex's 2025 Affordable Housing or Housing Assistance focus area by providing safe housing for survivors who are actively fleeing violence in their homes in our 21-unit family and pet-friendly emergency shelter, and at area motels. Additionally, the EH program also provides rapid rehousing and transitional housing services to support those who are risk for losing their housing due to intimate partner violence. We offer wraparound services to survivors in EH, both meeting basic needs (food, clothes, toiletries) and providing opportunities for other program referrals within Steps. This includes referrals to our Youth Advocates, who work with parents to mitigate the impacts of IPV on children, learn parenting strategies, and model healthy relationships, addressing another Town of Essex focus area: Child or Family Support for Healthy Relationships.

FY25 FOCUS AREAS:

- Access to Community-Based Resources as a Source of Support for Health & Behavioral Health
- Affordable Housing or Housing Assistance
- Child or Family Support for Healthy Relationships
- Diversity, Equity & Inclusion
- Emergency Food & Disaster Relief
- Increasing Workforce Development

9. Describe why you need this funding to support your program for TOWN OF ESSEX residents. What will be the effect if your application is not funded? What will be the effect if your application is partially funded?*

Human Services Funding from the Town of Essex allows Steps to continue offering a critical public housing lifeline to Essex adults and families experiencing violence in their homes. Our community's housing crisis continues to put strain on survivors -- lacking affordable, secure, stable housing, survivors will often stay in unsafe homes longer (putting them at risk for experiencing worsening abuse) or they return to unsafe homes when facing homelessness.

10. How will TOWN OF ESSEX residents benefit from this program? What is the demonstrable need for this program in Essex?*

1 in 5 Vermont adults will experience intimate partner violence in their lifetime. Steps' EH program affords Essex residents access to emergency housing and/or housing services, both placing them out of immediate danger and diverting them away from potentially experiencing homelessness. Any survivor residents experiencing IPV in their homes and/or facing barriers to attaining or retaining housing because of IPV can work with our EH program to secure housing for themselves and their families.

11. Describe the program's measurable outcomes. What social condition, behaviors or situation will improve because of this service?*

Intimate partner violence is a threat to public health and safety. Nearly half of homicides in Vermont from 1994 to 2021 were associated with domestic violence, and experiencing or witnessing violence puts adults and children at heightened risk of long-term negative health outcomes, including mental health challenges and substance misuse. Steps provides immediate access to housing to those experiencing harm, and works with survivors to transition to a safe and independent life.

12. What criteria is used to determine eligibility for program participation? Where will participants access/participate in this program?*

Steps' Emergency Housing Program offers a screening process to determine eligibility for entry into our 21-unit shelter in Colchester or Safehome (motel) program. Our emergency shelter programming is designed to offer safe haven for people who are 1. actively fleeing violence in their homes and 2. who are risk of experiencing homelessness due to a lack of viable housing alternatives. Screening is accessible 24/7 on our hotline--anyone can call at any time and initiate the screening process.

13. How do TOWN OF ESSEX residents learn about your program? What strategies and/or mediums do you use?*

Town of Essex residents learn about our program from our web and social media presence (Facebook, Instagram, LinkedIn), referrals from local agency partners, outreach efforts, and information at community hubs.

14. By providing examples, please describe how your nonprofit ensures access to services and/or provides culturally responsive services to BIPOC, LGBTQ+, and/or underserved populations?*

Members of the BIPOC and LGBTQ+ communities are at elevated risk for experiencing IPV. Our services are offered to everyone across the gender and sexuality spectrum--we work with survivors in our housing program to determine best fit for emergency housing/shelter depending on self-identified gender/alignment, and we run a gender-inclusive support group. We develop partnerships with agencies that serve underserved populations in an effort to reach survivors where they're at.

15. Please provide examples of how you support cultural awareness within your organization.*

We translated our shelter manual into 4 languages in 2024, regularly access translation services in our advocacy, and customize our outreach materials to reach multicultural communities. We invite community partners to our staff meetings monthly to provide a broadened and diverse perspective on challenges, strengths and resources so that we can tailor our programming to support everyone in the county. We distribute community and internal surveys to assess accessibility of our programming.

16. (You must complete this question if you received Essex Human Services Funding during the previous award cycle). Please provide a summary of services provided to Town of Essex residents and how the award your organization received last year supported your program.

Essex Human Services Funding provided critical support to our Emergency Housing Program during the previous award cycle. These services include: Emergency Housing - safe, rapid entry into our shelter or Safehome (hotel-based) program for those fleeing violence in their homes. Stays average 90 days. Housing Advocacy - All survivors in this program have the choice to work with a Housing Advocate to overcome barriers and obtain permanent, safe and stable housing. Rapid Rehousing: This is a temporary housing program (typically up to 12 months) that connects survivors with apartments in the community. This program provides rental assistance to survivors while they work on personal goals needed to live independently. Transitional Housing: This is a temporary housing program (typically for between 6-24 months) that helps folks create achievable goals and secure permanent, affordable housing. Survivors can continue with follow-up services for up to a year after exiting transitional housing.

SECTION 3: Budget Detail

TOTAL ANNUAL PROGRAM BUDGET

Instructions: Budget items in boxes 1, 2, 3, and 4 must equal the TOTAL ANNUAL BUDGET in box 5. The total percentages in 1a, 2a, 3a, and 4a must total 100%.

1. Annual cost for personnel including benefits*

736,101

1a. Percentage of budget*

28

2. Annual cost for facilities*

286,753

2a. Percentage of budget*

11

3. Annual other operating costs (indirect)*

108,990

3a. Percentage of budget*

4

4. Direct services costs (not staff)*

1,475,206

4a. Percentage of budget*

57

5. TOTAL ANNUAL BUDGET*

2,607,050

(Must equal the total in SECTION 1, box 11 of the application.)

6. Provide comments or details on the Program Budget that are relevant for the reviewer to better understand how the budget works and what steps your organization is prepared to take to keep the program active if funding and revenues shift or change:

Our program budget is comprised of a variety of federal, state, town, and private sources. This funding model ensures program availability, continuity and stability, and affords us the latitude to be future-focused and innovative in our program provision. If funding and revenues shift or change, we will adapt accordingly and explore funding sources that will allow us to keep our core programs stable for our community.

