



CASA

Approved Board of Advocates
FOR CHILDREN

New Hampshire

September 8, 2023

Town of Meredith
Troy Brown, Town Managers Office
41 Main Street
Meredith, NH 03253

Dear Troy,

I am writing today to ask the Town of Meredith to consider a \$1,500 appropriation to advocate for Meredith's most vulnerable children. This will allow CASA of New Hampshire to recruit, train, and support a volunteer advocate to provide a voice for the children of Meredith who have experienced abuse or neglect. Last year, CASA of New Hampshire advocated for more than 1,500 children throughout the state. Unfortunately, due to the unavailability of trained advocates, 277 children did not have the benefit of a CASA by their side- this number includes 16 children from Belknap County, and 3 from Meredith. As we look to the future, please help us reach our goal of having trained advocates available for 100% of the children who need them most.

Please find enclosed:

- Funding Application
- FY24 Budget
- Town funding last 3 years
- IRS Form 990
- Financial Audit – FY 22

We are currently completing our 2023 Annual Report and will send copies as soon as it is available.

Should you require any additional information or have questions regarding the enclosed, please do not hesitate to contact me at (603) 626-4600 x. 2113 or by email at tbergeron@casanh.org.

Thank you once again for your incredible support.

Sincerely,

Tarah Bergeron
Development Associate



TOWN OF MEREDITH

Annual Budget Request from Outside Agencies

Part A – Agency Information

Agency Name: Court Appointed Special Advocates (CASA) of NH Date: 9/8/2023
 Address: PO Box 1327, 138 Coolidge Ave, Manchester, NH 03105 Email: tbergeron@casanh.org
 Telephone: 603-626-4600 x2113 Fax:
 Executive Director: Marcia R. Sink Agency Fiscal Year: 24

→Section 1 – Funding Request Summary:

Total Amount of Request: \$ **1500**
 Funds for:

- General Operations and Overhead Amount \$ _____
- Existing Program, Identify: recruitment and training of CASA volunteer advocates Amount \$ **1500**
- New Program, Identify: _____ Amount \$ _____

→Section 2 – Revenue Summary: (Detail of all sources – use extra space if necessary)

Revenue Sources	Prior	Current	Requested
Federal: (list)	\$734,114.00	\$685,912	\$685,912
State Funds: (list)	\$926,550.00	\$1,126,550	\$1,126,550
Belknap County:	\$0	\$0	\$10,000
Client Fees-Public:			
Client Fees-Private:			
USDA-CACFP:			
Municipalities: (total)	\$113,832.00	\$120,000	\$130,000
Other:	\$774,578.91	\$700,000	\$700,000
Other:	\$338,232.00	\$350,000	\$350,000
Other:	\$828,160.39	\$780,000	\$780,000
Other:	\$29,894.90	\$50,900	\$50,900
Other:			
TOTAL:	\$3,745,362.20	\$3,813,362	\$3,823,362

NOTE: Please define initials, acronyms, etc.: _____

→Section 3 – Agency Municipal Government Revenue:

Please list revenues received from Municipal Governments in Belknap County:

Municipality	Date of Last Application	Prior	Current	Projected/Requested
Alton	8/1/2023	\$500	\$0	\$500
Barnstead	11/1/2023	\$0	\$0	\$500
Belmont	7/27/2023	\$500	\$0	\$500
Center Harbor	9/1/2023	\$1000	\$0	\$1000
Gilford	9/1/2023	\$0	\$0	\$500
Gilmanton	7/27/2023	\$1000	\$1000	\$1000
Holderness	9/6/2023	\$500	\$	\$500
Laconia	12/2/2022	\$1500	\$1500	\$2000
Meredith	9/8/2023	\$0	\$0	\$1500
Moultonboro	9/1/2023	\$0	\$0	\$500
New Hampton	8/31/2023	\$0	\$0	\$500
Sanbornton	8/31/2023	\$0	\$0	\$500
Tilton	8/28/2023	\$0	\$0	\$2000
TOTAL:		\$5,000	\$2,500	\$9,700

→Section 4 – Agency Budget Overview:

	Prior Year	Current Year	Projected Year
Total Revenue	\$3,372,362	\$3,813,362	\$3,813,362
Total Expenses	\$3,486,216	\$3,974,653	\$3,974,653
Surplus/Deficit	-\$113,854	-\$161,291	-\$161,291

→Section 5 – Agency Budget Breakdown for all Programs:

Revenues by Program

Programs	Prior Budget Allocation	Current Budget Allocation	Proposed Budget Request
See attached budget			
TOTAL			

Expenses by Program

Programs	Prior Budget Expense	Current Budget Expense	Proposed Budget Expense
see attached budget			
TOTAL			

→Section 6 – Audited Financial Report: Attach one copy of your latest audited financial report.
 →Section 7 – IRS Form 990, Return of Organization Exempt From Income Tax: Attach one copy of your latest Form 990 as submitted to the Department of the Treasury, IRS.

Part B – Program Specific Information

Important Note: Please complete sections 8 – 14 for each program requesting Town Funding.

→Section 8 – Program Funding Request:

Program Name: CASA of NH

Amount of Request for this Program: \$ 1500
 Existing Program New Program

Will funds be matched?

By Federal, State, Municipal, Private. No.

If yes, how? _____

If no, why not? funding is not matched

→Section 9 – Program Expense Summary:

Expense Item	Prior	Current	Proposed
Personnel Services	\$2,334,679	\$2,592,673	\$2,592,673
Contract Services	\$81,346	\$81,932	\$81,932
Travel	\$29,600	\$32,850	\$32,850
Space/Rent	\$68,116	\$70,764	\$70,764
Consumable Supplies	\$5,750	\$5,750	\$5,750
Equipment	\$59,179	\$88,061	\$88,061
Telephone	\$20,100	\$27,360	\$27,360
Membership Dues	\$17,876	\$23,631	\$23,631
Printing	\$18,800	\$21,620	\$21,620
Food	\$13,500	\$13,500	\$13,500
Insurance	\$275,418	\$304,952	\$304,952
All Other	\$561,852	\$686,661	\$686,661
TOTAL:	\$3,486,216	\$3,813,362	\$3,813,362

→Section 10 – Program Revenue Summary:

Revenue Sources	Prior	Current	Proposed
Federal (list)	\$694,912	\$685,912	\$685,912
State (list)	\$926,550	\$1,126,550	\$1,126,550
United Way	\$0	\$0	\$0
Belknap County	\$0	\$0	\$10,000
Client Fees-Public	\$0	\$0	\$0
Client Fees-Private	\$0	\$0	\$0
USDA-CACFP	\$0	\$0	\$0
Municipalities	\$100,000	\$120,000	\$120,000
Other	\$40,900	\$50,900	\$50,900
Other	\$715,000	\$850,000	\$850,000
Other	\$895,000	\$980,000	\$980,000
TOTAL:	\$3,372,362	\$3,813,362	\$3,813,362

→Section 11 – Program Personnel Summary:

# FTE's	Position / Title	# of hours *	Prior Salary	Current Salary	Proposed Salary
17	Staff	2,080	\$901,613	\$986,183	\$986,183
17	Program Managers	2,080	\$979,706	\$1,111,857	\$1,111,857
6	Accounting/Technology/Legal	2,080	\$453,360	\$494,632	\$494,632
	TOTAL		\$2,334,679	\$2,592,673	\$2,592,673

* Number of hours worked per year. Fulltime for a full year is 2,080 hours.

→Section 12 – Fringe Benefits:

Type of Benefit	Cost	Explanation
Workers Compensation	\$4,202	
FICA		
State Unemployment		
Health/Dental Insurance	\$236,842	
Other (vehicle, housing, life, etc.)		
Retirement-403B Match	\$18,765	
TOTAL	\$259,809	

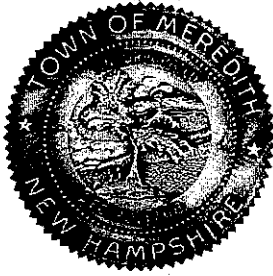
→Section 13 – Program General Information, Update, Service Goals, and Objectives.

Please attach a document that separately answers the following questions (reference each question by number).

1. Please LIST the program's mission, goals, and objectives.
2. Describe the program and/or general operations for which you request this money.
3. Break-down the monies as to which area they will be used is \$ amount.
4. Please describe how this program evaluates and measures effectiveness.
5. Describe how and how many (in hours) volunteers this program uses.
6. Describe your program's efforts re: cooperation and collaboration with other agencies.
7. Describe your program's target population.
8. Please LIST any major changes in service since your last review. Were changes due to funding cuts, reduction in program, increased efficiencies?
9. Please LIST the number of new positions next year.
10. Please LIST the number of positions eliminated next year.
11. LIST and describe any major purchases the program plans for next year.
12. LIST past year fund raising events and detail amounts received (gross/net), are these events to be held again this year.
13. Does this program use a sliding fee scale (describe)?
14. Please LIST the unit of service in terms of dollar cost per hour per individual served, and describe a unit of service for this program. Is the unit of service a full hour?
15. How many units can the program provide?
16. How many perspective recipients are on your waiting list?
17. How long will it be (in days) before your program can serve the first person on the waiting list?

→Section 14 – Program Beneficiary Statistics

	Prior	Current	Projected
1. Total count of clients	1,549	1,030	1,650
2. Age Groups			
a. 0 to 5 years			
b. 6 to 17 years			
c. 18 to 61 years			
d. 62 to older			
e. not known	1,549	1,030	1,030



TOWN OF MEREDITH

Annual Budget Request from Outside Agencies

Part A – Agency Information

Agency Name: Granite VNA (Formerly Central NH VNA & Hospice) Date: 9.27.22
 Address: 780 N Main St., Laconia, NH 03246 Email: brian.winslow@granitevna.org
 Telephone: 603-515-2445 Fax: (603) 227-7522
 Executive Director: Beth Slepian Agency Fiscal Year: 10/1 - 9/30

→Section 1 – Funding Request Summary:

Total Amount of Request: \$ 10,000.00
 Funds for:

- General Operations and Overhead Amount \$ _____
- Existing Program, Identify: Hospice & Pediatrics Amount \$ 10,000.00
- New Program, Identify: _____ Amount \$ _____

→Section 2 – Revenue Summary: (Detail of all sources – use extra space if necessary)

Revenue Sources	Prior	Current	Requested
Federal: (list)	\$6,447,476	\$35,136,776	\$35,136,776
State Funds: (list)	-0-	-0-	-0-
Belknap County:	-0-	-0-	-0-
Client Fees-Public:	\$1,193,585	\$3,756,959	\$3,756,959
Client Fees-Private:	\$31,159	\$739,240	\$739,240
USDA-CACFP:			
Municipalities: (total)	\$196,100	\$174,100	\$174,100
Other: Contributions	\$260,467	\$548,963	\$548,963
Other: Investment Income	\$294,048	(\$238,019)	(\$238,019)
Other: Change in Investments	\$2,621,171	(\$5,398,832)	(\$5,398,832)
Other: Misc. Revenue	\$280,677	\$13,738,817	\$13,738,817
Other:	-0-	-0-	-0-
TOTAL:	\$12,549,427	\$48,458,004	\$48,458,004

NOTE: Please define initials, acronyms, etc.: _____

→Section 3 – Agency Municipal Government Revenue:

Please list revenues received from Municipal Governments in Belknap County:

Municipality	Date of Last Application	Prior	Current	Projected/Requested
Alton	2021	12000	12000	12000
Barnstead				
Belmont	2021	22000	22000	22000
Center Harbor				
Gilford	2021	23500	23500	23500
Gilmanton	2021	7600	7600	7600
Holderness				
Laconia	2021	40000	40000	40000
Meredith	2021	10000	10000	10000
Moultonboro	2021	5000	5000	5000
New Hampton				
Sanbornton	2021	1000	1000	1000
Tilton				
TOTAL:				

→Section 4 – Agency Budget Overview:

	Prior Year	Current Year	Projected Year
Total Revenue	\$12,549,427	\$48,458,004	
Total Expenses	\$8,544,354	\$41,987,712	
Surplus/Deficit	\$4,005,073	\$6,470,292	-0-

→Section 5 – Agency Budget Breakdown for all Programs:

Revenues by Program

Programs	Prior Budget Allocation	Current Budget Allocation	Proposed Budget Request
TOTAL			

Expenses by Program

Programs	Prior Budget Expense	Current Budget Expense	Proposed Budget Expense
TOTAL			

→Section 6 – Audited Financial Report: Attach one copy of your latest audited financial report.

→Section 7 – IRS Form 990, Return of Organization Exempt From Income Tax: Attach one copy of your latest Form 990 as submitted to the Department of the Treasury, IRS.

Part B – Program Specific Information

Important Note: Please complete sections 8 – 14 for each program requesting Town Funding.

→Section 8 – Program Funding Request:

Program Name: Hospice and Palliative Care

Amount of Request for this Program: \$ 7000

Existing Program New Program

Will funds be matched?

By Federal, State, Municipal, Private, No.

If yes, how? _____

If no, why not? _____

→Section 9 – Program Expense Summary:

Expense Item	Prior	Current	Proposed
Personnel Services	\$898,418	\$3,743,887	\$3,743,887
Contract Services	\$28,155	\$114,367	\$114,367
Travel	\$47,988	\$207,994	\$207,994
Space/Rent	\$28,611	\$114,622	\$114,622
Supplies (and Other Direct Costs)	\$309,704	\$1,299,961	\$1,299,961
Equipment	See "All Other"	See "All Other"	See "All Other"
Telephone	See "All Other"	See "All Other"	See "All Other"
Membership Dues	See "All Other"	See "All Other"	See "All Other"
Printing	See "All Other"	See "All Other"	See "All Other"
Food	See "All Other"	See "All Other"	See "All Other"
Insurance	See "All Other"	See "All Other"	See "All Other"
All Other	\$1,158,876	\$5,033,478	\$5,033,478
TOTAL:	\$2,471,751	\$10,399,687	\$10,399,687

→Section 10 – Program Revenue Summary:

Revenue Sources	Prior	Current	Proposed
Federal (list)			
State (list)	-0-	-0-	-0-
United Way	-0-	-0-	-0-
Belknap County	-0-	-0-	-0-
Client Fees-Public	\$2,997,133	\$11,314,608	\$11,314,608
Client Fees-Private	\$5,488	\$114,289	\$114,289
USDA-CACFP	-0-	-0-	-0-
Municipalities	-0-	-0-	-0-
Other	-0-	-0-	-0-
Other	-0-	-0-	-0-
Other	-0-	-0-	-0-
TOTAL:	\$3,002,621	\$11,428,897	\$11,428,897

→Section 11 – Program Personnel Summary:

# FTE's	Position / Title	# of hours *	Prior Salary	Current Salary	Proposed Salary
	Registered Nurse			Ave. \$37.61 Hour	
	Licensed Nursing Asst			Ave. \$19.07 Hour	
	TOTAL				

* Number of hours worked per year. Fulltime for a full year is 2,080 hours.

→Section 12 – Fringe Benefits:

Type of Benefit	Cost	Explanation
Workers Compensation	\$65,057	
FICA	\$304,004	
State Unemployment	\$1,038	
Health/Dental Insurance	\$562,877	
Other (vehicle, housing, life, etc.)	\$115,312	
TOTAL	\$1,048,288	

→Section 13 – Program General Information, Update, Service Goals, and Objectives.

Please attach a document that separately answers the following questions (reference each question by number).

1. Please LIST the program's mission, goals, and objectives.
2. Describe the program and/or general operations for which you request this money.
3. Break-down the monies as to which area they will be used is \$ amount.
4. Please describe how this program evaluates and measures effectiveness.
5. Describe how and how many (in hours) volunteers this program uses.
6. Describe your program's efforts re: cooperation and collaboration with other agencies.
7. Describe your program's target population.
8. Please LIST any major changes in service since your last review. Were changes due to funding cuts, reduction in program, increased efficiencies?
9. Please LIST the number of new positions next year.
10. Please LIST the number of positions eliminated next year.
11. LIST and describe any major purchases the program plans for next year.
12. LIST past year fund raising events and detail amounts received (gross/net), are these events to be held again this year.
13. Does this program use a sliding fee scale (describe)?
14. Please LIST the unit of service in terms of dollar cost per hour per individual served, and describe a unit of service for this program. Is the unit of service a full hour?
15. How many units can the program provide?
16. How many perspective recipients are on your waiting list?
17. How long will it be (in days) before your program can serve the first person on the waiting list?

Granite VNA: Funding Request for FY 2023
Section 13
HOSPICE /Palliative Care Program/Request \$7,000

1. Mission, goals & objectives: The mission of Granite VNA (formerly Central New Hampshire VNA & Hospice) is: We enhance dignity and independence for people by delivering quality health care and promoting wellness in homes and communities through all stages of life.

The mission of the *Hospice Program* is to enhance quality of life and physical comfort for those affected by life threatening disease when cure is no longer feasible *and* to provide supportive care and bereavement services for family and caregivers 13 months beyond the time of death. Multidisciplinary services are directed not only for the person with illness, but also to their family and supportive caregivers. Bereavement support is offered to families and close friends for 13 months following the death of the individual. The goal of services is not the cure of disease, but the control of symptoms and enhancement of quality of life so that the person is able to make the best of the remaining time available to them. Care is carefully individualized to the person and their family. The agency Hospice program is certified by Medicare.

2. Describe the Program: Hospice is a philosophy of care that recognizes death as a part of the human experience. Hospice care is designed to help the patient and family live as fully a life as possible in the face of life-threatening illness by offering comprehensive, specialized medical, nursing, spiritual care, volunteer and social support services to people in their place of residence. Hospice services are designed to assist those with a life-threatening illness to maximize quality of life and prepare financially, psychologically and spiritually for the end of life when cure is no longer feasible. This program ministers to the person in the context of their family and social relationships. When a person is enrolled in hospice under Medicare & Medicaid, the program is responsible for the delivery of care and for many additional costs related to the terminal illness. Those costs include the following: nursing, medical and nutrition clinical services, personal care services, medical equipment such as hospital beds, most medications, pain and symptom control treatments, medical social work assistance, trained volunteer services, end-of-life counseling and bereavement support. For a person to qualify for hospice, the physician must certify that the individual is likely to die within 6 months if his/her disease follows its expected course. The individual must agree to enter hospice. Under the Medicare program (but not necessarily Medicaid or other third-party payers), the person must also agree to forego curative treatment.

In our program, we have found that most people enter hospice within the final 4 months of life. Some are admitted with only a few days to live.