7. REVENUE. Please list all current and projected funding sources for the existing program. Please specify and list revenues from other municipalities, other agencies, United Way funding, state/federal funding, fundraising/donations and other sources. *

Fundraising: \$15,632.50 Foundations: \$65,495.00 In-Kind: \$2,500.00 Fed/State/Town Grants: VCCVS / State: \$68,371.56 State HOP / ESG: \$2,005,612.00 THP - Transitional Hous: \$150,000.00 Safe Tonight - CDBG - CEDO \$25,000.00 CDBG Dev Project: \$75,000.00 COC RRH 2023-2024 Rental Assistance: \$172,129.00 EFSP - FEMA: \$11,396.00 Municipalities: \$31,112.25* *Burlington, S. Burlington, Bolton, Charlotte, Colchester, Hinesburg, Jericho, Richmond, Shelburne. St George, Underhill, Westford, Williston

SECTION 4: Attachments

1. Please upload a copy of your Internal Revenue Service (IRS) tax-exempt determination letter for the applicant organization.*

Steps to End Domestic Violence 501 (c) 3 letter 7-26-16.pdf

2. Please upload a copy of the organization's last IRS 990 tax filing (first page only) OR end of year financial statement (PLEASE DO NOT UPLOAD MORE THAN 3 PAGES - anything beyond 3 pages will not be included in the application).*

STEPS FY23 Form 990 - Page One.pdf

If submitting IRS 990 - please submit only the FIRST PAGE. DO NOT SUBMIT THE FULL RETURN.

3. Download a blank Internal Revenue Service (IRS) W-9 form. If you have completed Form W-9, you can skip to uploading the form.

[Download blank IRS W-9 form.](#)

4. Please upload your completed IRS W-9 form.*

W-9 Dec 2023.pdf

SECTION 5: Disclosures

1. DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST

The existence of a potential conflict of interest does not necessarily make the program ineligible for funding, but the existence of an undisclosed conflict may result in the termination of any funding awarded. Are you aware of any board members or employees of the agency which will be carrying out this program or members of their immediate families, or their business associates:

a) employees of, or closely related to employees of the Town of Essex?*

YES

NO

b) members of, or closely related to members of the governing bodies of the Town of Essex?*

YES

NO

c) current beneficiaries of the program for which funds are being requested?*

- YES
- NO

d) paid providers of goods or services to the program or having other financial interest in the program?*

- YES
- NO

If you have answered YES to any question, please provide a full explanation:

2. NON-DISCRIMINATION AND ACKNOWLEDGMENT

I certify that the above statements and the information provided in this application are true and current to the best of my knowledge, agree to cooperate fully with the Town of Essex in making available to its authorized agents information which reasonably relates to the review of this application and the processing of any awarded funding and acknowledge and understand that as part of consideration of awarded funding, the agency which will be carrying out this program shall not discriminate on the basis of race, color, religion, gender, gender expression, age, national origin, disability, marital status, sexual orientation, crime victim status, or military status, in any of its activities or operations. These activities include, but are not limited to, hiring and firing of staff, selection of volunteers and vendors, and provision of services. *

- YES
- NO

3. Typed name:*

Jordan Calderara

Please refer to the Town of Essex Human Services Funding Application Guidelines for information on completing this application. Electronically submitted documents are preferred. For optimal viewing, please use a desktop or laptop to complete this application.

[Human Services Funding Application Guidelines FY25](#) (pdf) - (Document will open in another tab.)

VERMONT PUBLIC RECORDS ACT

Under the Vermont Public Records Act, 1 V.S.A. sections 315-220, any person has the right to request inspection or copying of a public record from government agencies, including municipalities. Applicants are discouraged from submitting information considered proprietary unless it is deemed essential for proper evaluation of the application.

SECTION 1: Organization Information

1. Organization name:*

Turning Point Center of Chittenden County

2. Name of program:*

Recovery Support Services

3. How long has the organization been active?

Established in 2005

4. Are you a current 501(c)(3) nonprofit organization in good standing or does your organization file an annual IRS Form 990 tax return?*



YES



NO

5. Essex Human Services Funds requested: (Request cannot exceed \$20,000.)*

10,000

6. Contact name:*

Cam Lauf

7. Phone number:

(802) 373-3524

8. Address *

179 South Winooski Ave, Ste 301

If awarded, this is the address where a check will be issued and should match the address on the uploaded IRS W-9 form in SECTION 4.

City

Burlinton

State

Vermont

Zip Code

05401

9. Email address:*

CamI@turningpointcentervt.org

10. Website address:

www.turningpointcentervt.org

11. Total program budget: (Must equal the TOTAL ANNUAL BUDGET in SECTION 3 of this application.)*

Approved FY25 Budget, \$1,320,491.60

12. Percentage of request to total program budget: (Request cannot be more than 25% of the program budget.)

0.75%

13. Brief organization description:*

The Turning Point Center of Chittenden County is an inclusive, compassionate community supporting those on multiple paths to recovery through peer-driven services in a safe, substance-free environment.

SECTION 2: Summary of Services

1. Number of people served by your program in the last 12 months:

1,278

2. If you do not formally track the number of people served, please explain how you assess if people are receiving services.

We use records management software that allows us to report out on unique individuals served, completed documentation and notation of services performed, length of program retention, self-reported measurement of progress such as validated assessments, individualized progress reporting.

3. Number of TOWN OF ESSEX residents served by your program in the last 12 months:

93

4. If you do not formally track the residences of people served, please explain how you assess if people in the TOWN OF ESSEX are receiving services.

5. Anticipated number of people to be served by your program in the next 12 months:

1,300

6. Anticipated number of TOWN OF ESSEX residents to be served by your program in the next 12 months:

100

7. If your organization provides a service or resource to TOWN OF ESSEX residents that is important for reasons other than the number of residents served, please explain. (If you provided answers to questions 1-6 in this section, you do not need to answer.)

Examples are: that your organization provides a resource that may not be available anywhere else; you provide service to a smaller demographic and is available when needed; or your service provides cultural awareness that is not quantified in numbers. Please be sure to explain.

8. Describe the program services to be provided. Be sure to include an overview of the main program activities and how the program design fits within one or more of the Essex Human Service Focus Areas. *

TPCCC provides recovery support services to adults and family members affected by substance use. We employ individuals in recovery and provide valuable volunteer opportunities for individuals in recovery. We increased access to our services by providing phone, virtual, and in-person options to eliminate barriers experienced by our community. Our recovery center is open 7 days a week and 365 days a year for all in-person recovery support needs, access to virtual needs, Peer Support Specialists providing connections and resources, and community groups including Recovery Yoga with 5 weekly classes. All center supports, services, and groups are free. We also provide Family Support, including Family Recovery Coaching and our Families Coping with Addiction Group. Our other direct services include Center Recovery Coaching, Parents in Recovery Program, Emergency Dept. Recovery Coaching, Outreach Low-barrier Recovery Coaching, Corrections Recovery Coaching, and young adult support groups.

FY25 FOCUS AREAS:

- Access to Community-Based Resources as a Source of Support for Health & Behavioral Health
- Affordable Housing or Housing Assistance
- Child or Family Support for Healthy Relationships
- Diversity, Equity & Inclusion
- Emergency Food & Disaster Relief
- Increasing Workforce Development

9. Describe why you need this funding to support your program for TOWN OF ESSEX residents. What will be the effect if your application is not funded? What will be the effect if your application is partially funded?*

To meet the increasing demand for our services and address the ongoing overdose crisis, we require additional funding to offset associated costs.