3. Break down the use of monies: The \$7000 funding request for this program is based on services provided to residents of Meredith in the past two years. Funds will be used to provide services that are required but are not paid for by third party payers such as adult and child bereavement support for 13 months following the death; volunteer training, placement and supervision; spiritual counseling, bereavement support and help with costly prescription medications. This funding also helps to support all hospice services for patients who have no health insurance or those whose insurance does not cover hospice services. These services also include community bereavement - a program designed by Granite VNA to reach out to those in our service area who are dealing with the loss of a loved one, regardless of whether the agency provided care to the individual.
During the past year, Granite VNA provided 1987 hospice/palliative care home visits to 82 Meredith residents.
4. Evaluation Methods: The federal government now requires all certified hospices to submit hospice quality data quarterly, regardless of the payer. Therefore, the agency collects and reports both process and outcome measures on care measures such as pain and symptom control, assessment of spiritual needs and patient concerns during care. For these measures, data are collected through the clinical record and reported to the Board of Trustees and the Centers for Medicare and Medicaid (CMS). In the coming year, this quality data will be published on the CMS Hospice website for public viewing. Additionally, family satisfaction surveys are mailed to the family caregivers within one month after the death of the patient. The agency uses this data to refine services and identify emerging needs. Outcomes are measured quarterly and compared to national and regional peers.
5. Describe volunteer hours. The agency has 106 active volunteers (in three offices) who logged 3781 hours of work during the past year. Of those hours, the majority were in support of patient care (typically hospice visits and hospice house) and the remaining hours supported care indirectly (such as delivering supplies, attending care meetings) or in administrative and fund raising functions. The agency is proud of its "We Honor Veterans" Program which highlights the contributions of veterans as they come to the end of life. We attempt to conduct volunteer trainings so that both working and non-working people can attend. While the agency makes the greatest use of volunteers in the hospice program, we also schedule volunteers to assist with pediatric and home health services. Some volunteers are only available to us on a seasonal basis, and others are available throughout the year. We are always interested in recruiting and training volunteers for hospice service.
6. Describe cooperative efforts. Granite VNA is a Medicare certified hospice. We work closely with medical practitioners including physicians, nurse practitioners, hospitals, nursing homes, assisted living centers and ordinary citizens to allow care to be provided in the home. We participated actively in local acute care hospital efforts to coordinate health care delivery and reduce the likelihood of readmission to the hospital. The Hospice program partners with Concord Hospital, Concord Hospital Laconia and Concord Hospital Franklin to provide a very well developed Palliative Care Program. We provide free education to community groups on various issues, including end of life education. We have been reliable participants in Emergency Preparedness efforts of the Lakes Region with the Partnership for Public Health since 2001, and

the agency was a founding member of the newly formed Community Health Network which will be coordinating efforts to increase availability of substance misuse prevention and treatment in the Lakes Region. During the recent Pandemic our Emergency Preparedness work was recognized by the Home Care, Hospice and Palliative Care Alliance of New Hampshire. Granite VNA lead the way by working with NHDHHS in piloting a vaccination program for homebound individuals. In addition, Granite VNA acted as a closed pod and was able to vaccinate staff and volunteers. This expanded to vaccinating the staff of other local VNA's who did not have the capacity to do so themselves.

7. Describe the target population. In the Hospice Program, we offer services to those suffering from chronic disease at the end stage and to those diagnosed with a terminal disease when cure is no longer feasible. We provide Hospice services to both children and adults. In addition, our Community Bereavement Program is open to those who have sustained a loss even if the individual was not cared for by our agency. We find it is most frequently used by those who have sustained a loss of a loved one from sudden death or where the loved one lived in a distant community. The program is conducted by certified counselors and works closely with behavioral health providers if the person's bereavement is significantly affecting his/her life coping skills.
8. List any major changes in services. In April of 2021 Central New Hampshire VNA & Hospice has merged with Concord Regional VNA to become Granite VNA. Integration of the two organizations is ongoing but it is important to note that this merger broadens the depth and expertise of staffing available to our community. It also brings with it direct access to a Hospice House facility, a very well developed Palliative Care Program (in partnership with Concord Hospital) and an increase in Community Benefit Programming (Including offering "Walk in Wednesdays at the Meredith Library and planning of a potential foot care clinic in cooperation with the Meredith Parks and Recreation Department).
9. List the number of new positions this year. In the Hospice program, VP of Hospice
10. List the number of positions eliminated this year. There were no positions eliminated in the Hospice Program this year.
11. List any major purchases for the coming year. No major purchases were made this year.
12. List past fundraising events and planned events: The agency operates four major fundraising events: *The Home & Garden Tour* conducted in Wolfeboro, the *Lights, Life & Memories* – a winter holiday event allowing those who have lost a loved one to commemorate them with a holiday tree ornament, *Passion for Caring* - an auction/reception event and the *Annual Fund* – a mailed solicitation tool, typically launched during late autumn of each year.
13. Does the agency use a sliding fee scale? Yes, Granite VNA has a charity care policy. The policy applies a sliding fee scale for all programs. The process makes use of an application completed by the patient or family member which is then reviewed by management and subject to a sliding scale. The agency considers expenses, income and liquid assets in making its decision. In the past three years the agency has seen an increase in requests for charity care in both self-pay clients and privately insured clients. It is our belief that the economy, coupled with the pandemic, has made it difficult for some people to afford the full cost of care and the rise in

deductibles and other out of pocket expenses makes it difficult for some people to access care. We have seen our charity care policy put into more use this year than in any of the preceding years.

14. List the unit of service: The Unit of Care for Hospice is the patients family. The Unit of service is defined as home visits, and the dollar cost is dependent on which professional makes the visit. The most recent calculated cost of a nursing visit is \$221.00 while the cost of a home health aide visit is \$67.78. The visit type and schedule is dependent upon the patient's needs. For example, within three days of death, the needs may be intense each day - requiring two nursing visits, one home health aide visit and a social work or spiritual counselor visit; while many weeks prior to death, the patient may experience a few visits per week by a nurse, social worker, LNA or spiritual counselor. A visit may take anywhere from 35 minutes to 3 hours. In the Hospice/Palliative Care program, the average length of a visit is 1.25 hours (or 1 hour and fifteen minutes). This unit of measurement is selected because it is a requirement of the Medicare program.
15. How many units can the program provide? The program made 1,987 visits to 82 Meredith residents during Fiscal Year Ending September 2022. These figures do not include the Interdisciplinary Team Meetings (IDT) or bereavement services required of a certified hospice program. This is highly variable depending on the needs of the patients and where in the course of disease - the patient is admitted for service. Hospice patients typically require a higher number of visits in the final 5 to 7 days of life.
16. How many are on the waiting list? There are no patients on the waiting list for Hospice/Palliative Care services. Our agency makes a point of admitting patients within 24 hours of referral if the patient agrees to enter hospice.
17. How long before people can be moved off the waiting list? N/A

→Section 14 – Program Beneficiary Statistics

	Prior	Current	Projected
1. Total count of clients	362	1019	1019
2. Age Groups			
a. 0 to 5 years			
b. 6 to 17 years			
c. 18 to 61 years	18	51	51
d. 62 to older	344	968	968
e. not known			

Please Note: Additional program information included in "Additional Part B" attached below.

Additional Part B – Program Specific Information

Important Note: Please complete sections 8 – 14 for each program requesting Town Funding.

→Section 8 – Program Funding Request:

Program Name: Pediatrics

Amount of Request for this Program: \$ 3000.00

Existing Program New Program

Will funds be matched?

By Federal, State, Municipal, Private. No.

If yes, how? _____

If no, why not? _____

→Section 9 – Program Expense Summary:

Expense Item	Prior	Current	Proposed
Personnel Services	\$150,952	\$603,808	\$603,808
Contract Services	-0-	-0-	-0-
Travel	\$12,678	\$50,712	\$50,712
Space/Rent	\$2,093	\$8,372	\$8,372
Supplies (and Other Direct Costs)	\$6,320	\$25,280	\$25,280
Equipment	"See All Other"	"See All Other"	"See All Other"
Telephone	"See All Other"	"See All Other"	"See All Other"
Membership Dues	"See All Other"	"See All Other"	"See All Other"
Printing	"See All Other"	"See All Other"	"See All Other"
Food	"See All Other"	"See All Other"	"See All Other"
Insurance	"See All Other"	"See All Other"	"See All Other"
All Other (Admin & General)	\$51,506	\$206,024	\$206,024
TOTAL:	\$223,549	\$894,196	\$894,196

→Section 10 – Program Revenue Summary:

Revenue Sources	Prior	Current	Proposed
Federal (list)	\$103,808	\$415,232	\$415,232
State (list)			
United Way			
Belknap County			
Client Fees-Public	\$30,092	\$120,368	\$120,368
Client Fees-Private	\$958	\$3,832	\$3,832
USDA-CACFP			
Municipalities			
Other			
Other			
Other			
TOTAL:	\$134,856	\$539,424	\$539,424

→Section 11 – Program Personnel Summary:

# FTE's	Position / Title	# of hours *	Prior Salary	Current Salary	Proposed Salary
	Registered Nurse			Ave. \$37.61Hour	
	LNA			Ave. \$19.07 Hour	
	TOTAL				

* Number of hours worked per year. Fulltime for a full year is 2,080 hours.

→Section 12 – Fringe Benefits:

Type of Benefit	Cost	Explanation
Workers Compensation	\$10,313	
FICA	\$48,522	
State Unemployment	\$338	
Health/Dental Insurance	\$109,893	
Other (vehicle, housing, life,etc.)		
TOTAL	\$169,066	

→Section 13 – Program General Information, Update, Service Goals, and Objectives.

Please attach a document that separately answers the following questions (reference each question by number).

1. Please LIST the program's mission, goals, and objectives.
2. Describe the program and/or general operations for which you request this money.
3. Break-down the monies as to which area they will be used is \$ amount.
4. Please describe how this program evaluates and measures effectiveness.
5. Describe how and how many (in hours) volunteers this program uses.
6. Describe your program's efforts re: cooperation and collaboration with other agencies.
7. Describe your program's target population.
8. Please LIST any major changes in service since your last review. Were changes due to funding cuts, reduction in program, increased efficiencies?
9. Please LIST the number of new positions next year.
10. Please LIST the number of positions eliminated next year.
11. LIST and describe any major purchases the program plans for next year.
12. LIST past year fund raising events and detail amounts received (gross/net), are these events to be held again this year.
13. Does this program use a sliding fee scale (describe)?
14. Please LIST the unit of service in terms of dollar cost per hour per individual served, and describe a unit of service for this program. Is the unit of service a full hour?
15. How many units can the program provide?
16. How many perspective recipients are on your waiting list?
17. How long will it be (in days) before your program can serve the first person on the waiting list?

Granite VNA: Funding Request for FY 2022

Section 13

Pediatric Program/Request \$3,000

1. Mission, goals & objectives: The mission of Granite VNA (formerly Central New Hampshire VNA & Hospice) is: We enhance dignity and independence for people by delivering quality health care and promoting wellness in homes and communities through all stages of life.

The mission of the Granite VNA Pediatric Program is to assist all families, with children to attain and master the skills they need to become effective parents and to provide high quality healthcare services that allow children to grow into healthy, productive members of their community. The agency emphasizes care to fragile families - families in which there exist health, economic or social factors that are likely to impact a child's wellbeing. Examples of fragile families include those living at or below 100% of poverty, children with a teenage parent, and children whose families have a history of alcohol or drug misuse, domestic violence, or homelessness.

2. Break down monies and how they will be used: The \$3,000 funding requested for this program will be used to:
 - assist in funding mother-baby home visits to newborns in Meredith,
 - assist in funding home visits to sick children in Meredith who require the periodic services of a registered nurse because of their significant disease or episodic illness,
 - offer nurse provided home-based monitoring, education and support to medically or socially at-risk children (i.e. "fragile children") to identify risks, connect them to comprehensive healthcare services, direct their parents to drug and alcohol misuse treatment, reduce the incidence of violence & neglect and enhance their growth & development, and participate in community teams to stabilize the family

Last year 12 Meredith children and their families received 29 Young Family Services, not including vaccine services.

3. Describe the Program: The Pediatric Program includes a variety of clinical and social support services directed to assist families in supporting the healthy growth and development of children. Services are designed to assist children to achieve high level physical and emotional health so that they can become productive adults. Services include:

- mother-baby home visits of newborns to teach parents about normal growth & development and to assess mothers and children in the early post-partum period for health complications or abnormalities;
- home visits by a registered nurse to provide illness care for episodic or chronic illnesses of children (including diabetes, cancers, developmental problems, etc.);
- nurse education and support to medically or socially at risk families to educate them about normal growth & development, provide guidance about nutrition, activity & behavior and provide support to minimize issues of neglect or abuse;
- health screening, referral to a medical home and immunizations for children who are not yet connected with the healthcare system.

4. Evaluation Methods: This program measures success using three outcome measures, two process measures and family satisfaction surveys. Clinical records are audited on a quarterly basis to measure the program's ability to identify family risks and intervene, to educate families to develop personal support systems and to measure adherence to medical regimens and developmental skills. In addition, families are surveyed twice per year to solicit their opinions about their experience of care. Currently there are no national or regional benchmark data. The agency pediatric immunization program receives an annual audit to assure that vaccines are given on time, stored properly, and used to meet the needs of the most vulnerable children.

5. Describe volunteer utilization: This program makes consistent use of volunteers to assist in program record keeping. Because of the sensitive nature of the social risks encountered in this program, the agency has not used volunteers to provide direct care except in the pediatric vaccine component where volunteers have been used to organize clinics and support the role of the nurse.

6. Describe your program's efforts re: cooperation and collaboration with other agencies: This program seeks to avoid duplication of services and collaborates freely with other community organizations whose missions relate to improving health & social outcomes for children. Specifically, the program collaborates with:

- The Lakes Region Partnership for Public Health in organizing and staffing pediatric immunization clinics and HEAL (Healthy Eating/Active Living), a childhood obesity prevention program and the school Immunization Program,

- the Belknap/Merrimack Community Action Program (CAP) in providing home visits to high risk, pregnant teenage women through the "NH Home Visiting Program". In this program, CAP is the state grantee, and Granite VNA subcontracts to provide nurse home visits,
- Community Action Program Early Head Start Program for children under 4 years of age,
- Greater Laconia Community Services Council in providing the Early Supports & Services Program and various early childhood education (daycare) programs,
- local area schools, pediatricians, nurse practitioners and family physicians in identifying and intervening in the situation of children with disease or at risk for medical or social problems.

7. Target Population: As noted, the program targets children at medical or social risk where social risk includes such situations as poverty, single parent family, or history of family alcohol or drug abuse or family member incarceration. These are often referred to as "fragile families" because of the high risk of negative social consequences such as homelessness, crime, domestic violence and other matters that risk the healthy physical and social development of children.
8. List major changes since the last request: In April of 2021 Central New Hampshire VNA & Hospice has merged with Concord Regional VNA to become Granite VNA. Integration of the two organizations is ongoing but it is important to note that this merger broadens the depth and expertise of staffing available to our community. It also brings with it direct access to a Hospice House facility, a very well developed Palliative Care Program (in partnership with Concord Hospital) and an increase in Community Benefit Programming (Including offering "Walk in Wednesdays at the Meredith Library and planning of a potential foot care clinic in cooperation with the Meredith Parks and Recreation Department).
9. List new positions: There have been no new positions this year.
10. List positions eliminated. There have been no positions eliminated.

11. List program purchases: There have been no major purchases this year.

12. List past fundraising events and planned events: The agency operates four major fundraising events: The Home & Garden Tour conducted in Wolfeboro, the Lights, Life & Memories – a winter holiday event allowing those who have lost a loved one to commemorate them with a holiday tree ornament, Passion for Caring - an auction/reception event and the Annual Fund – a mailed solicitation tool, typically launched during late autumn of each year.

13. Does the agency use a sliding fee scale? Yes, Granite VNA uses a sliding fee scale for the majority of programs if there is no source of payment through an insurer or grant program. No person who qualifies for care is turned away based on ability to pay. To get children off to a healthy start and to identify fragile families, the agency does not charge for a home visit to a newborn if the mother's insurance will not cover such a visit.

14. List the unit of service in terms of dollar cost. The unit of care in the Pediatrics Program is the entire family. The unit of service is a visit, and the average visit lasts 1.6 hours in these programs. The cost of a pediatric nurse home visit is \$176. The cost is higher than a routine adult nursing visit because the duration of pediatric visits is typically longer since the nurse addresses the needs of both mother and baby. In addition, an educator or a family support coordinator provides other supportive services such as participation in Individual Education Plan (IEP) meetings at schools and visits to childcare centers - that supplement home visits.

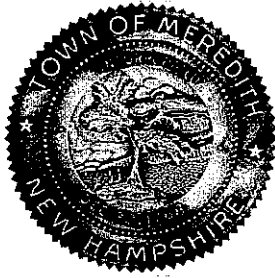
15. How many units can the program provide? Last year this program cared for 248 Pediatric patients, 12 of which resided in Meredith. (not including vaccine services).

16. How many are on the waiting list? There are no children on the waiting list for home visits.

17. How long before people can be moved off the waiting list? N/A

→Section 14 – Program Beneficiary Statistics

	Prior	Current	Projected
1. Total count of clients	32	248	248
2. Age Groups			
a. 0 to 5 years	40	160	160
b. 6 to 17 years	22	88	88
c. 18 to 61 years			
d. 62 to older			
e. not known			



TOWN OF MEREDITH

Annual Budget Request from Outside Agencies

Part A – Agency Information

Agency Name: Greater Meredith Program	Date: September 21, 2023
Address: PO BOX 1417, Meredith, NH 03253	Email: gmp@greatermeredith.org
Telephone: 603-279-9015	Fax: N/A
Executive Director: Michael Griffin	Agency Fiscal Year: 2024

→Section 1 – Funding Request Summary:

Total Amount of Request: \$ 20,000.00
 Funds for:

- General Operations and Overhead Amount \$ 20,000.00
- Existing Program, Identify: _____ Amount \$ _____
- New Program, Identify: _____ Amount \$ _____

→Section 2 – Revenue Summary: (Detail of all sources – use extra space if necessary)

Revenue Sources	Prior	Current	Requested
Federal: (list)			
State Funds: (list)			
Belknap County:			
Client Fees-Public:			
Client Fees-Private:			
USDA-CACFP:			
Municipalities: (total)	\$15,000.00	\$15,000.00	\$20,000.00
Other:	\$95,756.00	\$90,000.00	\$90,000.00
Other:			
Other:			
Other:	\$22,262.00	\$10,000.00	\$10,000.00
Other:			
TOTAL:	\$133,018.00	\$115,000.00	\$120,000.00

NOTE: Please define initials, acronyms, etc.: revenue from donations, SAU 2, Town of Meredith

→Section 3 – Agency Municipal Government Revenue:

Please list revenues received from Municipal Governments in Belknap County:

Municipality	Date of Last Application	Prior	Current	Projected/Requested
Alton				
Barnstead				
Belmont				
Center Harbor				
Gilford				
Gilmanton				
Holderness				
Laconia				
Meredith	9/27/22	\$15,000.00	\$15,000.00	\$20,000.00
Moultonboro				
New Hampton				
Sanbornton				
Tilton				
TOTAL:		\$15,000.00	\$15,000.00	\$20,000.00

→Section 4 – Agency Budget Overview:

	Prior Year	Current Year	Projected Year
Total Revenue	\$133,018.00	\$130,000.00	\$130,000.00
Total Expenses	\$138,178.00	\$125,000.00	\$125,00.00
Surplus/Deficit	(\$5,159.00)	\$5,000.00	\$5,000.00

→Section 5 – Agency Budget Breakdown for all Programs:

Revenues by Program

Programs	Prior Budget Allocation	Current Budget Allocation	Proposed Budget Request
TOTAL			

Expenses by Program

Programs	Prior Budget Expense	Current Budget Expense	Proposed Budget Expense
TOTAL			

→Section 6 – Audited Financial Report: Attach one copy of your latest audited financial report.

→Section 7 – IRS Form 990, Return of Organization Exempt From Income Tax: Attach one copy of your latest Form 990 as submitted to the Department of the Treasury, IRS.

Part B – Program Specific Information

Important Note: Please complete sections 8 – 14 for each program requesting Town Funding.

→Section 8 – Program Funding Request:

Program Name: GMP | GENERAL OPERATION

Amount of Request for this Program: \$ 20,000.00

Existing Program New Program

Will funds be matched?

By Federal, State, Municipal, Private. No.

If yes, how? _____

If no, why not? _____

→Section 9 – Program Expense Summary:

Expense Item	Prior	Current	Proposed
Personnel Services	\$61,203.00	\$60,000.00	\$60,000.00
Contract Services	\$11,700.00	\$5,000.00	\$5,000.00
Travel			
Space/Rent			
Consumable Supplies	\$385.00	\$400.00	\$400.00
Equipment			
Telephone	\$365.00	\$400.00	\$400.00
Membership Dues			
Printing			
Food			
Insurance	\$4,640.00	\$4,700.00	\$4,700.00
All Other	\$59,882.00	\$54,500.00	\$54,500.00
TOTAL:	\$138,178.00	\$125,000.00	\$125,000.00

→Section 10 – Program Revenue Summary:

Revenue Sources	Prior	Current	Proposed
Federal (list)			
State (list)			
United Way			
Belknap County			
Client Fees-Public			
Client Fees-Private			
USDA-CACFP			
Municipalities	\$15,000.00	\$15,000.00	\$20,000.00
Other			
Other	\$118,018.00	\$115,000.00	\$115,000.00
Other			
TOTAL:	\$133,018.00	\$130,000.00	\$130,000.00

→Section 11 – Program Personnel Summary:

# FTE's	Position / Title	# of hours *	Prior Salary	Current Salary	Proposed Salary
.5	GMP ED	1,100	\$39,876.00	\$45,600.00	\$45,600.00
.5	CPP Director	1,000	\$14,720.00	\$19,200.00	\$19,200.00
	TOTAL		\$54,596.00	\$64,800.00	\$64,800.00

* Number of hours worked per year. Fulltime for a full year is 2,080 hours.

→Section 12 – Fringe Benefits:

Type of Benefit	Cost	Explanation
Workers Compensation	\$100.00	
FICA	\$6,325.00	
State Unemployment	\$182.00	
Health/Dental Insurance		
Other (vehicle, housing, life, etc.)		
TOTAL	\$6,607.00	

→Section 13 – Program General Information, Update, Service Goals, and Objectives.

Please attach a document that separately answers the following questions (reference each question by number).

1. Please LIST the program's mission, goals, and objectives.
2. Describe the program and/or general operations for which you request this money.
3. Break-down the monies as to which area they will be used is \$ amount.
4. Please describe how this program evaluates and measures effectiveness.
5. Describe how and how many (in hours) volunteers this program uses.
6. Describe your program's efforts re: cooperation and collaboration with other agencies.
7. Describe your program's target population.
8. Please LIST any major changes in service since your last review. Were changes due to funding cuts, reduction in program, increased efficiencies?
9. Please LIST the number of new positions next year.
10. Please LIST the number of positions eliminated next year.
11. LIST and describe any major purchases the program plans for next year.
12. LIST past year fund raising events and detail amounts received (gross/net), are these events to be held again this year.
13. Does this program use a sliding fee scale (describe)?
14. Please LIST the unit of service in terms of dollar cost per hour per individual served, and describe a unit of service for this program. Is the unit of service a full hour?
15. How many units can the program provide?
16. How many perspective recipients are on your waiting list?
17. How long will it be (in days) before your program can serve the first person on the waiting list?

→Section 14 – Program Beneficiary Statistics

	Prior	Current	Projected
1. Total count of clients			
2. Age Groups			
a. 0 to 5 years			
b. 6 to 17 years			
c. 18 to 61 years			
d. 62 to older			
e. not known			

2024 Budget Request – Town of Meredith Greater Meredith Program

Section 13 - Program General Information, Update, Service Goals, Objectives

Question #1: Please list the program's mission, goals, and objectives.

Our mission statement as a community development organization is “to enhance economic vitality, historical and cultural heritage, and town-wide beautification.” It strives to achieve these goals through direct advocacy and action, plus it seeks to capture and extend the vision, energy and inter-organizational cooperation that have molded Meredith into the outstanding community that it has become. Our vision for Meredith is to be a year-round business, service, and recreational/social hub for residents, workforce, and visitors.

Goals and objectives for the organization were determined through a collaborative effort with community leaders and civic organizations at a Strategic Planning workshop in September 2004 and a continuing review of the plan confirms we are on course. Goals and objectives are achieved through a variety of projects and reach a wide audience in Meredith including residents, visitors, municipal government, and the business community.

Question 2: Describe the program and/or general operations for which you request this money.

The Greater Meredith Program (hereafter referred to as “GMP”) is a community-supported 501(c) (3) organization located in Meredith, New Hampshire. GMP receives 100% of its funding locally, through the generosity of the municipality, community, and business. We receive no state or federal funding.

The request for funding from the Town of Meredith will be applied to the general operations of the program in order to facilitate community investment projects. Other contributors to the operational budget include Inter-Lakes School District, Meredith Village Savings Bank, and Mill Falls at the Lake.

Question 3: Break down the monies as to which area they will be used in \$ amount.

The Greater Meredith Program is requesting support in the amount of \$20,000 for general operations. These funds will assist in the facilitation of programs and projects that benefit our entire community. GMP continues to fundraise and seek grant funding for community investment projects. Individual project expenses are covered through sponsorships.

Question 4: Please describe how this program evaluates and measures effectiveness.

At the end of each project, committee chairs and volunteers meet to evaluate the effectiveness of the project. We review the workplan created for each project and determine if the objectives were met by asking questions such as: Was it well attended? Was there good participation? In situations where it was a fundraising event, did we achieve our projected goal?

In addition to individual project evaluations, the GMP also performs a year-end review of its Workplan through each of the five standing committees. Each committee then makes recommendations for projects and goals for the coming year. The Board of Directors reviews the recommendations and approves the final Workplan.

Question 5: Describe how and how many (in hours) volunteers this program uses.

GMP has an all-volunteer board of directors, currently at 18 members. Additionally, the program has five standing committees. Design | Beautification, Promotions, Meredith Sculpture Walk, Economic Development and Fund Raising/Finance. Each committee membership ranges from 5 to 20 members, and subcommittees for specific projects (e.g., Beautification & Conservation Fund, Career Partnership Program, MSW Docents, Archie Statue Fundraising, Swasey Park Improvements, retail, and special events, etc.) that range anywhere from 5 to 15 members. Volunteers are used to serve on committees as well as to help (actual physical work, in-kind contributions, expertise, etc.) with specific projects. Volunteer hours, including planning activities, meetings, and project implementation measure well over 2,500 hours.

Question 6: Describe your program's efforts regarding cooperation and collaboration with other agencies.

GMP continues to develop strong, lasting partnerships across all stakeholder groups including the Meredith business community, Town of Meredith, the NHDOT, various civic organizations, and residents. From 2009 to the present, we have been successful in expanding our relationships beyond Meredith to various businesses in surrounding communities. This collaboration has yielded significant financial and beautification benefits to the Town of Meredith such as the Meredith Roundabout at US3 and NH 106, the Courtyard on Main Street project and the revitalization of the Meredith Center Grange Hall, the establishment of the Meredith Sculpture Walk, Archie statue in Community Park, Meredith Street Dance, and the Main Street Area Sign and Do the Loop project.

In 2022, the GMP received the Dr. Sylvio Dupuis Community Excellence Award from the ExcellenceNorth Alliance.

In 2022, the GMP's Career Partnership Program was recognized by the Meredith Area Chamber of Commerce.

In 2016, the GMP was given the Award of Excellence by the Lakes Region Planning Commission.

GMP was the recipient of the 2012 Chamber of Commerce Civic Project Award.

In 2013, GMP received the "Golden Trowel" Award from Lakes Region Chamber of Commerce and the Golden Hammer Award from the Lakes Region Chamber of Commerce for the Crosspoint Shopping Center and the revitalization of the Meredith Center Grange Hall.

The award-winning Display Garden at the Meredith Public Library is supported by the GMP.

Other ongoing programs include the Career Partnership Program, a very successful public/private partnership between the GMP and the Inter-Lakes School District providing students the opportunity to explore future careers in hands-on working experiences. The program is a model in the state of a successful school to work program. In 2022/23, the CPP served 80% at I-LHS. Forty students found summer employment through the program. CPP offered 3 workshops covering interviewing, resumes, proper attire, punctuality and more. Inter-Lakes High School received the 2012 NH Scholars & Business and Industry Association Award for its successful school/business partnership with GMP.

In 2014, the Meredith Sculpture Walk was created and is committed to developing awareness and enjoyment of public art in Meredith for residents and visitors. It is a year-round, outdoor, juried exhibition featuring 32 sculptures by Northeast artists. Now in its 10th year, it has enhanced the community artistically and economically. This was achieved through cooperation with the Town of Meredith, DPW Department, civic organizations, and private citizens.

The GMP expanded its Main Street Sign and "Do the Loop" brochure and walking map and added a "Beyond the Map" component for 2018-19.

With the cooperation from the town of Meredith and private and public donors, to celebrate the town's 250th Anniversary, the GMP commissioned and placed the Archie Statue in Community Park honoring longtime resident and artist Bob Montana.

Question 7: Describe your target population:

GMP's target population is the resident population, Meredith businesses and organizations, and the visitor population.

Question 8: Please list any major changes in service since your last review. Were changes due to funding cuts, reduction in program, increased efficiencies?

There have no major changes.

Question 9: Please list the number of new positions next year. None.

Question 10: Please list the number of positions eliminated next year. None.

Question 11: List and describe any major purchases the program plans for next year.
None.

Question 12: List past year's fund raising events and detail amounts received, are these events to be held again this year.

2022 Annual Appeal raised \$5,000.00. It is held annually.

2023 Spring Fundraiser raised \$12,000.00. It is held annually, the sponsorship and donations amounts vary each year.

Question 13: Does this program use a sliding fee scale? No

Question 14: Please list the unit of service in terms of dollar cost per hour per individual served and describe a unit of service for this program. Is the unit of service a full hour?

Not applicable. GMP is a community development organization and does not have clients.

Question 15: How many units can the program provide? Not applicable.

Question 16: How many perspective recipients are on your waiting list? Not applicable.

Question 17: How long will it be (in days) before your program can serve the first person on the waiting list? Not applicable.



Interlakes Community Caregivers, Inc.

Center Harbor • Meredith • Moultonborough • Sandwich

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President
Meredith

David Hughes
Vice President
Center Harbor

George Jewell
Treasurer
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Dyan Lowman
Secretary
Meredith

Susan Gutchess
Sandwich

Harry R. "Hank" Offinger
Sandwich

William "Will" Speers
Sandwich

Merron Treadwell
Center Harbor

Executive Director

Pamela Joyal
Laconia

September 18, 2023

Mr. Troy Brown
Meredith Town Manager
41 Main Street
Meredith, NH 03253

Dear Mr. Brown,

On behalf of the Interlakes Community Caregivers Inc., (ICCI) Board of Directors, I want to thank you and the Meredith taxpayers for your continued support of our mission. This year we are thrilled to celebrate our 25th Anniversary of serving the Lakes Region and we couldn't have done it without the assistance from towns like Meredith. We are grateful for the opportunity to help keep Meredith a thriving, healthy and vibrant community!

As you will find in the attached 2023-2024 Annual Budget Request, we respectfully request an increase of funding to \$4,300. This amount closely reflects the proportion of Meredith residents we serve, compared to those from other towns. Meredith residents make up 56% of the total Neighbors we serve. However, this request asks for 48% of the total amount of town funding. Your donation of \$4,300 will assist ICCI in developing a new program for volunteers that we plan to launch in 2024, which involves recognizing a volunteer monthly for their contribution to ICCI. Volunteers serve in many different capacities for our organization, and we want to be able to acknowledge volunteers for their unique contributions. Additionally, as volunteers generously donate their time, gas prices have continued to rise, and our gas mileage reimbursement costs have significantly increased from \$2,069 in 2022 to a budget of \$3,080 in 2023. These funds will also help ICCI defray this expense.

If you should have any questions regarding the ICCI annual budget request, I am happy to speak with you. Thank you so much in advance for your consideration.

Sincerely,

Pamela Joyal
Executive Director

Enclosures: Meredith Town Funding Application; 2022 Tax Refund Form; CPA Audit Letter

Interlakes Community Caregivers, Inc., a 501(c)3 nonprofit volunteer organization, provides rides and other direct support services to assist our neighbors in their daily lives. All donations are tax-deductible to the extent allowed by law. Tax ID No. 20-0625613

PO Box 78 Center Harbor, NH 03226 • 603.253.9275 • www.interlakescares.org



TOWN OF MEREDITH

Annual Budget Request from Outside Agencies

Part A – Agency Information

Agency Name: Interlakes Community Caregivers Date: 9/7/2023
 Address: P.O. Box 78 Center Harbor, NH 03226 Email: pioval@interlakescares.org
 Telephone: 603-253-9275 x3 Fax: _____
 Executive Director: Pamela Joyal Agency Fiscal Year: 2024

→Section 1 – Funding Request Summary:

Total Amount of Request: \$ 4,300
 Funds for:

- General Operations and Overhead Amount \$ _____
- Existing Program, Identify: Neighbors Helping Neighbors Amount \$ \$4,300
- New Program, Identify: _____ Amount \$ _____

→Section 2 – Revenue Summary: (Detail of all sources – use extra space if necessary)

Revenue Sources	Prior	Current	Requested
Federal: (list)			
State Funds: (list)			
Belknap County:			
Client Fees-Public:			
Client Fees-Private:			
USDA-CACFP:			
Municipalities: (total)	\$9,750	\$8,600	\$10,300
Other:	Donations: \$106,622.24	Donations: \$102,453	Donations: \$107,575
Other:	Grants: \$23,050	Grants: \$20,000	Grants: \$20,000
Other:	Investments: \$10,957.78	Investments: \$4,500	Investments: \$4,500
Other:	Interest: \$0	Interest: \$0	Interest: \$0
Other:			
TOTAL:	\$150,380.02	\$135,553	\$142,375

NOTE: Please define initials, acronyms, etc.: _____

→Section 3 – Agency Municipal Government Revenue:

Please list revenues received from Municipal Governments in Belknap County:

Municipality	Date of Last Application	Prior	Current	Projected/Requested
Alton				
Barnstead				
Belmont				
Center Harbor	Fall 2022	\$1,200	\$1,200	\$1,500
Gilford				
Gilmanton				
Holderness				
Laconia				
Meredith	Fall 2022	\$3,800	\$3,800	\$4,300
Moultonboro	Spring 2023	\$3,450	\$2,300	\$3,000
New Hampton				
Sanbornton				
Tilton				
TOTAL:		\$8,450	\$7,300	\$8,800

→Section 4 – Agency Budget Overview:

	Prior Year	Current Year	Projected Year
Total Revenue	\$150,380.02	\$135,553	\$142,375
Total Expenses	\$121,534.02	\$135,553	\$142,375
Surplus/Deficit	\$28,846.00	\$0	\$0

→Section 5 – Agency Budget Breakdown for all Programs:

Revenues by Program

Programs	Prior Budget Allocation	Current Budget Allocation	Proposed Budget Request
Neighbors Helping Neighbors	\$150,380.02	\$135,553	\$142,375
TOTAL			

Expenses by Program

Programs	Prior Budget Expense	Current Budget Expense	Proposed Budget Expense
Neighbors Helping Neighbors	\$121,534.02	\$135,553	\$142,375
TOTAL			

→Section 6 – Audited Financial Report: Attach one copy of your latest audited financial report.
 →Section 7 – IRS Form 990, Return of Organization Exempt From Income Tax: Attach one copy of your latest Form 990 as submitted to the Department of the Treasury, IRS.

Part B – Program Specific Information

Important Note: Please complete sections 8 – 14 for each program requesting Town Funding.

→Section 8 – Program Funding Request:

Program Name: Neighbors Helping Neighbors

Amount of Request for this Program: \$ \$4,300
 Existing Program New Program

Will funds be matched?

By Federal, State, Municipal, Private. No.

If yes, how? _____

If no, why not? We will use the Town of Meredith's contribution to help leverage other donations, but the funds will not be matched. _____

→Section 9 – Program Expense Summary:

Expense Item	Prior	Current	Proposed
Personnel Services	\$90,176.35	\$94,848.00	\$99,590
Contract Services	\$799.95	\$1,530	\$1,600
Travel	\$2,068.80	\$3,080	\$3,230
Space/Rent	\$5,256	\$5,420	\$5,570
Consumable Supplies	\$1,949.52	\$4,100	\$4,300
Equipment	\$4,874.97	\$5,930	\$6,230
Telephone	In Equipment Budget	In Equipment Budget	In Equipment Budget
Membership Dues	\$588	\$680	\$700
Printing	\$3,373.40	\$4,340	\$4,560
Food	\$0	\$0	\$0
Insurance	\$4,015.00	\$3,310	\$3,475
All Other	\$10,381.55	\$12,315	\$13,120
TOTAL:	\$121,534.02	\$135,553	\$142,370

→Section 10 – Program Revenue Summary:

Revenue Sources	Prior	Current	Proposed
Federal (list)			
State (list)			
United Way			
Belknap County			
Client Fees-Public			
Client Fees-Private			
USDA-CACFP			
Municipalities	\$9,750	\$8,600	\$10,300
Other	Donations: 106,622.24	Donations: \$102,453	Donations: \$107,575
Other	Grants: \$23,050	Grants: \$20,000	Grants: \$20,000
Other	Investments: \$10,957.78	Investments: \$4,500	Investments: \$4,500
TOTAL:	\$150,380.02	\$135,553	\$142,375

→Section 11 – Program Personnel Summary:

# FTE's	Position / Title	# of hours *	Prior Salary	Current Salary	Proposed Salary
.875	Executive Director	1,820	\$50,609	\$54,018	\$56,719
.50	Lead Coordinator	1,092	\$20,987	\$20,639	\$21,671
.375	Administrative Assistant	780	\$10,741	\$11,742	\$12,239
	TOTAL	3,692	\$82,337	\$86,399	\$90,719

* Number of hours worked per year. Fulltime for a full year is 2,080 hours.