10. How will TOWN OF ESSEX residents benefit from this program? What is the demonstrable need for this program in Essex?*

Essex residents served by our programs increased by 97%, from 47 in 2021 to 93 in 2024. Residents benefit from evidence-based, free recovery support services that adhere to best practice standards for all Vermont recovery centers. Individuals are recovering from their substance use disorder and continue to engage with our community through volunteer opportunities, employment readiness supports, recovery community support groups, and recovery workforce opportunities. Recovery services lead to o

11. Describe the program's measurable outcomes. What social condition, behaviors or situation will improve because of this service?*

Our recovery services measurable outcomes include: total average length of retention in recovery coaching services, 11 months as of December 2024; average increase in recovery wellness categories within first 60 days of coaching, 76%, determined by self-reported progress measurements; Individuals' lives are saved as a result of their choice to continue with their recovery.

12. What criteria is used to determine eligibility for program participation? Where will participants access/participate in this program?*

To be eligible for recovery support services, individuals must have a self-identified substance use concern, a history of substance use, or be in long-term recovery. The eligibility criteria for family services is defined as the family member must identify their own concerns for a loved one's substance use. Participants access or services via our, website, phone, in-person at the center, attending our facilitated recovery groups throughout Chittenden County, or through our targeted media.

13. How do TOWN OF ESSEX residents learn about your program? What strategies and/or mediums do you use?*

Our organization employs advertising, targeted marketing, media campaigns, and other strategic communications through educational forums, events, and partnering with organizations that reside in Essex.

14. By providing examples, please describe how your nonprofit ensures access to services and/or provides culturally responsive services to BIPOC, LGBTQ+, and/or underserved populations?*

Addiction reaches across age, race, gender, and socioeconomic status. Ensuring access to treatment, opportunities to heal, and recovery support is a cornerstone of our organizational values. Often, it is the most neglected and marginalized people in our community who struggle with substance use disorders. Our doors are open to everyone, and our policies ensure a safe, substance-free environment to build life-saving connections.

15. Please provide examples of how you support cultural awareness within your organization.*

The organization's Strategic Plan (adopted June 2021) specifically outlines a plan for continued growth in this area. We are committed to expanding our diversity at all levels of the organization. Currently we are contracting with professional DEI consultants to assist with enhancing cultural awareness, diversity, and inclusivity. We partner closely with community organizations that serve marginalized populations to grow our mission.

16. (You must complete this question if you received Essex Human Services Funding during the previous award cycle). Please provide a summary of services provided to Town of Essex residents and how the award your organization received last year supported your program.

SECTION 3: Budget Detail

TOTAL ANNUAL PROGRAM BUDGET

Instructions: Budget items in boxes 1, 2, 3, and 4 must equal the TOTAL ANNUAL BUDGET in box 5. The total percentages in 1a, 2a, 3a, and 4a must total 100%.

1. Annual cost for personnel including benefits*

\$996,080.05

1a. Percentage of budget*

75%

2. Annual cost for facilities*

\$84,061.12

2a. Percentage of budget*

6%

3. Annual other operating costs (indirect)*

\$112,886.79

3a. Percentage of budget*

9%

4. Direct services costs (not staff)*

\$132,049.16

4a. Percentage of budget*

10%

5. TOTAL ANNUAL BUDGET*

\$1,320,491.60

(Must equal the total in SECTION 1, box 11 of the application.)

6. Provide comments or details on the Program Budget that are relevant for the reviewer to better understand how the budget works and what steps your organization is prepared to take to keep the program active if funding and revenues shift or change:

7. REVENUE. Please list all current and projected funding sources for the existing program. Please specify and list revenues from other municipalities, other agencies, United Way funding, state/federal funding, fundraising/donations and other sources. *

Our 2025 budgeted revenue sources include: direct public support and fundraising, \$254,000; Foundation and Trust grants, \$25,000; non business-related income, \$91,691.45; and grants, \$949,800.15. Our annual grant awards include: \$684,890 from Vermont Dept. of Health - Division of Substance Use Programs; \$17,500 from Burlington, \$1,000 from Williston, \$1,000 from Colchester; \$27,000 from United Way of Northwestern Vermont; \$50,128 from UVM Research; \$41,666.66 from Dept. of Corrections; \$50,000

SECTION 4: Attachments

1. Please upload a copy of your Internal Revenue Service (IRS) tax-exempt determination letter for the applicant organization.*

2019 Tax Exempt Letter.pdf

2. Please upload a copy of the organization's last IRS 990 tax filing (first page only) OR end of year financial statement (PLEASE DO NOT UPLOAD MORE THAN 3 PAGES - anything beyond 3 pages will not be included in the application).*

TPPCCC Form 990 - PUBLIC 2023.pdf

If submitting IRS 990 - please submit only the FIRST PAGE. DO NOT SUBMIT THE FULL RETURN.

3. Download a blank Internal Revenue Service (IRS) W-9 form. If you have completed Form W-9, you can skip to uploading the form.

[Download blank IRS W-9 form.](#)

4. Please upload your completed IRS W-9 form.*

TPCCC W-9 2024.pdf

SECTION 5: Disclosures

1. DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST

The existence of a potential conflict of interest does not necessarily make the program ineligible for funding, but the existence of an undisclosed conflict may result in the termination of any funding awarded. Are you aware of any board members or employees of the agency which will be carrying out this program or members of their immediate families, or their business associates:

a) employees of, or closely related to employees of the Town of Essex?*

- YES
- NO

b) members of, or closely related to members of the governing bodies of the Town of Essex?*

- YES
- NO

c) current beneficiaries of the program for which funds are being requested?*

- YES
- NO

d) paid providers of goods or services to the program or having other financial interest in the program?*

- YES
- NO

If you have answered YES to any question, please provide a full explanation:

2. NON-DISCRIMINATION AND ACKNOWLEDGMENT

I certify that the above statements and the information provided in this application are true and current to the best of my knowledge, agree to cooperate fully with the Town of Essex in making available to its authorized agents information which reasonably relates to the review of this application and the processing of any awarded funding and acknowledge and understand that as part of consideration of awarded funding, the agency which will be carrying out this program shall not discriminate on the basis of race, color, religion, gender, gender expression, age, national origin, disability, marital status, sexual orientation, crime victim status, or military status, in any of its activities or operations. These activities include, but are not limited to, hiring and firing of staff, selection of volunteers and vendors, and provision of services. *



YES



NO

3. Typed name:*

Cam Lauf

Print

Town of Essex Human Services Funding Application FY25 - Submission #4186

Date Submitted: 1/6/2025

Please refer to the Town of Essex Human Services Funding Application Guidelines for information on completing this application. Electronically submitted documents are preferred. For optimal viewing, please use a desktop or laptop to complete this application.

[Human Services Funding Application Guidelines FY25](#) (pdf) - (Document will open in another tab.)

VERMONT PUBLIC RECORDS ACT

Under the Vermont Public Records Act, 1 V.S.A. sections 315-220, any person has the right to request inspection or copying of a public record from government agencies, including municipalities. Applicants are discouraged from submitting information considered proprietary unless it is deemed essential for proper evaluation of the application.

SECTION 1: Organization Information

1. Organization name:*

Vermont Association for the Blind and Visually Impaired

2. Name of program:*

SMART Device Training Program

3. How long has the organization been active?

99 years

4. Are you a current 501(c)(3) nonprofit organization in good standing or does your organization file an annual IRS Form 990 tax return?*

YES

NO

5. Essex Human Services Funds requested: (Request cannot exceed \$20,000.)*

2000

6. Contact name:*

Samantha Gougher

7. Phone number:

802-863-1358 ext. 219

8. Address *

60 Kimball Avenue

If awarded, this is the address where a check will be issued and should match the address on the uploaded IRS W-9 form in SECTION 4.

City

South Burlington

State

VT

Zip Code

05403

9. Email address:*

sgougher@vabvi.org

10. Website address:

vabvi.org

11. Total program budget: (Must equal the TOTAL ANNUAL BUDGET in SECTION 3 of this application.)*

244043

12. Percentage of request to total program budget: (Request cannot be more than 25% of the program budget.)

.8%

13. Brief organization description:*

The Vermont Association for the Blind and Visually Impaired (VABVI) was founded in 1926 to enable blind and visually impaired Vermonters to be more independent, cultivate adaptive skills, and improve their quality of life.

SECTION 2: Summary of Services

1. Number of people served by your program in the last 12 months:

584

2. If you do not formally track the number of people served, please explain how you assess if people are receiving services.

3. Number of TOWN OF ESSEX residents served by your program in the last 12 months:

30

4. If you do not formally track the residences of people served, please explain how you assess if people in the TOWN OF ESSEX are receiving services.

SMART Device Training is given to Vermont residents over the age of 55 who are blind or visually impaired. The program has voluntary participation, and numbers served vary from year to year. In FY24, we served 30 Essex residents with this specific program's services.

5. Anticipated number of people to be served by your program in the next 12 months:

See answer #4. In FY24, the SMART Device Training program served 584 clients. Our data is reported based on fiscal year (FY24 was July 2023-June 2024), meaning that we do not have numbers past June 2024 at this time.

6. Anticipated number of TOWN OF ESSEX residents to be served by your program in the next 12 months:

See answer #4.

7. If your organization provides a service or resource to TOWN OF ESSEX residents that is important for reasons other than the number of residents served, please explain. (If you provided answers to questions 1-6 in this section, you do not need to answer.)

VABVI is the only private non-profit assisting the blind and visually impaired in the state of Vermont. SMART services are provided free of charge to disabled senior clients, many of whom are low-income.

Examples are: that your organization provides a resource that may not be available anywhere else; you provide service to a smaller demographic and is available when needed; or your service provides cultural awareness that is not quantified in numbers. Please be sure to explain.

8. Describe the program services to be provided. Be sure to include an overview of the main program activities and how the program design fits within one or more of the Essex Human Service Focus Areas. *

VABVI launched the SMART Device Training Program (formerly known as the iOS Training Program) for clients ages 55+ in January 2018 to train clients on both standard application and adaptive software and hardware. These assistive devices include screen print enlargers, speech, Braille input and output devices, as well as tablet and smartphone technology. The objective of this program is for clients to achieve further independence, connection, safety, and accessibility through technology. Results are measured through surveys given to each individual client by their Teacher of the Visually Impaired (TVI), which assign them goals and assess their progress from session to session.

FY25 FOCUS AREAS:

- Access to Community-Based Resources as a Source of Support for Health & Behavioral Health
- Affordable Housing or Housing Assistance
- Child or Family Support for Healthy Relationships
- Diversity, Equity & Inclusion
- Emergency Food & Disaster Relief
- Increasing Workforce Development

9. Describe why you need this funding to support your program for TOWN OF ESSEX residents. What will be the effect if your application is not funded? What will be the effect if your application is partially funded?*

Services for a single VABVI client are estimated to total \$1,000 per fiscal year. In FY24, VABVI served a total of 40 Essex residents, 10 of whom were students. Because services like SMART are provided to clients free of charge, and the program is only partially funded by the state, we seek funding from other entities to support the program's mission and ensure that services can continue to be offered to all who need them.

10. How will TOWN OF ESSEX residents benefit from this program? What is the demonstrable need for this program in Essex?*

For our clients, access to up-to-date technology translates to access to society. We anticipate that the number of clients will only continue to increase as the program expands and the population of the state ages.

11. Describe the program's measurable outcomes. What social condition, behaviors or situation will improve because of this service?*

Program effectiveness is measured through our client's success and their satisfaction with our services. Clients are given an initial assessment after enrolling in the program, which assesses their current abilities with yes/no statements. They set goals for themselves based on this assessment, and then evaluate their progress. The majority of clients who participate in the SMART Device Technology Training program provide positive feedback.

12. What criteria is used to determine eligibility for program participation? Where will participants access/participate in this program?*

The SMART Device Training Program serves Vermont residents over the age of 55 who are blind or visually impaired. Teaching takes place in client's homes.

13. How do TOWN OF ESSEX residents learn about your program? What strategies and/or mediums do you use?*

VABVI reaches out to optometrists in the hopes that they will refer senior patients to our services. There are also clients who do outreach within their communities, social groups hosted by VABVI staff, and online awareness-raising efforts by VABVI.

14. By providing examples, please describe how your nonprofit ensures access to services and/or provides culturally responsive services to BIPOC, LGBTQ+, and/or underserved populations?*

Our organization exclusively serves disabled people (blind and visually impaired). Many of our clients are low-income, and while we do not record demographic information we serve indiscriminately and make an effort to provide information accessibly to all.

15. Please provide examples of how you support cultural awareness within your organization.*

VABVI began hosting New Americans screenings in 2023, which are attended by members of local refugee communities who receive medical exams free of charge. Efforts are ongoing to make materials available in languages other than English. VABVI also established a DEI statement in 2023, created by the ABIDE (Accessibility, Belonging, Inclusion, Diversity, Equity) committee. This can be provided upon request.

16. (You must complete this question if you received Essex Human Services Funding during the previous award cycle). Please provide a summary of services provided to Town of Essex residents and how the award your organization received last year supported your program.

Funding was last received in 2022.

SECTION 3: Budget Detail

TOTAL ANNUAL PROGRAM BUDGET

Instructions: Budget items in boxes 1, 2, 3, and 4 must equal the TOTAL ANNUAL BUDGET in box 5. The total percentages in 1a, 2a, 3a, and 4a must total 100%.