→Section 12 – Fringe Benefits:

Type of Benefit	Cost	Explanation
Workers Compensation	\$500	W/C Insurance Premium
FICA	\$6,241	
State Unemployment	\$344	
Health/Dental Insurance		
Other (vehicle, housing, life, etc.)		
TOTAL	\$7,085	

→Section 13 – Program General Information, Update, Service Goals, and Objectives.

Please attach a document that separately answers the following questions (reference each question by number).

1. Please LIST the program's mission, goals, and objectives.
2. Describe the program and/or general operations for which you request this money.
3. Break-down the monies as to which area they will be used is \$ amount.
4. Please describe how this program evaluates and measures effectiveness.
5. Describe how and how many (in hours) volunteers this program uses.
6. Describe your program's efforts re: cooperation and collaboration with other agencies.
7. Describe your program's target population.
8. Please LIST any major changes in service since your last review. Were changes due to funding cuts, reduction in program, increased efficiencies?
9. Please LIST the number of new positions next year.
10. Please LIST the number of positions eliminated next year.
11. LIST and describe any major purchases the program plans for next year.
12. LIST past year fund raising events and detail amounts received (gross/net), are these events to be held again this year.
13. Does this program use a sliding fee scale (describe)?
14. Please LIST the unit of service in terms of dollar cost per hour per individual served, and describe a unit of service for this program. Is the unit of service a full hour?
15. How many units can the program provide?
16. How many perspective recipients are on your waiting list?
17. How long will it be (in days) before your program can serve the first person on the waiting list?

→Section 14 – Program Beneficiary Statistics

	Prior	Current	Projected
1. Total count of clients	135	161	180
2. Age Groups			
a. 0 to 5 years			
b. 6 to 17 years			
c. 18 to 61 years	11	12	15
d. 62 to older	124	149	165
e. not known			

Section 13 – Program General Information, Update, Service Goals, and Objectives.**1. Program Mission, Goals, and Objectives.**

Mission: Interlakes Community Caregivers Inc., (ICCI) is a 501(c)(3) nonprofit volunteer organization. The mission is to support and promote the independence, safety, comfort and dignity of our adult Neighbors within our designated communities through the services provided by our volunteers.

Goals: ICCI empowers our Neighbors to live independently and with dignity by fulfilling their basic needs of transportation to essential healthcare supports, medical appointments, the grocery store and to important social opportunities. ICCI provides free services by vetted, qualified and trained volunteers which allow our Neighbors* to remain living independently in their own homes, whether for a short-term period to recuperate from surgery, an accident, illness or to age in place.

Objectives: ICCI's current organizational objectives are as follows:

1. Fulfill 100% of qualified Neighbors' ride requests.
2. Be a visible resource of information about services to seniors in the Lakes Region.
3. Have a robust and self-sustaining cohort of well-trained, knowledgeable, and compassionate volunteers.
4. Ensure the safety and wellbeing of our volunteers and Neighbors.
5. Avert the severe detrimental effects of social isolation on seniors within Meredith and the other townships we serve (Moultonborough, Center Harbor, Sandwich).

**We refer to those whom we serve (clients) as "Neighbors" as we are "Neighbors helping Neighbors" – local people helping local people and funded by local dollars.*

2. Describe the program and/or general operations for which you request this money.

Founded in 1998, Interlakes Community Caregivers, Inc. (ICCI) has been providing free transportation and supportive services for over 25 years. Approximately 98 percent of services provided are transportation-related services which include:

- Rides to medical appointments both local (primarily Meredith, Laconia, and Gilford) and long distance (Boston, MA; Lebanon, NH; White River Junction, VT; Portland, ME; Burlington, VT; Nashua, NH; Manchester, NH; North Conway, NH; and Londonderry, NH).
- Rides for medical prescription pick-up and delivery
- Rides to personal wellness appointments: Hair appointments, Rite-Aid.
- Rides for and help with grocery shopping
- Running essential errands

These transportation services are provided by volunteers in their own personal vehicles. We offer mileage reimbursement at a rate of \$.60 per mile. We currently have 54 volunteers, of whom 44 are volunteer drivers. Volunteer "friendly visits" have resumed once again on a case-by-case basis, depending on our volunteer capacity at that time. Periodic check-in phone calls are still made for some of our isolated senior Neighbors.

A small office of three part-time staff manages the Volunteer Driver Program. This includes processing applications for new Neighbors as well as receiving and filling their ride requests. ICCI staff also recruit, train, provide educational workshops and recognize volunteers throughout the year. In addition, staff are responsible for collecting, processing, and paying all donations, invoices, administering grant applications and doing payroll. Volunteer Coordinators receive and process service requests and coordinate with volunteer drivers to complete the service requests. Staff collaborates with local townships and other area organizations for service referrals.

- Since the Covid-19 Pandemic, ICCI has concentrated its efforts on rebuilding our volunteer cohort that significantly decreased between 2020-2023. We now hold 2-3 volunteer open house events throughout the year to invite prospective volunteers to meet other volunteers and discuss the program. This has proven effective over the past year with approximately 12 volunteers joining the organization. Additional volunteer promotions have increased our costs by \$2,693 to date. This year marked our 25th Anniversary of serving Neighbors, and a special Annual Meeting/Gala was held in June 2023 to recognize local businesses, donors, volunteers, town Selectmen.

A volunteer Board of Directors provides oversight and guidance and ensures fiscal responsibility for the organization. We rely on donations, grants and fundraising opportunities for our funding as we do not receive any Federal Government or State Agency funding.

3. Break down the monies as to which area they will be used in \$ amount.

The requested \$4,300 from the Town of Meredith taxpayers will be used to provide transportation and other supportive services, free of charge, to our Neighbors. While 56% of our Neighbors are from Meredith, we are requesting 48% of the total amount of funding we hope to receive from the towns of Meredith, Moultonborough, Center Harbor and Sandwich. The funding may also include paying a portion of the volunteer mileage reimbursement. The volunteer mileage reimbursement budget has significantly risen over the past year, from \$680 in the proposed 2022 budget to over \$3,080 year to date, with four months remaining.

4. Please describe how this program evaluates and measures effectiveness.

ICCI utilizes the "Assisted Rides" program to evaluate and measure our effectiveness by monitoring the following:

- The number of services requested, completed, cancelled or "unable to fill" are calculated monthly. Since the Meredith 2022 Application for Funding, the "unable to fill" category has improved from the previous year. The average of unfulfilled rides is 99%.
- The types of services, rides to and to what destinations, for what purposes are tabulated monthly.
- Miles driven to provide services (over 43,098 in 2022) are recorded monthly.
 - ICCI provided more rides last year than any other transportation service provider in NH in 2022, according to Cindy Yanski, Mobility Manager, Capbm.org!
- Hours donated by volunteers and for what purpose are recorded monthly.
- New Neighbor inquiries, informational packages with applications sent, received, processed and completed are tabulated and recorded monthly.

- Neighbors processed and registered (active, inactive, deceased, archived, pending), by residency, age and gender are documented monthly.
- Information requests and resource referrals to other agencies provided are recorded annually.
- New volunteers recruited (inquiries and applications), qualified (background checks completed, and character references processed), and trained (successfully completing the volunteer education course) are recorded quarterly.
- Current volunteer retention, including updated driver's license, auto insurance, availability (dates of weeks and seasonal availability), and activity are tabulated monthly.
- Town of residency, age, and length of membership of Neighbors and volunteers are calculated annually.

Information documented monthly, quarterly and annually is reviewed to identify trends and areas for improvement and is reported to the Board of Directors. Issues are addressed by the Executive Director personally.

Mileage reimbursement is optional for ICCI volunteer drivers. Mileage is processed and paid monthly to those volunteers who request it. At the end of the year, each volunteer receives their own individual annual report which includes the number of services they completed, hours volunteered, miles driven, and the amount of mileage reimbursement paid to them.

This year, as we celebrate 25 years of serving Meredith and the surrounding communities, we are grateful and appreciative for our volunteers, donors, area businesses, and Selectmen who have supported our mission over the years. We consistently hear from Neighbors and family members about how vital the services of ICCI are to the region.

5. Describe how and how many (in hours) volunteers this program uses.

As Covid -19 became more treatable this past year, volunteer hours donated, miles driven and services provided increased. In 2022, volunteers **donated 3,613 hours, drove 43,098 miles and provided 2,729 services.** Approximately 14 out of 54 volunteers, or 28%, are from Meredith.

6. Describe your program's efforts re cooperation and collaboration with other agencies.

ICCI works closely with health and social service agencies to identify and assist our neighbors in the best way possible. ICCI is in cooperation with many stakeholders in the region to ensure our Neighbors have their needs met. Organizations such as Servicelink of Belknap County, Granite VNA, Lakes Region Visiting Nurse Association, Excellence in Aging, The American Cancer Society, Lakes Region Community Services and The Community Action Program of Belknap County are among the few that offer a variety of services and are a part of our network. ICCI also collaborates with local entities such as The Bureau of Elderly and Adult Services, Altrusa of Meredith, Meredith Bay Colony Club, Golden View Health Care Center, Forestview Manor and local hospitals. Additionally, we may call on our first responders such as law enforcement and the fire department to assist a Neighbor. We do not provide personal care or professional healthcare.

7. Describe your program's target population.

ICCI serves adult residents of Meredith, Center Harbor, Moultonborough and Sandwich, ages 18 years or older, regardless of income or gender. Our Neighbors are getting older and using more

services. Forty percent of our Neighbors are 70 years of age or older and forty-five percent are 80 years of age or older; 77% are female and 23% are male. Our typical Neighbor is a 79 year-old woman who lives alone, and no longer drives.

New Hampshire is the second oldest state in the nation. Belknap County alone has grown to 24.1% in July 2022 (Census.gov). By 2030, the number is projected to be upwards of 37%. These statistics can be staggering when we think of the challenges and economic impact this can have on cities and towns throughout NH. ICCI remains committed to serving Meredith residents with transportation needs to leverage community health and mitigate the economic crunch.

8. Please list major changes in service since your last review.

Since the last review, Interlakes Community Caregivers Inc., has maintained its core staff in place, with the Executive Director, Pamela Joyal, Lead Volunteer Coordinator, Amy Blongy, and Administrative Assistant, Kathryn Holt. The Board of Directors, however, has experienced change with a new Board President, Christopher Kelly, initiated June of 2023, Dyan Lowman, as Board Secretary as of May 2023. Four Board members resigned after lengthy periods of service. We currently are providing rides for medical appointments, vital errands, grocery shopping, vaccine clinics and drug stores for prescription pick-up. Rides for non-essential purposes such as hair salons, wellness centers and yoga classes are only scheduled if all medical requests have been completed friendly visiting has opened up on a case-by-case basis, depending on the volunteers available.

Two significant changes that occurred over the past year consisted of rebuilding our volunteer corps and restructuring our communications:

- Increased outreach to faith communities and civic organizations took place to promote ICCI and recruit potential volunteers.
- Successfully transitioned our newsletter from distributing it three times per year to sending it out only two times per year and increased our online presence through Facebook and our website.
- Successfully started hosting 2-3 volunteer open houses per year for recruitment purposes.

We will monitor CDC guidelines for safety protocols to keep our volunteers and Neighbors as safe as possible. With the Town of Meredith's support, ICCI will continue to utilize best practices as it relates to volunteer driver programs, strive to provide the best possible services to our Neighbors and continue to be an integral part of Meredith's vibrant, healthy community in every way.

9. Please list the number of new positions this year. None.

10. Please list the number of positions eliminated next year. None.

11. List and describe any major purchases planned for next year.

ICCI is hoping to purchase a new Epson Powerlite 1288 Projector (\$850) to assist us in volunteer recruitment and retention as we will be focusing our efforts on community outreach and presentations to increase our volunteer pool by 10% in 2024.

12. **List past year fundraising events and detail amounts received (gross/net). Are these events to be held again this year?** Yes. The Jersey Tenors concert, held in June of 2022, raised \$16,757.40 (net). This year, The Jersey Tenors will return in October for a fundraising concert.

Fundraising events held last year: One. The Jersey Tenors concert in June 2022. This year we will host the Jersey Tenors again, but in October 2023.

13. **Fundraising events this year:** In the Fall of 2023, ICCI will once again partner with The Temple B'nai Israel as part of their "We Care" program with an all-new show. ICCI hopes to raise some money, although the group has been in the area a few times this summer. These funds will assist ICCI towards paying for the Annual Meeting and 25th Anniversary in July 2023 and will be utilized moving forward to assist ICCI in promotion efforts for new volunteers and Board Members.

- (13) **Does this program use a sliding fee scale?** No fees are charged.

- (14) **Please list the unit of service in terms of dollar cost per hour per individual served and describe a unit of service for this program. Is the unit of service a full hour?**

As far as a unit of service in terms of dollar cost per hour per individual served, with Neighbors, a service request could be one hour or several hours: A simple request such as a prescription pick-up and delivery could last 20 minutes or a ride to a medical appointment in Dartmouth Medical Center could take 8 hours.

To describe the value of our services to the community, we would take the total hours donated by volunteers in 2022 (3,613 hours) and multiply by the dollar value rate of volunteers in New Hampshire (\$31.80) (per the Independent Sector/Corporation for National & Community Service). This totals \$114,893.40 in free services that were donated back to the communities we serve. For the town of Meredith, using this equation, ICCI donated roughly \$60,897 in free services this past year.

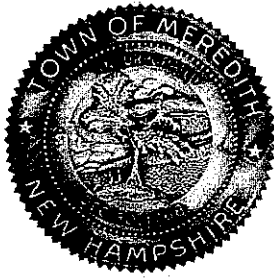
- (15) **How many units can the program provide?**

Service requests are dependent on the Neighbors' needs and hours donated are dependent on volunteers' availability. The question does not really apply to our type of volunteer organization.

- (16) **How many recipients are on your waiting list?**

None. New Neighbor applications are processed immediately upon receipt. We ask for 5 business days' notice for a service request.

- (17) **How long will it be (in days) before your program can serve the first person on the waiting list?** There is no waiting list (see answer to Question 16).



TOWN OF MEREDITH

Annual Budget Request from Outside Agencies

Part A – Agency Information

Agency Name: Inter-Lakes Day Care Center, Inc.	Date: September 25, 2023
Address: 36 Lang Street, PO Box 1730, Meredith, NH 03253	Email: ildcc@metrocast.net
Telephone: 603-279-8903	Fax: _____
Executive Director: Constance C. Pelletier	Agency Fiscal Year: 10/1-9/30

→Section 1 – Funding Request Summary:

Total Amount of Request: \$ 25,100.00
 Funds for:

- | | |
|---|----------------------------|
| <input checked="" type="checkbox"/> General Operations and Overhead | Amount \$ <u>25,100.00</u> |
| <input type="checkbox"/> Existing Program, Identify: _____ | Amount \$ _____ |
| <input type="checkbox"/> New Program, Identify: _____ | Amount \$ _____ |

→Section 2 – Revenue Summary: (Detail of all sources – use extra space if necessary)

Revenue Sources	Prior	Current	Requested
Federal: (list)	Grants: 91,617	47,000	-0-
CCDBG/DCYF:	31,414	36,000	36,000
State Funds: (list)		Audit in progress	
Belknap County:		for Y/E 9/30/2023	
Client Fees-Public:			
Client Fees-Private:	118,306	142,025	169,140
USDA-CACFP:	57,571	65,000	55,000
Municipalities: (total)	29,900	29,225	32,409
Other:	Special Events: 105	1,000	1,000
Other:	United Way: 166	200	200
Other:	PPP: 48,298	-0-	-0-
Other:	Interest: 16	-0-	-0-
Other:			
TOTAL:	377,393	320,450	293,749

NOTE: Please define initials, acronyms, etc.: _____

→Section 3 – Agency Municipal Government Revenue:

Please list revenues received from Municipal Governments in Belknap County:

Municipality	Date of Last Application	Prior	Current	Projected/Requested
Alton				
Barnstead				
Belmont				
Center Harbor	2022	4,848	4,848	5,284
Gilford				
Gilmanton				
Holderness				
Laconia				
Meredith	2022	23,027	23,027	25,100
Moultonboro	2022	2,025	2,025	2,025
New Hampton				
Sanbornton				
Tilton				
TOTAL:		29,900	29,900	32,409

→Section 4 – Agency Budget Overview:

	Prior Year	Current Year	Projected Year
Total Revenue	377,393	320,450	293,749
Total Expenses	316,313	320,450	293,749
Surplus/Deficit	61,080	-0-	-0-

→Section 5 – Agency Budget Breakdown for all Programs:

Revenues by Program

Programs	Prior Budget Allocation	Current Budget Allocation	Proposed Budget Request
	377,393	320,450	293,749
TOTAL	377,393	320,450	293,749

Expenses by Program

Programs	Prior Budget Expense	Current Budget Expense	Proposed Budget Expense
	316,313	320,450	293,749
TOTAL	316,313	320,450	293,749

→Section 6 – Audited Financial Report: Attach one copy of your latest audited financial report.

→Section 7 – IRS Form 990, Return of Organization Exempt From Income Tax: Attach one copy of your latest Form 990 as submitted to the Department of the Treasury, IRS.

Part B – Program Specific Information

Important Note: Please complete sections 8 – 14 for each program requesting Town Funding.

→Section 8 – Program Funding Request:

Program Name: Inter-Lakes Day Care Center & Nursery School

Amount of Request for this Program: \$ 25,100

Existing Program New Program

Will funds be matched?

By Federal, State, Municipal, Private. No.

If yes, how? _____

If no, why not? _____

→Section 9 – Program Expense Summary:

Expense Item	Prior	Current	Proposed
Personnel Services	226,196	239,413	230,000
Contract Services	-0-	-0-	-0-
Travel	223	500	225
Space/Rent	13,269	12,000	13,725
Consumable Supplies	2,374	3,500	1,375
Equipment	-0-	-0-	-0-
Telephone	1,535	1,400	1,250
Membership Dues	1,208	500	780
Printing	665	300	370
Food	4,589	4,500	4,500
Insurance	7,937	8,198	8,200
All Other	58,317	50,139	33,324
TOTAL:	316,313	320,450	293,749

→Section 10 – Program Revenue Summary:

Revenue Sources	Prior	Current	Proposed
Federal (list)	PPP & Grants: 139,915	47,000	-0-
State (list)	CCDBG/DCYF: 31,414	36,000	36,000
United Way	166	200	-0-
Belknap County	-0-	-0-	-0-
Client Fees-Public	-0-	-0-	-0-
Client Fees-Private	Program Fees: 118,306	142,025	169,140
USDA-CACFP	57,571	65,000	55,000
Municipalities	29,900	29,225	32,409
Other	Special Events: 105	1,000	1,000
Other	Interest: 16	-0-	200
Other			
TOTAL:	377,393	320,450	293,749

→Section 11 – Program Personnel Summary:

# FTE's	Position / Title	# of hours *	Prior Salary	Current Salary	Proposed Salary
2	Administration	4160	76,272	84,552	84,552
3	FT Staff	6240	79,676	98,476	99,840
2.5	PT Staff	3750	43,241	56,385	45,608
	TOTAL	14,150	199,189	239,413	230,000

* Number of hours worked per year. Fulltime for a full year is 2,080 hours.

→Section 12 – Fringe Benefits:

Type of Benefit	Cost	Explanation
Workers Compensation	2,450	10/1/23 - 9/30/24
FICA	14,500	10/1/23 - 9/30/24
State Unemployment	125	10/1/23 - 9/30/24
Health/Dental Insurance	14,328	Current Premiums 23-24
Other (vehicle, housing, life, etc.)		(NE Delta Dental not included as paid 100% by employees)
TOTAL	31,403	

→Section 13 – Program General Information, Update, Service Goals, and Objectives.

Please attach a document that separately answers the following questions (reference each question by number).

1. Please LIST the program's mission, goals, and objectives.
2. Describe the program and/or general operations for which you request this money.
3. Break-down the monies as to which area they will be used is \$ amount.
4. Please describe how this program evaluates and measures effectiveness.
5. Describe how and how many (in hours) volunteers this program uses.
6. Describe your program's efforts re: cooperation and collaboration with other agencies.
7. Describe your program's target population.
8. Please LIST any major changes in service since your last review. Were changes due to funding cuts, reduction in program, increased efficiencies?
9. Please LIST the number of new positions next year.
10. Please LIST the number of positions eliminated next year.
11. LIST and describe any major purchases the program plans for next year.
12. LIST past year fund raising events and detail amounts received (gross/net), are these events to be held again this year.
13. Does this program use a sliding fee scale (describe)?
14. Please LIST the unit of service in terms of dollar cost per hour per individual served, and describe a unit of service for this program. Is the unit of service a full hour?
15. How many units can the program provide?
16. How many perspective recipients are on your waiting list?
17. How long will it be (in days) before your program can serve the first person on the waiting list?

→Section 14 – Program Beneficiary Statistics

	Prior	Current	Projected
1. Total count of clients	33	40	50
2. Age Groups			
a. 0 to 5 years	24	31	38
b. 6 to 17 years	9	9	12
c. 18 to 61 years			
d. 62 to older			
e. not known			

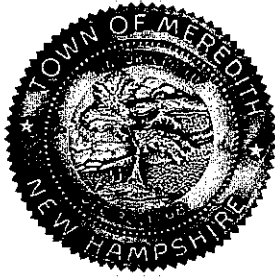
1. The corporate name of this agency is the Inter-Lakes Day Care Center Incorporated whose administrative office is located in the Town of Meredith, New Hampshire. In the exercise of its charter powers, the agency aims to promote child development through the operation of a group day care center and nursery school for children six weeks through twelve years of age, through leadership in setting standards of quality child care practices, and through establishment of cooperation with other agencies in promoting child development. Inter-Lakes Day Care Center, Inc., an agency with multiple programs and comprehensive services, is available on a year-round basis. Last year, I-LDCC primarily provided care for children from Meredith, as well as Center Harbor, Moultonborough, and other surrounding towns.
2. In October of 2022, Inter-Lakes Day Care Center & Nursery School was proud to reach it's 51st anniversary. Since 1971 Inter-Lakes Day Care Center's early childhood program has provided comprehensive, developmentally appropriate infant, toddler, preschool, and school age extended day programs within a safe and nurturing environment. Guided by professional staff, the physical, social, emotional, cognitive, and creative-expressive skills of young children are developed, while at the same time responding to the needs of families. Utilizing the New Hampshire Early Learning Guidelines and Developmentally Appropriate Practice (DAP), young children are taught in ways that meet children where they are, as individuals, and as a group. The preschool program provides a warm and welcoming environment that nurtures development of the whole child while instilling a sense of independence, responsibility, and self-control. Classroom routine is built around a consistent schedule that provides security and stability for children. Curriculum is relevant to the child's level of development and age while consideration is given to the child's life experiences and interests, the family and the community, and to content areas such as literacy, science, technology, engineering and math. I-LDCC helps each child reach challenging and achievable goals that contribute to his or her ongoing social and emotional development, learning, and achievement. Most importantly we are a place where even the smallest of children will experience respect and love in ways that will last a lifetime.

I-LDCC provides morning preschool programs, summer and vacation day camp programs, special needs support through collaboration with the Inter-Lakes School District, and includes healthy meals and snacks prepared on site in accordance with USDA Child and Adult Care Food Program (CACFP) guidelines. There are educational field trips (museums, fish hatcheries, bird sanctuaries, etc.) and nature and environmental studies. In the summer, I-LDCC provides swimming lessons when available through the Town of Meredith's Red Cross swimming program. In addition, through the State of New Hampshire's Child Care and Development Block Grant (CCDBG) scholarship program, reduced tuition is available based on income and family size. This helps income eligible parents to pay for child care when they are employed, in training programs, enrolled in college courses, on job search in the NH Employment Program, or who are temporarily disabled (undergoing medical treatments).

3. Town funding is needed to supplement the parent tuition for low-income families who are at less than 250% of the NH poverty guidelines. At least 30% of enrolled children were eligible for financial assistance through CCDBG scholarship. Because of the funding from the Town of Meredith, we are able to provide affordable tuition for families eligible for the state scholarship program. Child care for all age groups is in high demand, but the need for infant and toddler care is paramount. The shortage of qualified teachers exacerbates the situation, as does our desire to maintain small cohorts of children for health and safety. Town funds help families, which increases financial stability for the community.
4. An annual parent survey is done to determine areas of quality effectiveness for families. Another way we measure program effectiveness is by the number of second-generation children that we serve. We continue to enroll children of parents who were enrolled in the 1970s, 1980s, and 1990s. Data is collected on daily USDA meal attendance and teacher attendance, enrollment forms, etc. and analyzed for compliance with group size, staff to child ratios, space allowance, etc. In addition, our use of child care management software integrates parent sign in/out, communication, photos, and other daily activities such as temperature check results, meals eaten, and diapering. Statistics are collected annually, which show the number of parents who are subsidized, non-subsidized, receiving Financial Assistance to Needy Families (FANF) benefits, single-parent families, etc.
5. Inter-Lakes Day Care Center serves as a practicum site for various area colleges, such as Granite State College, Lakes Region Community College, Plymouth State University, as well as for those doing online learning. High school students volunteer with the preschoolers, doing community service hours for their classes while providing fun games. Volunteers from the Meredith Altrusa Club have continued to visit monthly during the school year, reading to children and donating books for families to read aloud with their children. The Meredith Public Library's children's librarian continues to volunteer, reading weekly to preschoolers and during vacations to school age children. All volunteers are greatly appreciated.
6. For 50 years, we have cooperated and collaborated with the Inter-Lakes School District. In addition, collaboration with the State of NH Department of Health and Human Services, Division of Children Youth and Families, and the New Hampshire Employment Program occurs to help families receive tuition scholarships through the Child Care and Development Block Grant. We collaborate twice monthly with Early Learning New Hampshire, bimonthly with the Child Care Advisory Council, and as needed with the Child Care Licensing Unit, NH Center for Nonprofits, the CACFP Sponsors Association, Lakes Region Community Services, and Early Intervention. Additional cooperation is achieved through training workshops through Child Care Aware of NH and other professional development associations. Inter-Lakes Day Care Center continues to be a regional sponsor of the USDA Child and Adult Care Food Program for family day care providers. As a sponsor for this nutrition program, we are required to monitor meals and provide nutrition training to licensed child care settings in the Lakes Region and beyond. This program is funded solely through USDA and does not receive any town funding. The agency's sponsorship in turn provides a source of collaboration with other child care providers. Networking is accomplished through the annual Tri-State and Caring for our Children conferences and informal communication online, as well as through membership in the NH Association for the Education of Young Children (NHAEYC).

7. I-LDCC's target populations are the children and families of the Lakes Region. By providing a curriculum of pre-reading and language arts, math, science, social studies, creative art, music and movement, health, safety, and nutrition, children are ready to achieve their full potential in elementary school. Consistency, which helps children feel secure, is provided in the daily lives of children so that their parents can be successful and stable in the workforce. Stable early childhood and pre-kindergarten education allows parents to maintain employment, in many cases keeping them off Town and State social services, and bringing money back into the community. With parents employed, the economy and community are strengthened – both financially and socially. The wide variety of towns we have served is a testament to the Town of Meredith's economy because those families have chosen child care close to their place of employment.
8. In the past year there have been no major changes in services provided.
9. There are 2-3 positions open as we continue to rebuild after the difficult past three years, especially as our waiting list is primarily toddlers and infants where child-to-teacher ratios are the lowest.
10. No positions are anticipated to be eliminated next year.
11. No major purchases are planned for next year, unless funded by a grant. We still anticipate needing to replace our furnace which our boiler inspector has said is over 30 years old.
12. Gross fundraising for the 2022-2023 year was \$1,600 with a net of \$1,586.28. This included Amazon Smile, Hannaford Helps, NH Gives, Fedco Seeds, and private donations.
13. In May of 2023, ILDCC increased parent fees by 9% as approved by the Board of Directors. Due to the pandemic this was the first increase since November of 2019. Inter-Lakes Day Care Center's fees coincide with the Department of Health and Human Services' step scale, based on the Federal Poverty Guidelines. Parents or guardians who qualify for the Child Care and Development Block Grant are assigned co-pays based on family income and family size. Parents whose income is above 250% of the State of NH poverty guidelines pay the private rates.
14. The cost per hour or per day charged to parents varies by the child's age and level of service needed, which is determined by the needs of the individual parent. It ranges from as low as a few dollars per week for families receiving CCDBG scholarship to \$250.00 per infant per week. Most parents pay by the week for 52 weeks. Each age level is assigned different daily or weekly rates due to differences in staff ratio requirements, etc. Our school age population is billed a flat rate daily or weekly for before and after school care, vacation weeks, and for the summer program. Currently the full tuition for an infant is \$13,000 annually, compared to less than \$587 annually for a parent receiving CCDBG scholarship. Units of service are tracked for state subsidized children only – in terms of their total hours attended per day and per week in order to invoice the State, which is done through online billing provided by the State of NH DHHS. However, for the remainder of our served population there are no total hours that can be considered "units of service," only total numbers of children served per year. Our numbers vary on a week-to-week basis as new children enroll or children move away. Each child arrives and leaves at a different time of day, and one child may come and go at different times on different days of the week. Some children leave and come back in the same day. Each child comes based on their parents' work or school schedule and it is common for a child to be in attendance 8-10 hours per day.

15. Based on capacity limits we can serve 55 children at one time. There are many regulations and limitations regarding staff ratios, field trip ratios, water activity ratios, group size, transportation spaces, staff credentials, etc. Although COVID-19 regulations greatly reduced limits we are again slowly on an upswing, however we are still not using some of the second floor of the building due to pending renovations.
16. Currently there are 54 children on our waitlist with the majority being children under 3 years old. Families are put on the list for one of two reasons. First, if the specific program requested is full because of limited space and staff ratio limits for specific time of day and/or days of the week. The other reason would be if a family had a previous balance that they had not paid in order for us to maintain a slot for their child. Spaces may be reserved for prenatal siblings of currently enrolled children. Children are enrolled on a first come, first serve basis as space in appropriate age groups and ratios allow. Enrollment varies with the economy, unemployment, and changes in the birth rates.
17. A child is usually on the waiting list for between six months and one year. Currently, a preschooler would be accepted off our waitlist before an infant or toddler. If the parent has two or three children it may take longer. Preference is given to residents of Meredith and alumni second generation families.



TOWN OF MEREDITH

Annual Budget Request from Outside Agencies

Part A – Agency Information

Agency Name: Kidworks Learning Center	Date: 9/27/2023
Address: 37 Reservoir Rd. Meredith, NH 03253	Email: kidworkslc@gmail.com
Telephone: 603-279-6633	Fax: 603-677-1009
Executive Director: Jennifer Weeks	Agency Fiscal Year: Jan-Dec

→Section 1 – Funding Request Summary:

Total Amount of Request: \$ 10,000.00
 Funds for:

- | | |
|---|----------------------------|
| <input checked="" type="checkbox"/> General Operations and Overhead | Amount \$ <u>10,000.00</u> |
| <input type="checkbox"/> Existing Program, Identify: _____ | Amount \$ _____ |
| <input type="checkbox"/> New Program, Identify: _____ | Amount \$ _____ |

→Section 2 – Revenue Summary: (Detail of all sources – use extra space if necessary)

Revenue Sources	Prior	Current	Requested
Federal: (list)			
State Funds: (list)	48,086.08	48,259.36	49,757.00
Belknap County:			
Client Fees-Public:			
Client Fees-Private:	215,246.46	243,357.00	346,302.04
USDA-CACFP:	7,656.31	7,747.36	7,850.00
Municipalities: (total)	10,000.00	10,000.00	10,000.00
Other:	121,556.00	31,002.00	7,500.00
Other:	760.44	1,000.00	1,000.00
Other:			
Other:			
Other:			
TOTAL:	403,305.29	341,365.72	422,409.04

NOTE: Please define initials, acronyms, etc.: Grants and Fundraising are the 2 others

→Section 3 – Agency Municipal Government Revenue:

Please list revenues received from Municipal Governments in Belknap County:

Municipality	Date of Last Application	Prior	Current	Projected/Requested
Alton				
Barnstead				
Belmont				
Center Harbor				
Gilford				
Gilmanton				
Holderness				
Laconia				
Meredith	9/22	10,000.00	10,000.00	10,000.00
Moultonboro				
New Hampton				
Sanbornton				
Tilton				
TOTAL:		10,000.00	10,000.00	10,000.00

→Section 4 – Agency Budget Overview:

	Prior Year	Current Year	Projected Year
Total Revenue	403,305.29	341,365.72	422,409.04
Total Expenses	401,016.33	353,077.67	421,785.18
Surplus/Deficit	2,288.96	-11,711.95	623.86

→Section 5 – Agency Budget Breakdown for all Programs:

Revenues by Program

Programs	Prior Budget Allocation	Current Budget Allocation	Proposed Budget Request
TOTAL			

Expenses by Program

Programs	Prior Budget Expense	Current Budget Expense	Proposed Budget Expense
TOTAL			

→Section 6 – Audited Financial Report: Attach one copy of your latest audited financial report.

→Section 7 – IRS Form 990, Return of Organization Exempt From Income Tax: Attach one copy of your latest Form 990 as submitted to the Department of the Treasury, IRS.

Part B – Program Specific Information

Important Note: Please complete sections 8 – 14 for each program requesting Town Funding.

→Section 8 – Program Funding Request:

Program Name: Kidworks Learning Center

Amount of Request for this Program: \$ 10,000.00

Existing Program New Program

Will funds be matched?

By Federal, State, Municipal, Private. No.

If yes, how? _____

If no, why not? We used the Town of Meredith in our grants to show that we have support from the town.

→Section 9 – Program Expense Summary:

Expense Item	Prior	Current	Proposed
Personnel Services	319,643.43	299,369.18	361,369.18
Contract Services	12,730.56	11,873.58	12,875.00
Travel	388.00	438.75	300.00
Space/Rent	12,816.00	12,816.00	12,816.00
Consumable Supplies	3,375.00	2,870.00	2,900.00
Equipment	2,490.00	2,132.00	2,000.00
Telephone	3,876.00	3,977.36	4,000.00
Membership Dues	75.00	75.00	75.00
Printing	75.00	100.00	100.00
Food	6,428.84	5,311.80	6,300.00
Insurance	16,068.00	8,750.00	12,750.00
All Other	23,050.05	5,364.00	6,300.00
TOTAL:	401,016.88	353,077.67	421,785.18

→Section 10 – Program Revenue Summary:

Revenue Sources	Prior	Current	Proposed
Federal (list)			
State (list)	48,086.08	48,259.36	49,757.00
United Way			
Belknap County			
Client Fees-Public			
Client Fees-Private	215,241.46	243,357.00	346,302.04
USDA-CACFP	7,656.31	7,747.36	7,850.00
Municipalities	10,000.00	10,000.00	10,000.00
Other	121,556.00	31,002.00	7,500.00
Other	760.44	1,000.00	1,000.00
Other			
TOTAL:	403,305.29	341,365.72	422,409.04

→Section 11 – Program Personnel Summary:

# FTE's	Position / Title	# of hours *	Prior Salary	Current Salary	Proposed Salary
7	Teacher	14,560	253,162.00	253,162.00	300,162.00
1	Director	2080	53,000.00	53,000.00	53,000.00
	TOTAL	16,640	306,162.00	306,162.00	353,162.00

* Number of hours worked per year. Fulltime for a full year is 2,080 hours.

→Section 12 – Fringe Benefits:

Type of Benefit	Cost	Explanation
Workers Compensation	4,733.00	
FICA	22,375.83	
State Unemployment	433.53	
Health/Dental Insurance	6,863.00	
Other (vehicle, housing, life, etc.)	18,462.00	Staff receive discount child care
TOTAL	52,867.36	

→Section 13 – Program General Information, Update, Service Goals, and Objectives.

Please attach a document that separately answers the following questions (reference each question by number).

1. Please LIST the program's mission, goals, and objectives.
2. Describe the program and/or general operations for which you request this money.
3. Break-down the monies as to which area they will be used is \$ amount.
4. Please describe how this program evaluates and measures effectiveness.
5. Describe how and how many (in hours) volunteers this program uses.
6. Describe your program's efforts re: cooperation and collaboration with other agencies.
7. Describe your program's target population.
8. Please LIST any major changes in service since your last review. Were changes due to funding cuts, reduction in program, increased efficiencies?
9. Please LIST the number of new positions next year.
10. Please LIST the number of positions eliminated next year.
11. LIST and describe any major purchases the program plans for next year.
12. LIST past year fund raising events and detail amounts received (gross/net), are these events to be held again this year.
13. Does this program use a sliding fee scale (describe)?
14. Please LIST the unit of service in terms of dollar cost per hour per individual served, and describe a unit of service for this program. Is the unit of service a full hour?
15. How many units can the program provide?
16. How many perspective recipients are on your waiting list?
17. How long will it be (in days) before your program can serve the first person on the waiting list?