1. Annual cost for personnel including benefits*

138285

1a. Percentage of budget*

57

2. Annual cost for facilities*

0

2a. Percentage of budget*

0

3. Annual other operating costs (indirect)*

14576

3a. Percentage of budget*

6

4. Direct services costs (not staff)*

91182

4a. Percentage of budget*

37

5. TOTAL ANNUAL BUDGET*

244043

(Must equal the total in SECTION 1, box 11 of the application.)

6. Provide comments or details on the Program Budget that are relevant for the reviewer to better understand how the budget works and what steps your organization is prepared to take to keep the program active if funding and revenues shift or change:

7. REVENUE. Please list all current and projected funding sources for the existing program. Please specify and list revenues from other municipalities, other agencies, United Way funding, state/federal funding, fundraising/donations and other sources. *

VABVI recently secured \$100,000 of annual partial funding for the SMART Device Training Program from the State of Vermont. VABVI also receives funding from a large number of businesses, foundations, towns, and individuals every year. There is a word limit on this text box so I am unable to list them. Please refer to our FY24 Annual Report, which will be posted in late January, for this information (or refer to the FY23 report already available).

SECTION 4: Attachments

1. Please upload a copy of your Internal Revenue Service (IRS) tax-exempt determination letter for the applicant organization.*

IRS Letter.pdf

2. Please upload a copy of the organization's last IRS 990 tax filing (first page only) OR end of year financial statement (PLEASE DO NOT UPLOAD MORE THAN 3 PAGES - anything beyond 3 pages will not be included in the application).*

Form990 2023 First Page.pdf

If submitting IRS 990 - please submit only the FIRST PAGE. DO NOT SUBMIT THE FULL RETURN.

3. Download a blank Internal Revenue Service (IRS) W-9 form. If you have completed Form W-9, you can skip to uploading the form.

[Download blank IRS W-9 form.](#)

4. Please upload your completed IRS W-9 form.*

W-9.pdf

SECTION 5: Disclosures

1. DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST

The existence of a potential conflict of interest does not necessarily make the program ineligible for funding, but the existence of an undisclosed conflict may result in the termination of any funding awarded. Are you aware of any board members or employees of the agency which will be carrying out this program or members of their immediate families, or their business associates:

a) employees of, or closely related to employees of the Town of Essex?*



YES



NO

b) members of, or closely related to members of the governing bodies of the Town of Essex?*

YES

NO

c) current beneficiaries of the program for which funds are being requested?*

YES

NO

d) paid providers of goods or services to the program or having other financial interest in the program?*

YES

NO

If you have answered YES to any question, please provide a full explanation:

2. NON-DISCRIMINATION AND ACKNOWLEDGMENT

I certify that the above statements and the information provided in this application are true and current to the best of my knowledge, agree to cooperate fully with the Town of Essex in making available to its authorized agents information which reasonably relates to the review of this application and the processing of any awarded funding and acknowledge and understand that as part of consideration of awarded funding, the agency which will be carrying out this program shall not discriminate on the basis of race, color, religion, gender, gender expression, age, national origin, disability, marital status, sexual orientation, crime victim status, or military status, in any of its activities or operations. These activities include, but are not limited to, hiring and firing of staff, selection of volunteers and vendors, and provision of services. *



YES



NO

3. Typed name:*

Samantha Gougher

Please refer to the Town of Essex Human Services Funding Application Guidelines for information on completing this application. Electronically submitted documents are preferred. For optimal viewing, please use a desktop or laptop to complete this application.

[Human Services Funding Application Guidelines FY25](#) (pdf) - (Document will open in another tab.)

VERMONT PUBLIC RECORDS ACT

Under the Vermont Public Records Act, 1 V.S.A. sections 315-220, any person has the right to request inspection or copying of a public record from government agencies, including municipalities. Applicants are discouraged from submitting information considered proprietary unless it is deemed essential for proper evaluation of the application.

SECTION 1: Organization Information

1. Organization name:*

Vermont Foundation of Recovery (VFOR)

2. Name of program:*

Recovery Residences

3. How long has the organization been active?

Operating since 2013, Federal 501c3 established in 2015

4. Are you a current 501(c)(3) nonprofit organization in good standing or does your organization file an annual IRS Form 990 tax return?*



YES



NO

5. Essex Human Services Funds requested: (Request cannot exceed \$20,000.)*

\$20,000

6. Contact name:*

Lex Arthers

7. Phone number:

802-585-0177

8. Address *

PO BOX 5490

If awarded, this is the address where a check will be issued and should match the address on the uploaded IRS W-9 form in SECTION 4.

City

Essex Junction

State

Vermont

Zip Code

05453

9. Email address:*

lex@vfor.org

10. Website address:

https://www.vfor.org/

11. Total program budget: (Must equal the TOTAL ANNUAL BUDGET in SECTION 3 of this application.)*

2,322,983

12. Percentage of request to total program budget: (Request cannot be more than 25% of the program budget.)

.86%

13. Brief organization description:*

VFOR offers safe, substance free, homes for people in recovery, enabling them to build a strong foundation of support in which to thrive, through collaboration with community partners focusing on wellness, employment, transportation and basic needs.

SECTION 2: Summary of Services**1. Number of people served by your program in the last 12 months:**

137

2. If you do not formally track the number of people served, please explain how you assess if people are receiving services.

NA

3. Number of TOWN OF ESSEX residents served by your program in the last 12 months:

52

4. If you do not formally track the residences of people served, please explain how you assess if people in the TOWN OF ESSEX are receiving services.

NA

5. Anticipated number of people to be served by your program in the next 12 months:

197

6. Anticipated number of TOWN OF ESSEX residents to be served by your program in the next 12 months:

75

7. If your organization provides a service or resource to TOWN OF ESSEX residents that is important for reasons other than the number of residents served, please explain. (If you provided answers to questions 1-6 in this section, you do not need to answer.)

VFOR is in the process of renovating a facility in Essex that will add 10 beds for those who identify as women to the program; 6 shared living units and 4 transitional apartments. Bringing VFOR's overall recovery beds in Essex to 28.

Examples are: that your organization provides a resource that may not be available anywhere else; you provide service to a smaller demographic and is available when needed; or your service provides cultural awareness that is not quantified in numbers. Please be sure to explain.

8. Describe the program services to be provided. Be sure to include an overview of the main program activities and how the program design fits within one or more of the Essex Human Service Focus Areas. *

VFOR provides affordable, safe, substance-free housing for people in recovery from substance use disorder. VFOR's peer support model includes in-house mutual support facilitated by the house coordinator. Collaboration with local community-based organizations creates access to health and behavioral health resources, ongoing recovery support and meets basic needs. Program members build a healthy foundation of community support utilizing established community-based organizations. Employment, volunteerism and/or education opportunities are required for house members, increasing their independence and personal growth, thus strengthening the local workforce. Community and familial connections are strongly encouraged, building healthy families in which to thrive. Diversity, equity and inclusion are woven in to all of VFOR's activities, programs, and policies. VFOR respects the value that diverse life experiences bring to our board, staff, and house members.