→Section 14 – Program Beneficiary Statistics

	Prior	Current	Projected
1. Total count of clients	34	39	59
2. Age Groups			
a. 0 to 5 years	22	30	49
b. 6 to 17 years	12	9	10
c. 18 to 61 years			
d. 62 to older			
e. not known			

1. Kidworks Learning Center's mission is to provide quality early childhood education and care for the children we serve. We provide a warm, safe and nurturing environment that fosters independence and self-esteem. Our program has been designed to promote, speech/language emotional, social, cognitive, physical development in each child. Through daily activities, children are provided with a variety of opportunities to explore their surroundings in order to grow and develop to their maximum potential.

2. **PROGRAM INFORMATION**
Kidworks Learning Center is a state licensed plus, non-profit childcare provider offering children of the lakes region a variety of programs including:
 - **Infants:** 6 weeks-15 months: nurturing emotional growth and encouraging gross motor development
 - **Toddlers:** 15-36 months: guiding active exploration through multi-sensory activities and fostering the development of self-confidence by laying the groundwork for language and social skills
 - **Preschool:** 3 and 4 year olds: enhancing social and cognitive development through independent activities and peer interaction
 - **Pre-K:** 4 1/2-5 year olds: encouraging intellectual growth through guided discovery and cooperative play
 - **School Age Program** (Before & After school and Summer Enrichment) 5-12 year olds: offering recreational sports, arts and crafts, homework help, and time for children to pursue their own interests in a safe environment as well as to provide children with opportunities to work on team building and respect for themselves and others.

Kidworks participates in the State of NH childcare scholarship program, which helps low-income families with the cost of childcare, and provides breakfast and two snacks to every child in attendance. Kidworks provides breakfast, 2 snacks and milk for all meals.

3. We are requesting \$10,000.00 this year to complete our projects and programs for 2024. We would like to continue our families in need program which we would set aside \$4,000. The remainder of the money would go towards our projects.
 - ❖ Kidworks would like to continue its funding for families in need. We have worked with families in the past that could not afford to pay tuition, but the current pandemic we are finding families are struggling more than usual. These families are in need of help and don't always qualify for State Assistance. We have some families that are working, but still can't quite make the weekly tuition each week. We found it to be a real service to the families because they were able to receive the help during their times of struggle and then were able to begin paying tuition again on their own. The children were able to keep the consistency they need at this young age and were in a safe learning environment. 35% of our families are on State Assistance this past year. We anticipate this number to grow each year. The center loses money by participating in this program. These families are struggling to make their copay they can't pay additional fees. 38% of our children are free or reduced and of that 38%, 54% are from Meredith.
 - ❖ We would like to use \$2,000 staff development/ training to maintain Licensed Plus status. In order to meet the License Plus Guidelines the staff will need specific trainings in addition to their annual trainings requirements. We receive a higher reimbursement rate from the State if we maintain our Licensed Plus Status.
 - ❖ We would like to use \$1,500 increase the outdoor lighting for families and staff to improve the safety of the parking lot during the winter.
 - ❖ We would use \$2,500 to purchase a new changing table, mattress pads and classroom furniture for our infant/toddler classroom.
4. Kidworks Learning Center uses the Environment Rating Scale to assess the classrooms. The Director observes in the classroom on a regular basis and performs staff evaluations twice a year. In addition to a center evaluation, individual staff members are encouraged to complete professional development plans in order to ensure continued education and training.

The center also uses the Ages and Stages Questionnaire and New Hampshire Early Learning Standards to make sure that our curriculum and instruction is meeting the children's needs. We also use this tool to determine professional development trainings for the staff.

The center is also inspected by Child Care Licensing every year. Some of the safety projects are based on the findings of our licensing coordinator or by self inspections.

The purchases made are based on the results of the evaluation or inspections. The results also help us choose a goal for our fundraisers and grant projects.

5. Kidworks typically welcomes volunteers to the center. The Board of Directors is comprised of five volunteers from the community. The Board members also sit on sub-committees, such as fundraising and grant writing. The grant writing and fundraising committees are also made up of parents. Each committee spends approximately an hour a week on projects for the center. The Board members probably spend an average of two hours a week on Kidworks related items.

We are still limiting the number of people in our building. Our board is still volunteering as they are not on site. Families are still helping make repairs and yard work on the weekends as well as chaperoning field trips.

6. The Center incorporates community service into the curriculum every year. Every December all the children at the center do chores at home to earn money so that they can buy groceries for families in need. In the past we have teamed up with Heath Supermarket.

We have started having student interns back at the center.

7. The Program's target population is working families in the Lakes Region. Currently over half of our 27 families reside in Meredith, and the remaining portion are scattered throughout the region. Our program allows the families to leave their children in an enriched learning environment while they are working or continuing their schooling.
8. The center is currently in need of three full time teachers. Once we hire more teachers we will be able to enroll 10 more children in the preschool program. As well as 10 more in our toddler program.

We also had two teachers out on 12 week maternity leaves in 2023, which reduced our enrollment numbers for the summer as well as our payroll numbers just for 2023. One has returned and the other will be returning at the end of October.
9. We do not anticipate any new openings. We are trying to fill all our current positions.
10. We do not anticipate any positions to be eliminated next year.
11. The center is focusing health and safety repairs.
12. We are still working on developing a larger successful fundraiser. In the past our comedy show was a huge success for us, but due to COVID it was eliminated and has yet to be able to return. We are still doing Art Fundraisers and Children's Show Fundraisers that have raised around \$200 per fundraiser.
13. Financially, Kidworks can not offer a sliding scale fee on its own. The Center does participate in the State Scholarship Program and in conjunction with this program we can offer a sliding fee.

The center does work with families in need on an individual basis. We would like to continue seeking funds to help assist these families during their time of need. With increasing housing and food costs we are finding more families in need of financial help. We have families that just barely miss the State qualifications for assistance, but they are still struggling. We have found that our "Families in Need Program" is essential in caring for these children.

14. The unit of service for this program is "Hours Served". This is a full hour. The cost per unit of service is \$1.55 per hour.
15. Kidworks is opened 10 hours per day, five days a week. It is possible for each child to be here 50 hours a week and the center is licensed for 88 children, therefore the center can provide 4,400 units of service.
16. There are approximately fifty families on our waiting list.
17. The center needs to hire three toddler teachers. Once we hire three teachers we will be able to take an additional 22 children.

We would like to thank the Town of Meredith for their continued support of the center. Thank you for your consideration.

Children by Town

Meredith

21

Center Harbor

5

Laconia

4

Ashland

2

New Hampton

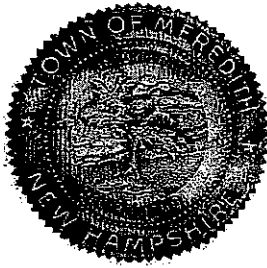
2

Moultonborough

2

Campton

3



TOWN OF MEREDITH

Annual Budget Request from Outside Agencies

Part A – Agency Information

Agency Name: Lakes Region Mental Health Center, Inc.	Date: 9/1/23
Address: 40 Beacon St. E	Email: bvachon@lrmhc.org
Telephone: (603) 524-1100	Fax: (603) 524-5795
Executive Director: Margaret Pritchard	Agency Fiscal Year: 2024

→Section 1 – Funding Request Summary:

Total Amount of Request: \$ 13,500
 Funds for:

- General Operations and Overhead Amount \$ _____
- Existing Program, Identify: Access to Care Amount \$ 13,500
- New Program, Identify: _____ Amount \$ _____

→Section 2 – Revenue Summary: (Detail of all sources – use extra space if necessary)

Revenue Sources	Prior	Current	Requested
Federal: (list)			
HUD (Housing and Urban Development); Other Federal Grants	199,680	101,623	
State Funds: (list)			
BBH (Bureau of Behavioral Health)	1,276,456	2,101,364	2,753,214
Belknap County:	0	0	32,000
Client Fees-Public:	12,057,825	11,574,842	12,573,725
Client Fees-Private:	1,075,607	1,191,816	974,572
USDA-CACFP:	0	0	0
Municipalities: (total)	117,813	\$117,720	127,720
Other: Program Sales	945,764	1,040,032	1,230,964
Other: Other Revenue/Interest	190,308	97,164	10,150
Other: Rental Income	92,058	53,679	44,748
Other: Grafton	23,000	23,000	23,000
Other: Donations & Public Support	371,020	415,011	152,367
TOTAL:	16,349,531	16,716,251	17,922,460

NOTE: Please define initials, acronyms, etc.: _____

→Section 3 – Agency Municipal Government Revenue:

Please list revenues received from Municipal Governments in Belknap County:

Municipality	Date of Last Application	Prior	Current	Projected/Requested
Alton		15,750	15,750	15,750/15,750
Barnstead		0	0	0/5,250
Belmont		10,000	10,000	10,000/10,000
Center Harbor		1,500	1,750	1,750/1,750
Gilford		21,000	21,000	21,000/21,000
Gilmanton	8/1/2023	7,500	7,500	7,500/7,500
Holderness	Grafton County			
Laconia		20,000	30,000	30,000/30,000
Meredith		13,500	13,500	13,500/13,500
Moultonboro	Carroll County			
New Hampton		2,820	2,820	2,820/2,820
Sanbornton		0	2,000	2,000/5,250
Tilton		0	0	0/7,000
TOTAL:				

→Section 4 – Agency Budget Overview:

	Prior Year	Current Year	Projected Year
Total Revenue	\$16,349,531	16,716,251	17,922,960
Total Expenses	\$15,741,650	16,547,323	17,878,915
Surplus/Deficit	\$607,881	168,928	44,045

→Section 5 – Agency Budget Breakdown for all Programs:

Revenues by Program

Programs	Prior Budget Allocation	Current Budget Allocation	Proposed Budget Request
Child & Adolescents	\$3,670,083	3,790,008	3,355,648
Multi-Service Team	\$8,485,431	8,097,458	7,830,549
ACT Team	\$1,040,437	1,104,876	1,117,924
Emergency Services	\$1,702,296	1,946,308	2,751,091
Residential Services	\$702,902	876,122	1,849,305
Non-Eligible	\$60,807	61,947	95,235
TOTAL Non-BBH	\$460,908	496,435	555,936

TOTAL \$16,349,531 \$16,716,251 \$17,922,960

Expenses by Program

Programs	Prior Budget Expense	Current Budget Expense	Proposed Budget Expense
Child & Adolescents	\$3,293,781	3,442,254	3,520,159
Multi-Service Team	\$6,625,594	6,971,740	7,013,951
ACT Team	\$938,951	1,015,635	1,178,332
Emergency Services	\$1,851,024	2,338,842	2,896,196
Residential Services	\$1,352,675	1,702,510	1,701,245
Non-Eligible	\$639,616	74,403	159,038
TOTAL Non-BBH	\$448,477	346,146	560,267

Other Mental Health 226,667 343,097 367,272

TOTAL: \$15,741,650 \$16,547,323 \$17,878,915

→Section 6 – Audited Financial Report: Attach one copy of your latest audited financial report.
 →Section 7 – IRS Form 990, Return of Organization Exempt From Income Tax: Attach one copy of your latest Form 990 as submitted to the Department of the Treasury, IRS.

Part B – Program Specific Information

Important Note: Please complete sections 8 – 14 for each program requesting Town Funding.

→Section 8 – Program Funding Request:

Program Name: Access to Care

Amount of Request for this Program: \$ 13,500

Existing Program New Program

Will funds be matched?

By Federal, State, Municipal, Private, No.

If yes, how? Funds requested from other towns in Belknap County will be restricted to this program.

If no, why not? _____

→Section 9 – Program Expense Summary:

Expense Item	Prior	Current	Proposed
Personnel Services	462,670	348,335	320,689
Contract Services	6,375	292	1,084
Travel	84	495	0
Space/Rent	8,339	1,938	16,491
Consumable Supplies	3,474	302	1,161
Equipment	666	117	1,204
Telephone	10,345	3,911	6,055
Membership Dues	1,063	1,170	1,628
Printing	3	0	0
Food	0	0	0
Insurance	1,479	1,466	3,455
All Other	70,868	74,884	76,083
TOTAL:	565,366	433,510	427,850

→Section 10 – Program Revenue Summary:

Revenue Sources	Prior	Current	Proposed
Federal (list)			
State (list)			
United Way			
Belknap County			
Client Fees-Public	19,243		
Client Fees-Private	249		
USDA-CACFP			
Municipalities		117,720	127,720
Other Contract Services	518		
Other Donations	93	10,000	
Other			
TOTAL:	20,103	127,720	127,720

→Section 11 – Program Personnel Summary:

# FTE's	Position / Title	# of hours *	Prior Salary	Current Salary	Proposed Salary
1	Therapists	2,080	106,000	53,000	57,000
.5	Team Lead: Hospital Liaison	1040	42,000	28,500	29,000
.20	Clinical Director	416	14,000	15,600	16,600
4.0	Access to Care Spec/Admin	8,320	112,972	142,330	115,453

* Number of hours worked per year. Fulltime for a full year is 2,080 hours.

→Section 12 – Fringe Benefits: **TOTAL** 11,856 \$274,972 \$244,987 \$218,053

Type of Benefit	Cost	Explanation
Workers Compensation	872	.004% of salaries
FICA	16,681	7.65% of salaries
State Unemployment	327	.015% of salaries
Health/Dental Insurance	73,683	33.79% of salaries
Other (vehicle, housing, life, etc.)		
TSA Match	8,722	4% of salaries
Life and Disability Insurance	2,351	.011% of salaries
TOTAL	\$102,636	

→Section 13 – Program General Information, Update, Service Goals, and Objectives.

Please attach a document that separately answers the following questions (reference each question by number).

1. Please LIST the program's mission, goals, and objectives.
2. Describe the program and/or general operations for which you request this money.
3. Break-down the monies as to which area they will be used is \$ amount.
4. Please describe how this program evaluates and measures effectiveness.
5. Describe how and how many (in hours) volunteers this program uses.
6. Describe your program's efforts re: cooperation and collaboration with other agencies.
7. Describe your program's target population.
8. Please LIST any major changes in service since your last review. Were changes due to funding cuts, reduction in program, increased efficiencies?
9. Please LIST the number of new positions next year.
10. Please LIST the number of positions eliminated next year.
11. LIST and describe any major purchases the program plans for next year.
12. LIST past year fund raising events and detail amounts received (gross/net), are these events to be held again this year.
13. Does this program use a sliding fee scale (describe)?
14. Please LIST the unit of service in terms of dollar cost per hour per individual served, and describe a unit of service for this program. Is the unit of service a full hour?
15. How many units can the program provide?
16. How many perspective recipients are on your waiting list?
17. How long will it be (in days) before your program can serve the first person on the waiting list?

→Section 14 – Program Beneficiary Statistics

	Prior	Current	Projected
1. Total count of clients	220	220	225
2. Age Groups			
a. 0 to 5 years	4	4	5
b. 6 to 17 years	53	61	63
c. 18 to 61 years	128	146	147
d. 62 to older	35	44	45
e. not known			



**Lakes Region
Mental Health Center**

1. Please LIST the program's mission, goals and objectives.

Lakes Region Mental Health Center (LRMHC) is a private, non-profit, New Hampshire designated Community Mental Health Center (CMHC) serving a 24-town catchment area that includes all of Belknap County, and Southern Grafton County.

LRMHC is guided by the following mission, vision and values:

The LRMHC **mission** is to provide comprehensive, integrated mental health care for people with mental illness while creating wellness and understanding, in our communities. The organization's **vision** is to be the community leader providing quality, accessible and integrated mental and physical health services, delivered with dedication and compassion.

Values: RESPECT- We conduct our business and provide services with respect and professionalism.

ADVOCACY- We advocate for those we serve through enhanced collaborations, community relations, and political action.

INTEGRITY- We work with integrity and transparency, setting a moral compass for the agency.

STEWARDSHIP- We are effective stewards of our resources for our clients and our agency's health.

EXCELLENCE- We are committed to excellence in all programming and services.

DIVERSITY- We are dedicated to providing a welcoming, inclusive atmosphere for everyone, where all voices are heard and diversity is celebrated.

2. Describe the program and/or general operations for which you request this money.

Almost one third (28.2%) of American adults with mental illness report that they are not able to receive the treatment they need. In the United States, there are 350 individuals for every one mental health provider. According to the 2023 State of Mental Health in America, New Hampshire is currently ranked 20th in the nation in adults with mental illness reporting unmet need. With your help, we can do better to meet those needs.

The Board of Directors and staff of Lakes Region Mental Health Center (LRMHC), a non-profit, 501(c)(3) organization, are committed to continuous improvement. Flexibility, and adaptation of operations and services to meet the growing needs of the 24 towns in the LRMHC service area is often necessary in order to provide residents the right care at the right time.

The LRMHC Access to Care program was redeveloped last fiscal year to help meet the growing demand for mental health services. The Access to Care staff are the first contacts for those who seek help from LRMHC. The team links them to immediate care and ensures that all individuals discharging from the hospital get access within 48 hours of discharge to community-based services. The services of the Access to Care team are provided to everyone- regardless of whether they become a patient at LRMHC, all without financial support from the state or insurance companies. LRMHC invites you to be part of the solution by appropriating funds to support the commitment to this high level of access to mental health care *for all*.

3. Break-down the monies as to which area they will be used in \$ amount.

A \$13,500 allocation from the town of Meredith will be restricted for the use of providing high-level access to

care for Meredith residents. Every dollar of your contribution is invested in care for people in your own community and is leveraged with funds from the other municipalities served by LRMHC. The \$13,500 allocation is requested to reduce the projected program deficit.

4. Please describe how this program evaluates and measures effectiveness.

Client statistics, wait lists, and charts are reviewed regularly by the LRMHC Quality Improvement department to ensure client satisfaction and measure effectiveness of treatment. In addition, LRMHC facilitates a Quality Improvement Committee with diverse representation from the Board of Directors, staff, patients, family members and the community. The Quality Improvement Committee generates Client Satisfaction Surveys and examines the data in an effort to identify gaps in service and identify improvement measures effectiveness of treatment. This committee had previously identified access to care as a gap in service that this request for funding seeks to address.

5. Describe how and how many (in hours) volunteers this program uses.

As a health care organization, LRMHC must strictly adhere to federal HIPAA guidelines and rules of confidentiality. For that reason, we do not use volunteers to assist with providing clinical services. Volunteers are active at LRMHC as members of the Board of Directors and on various committees. The LRMHC Development and Public Relations office utilizes volunteers for administrative tasks such as mailings, filing, and support for fundraising projects and participation in many community awareness initiatives, including school wellness fairs and other local community events.