FY25 FOCUS AREAS:

- Access to Community-Based Resources as a Source of Support for Health & Behavioral Health
- Affordable Housing or Housing Assistance
- Child or Family Support for Healthy Relationships
- Diversity, Equity & Inclusion
- Emergency Food & Disaster Relief
- Increasing Workforce Development

9. Describe why you need this funding to support your program for TOWN OF ESSEX residents. What will be the effect if your application is not funded? What will be the effect if your application is partially funded?*

VFOR is grassroots organization fully funded with grants, philanthropic gifts, individual donations and fundraising events. House members cover 40% of the daily bed cost of \$58. The weekly bed cost to VFOR \$406, while the house members in Essex are charged \$160. The funds granted will help offset this difference. Any shortfall in finances will be addressed as a need, for which additional effort will be expended on the part of the board of directors, staff, members and volunteers.

10. How will TOWN OF ESSEX residents benefit from this program? What is the demonstrable need for this program in Essex?*

VT studies show, sober housing is available for 2% of demand, 75% of VT providers say >66% of clients are dealing with housing issues interfering with recovery, and 28% identified housing as the biggest barrier to clients. Sober housing after treatment resulted in lower substance use, higher income, and lower incarceration rates compared to those who left without this support. Essex occupancy rates have been stable at >90% per year, indicating the continued need for recovery housing in the area.

11. Describe the program's measurable outcomes. What social condition, behaviors or situation will improve because of this service?*

VFOR provides stable housing for individuals recovering from substance use disorders. In 2024, VFOR served 136 members across nine homes, with 88% staying past 30 days and 56% completing 90 days. Operating 69 beds across seven counties, VFOR plans to expand to 79 beds in 2025. Over 15 years, VFOR will serve 1,995 residents, generating \$314M in economic benefits, with a \$27 return per dollar invested, reducing homelessness, relapse, and public costs.

12. What criteria is used to determine eligibility for program participation? Where will participants access/participate in this program?*

Eligibility for VFOR programs requires sobriety, adherence to house rules, and engagement in recovery. Applicants must be substance-free, follow curfews, drug testing, and meetings. Scholarships are available. Barriers include arson history, sex offenses, or need for higher care. Access is via referral or self-application. With certified homes across seven counties and 79 beds by 2025, VFOR provides stable housing and recovery support for long-term sobriety.

13. How do TOWN OF ESSEX residents learn about your program? What strategies and/or mediums do you use?*

Members learn about VFOR through referrals, outreach, digital presence, and partnerships. Sources include treatment providers, recovery centers, social services, and word-of-mouth. VFOR collaborates with VTARR, RPV, state agencies, and other partners

14. By providing examples, please describe how your nonprofit ensures access to services and/or provides culturally responsive services to BIPOC, LGBTQ+, and/or underserved populations?*

VFOR's leadership team attends monthly trainings that are focused on intentional inclusion practices in daily operations. The BOD has established an ad hoc committee whose sole responsibility is to ensure inclusion in every aspect of the organization and in all its policies. The work done to ensure affordability has established the organization as one of accessibility to underserved populations as well as VFORs collaboration with agencies and community partners serving those populations.

15. Please provide examples of how you support cultural awareness within your organization.*

VFOR's leadership team attends monthly trainings on intentional inclusion. The Board has an ad hoc committee dedicated to ensuring inclusion in all policies. VFOR's affordability efforts and collaborations with agencies and community partners make recovery housing accessible to underserved populations, reinforcing its commitment to equity.

16. (You must complete this question if you received Essex Human Services Funding during the previous award cycle). Please provide a summary of services provided to Town of Essex residents and how the award your organization received last year supported your program.

VFOR is grateful to have received last year's Essex grant and was able to utilize those funds as part of construction/program costs as we prepare to almost double the number of recovery beds in Essex in 2025. The weekly bed cost at a VFOR home is \$406. This includes program expenses, drug testing, rent, utilities, activities, and house operations. House members are charged \$160/week, leaving a gap in funding for each bed. Essex grant funds were used to offset this gap in funding in our Essex recovery homes. These beds were filled over 90% of the year. Covering these bed costs enabled VFOR to search for three new positions to establish a new Community Relations Department. This new department within the organization will help with establishing new funding moving forward. Essex has been supportive, and the Essex VFOR home is full and thriving because of it. It is only with the help of local communities that we continue to help people in their recovery.

SECTION 3: Budget Detail

TOTAL ANNUAL PROGRAM BUDGET

Instructions: Budget items in boxes 1, 2, 3, and 4 must equal the TOTAL ANNUAL BUDGET in box 5. The total percentages in 1a, 2a, 3a, and 4a must total 100%.

1. Annual cost for personnel including benefits*

1,579,145

1a. Percentage of budget*

68%

2. Annual cost for facilities*

374,620

2a. Percentage of budget*

16.1%

3. Annual other operating costs (indirect)*

203,660

3a. Percentage of budget*

8.8%

4. Direct services costs (not staff)*

\$165,558

4a. Percentage of budget*

7.1%

5. TOTAL ANNUAL BUDGET*

\$2,322,983

(Must equal the total in SECTION 1, box 11 of the application.)

6. Provide comments or details on the Program Budget that are relevant for the reviewer to better understand how the budget works and what steps your organization is prepared to take to keep the program active if funding and revenues shift or change:

VFOR's budget prioritizes facility costs, staffing, and member fees to sustain stable, substance-free housing. Renting from housing authorities and landlords incurs costs for rent, utilities, and maintenance. Staff are trained in recovery management and crisis intervention, making salaries and training essential. VFOR sustains operations through state and federal grants, private funding, fundraising, and member fees. It also advocates for recovery housing funding and adjusts costs as needed.

7. REVENUE. Please list all current and projected funding sources for the existing program. Please specify and list revenues from other municipalities, other agencies, United Way funding, state/federal funding, fundraising/donations and other sources. *

VFOR receives funding from member fees, state and federal grants, municipal appropriations, fundraising, and private donations. Key sources include DSU allocations, housing vouchers, and grants from private foundations. Fundraising includes appeals, the Hank Schaefer Golf Tournament, and online donations. Membership dues from recovery homes and transitional apartments also contribute. These funds sustain operations, expand recovery housing, and ensure accessibility across VT.

SECTION 4: Attachments

1. Please upload a copy of your Internal Revenue Service (IRS) tax-exempt determination letter for the applicant organization.*

Tax Exempt IRS Letter.pdf

2. Please upload a copy of the organization's last IRS 990 tax filing (first page only) OR end of year financial statement (PLEASE DO NOT UPLOAD MORE THAN 3 PAGES - anything beyond 3 pages will not be included in the application).*

VFOR 2024 Year End Income Statement.pdf

If submitting IRS 990 - please submit only the FIRST PAGE. DO NOT SUBMIT THE FULL RETURN.

3. Download a blank Internal Revenue Service (IRS) W-9 form. If you have completed Form W-9, you can skip to uploading the form.