6. Describe your program's efforts re: cooperation and collaboration with other agencies.

There is an increasing understanding in the United States that overall health involves the treatment of the whole person, and that mental health services impact primary care treatment outcomes, and vice versa. As such, LRMHC works closely with area health care partners to ensure a seamless system of care in its 24-town catchment area. LRMHC established an Assertive Community Treatment (ACT) Team that provides intensive wraparound services, and provides Emergency Services at Concord Hospitals Laconia and Franklin. LRMHC contracts with Plymouth State University, Lakes Region Community College, Lakes Region Community Services, several local school districts, and the Boys and Girls Club of the Lakes Region to provide mental health services and/or support for shared clientele on-site. The agency provides specialty mental health care to established patients via the request of the Belknap County Corrections superintendent. LRMHC is a participant in Community Corrections Planning and Compliance Court in Belknap County, and provides staff to support the Grafton County Mental Health Court. LRMHC continues to be involved with veteran's initiatives at the state level as well as the statewide Suicide Prevention Council, and National Alliance for Mental Health (NAMI) NH.

Though not reflected in the FY24 budget because of the date of the award notice, LRMHC recently received a Substance Abuse and Mental Health Administration (SAMHSA) award to provide additional services to benefit homeless individuals in the catchment area. These services will be provided in partnership with other community agencies that provide associated services and supports to meet the project objectives. The project period will take place from 9/30/2023 through 9/30/2028.

7. Describe your program's target population.

LRMHC seeks to provide high-level access to mental health care for *ALL*, whether or not they possess the financial resources or private insurance to pay for it.

8. Please LIST any major changes in service since your last review. Were changes due to funding cuts, reduction in program, increased efficiencies?

It is widely known that the COVID-19 crisis greatly increased the need for mental health services, while at the same time requiring health providers to pivot operations. Meeting the current demand for services

while balancing an unprecedented shortage in the mental health workforce is a huge challenge. FY23 municipal funding supported the LRMHC Access to Care Team in assisting more patients with access and enrollment of Medicaid benefits. With the expiration of the COVID-19 Public Health Emergency on April 10, 2023, Medicaid flexibilities such as continuous enrollment ended, and a large number of people lost benefits and are still requiring a great deal of assistance to re-qualify. It is impossible to predict how this unprecedented situation will affect the FY24 budget, but it is expected that charitable care provided will increase.

Any change in operations comes with a cost, and projected program deficits or loss of funding ultimately means a loss of services for patients who don't have the resources to pay for treatment.

9. Please LIST the number of new positions next year.

LRMHC is experiencing the effects of the national and statewide workforce shortage in the healthcare industry. Staff vacancies continue to place a larger burden on existing staff as the demand for services increases. There are open positions within the agency. In the past year, we have had as many as 20-40+ open positions at one time. LRMHC anticipates adding therapists to ensure timely access to care and to accommodate the ever-growing need for services. The availability of financial resources and funding, or lack thereof, may drive certain business decisions.

10. Please LIST the number of positions eliminated next year.

LRMHC does not plan to eliminate any positions in the coming year. Staffing is constantly reviewed and appropriate adjustments are made to ensure fiscal solvency while meeting the demand for services.

11. LIST and describe any major purchases the program plans for next year.

LRMHC does not anticipate any major purchases for the Access to Care Program in FY23.

The agency has budgeted for the launch of a new Electronic Health Records (EHR) system, a major purchase for LRMHC, but a necessary step to meet the demands of technology innovation. The upgraded system will improve patient care by improving accuracy and clarity of medical records, make information available to help patients make informed decisions, improve the relationship between patients and clinicians, and to improve two-way communication between physical and mental health providers to provide integrative physical and mental health services that result in improved patient outcomes.

12. LIST past year fundraising events and detail amounts received (gross/net), are these events to be held again this year.

In FY2023, LRMHC secured funding from a variety of public sources including municipalities, individual and corporate donors, and grants from private and public foundations. Fundraising appeals (Fall and Spring) and major events are held every year.

LRMHC also seeks grants (from state, federal, and private foundation sources) that align with its mission, vision, and values, to improve patient care and continues to focus on fundraising as a way to diversify revenue.

FY23 Fundraising:

- Donations (includes events listed above): \$63,855
- Other (Grants, Municipal, Belknap and Grafton Counties for FY24): \$286,744

13. Does this program use a sliding fee scale (describe)?

Yes, LRMHC uses a scale that follows the federal poverty guidelines and requires proof of income and family size, and other supporting documentation as needed. If the patient is 138% below the federal poverty guidelines, LRMHC encourages the patient to apply for Medicaid under the Medicaid Expansion program. Assistance is available if needed and requested.

14. Please LIST the unit of service in terms of dollar cost per hour per individual served, and describe a unity of service for this program. Is the unit of service a full hour?

Rates for 2022/2023

Service	Time	Unit/Event	Charge
Individual Psychotherapy	Ineligible 16-37min	Per Event	\$80.00
	Ineligible 38-52min	Per Event	\$160.00
	Ineligible 53+ min	Per Event	\$240.00
	Eligible 16-37min	Per Event	\$80.00
	Eligible 38-52min	Per Event	\$160.00
	Eligible 53+ min	Per Event	\$240.00
Intake	Eligible	Per Event	\$250.00
	Ineligible	Per Event	\$250.00
Group Psychotherapy	Eligible/Ineligible	Per 15 Min Unit	\$23.00
Psychiatrist Visit New Patient	Eligible/Ineligible	60-74 Min Event	\$360.00
Psychiatrist Visit Established Pt	Eligible/Ineligible	30-39 Min Event	\$150.00

15. How many units can the program provide?

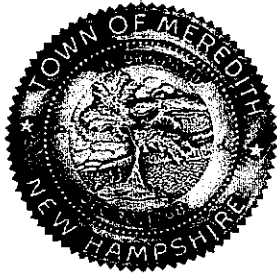
The program strives to serve as many patients as possible given staffing and funding levels. Patients are scheduled according to available resources.

16. How many perspective recipients are on your waiting list?

Wait lists can vary and have been impacted by workforce shortages in the profession. Private payers demand access to care within a certain number of days. Patients are seen as soon as possible based on clinician availability. Those in crisis and needing emergency care are prioritized and there is no waitlist.

17. How long will it be (in days) before your program can serve the first person on the waiting list?

The wait for services varies depending on the individual needs of the patient, and the program that provides services. Currently, there is no waitlist for adult outpatient services. On average, wait times run between 0-3 days. Same day access allows LRMHC to offer patient assessment on the same day requested by the patient, without a scheduling delay or wait. Our Access to Care program significantly reduces delays and waitlist times, and we are currently taking in new patients.



TOWN OF MEREDITH

Annual Budget Request from Outside Agencies

Part A – Agency Information

Agency Name: Lakes Region Tourism Association Date: Sept 26, 2023
 Address: PO Box 737, 67 Laconia Road Suite 1, Tilton, NH 03276 Email: alanders@lakesregion.org
 Telephone: 603-286-8008 Fax:
 Executive Director: Amy L. Landers Agency Fiscal Year: 08/01/23-7/31/24

→Section 1 – Funding Request Summary:

Total Amount of Request: \$ \$2,500.00
 Funds for:

- General Operations and Overhead Amount \$ _____
- Existing Program, Identify: Marketing Amount \$ \$ 2,500.00
- New Program, Identify: _____ Amount \$ _____

→Section 2 – Revenue Summary: (Detail of all sources – use extra space if necessary)

Revenue Sources	Prior	Current	Requested
Federal: (list)			
State Funds: (list)			
JPP Matching Grants	163,525.00	177,168	156,474
Belknap County:			
Client Fees-Public:			
Client Fees-Private:			
USDA-CACFP:			
Municipalities: (total)	1,500.00	1,500	5,000
Other:			
Other:			
Other:			
Other:			
Other:			
TOTAL:	165,025.00	178,668	161,474

NOTE: Please define initials, acronyms, etc.: _____

→Section 3 – Agency Municipal Government Revenue:

Please list revenues received from Municipal Governments in Belknap County:

Municipality	Date of Last Application	Prior	Current	Projected/Requested
Alton				
Barnstead				
Belmont				
Center Harbor				
Gilford				
Gilmanton				
Holderness				
Laconia	9/22	500.00	500.00	500.00
Meredith	9/22	1000.00	1000.00	1000.00
Moultonboro				
New Hampton				
Sanbornton				
Tilton				
TOTAL:		1500.00	1500.00	1500.00

→Section 4 – Agency Budget Overview:

	Prior Year	Current Year	Projected Year
Total Revenue	599,539	705,933	631,995
Total Expenses	573,015	684,481	618,525
Surplus/Deficit	26,524	21,451	13,470

→Section 5 – Agency Budget Breakdown for all Programs:

Revenues by Program

Programs	Prior Budget Allocation	Current Budget Allocation	Proposed Budget Request
Membership	97,774	105,000	105,000
Fundraising	51,691	86,833	82,000
Grants	163,525	177,168	173,495
Advertising	285,130	335,432	270,000
towns	1,500	1,500	1,500
TOTAL	599,620	705,933	631,955

Expenses by Program

Programs	Prior Budget Expense	Current Budget Expense	Proposed Budget Expense
Marketing & Advertising	297,505	375,760	319,475
Personnel	160,067	180,655	171,500
Building	24,000	24,000	24,000
Operating Expenses	63,885	65,861	64,550
Fundraising	27,559	38,205	39,000
TOTAL	573,016	684,481	618,525

→Section 6 – Audited Financial Report: Attach one copy of your latest audited financial report.

→Section 7 – IRS Form 990, Return of Organization Exempt From Income Tax: Attach one copy of your latest Form 990 as submitted to the Department of the Treasury, IRS.

Part B – Program Specific Information

Important Note: Please complete sections 8 – 14 for each program requesting Town Funding.

→Section 8 – Program Funding Request:

Program Name: Marketing & Advertising Promotion

Amount of Request for this Program: \$ 2,500.00

Existing Program New Program

Will funds be matched?

By Federal, State, Municipal, Private. No.

If yes, how? Joint Promotions Matching Funds Program

If no, why not? _____

→Section 9 – Program Expense Summary:

Expense Item	Prior	Current	Proposed
Personnel Services	146,890	180,655	171,500
Contract Services	120,680	123,847	126,050
Travel	4,040	4,699	5,000
Space/Rent	24,000	24000	24,000
Consumable Supplies			
Equipment			
Telephone	4,014	4146	4,500
Membership Dues			
Printing	73,453	78,421	80,042
Food			
Insurance	3,288	3672	4,000
All Other	193,132	265,041	204,433
TOTAL:	563,497	684,481	618,525

→Section 10 – Program Revenue Summary:

Revenue Sources	Prior	Current	Proposed
Federal (list)			
State (list)	163,525	177,168	156,474
United Way			
Belknap County			
Client Fees-Public			
Client Fees-Private			
USDA-CACFP			
Municipalities	1,500	15,00	1,500
Other	384,100	443,506	375000
Other	51,690	83,759	82000
Other			
TOTAL:	599,619	705933	631,995

→Section 11 – Program Personnel Summary:

# FTE's	Position / Title	# of hours *	Prior Salary	Current Salary	Proposed Salary
	TOTAL				

* Number of hours worked per year. Fulltime for a full year is 2,080 hours.

→Section 12 – Fringe Benefits:

Type of Benefit	Cost	Explanation
Workers Compensation		
FICA		
State Unemployment		
Health/Dental Insurance		
Other (vehicle, housing, life, etc.)		
TOTAL		

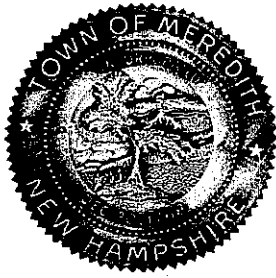
→Section 13 – Program General Information, Update, Service Goals, and Objectives.

Please attach a document that separately answers the following questions (reference each question by number).

1. Please LIST the program's mission, goals, and objectives.
2. Describe the program and/or general operations for which you request this money.
3. Break-down the monies as to which area they will be used is \$ amount.
4. Please describe how this program evaluates and measures effectiveness.
5. Describe how and how many (in hours) volunteers this program uses.
6. Describe your program's efforts re: cooperation and collaboration with other agencies.
7. Describe your program's target population.
8. Please LIST any major changes in service since your last review. Were changes due to funding cuts, reduction in program, increased efficiencies?
9. Please LIST the number of new positions next year.
10. Please LIST the number of positions eliminated next year.
11. LIST and describe any major purchases the program plans for next year.
12. LIST past year fund raising events and detail amounts received (gross/net), are these events to be held again this year.
13. Does this program use a sliding fee scale (describe)?
14. Please LIST the unit of service in terms of dollar cost per hour per individual served, and describe a unit of service for this program. Is the unit of service a full hour?
15. How many units can the program provide?
16. How many perspective recipients are on your waiting list?
17. How long will it be (in days) before your program can serve the first person on the waiting list?

→Section 14 – Program Beneficiary Statistics

	Prior	Current	Projected
1. Total count of clients	NA		
2. Age Groups	NA		
a. 0 to 5 years	NA		
b. 6 to 17 years	NA		
c. 18 to 61 years	NA		
d. 62 to older	NA		
e. not known	NA		



TOWN OF MEREDITH

Annual Budget Request from Outside Agencies

Part A – Agency Information

Agency Name: Lakes Region Visiting Nurse Association	Date: 09-12-2023
Address: 186 Waukewan St. Meredith, NH 03253	Email: meelliard@lrvna.org
Telephone: 603-279-6611	Fax: 844-412-7881
Executive Director: Macgregor Morgan (CEO)	Agency Fiscal Year: 9-30-2023

→Section 1 – Funding Request Summary:

Total Amount of Request: \$ **85,000**
 Funds for:

- | | |
|--|-------------------------|
| <input checked="" type="checkbox"/> General Operations and Overhead | Amount \$ 78,000 |
| <input checked="" type="checkbox"/> Existing Program, Identify: Hospice | Amount \$ 7,000 |
| <input type="checkbox"/> New Program, Identify: _____ | Amount \$ _____ |

→Section 2 – Revenue Summary: (Detail of all sources – use extra space if necessary)

Revenue Sources	Prior	Current	Requested
Federal: (list)			
State Funds: (list)			
Belknap County:			
Client Fees-Public:			
Client Fees-Private:	971,391	896,011	918,411
USDA-CACFP:			
Municipalities: (total)	217,341	186,625	191,291
Other: Medicare	4,834,929	4,401,644	4,511,685
Other: Flu	4,881	12,593	12,908
Other: Hospice	1,657,331	2,531,923	2,595,221
Other: Medicaid	160,456	128,574	131,788
Other: Fundraising/Grants	197,953	280,355	387,364
TOTAL:	8,044,282	8,435,921	8,646,819

NOTE: Please define initials, acronyms, etc.: _____

→Section 3 – Agency Municipal Government Revenue:

Please list revenues received from Municipal Governments in Belknap County:

Municipality	Date of Last Application	Prior	Current	Projected/Requested
Alexandria	12/19/2022	0	4,700	4,700
Bridgewater	02/15/2023	0	13,867	13,867
Bristol	09/21/2022	0	23,193	33,400
Center Harbor	12/01/2022	20000	20000	20000
Hebron	02/10/2023	0	4,875	4,875
Hill	02/15/2023	0	1,092	1,092
Grafton County	01/05/2023	0	8,125	16,250
Laconia	12/01/2022	10000	15000	25000
Meredith	9/30/2022	78000	85000	85000
Moultonboro	04/04/2023	25000		25000
New Hampton	12/15/2022	0	14725	15725
TOTAL:		133,000	190,577	244,909

→Section 4 – Agency Budget Overview:

	Prior Year	Current Year	Projected Year
Total Revenue	8,044,282	8,435,921	8,646,819
Total Expenses	7,461,772	8,137,273	8,612,273
Surplus/Deficit	582,510	298,648	34,546

→Section 5 – Agency Budget Breakdown for all Programs:

Revenues by Program

Programs	Prior Budget Allocation	Current Budget Allocation	Proposed Budget Request
Home Care Patient Care	6,004,039	5,426,230	5,561,886
Hospice Patient Care	1,657,535	2,531,923	2,595,221
Free/ Subsidized Care	217,341	186,625	191,291
Fund Raising	42,817	244,527	245,000
Grants	122,550	35,828	50,000
TOTAL	8,044,282	8,425,133	8,643,398

Expenses by Program

Programs	Prior Budget Expense	Current Budget Expense	Proposed Budget Expense
Patient Care	6,184,716	6,501,090	6,454,693
Free Subsidized Care	1,274,185	1,151,228	1,317,168
Fund Raising	2,871	4,429	75,000
Grants	0	0	30,000
TOTAL	7,461,772	7,656,747	7,876,861

→Section 6 – Audited Financial Report: Attach one copy of your latest audited financial report.

→Section 7 – IRS Form 990, Return of Organization Exempt From Income Tax: Attach one copy of your latest Form 990 as submitted to the Department of the Treasury, IRS.

Part B – Program Specific Information

Important Note: Please complete sections 8 – 14 for each program requesting Town Funding.

→Section 8 – Program Funding Request:

Program Name: Homecare and Hospice Free Care

Amount of Request for this Program: \$ 85,000

Existing Program New Program

Will funds be matched?

By Federal, State, Municipal, Private. No.

If yes, how? _____

If no, why not? _____

→Section 9 – Program Expense Summary:

Expense Item	Prior	Current	Proposed
Personnel Services	910,382	870,527	893,160
Contract Services			
Travel	25,944	24,374	25,008
Space/Rent			
Consumable Supplies	36,413	34,821	35,726
Equipment	22,758	21,763	22,239
Telephone	8,829	8,444	8,664
Membership Dues			
Printing			
Food			
Insurance	9,103	8,705	8,484
All Other	260,809	252,453	259,017
TOTAL:	1,274,185	1,232,829	1,252,298

→Section 10 – Program Revenue Summary:

Revenue Sources	Prior	Current	Proposed
Federal (list)			
State (list)			
United Way			
Belknap County			
Client Fees-Public			
Client Fees-Private			
USDA-CACFP			
Municipalities	133,000	190,577	244,909
Other			
Other			
Other			
TOTAL:	133,000	190,577	244,909

→Section 11 – Program Personnel Summary:

# FTE's	Position / Title	# of hours *	Prior Salary	Current Salary	Proposed Salary
21	Admin	44,720	1,326,743	1,457,184	1,479,051
42.1	Clinical	89672	3,254,092	3,118,213	3,382,843
	TOTAL	134,392	4,580,835	4,574,397	4,861,894

* Number of hours worked per year. Fulltime for a full year is 1,950 hours.

→Section 12 – Fringe Benefits:

Type of Benefit	Cost	Explanation
Workers Compensation	83,303	
FICA	332,578	
State Unemployment	25,052	
Health/Dental Insurance	489,254	
Other (vehicle, housing, life, etc.)	254,475	Travel
401K	114,237	retirement match
Continuing education	26,735	continuing education
TOTAL	1,325,634	

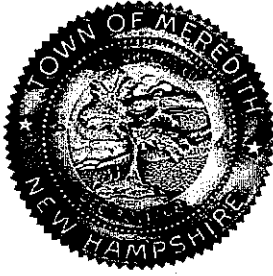
→Section 13 – Program General Information, Update, Service Goals, and Objectives.