[Download blank IRS W-9 form.](#)

4. Please upload your completed IRS W-9 form.*

W-9.pdf

SECTION 5: Disclosures

1. DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST

The existence of a potential conflict of interest does not necessarily make the program ineligible for funding, but the existence of an undisclosed conflict may result in the termination of any funding awarded. Are you aware of any board members or employees of the agency which will be carrying out this program or members of their immediate families, or their business associates:

a) employees of, or closely related to employees of the Town of Essex?*



YES



NO

b) members of, or closely related to members of the governing bodies of the Town of Essex?*



YES



NO

c) current beneficiaries of the program for which funds are being requested?*

- YES
- NO

d) paid providers of goods or services to the program or having other financial interest in the program?*

- YES
- NO

If you have answered YES to any question, please provide a full explanation:

2. NON-DISCRIMINATION AND ACKNOWLEDGMENT

I certify that the above statements and the information provided in this application are true and current to the best of my knowledge, agree to cooperate fully with the Town of Essex in making available to its authorized agents information which reasonably relates to the review of this application and the processing of any awarded funding and acknowledge and understand that as part of consideration of awarded funding, the agency which will be carrying out this program shall not discriminate on the basis of race, color, religion, gender, gender expression, age, national origin, disability, marital status, sexual orientation, crime victim status, or military status, in any of its activities or operations. These activities include, but are not limited to, hiring and firing of staff, selection of volunteers and vendors, and provision of services. *

- YES
- NO

3. Typed name:*

Lex Arthers

Please refer to the Town of Essex Human Services Funding Application Guidelines for information on completing this application. Electronically submitted documents are preferred. For optimal viewing, please use a desktop or laptop to complete this application.

[Human Services Funding Application Guidelines FY25](#) (pdf) - (Document will open in another tab.)

VERMONT PUBLIC RECORDS ACT

Under the Vermont Public Records Act, 1 V.S.A. sections 315-220, any person has the right to request inspection or copying of a public record from government agencies, including municipalities. Applicants are discouraged from submitting information considered proprietary unless it is deemed essential for proper evaluation of the application.

SECTION 1: Organization Information

1. Organization name:*

Vermont Works for Women

2. Name of program:*

Rosie's Girls & LIFT

3. How long has the organization been active?

Since 1987

4. Are you a current 501(c)(3) nonprofit organization in good standing or does your organization file an annual IRS Form 990 tax return?*



YES



NO

5. Essex Human Services Funds requested: (Request cannot exceed \$20,000.)*

\$6000

6. Contact name:*

Maisie Howard

7. Phone number:

8026558900

8. Address *

32A Malletts Bay Ave

If awarded, this is the address where a check will be issued and should match the address on the uploaded IRS W-9 form in SECTION 4.

City

Winooski

State

VT

Zip Code

05404

9. Email address:*

grants@vtworksforwomen.org

10. Website address:

https://vtworksforwomen.org

11. Total program budget: (Must equal the TOTAL ANNUAL BUDGET in SECTION 3 of this application.)*

\$196417

12. Percentage of request to total program budget: (Request cannot be more than 25% of the program budget.)

3%

13. Brief organization description:*

The mission of Vermont Works for Women is to promote economic justice by advancing gender equity and supporting women and youth at every stage of their career journeys.

SECTION 2: Summary of Services**1. Number of people served by your program in the last 12 months:**

1858

2. If you do not formally track the number of people served, please explain how you assess if people are receiving services.**3. Number of TOWN OF ESSEX residents served by your program in the last 12 months:**

30

4. If you do not formally track the residences of people served, please explain how you assess if people in the TOWN OF ESSEX are receiving services.

The number above reflects Essex participants in the programs for which we track residency; we do not track the residency of people who come to Employment & Career Services workshops or Gender Equity trainings. We regularly partner with and provide services to Essex employers such as Global Foundries, Lewis Creek Builders, and Stewart Construction. It is also worth noting that Essex High School and/or Center for Technology Essex usually bring at least 10 students to our Women Can Do conference each fall, but in 2024 the school district had an in-service day so no Essex students were able to attend.

5. Anticipated number of people to be served by your program in the next 12 months:

1800

6. Anticipated number of TOWN OF ESSEX residents to be served by your program in the next 12 months:

50

7. If your organization provides a service or resource to TOWN OF ESSEX residents that is important for reasons other than the number of residents served, please explain. (If you provided answers to questions 1-6 in this section, you do not need to answer.)

Other programs available to Essex residents include Employment & Career Services (free employment coaching for women) and gender equity consulting to help businesses and schools create more equitable, inclusive workplaces and learning environments.

Examples are: that your organization provides a resource that may not be available anywhere else; you provide service to a smaller demographic and is available when needed; or your service provides cultural awareness that is not quantified in numbers. Please be sure to explain.

8. Describe the program services to be provided. Be sure to include an overview of the main program activities and how the program design fits within one or more of the Essex Human Service Focus Areas. *

Funds would support the delivery of two VWW programs in Essex this summer: 1. Rosie's Girls STEM/trades summer camp will serve 14 middle-school girls through one week of BUILD camp, a full-day curriculum that combines social/emotional lessons with learning to use carpentry and power tools. 2. LIFT (Launching Inclusive Futures in Trades) will serve 14 high-school girls through one week of full-day hands-on trades training and empowerment. These unique programs fit within three Essex Human Services Focus Areas: Diversity, Equity & Inclusion, Child/Family Support for Healthy Relationships, and Increasing Workforce Development. Both programs bust gender bias and use STEM, trades and non-traditional career exploration to transform participants' ideas of what they are capable of in their future careers. They also support youth's social/emotional growth through "Power Skills" lessons to increase their self-confidence, sense of possibility, and connection with their peers.

FY25 FOCUS AREAS:

- Access to Community-Based Resources as a Source of Support for Health & Behavioral Health
- Affordable Housing or Housing Assistance
- Child or Family Support for Healthy Relationships
- Diversity, Equity & Inclusion
- Emergency Food & Disaster Relief
- Increasing Workforce Development

9. Describe why you need this funding to support your program for TOWN OF ESSEX residents. What will be the effect if your application is not funded? What will be the effect if your application is partially funded?*

Youth programs are sustained by private/state grants and the support of local businesses. We strive to make programs free whenever possible, to improve access and reduce barriers for low-income families. Essex funding would be used for staff costs, facilities fees, recruitment, supplies, and other direct program costs. If we do not receive funding, or receive partial funding, we will charge tuition (scholarship funding would be available) and seek support from new foundations/corporate funders.

10. How will TOWN OF ESSEX residents benefit from this program? What is the demonstrable need for this program in Essex?*

By supporting Rosie's Girls and LIFT in Essex, you will provide enriching summer experiences for local middle/high school girls and gender-expansive youth. The trades offer many promising career pathways, but girls' participation rates in trades programs at VT tech centers is very low - e.g. 5% in construction. Our programs introduce girls at an important developmental age to tools, role models, and transferable problem-solving skills, helping to expand their thinking about future careers.

11. Describe the program's measurable outcomes. What social condition, behaviors or situation will improve because of this service?*

Through exposure to STEM/trades careers at the middle/high school age, we are building awareness and supporting youth to dream big about their futures. E.g. of the students in LIFT last year who were not yet of age to enroll in a tech center, 1/2 are now considering enrolling. Participants' social/emotional growth is also supported: 2024 data shows that 56% of Rosie's Girls campers increased their confidence and 70% felt an expanded sense of possibility.

12. What criteria is used to determine eligibility for program participation? Where will participants access/participate in this program?*

Girls and gender-expansive youth in grades 6-7-8 can enroll in Rosie's Girls; 9-12 grade girls/gender-expansive youth can enroll in LIFT. If we cannot raise enough funding to make programs free, scholarships will be available to ensure that everyone who would benefit from this program is able to participate. Center for Technology Essex has been a long-time host of VWW's Rosie's Girls and other trades-based programming, and will serve as the location for both Rosie's Girls and LIFT this summer.

13. How do TOWN OF ESSEX residents learn about your program? What strategies and/or mediums do you use?*

VWW will continue to collaborate with the Essex Recreation Department on marketing and advertising these programs. We will also share information directly with local schools, community partners, and post information to Front Porch Forums.

14. By providing examples, please describe how your nonprofit ensures access to services and/or provides culturally responsive services to BIPOC, LGBTQ+, and/or underserved populations?*

As an economic justice organization, VWW strives to implement programs that are inclusive of people of all cultures, identities, and abilities, especially those from historically marginalized communities. We work closely with partners (such as AALV) to increase access for their clients, and we offer programs at no cost whenever possible. Youth programs in particular are open to gender-expansive youth who are comfortable in a girl-centered space, regardless of gender assigned at birth.

15. Please provide examples of how you support cultural awareness within your organization.*

To ensure our programming is culturally sensitive and inclusive, we regularly evaluate our program content, listen to those our programs impact, and make adjustments based on shared learning. For example, last spring 4 young Vermonters helped VWW's youth team develop and test two new Power Skills activities, Building Trust and Owning My Digital Identity. We then tried out the new Power Skills during last summer's camps and made some updates to those activities based on camper feedback as well.

16. (You must complete this question if you received Essex Human Services Funding during the previous award cycle). Please provide a summary of services provided to Town of Essex residents and how the award your organization received last year supported your program.

VWW received \$5,219.21 in Human Services Funding in 2024, which was instrumental in supporting our Rosie's Girls and LIFT programming in Essex last summer. More details, data, and quotes can be found in our written report submitted via email on 9/12/2024.

SECTION 3: Budget Detail

TOTAL ANNUAL PROGRAM BUDGET

Instructions: Budget items in boxes 1, 2, 3, and 4 must equal the TOTAL ANNUAL BUDGET in box 5. The total percentages in 1a, 2a, 3a, and 4a must total 100%.

1. Annual cost for personnel including benefits*

\$164825

1a. Percentage of budget*

84%

2. Annual cost for facilities*

\$5477

2a. Percentage of budget*

3%

3. Annual other operating costs (indirect)*

\$12058

3a. Percentage of budget*

6%

4. Direct services costs (not staff)*

\$14057

4a. Percentage of budget*

7%

5. TOTAL ANNUAL BUDGET*

\$196417

(Must equal the total in SECTION 1, box 11 of the application.)

6. Provide comments or details on the Program Budget that are relevant for the reviewer to better understand how the budget works and what steps your organization is prepared to take to keep the program active if funding and revenues shift or change:

Most of what goes into providing our quality programming is staff time. The budget above includes Rosie's Girls afterschool/summer and LIFT. VWW runs 2 RG camps directly, including the camp in Essex. We work with partners to run the other programs. In 2024 we had sufficient funding to offer all weeks of Rosie's Girls and LIFT for free; when tuition is charged it still only covers a small portion of our total cost and we rely on grants to cover remaining costs.

7. REVENUE. Please list all current and projected funding sources for the existing program. Please specify and list revenues from other municipalities, other agencies, United Way funding, state/federal funding, fundraising/donations and other sources. *

While we are still actively fundraising for the summer, we do have existing Youth Program support from Keep Driving Fdn (\$2,000), Serve Learn Earn (\$18,000), Vermont Agency of Education (\$26,945). We also have pending/upcoming requests to: Buffum Fdn (\$5,000); National Life (\$5,000); Nisbet Fund (\$10,000); Oakland Fdn (\$4,000); Anonymous Fdn (\$5,000); Rona Jaffe Fdn (\$10,000); Windham Fdn (\$5,000).

SECTION 4: Attachments

1. Please upload a copy of your Internal Revenue Service (IRS) tax-exempt determination letter for the applicant organization.*

VWW.pdf

2. Please upload a copy of the organization's last IRS 990 tax filing (first page only) OR end of year financial statement (PLEASE DO NOT UPLOAD MORE THAN 3 PAGES - anything beyond 3 pages will not be included in the application).*

VWW - 2023 Form 990.pdf

If submitting IRS 990 - please submit only the FIRST PAGE. DO NOT SUBMIT THE FULL RETURN.

3. Download a blank Internal Revenue Service (IRS) W-9 form. If you have completed Form W-9, you can skip to uploading the form.

[Download blank IRS W-9 form.](#)

4. Please upload your completed IRS W-9 form.*

VWW_W9.pdf

SECTION 5: Disclosures

1. DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST

The existence of a potential conflict of interest does not necessarily make the program ineligible for funding, but the existence of an undisclosed conflict may result in the termination of any funding awarded. Are you aware of any board members or employees of the agency which will be carrying out this program or members of their immediate families, or their business associates:

a) employees of, or closely related to employees of the Town of Essex?*



YES



NO

b) members of, or closely related to members of the governing bodies of the Town of Essex?*

YES

NO

c) current beneficiaries of the program for which funds are being requested?*

YES

NO

d) paid providers of goods or services to the program or having other financial interest in the program?*

YES

NO

If you have answered YES to any question, please provide a full explanation:

2. NON-DISCRIMINATION AND ACKNOWLEDGMENT

I certify that the above statements and the information provided in this application are true and current to the best of my knowledge, agree to cooperate fully with the Town of Essex in making available to its authorized agents information which reasonably relates to the review of this application and the processing of any awarded funding and acknowledge and understand that as part of consideration of awarded funding, the agency which will be carrying out this program shall not discriminate on the basis of race, color, religion, gender, gender expression, age, national origin, disability, marital status, sexual orientation, crime victim status, or military status, in any of its activities or operations. These activities include, but are not limited to, hiring and firing of staff, selection of volunteers and vendors, and provision of services. *



YES



NO

3. Typed name:*

Maisie Howard