Please attach a document that separately answers the following questions (reference each question by number).

1. Please LIST the program's mission, goals, and objectives.
2. Describe the program and/or general operations for which you request this money.
3. Break-down the monies as to which area they will be used is \$ amount.
4. Please describe how this program evaluates and measures effectiveness.
5. Describe how and how many (in hours) volunteers this program uses.
6. Describe your program's efforts re: cooperation and collaboration with other agencies.
7. Describe your program's target population.
8. Please LIST any major changes in service since your last review. Were changes due to funding cuts, reduction in program, increased efficiencies?
9. Please LIST the number of new positions next year.
10. Please LIST the number of positions eliminated next year.
11. LIST and describe any major purchases the program plans for next year.
12. LIST past year fund raising events and detail amounts received (gross/net), are these events to be held again this year.
13. Does this program use a sliding fee scale (describe)?
14. Please LIST the unit of service in terms of dollar cost per hour per individual served, and describe a unit of service for this program. Is the unit of service a full hour?
15. How many units can the program provide?
16. How many perspective recipients are on your waiting list?
17. How long will it be (in days) before your program can serve the first person on the waiting list?

→Section 14 – Program Beneficiary Statistics

	Prior	Current	Projected
1. Total count of clients	1345	1600	1680
2. Age Groups			
a. 0 to 5 years	6	7	7
b. 6 to 17 years	4	5	5
c. 18 to 61 years	248	189	198
d. 62 to older	1087	1399	1469
e. not known			



TOWN OF MEREDITH

Annual Budget Request from Outside Agencies

Part A – Agency Information

Agency Name: Community Action Program Belknap Merrimack County Date: 9/30/23
 Address: 2 Industrial Park Dr Bldg 1 Concord, NH 03301 Email: lrichards@capbm.org
 Telephone: 603-225-3295 x1169 Fax: 603-279-5444
 Executive Director: Jeanne Agri Agency Fiscal Year:

→Section 1 – Funding Request Summary:

Total Amount of Request: \$ \$36,600
 Funds for:

- General Operations and Overhead Amount \$ _____
- Existing Program, Identify: Meredith Area Resource Center Amount \$ \$36,600
- New Program, Identify: _____ Amount \$ _____

→Section 2 – Revenue Summary: (Detail of all sources – use extra space if necessary)

Revenue Sources	Prior	Current	Requested
Federal: (list)	\$58,115	\$42,904	\$42,904
State Funds: (list)			
Belknap County:			
Client Fees-Public:			
Client Fees-Private:			
USDA-CACFP:			
Municipalities: (total)	\$52,900	\$52,900	\$52,900
Other:			
Other:			
Other:			
Other:			
Other:			
TOTAL:	\$111,015	\$95,804	\$95,804

NOTE: Please define initials, acronyms, etc.: _____

→Section 3 – Agency Municipal Government Revenue:

Please list revenues received from Municipal Governments in Belknap County:

Municipality	Date of Last Application	Prior	Current	Projected/Requested
Alton				
Barnstead				
Belmont				
Center Harbor	2022	\$8,800	\$8,800	\$8,800
Gilford				
Gilmanton				
Holderness				
Laconia				
Meredith	2022	\$36,600	\$36,600	\$36,600
Moultonboro				
New Hampton	2022	\$7,500	\$7,500	\$7,500
Sanbornton				
Tilton				
TOTAL:		\$52,900	\$52,900	\$52,900

→Section 4 – Agency Budget Overview:

	Prior Year	Current Year	Projected Year
Total Revenue			
Total Expenses			
Surplus/Deficit			

→Section 5 – Agency Budget Breakdown for all Programs:

Revenues by Program

Programs	Prior Budget Allocation	Current Budget Allocation	Proposed Budget Request
No revenues			
TOTAL			

Expenses by Program

Programs	Prior Budget Expense	Current Budget Expense	Proposed Budget Expense
See attached budget.			
TOTAL			

→Section 6 – Audited Financial Report: Attach one copy of your latest audited financial report.

→Section 7 – IRS Form 990, Return of Organization Exempt From Income Tax: Attach one copy of your latest Form 990 as submitted to the Department of the Treasury, IRS.

Part B – Program Specific Information

Important Note: Please complete sections 8 – 14 for each program requesting Town Funding.

→Section 8 – Program Funding Request:

Program Name: CAP Meredith Area Center

Amount of Request for this Program: \$ \$36,600

Existing Program New Program

Will funds be matched?

By Federal, State, Municipal, Private, No.

If yes, how? Federal LIHEAP funds, local town funding, and statewide EAP funding

If no, why not? _____

→Section 9 – Program Expense Summary:

Expense Item	Prior	Current	Proposed
Personnel Services	\$54,454	\$58,454	\$58,454
Contract Services	\$800		
Travel	\$1,000	\$1,000	\$1,000
Space/Rent	\$23,450	\$29,450	\$29,450
Consumable Supplies	\$1,600	\$1,600	\$1,600
Equipment	\$1,000	\$1,000	\$1,000
Telephone	\$2,500	\$2,500	\$2,500
Membership Dues			
Printing	\$1,000	\$1,000	\$1,000
Food			
Insurance	\$550	\$550	\$550
All Other	\$50	\$250	\$250
TOTAL:	\$85,983	\$95,804	\$95,804

→Section 10 – Program Revenue Summary:

Revenue Sources	Prior	Current	Proposed
Federal (list)	\$33,083	\$42,904	\$42,904
State (list)			
United Way			
Belknap County			
Client Fees-Public			
Client Fees-Private			
USDA-CACFP			
Municipalities	\$52,900	\$42,904	\$42,904
Other			
Other			
Other			
TOTAL:	\$85,983	\$95,804	\$95,804

→Section 11 – Program Personnel Summary:

# FTE's	Position / Title	# of hours *	Prior Salary	Current Salary	Proposed Salary
.20	Manager	390	\$14,019	\$14,019	\$14,019
.40	Site Coordinator	780	\$12,480	\$14,180	\$14,180
.20	Intake Coordinator	390	\$7,301	\$7,523	\$7,523
	TOTAL	1560	\$33,800	\$35,722	\$35,722

* Number of hours worked per year. Fulltime for a full year is 2,080 hours.

→Section 12 – Fringe Benefits:

Type of Benefit	Cost	Explanation
Workers Compensation	\$266	
FICA	\$2839	
State Unemployment	\$280	
Health/Dental Insurance	\$9340	
Other (vehicle, housing, life, etc.)	\$1917	
		403B retirement, life/disability
TOTAL	\$15,642	

→Section 13 – Program General Information, Update, Service Goals, and Objectives.

Please attach a document that separately answers the following questions (reference each question by number).

1. Please LIST the program's mission, goals, and objectives.
2. Describe the program and/or general operations for which you request this money.
3. Break-down the monies as to which area they will be used is \$ amount.
4. Please describe how this program evaluates and measures effectiveness.
5. Describe how and how many (in hours) volunteers this program uses.
6. Describe your program's efforts re: cooperation and collaboration with other agencies.
7. Describe your program's target population.
8. Please LIST any major changes in service since your last review. Were changes due to funding cuts, reduction in program, increased efficiencies?
9. Please LIST the number of new positions next year.
10. Please LIST the number of positions eliminated next year.
11. LIST and describe any major purchases the program plans for next year.
12. LIST past year fund raising events and detail amounts received (gross/net), are these events to be held again this year.
13. Does this program use a sliding fee scale (describe)?
14. Please LIST the unit of service in terms of dollar cost per hour per individual served, and describe a unit of service for this program. Is the unit of service a full hour?
15. How many units can the program provide?
16. How many perspective recipients are on your waiting list?
17. How long will it be (in days) before your program can serve the first person on the waiting list?

→Section 14 – Program Beneficiary Statistics

	Prior	Current	Projected
1. Total count of clients		See attached	
2. Age Groups			
a. 0 to 5 years			
b. 6 to 17 years			
c. 18 to 61 years			
d. 62 to older			
e. not known			

Community Action Program Belknap Merrimack Counties – Funding Request questions

1. Please LIST the program's mission, goals, and objectives.

The purpose the agency is to provide assistance for the reduction of poverty, the revitalization of low-income communities, and the empowerment of low-income families and individuals to become fully self-sufficient through planning and coordinating the use of a broad range of federal, state, local, and other assistance (including private resources) related to the elimination of poverty. The organization offers of a range of services related to the needs of low-income families and individuals, so that these services may have a measurable and potentially major impact on the causes of poverty and may help the families and individuals to achieve self-sufficiency; the maximum participation of residents of the low-income communities and members of the groups served to empower such residents and members to respond to the unique problems and needs within their communities; and to secure a more active role in the provision of services for private, religious, charitable, and neighborhood-based organizations, individual citizens, and business, labor, and professional groups, who are able to influence the quantity and quality of opportunities and services for the poor.

2. Describe the program and/or general operations for which you request this money.

See attached letter.

3. Break-down the monies as to which area they will be used is \$ amount.

See attached budget sheet.

3. Please describe how this program evaluates and measures effectiveness.

We track how many participants receive services for each town. We are able to determine how many people we are able to serve by service and by year.

5. Describe how and how many (in hours) volunteers this program uses.

No volunteers utilized in program management.

6. Describe your program's efforts re: cooperation and collaboration with other agencies.

Community Action Program partners with many other agencies such as town welfare, mental health providers, and the other 70+ programs that we have here at CAPBMCI.

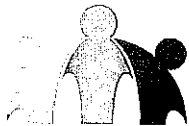
7. Describe your program's target population.

All populations.

8. Please LIST any major changes in service since your last review. Were changes due to funding cuts, reduction in program, increased efficiencies?

We have added services due to availability of funds through federal and state programs. We are currently serving households with one additional program – a Water Assistance Program that provides funds to help with water and sewer arrearages.

9. Please LIST the number of new positions next year.



COMMUNITY ACTION PROGRAM
BELKNAP-MERRIMACK COUNTIES, INC.
EMPOWERING COMMUNITIES SINCE 1965



September 30, 2023

Board of Selectmen, Town of Meredith
41 Main Street
Meredith, New Hampshire 03253

Dear Board of Selectmen:

The Community Action Program Belknap-Merrimack Counties operates two resource centers in Belknap County open to Meredith residents in Laconia, NH. The Meredith Center is open two days a week (Tuesdays and Thursdays), while the Laconia Center is open full time Monday-Friday. These two CAP Resource Centers are funded primarily from three main sources: local tax dollars in conjunction with funding from the Electric Assistance Program (via the state utility companies) and the Low-Income Home Energy Assistance Program (a federal program also known as Fuel Assistance Program). The Center is the local service delivery network for agency programs in your community. The local support of our Centers is vital for us to continue intake, referral, contact, and support with residents of your community.

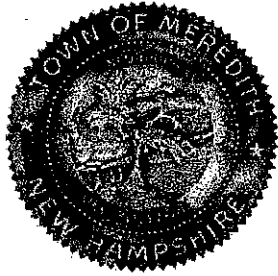
We have compiled data regarding Agency programs accessed by Meredith residents, including the number of residents served and the dollar amount of assistance provided through the work of the Center staff. In the most recent program year, the programs run through our Center served more than 200 Meredith households and, through fuel, electric, and food assistance, provided \$506,234.20 worth of service dollars to residents of Meredith. We would be happy to share the budget for the minimum cost of maintaining the Centers at your request.

We will continue to work closely with your welfare officer to ensure the maximum availability of resources from our programs, as well as continue to mobilize any resources other than local tax dollars that become available to help serve residents of your community. To help us continue to provide support to your local community, we respectfully request consideration of our services and submit the following recommendation to the Budget Committee:

“To see if the Town will vote to raise and appropriate the sum of \$36,600.00 for the continuation of services to the low income residents of Meredith through the Meredith and Laconia Area Resource Centers of the Community Action Program Belknap-Merrimack Counties, Inc.”

We thank you for your continued interest and support of our programs. As always, we will be available to answer any questions that you may have. I can be reached via phone at 603-225-3295 ext 1169 or via email at lrichards@capbm.org.

Sincerely,
Leah Richards
Director of Energy and Area Resource Centers



TOWN OF MEREDITH

Annual Budget Request from Outside Agencies

Part A – Agency Information

Agency Name: Meredith Area Chamber of Commerce	Date: 9-15-24
Address: PO Box 732, Meredith, NH 03253	Email: mike@meredithareachamb
Telephone: 603-279-6121	Fax:
Executive Director: Michael Griffin	Agency Fiscal Year: 2024

→Section 1 – Funding Request Summary:

Total Amount of Request: \$ 10,000
 Funds for:

- General Operations and Overhead Amount \$ 10,000
- Existing Program, Identify: _____ Amount \$ _____
- New Program, Identify: _____ Amount \$ _____

→Section 2 – Revenue Summary: (Detail of all sources – use extra space if necessary)

Revenue Sources	Prior	Current	Requested
Federal: (list)			
State Funds: (list)			
Belknap County:			
Client Fees-Public:			
Client Fees-Private:			
USDA-CACFP:			
Municipalities: (total)	7,000	7,000	10,000
Other:			
Other:	See attached financial report		
Other:			
Other:			
Other:			
TOTAL:	113,665	107,900	10,000

NOTE: Please define initials, acronyms, etc.: _____

→Section 3 – Agency Municipal Government Revenue:

Please list revenues received from Municipal Governments in Belknap County:

Municipality	Date of Last Application	Prior	Current	Projected/Requested
Alton	N/A			
Barnstead	N/A			
Belmont	N/A			
Center Harbor	N/A			
Gilford	N/A			
Gilmanton	N/A			
Holderness	N/A			
Laconia	N/A			
Meredith	9-28-22	7,000	7,000	10,000
Moultonboro	N/A			
New Hampton	N/A			
Sanbornton	N/A			
Tilton	N/A			
TOTAL:		7,000	7,000	10,000

→Section 4 – Agency Budget Overview:

	Prior Year	Current Year	Projected Year
Total Revenue	113,665	107,900	110,150
Total Expenses	112,980	94,177	110,150
Surplus/Deficit	685	13,723	-0-

→Section 5 – Agency Budget Breakdown for all Programs:

Revenues by Program

Programs	Prior Budget Allocation	Current Budget Allocation	Proposed Budget Request
N/A	N/A	N/A	N/A
TOTAL	N/A	N/A	N/A

Expenses by Program

Programs	Prior Budget Expense	Current Budget Expense	Proposed Budget Expense
N/A	N/A	N/A	N/A
TOTAL	N/A	N/A	N/A

→Section 6 – Audited Financial Report: Attach one copy of your latest audited financial report.

→Section 7 – IRS Form 990, Return of Organization Exempt From Income Tax: Attach one copy of your latest Form 990 as submitted to the Department of the Treasury, IRS.

Part B – Program Specific Information

Important Note: Please complete sections 8 – 14 for each program requesting Town Funding.

→Section 8 – Program Funding Request:

Program Name: General Operation

Amount of Request for this Program: \$ _____

Existing Program New Program

Will funds be matched?

By Federal, State, Municipal, Private. No.

If yes, how? _____

If no, why not? _____

→Section 9 – Program Expense Summary:

Expense Item	Prior	Current	Proposed
Personnel Services	See attached financial report		
Contract Services			
Travel			
Space/Rent			
Consumable Supplies			
Equipment			
Telephone			
Membership Dues			
Printing			
Food			
Insurance			
All Other			
TOTAL:	112,980	94,177	

→Section 10 – Program Revenue Summary:

Revenue Sources	Prior	Current	Proposed
Federal (list)			
State (list)			
United Way			
Belknap County			
Client Fees-Public			
Client Fees-Private			
USDA-CACFP			
Municipalities	7,000	7,000	10,000
Other	See attached financial report		
Other			
Other			
TOTAL:	113,665	107,900	10,000

→Section 11 – Program Personnel Summary:

# FTE's	Position / Title	# of hours *	Prior Salary	Current Salary	Proposed Salary
.5	Executive Director	1,040	2,000	22,886	35,000
	Former Ex. Dir.		57,000	6,000	
.5	Staff	1,040	8,512	8,505	9,300
	TOTAL	2,080	61,512	37,391	44,300

* Number of hours worked per year. Fulltime for a full year is 2,080 hours.

→Section 12 – Fringe Benefits:

Type of Benefit	Cost	Explanation
Workers Compensation	350	
FICA	2,320	
State Unemployment	27	
Health/Dental Insurance	N/A	
Other (vehicle, housing, life, etc.)		
Cell Phone/Travel	1,200	
TOTAL	3,897	

→Section 13 – Program General Information, Update, Service Goals, and Objectives.

Please attach a document that separately answers the following questions (reference each question by number).

1. Please LIST the program's mission, goals, and objectives.
2. Describe the program and/or general operations for which you request this money.
3. Break-down the monies as to which area they will be used is \$ amount.
4. Please describe how this program evaluates and measures effectiveness.
5. Describe how and how many (in hours) volunteers this program uses.
6. Describe your program's efforts re: cooperation and collaboration with other agencies.
7. Describe your program's target population.
8. Please LIST any major changes in service since your last review. Were changes due to funding cuts, reduction in program, increased efficiencies?
9. Please LIST the number of new positions next year.
10. Please LIST the number of positions eliminated next year.
11. LIST and describe any major purchases the program plans for next year.
12. LIST past year fund raising events and detail amounts received (gross/net), are these events to be held again this year.
13. Does this program use a sliding fee scale (describe)?
14. Please LIST the unit of service in terms of dollar cost per hour per individual served, and describe a unit of service for this program. Is the unit of service a full hour?
15. How many units can the program provide?
16. How many perspective recipients are on your waiting list?
17. How long will it be (in days) before your program can serve the first person on the waiting list?

Section 13—Program General Information, Update, Service Goals and Objectives

1) The mission of the Meredith Area Chamber of Commerce is to support the growth of our members through networking, education and marketing opportunities with the goal to market the area, maintain an Information Center, and provide services to our members. To carry out the mission and the goals the following objectives are carried out — publish and distribute a brochure, maintain a mobile friendly website, staff the Information Center, electronically publish a newsletter and weekly calendar of events for our members, and hold networking and educational events for our members.

- 2) The Chamber requests the amount of \$10,000 from the Town of Meredith to be used to assist with education and marketing opportunities of our Chamber members. Funds will also be used for the maintenance and upkeep of the MACC Information Center(s).
- 3) The amount of \$10,000 will be used to support Chamber member education, marketing, Meredith area business promotion, and Information Center(s) maintenance and general upkeep at 272 DW Hwy in Meredith.
- 4) The Chamber staff keeps a record of each inquiry and request received as well as the action taken to handle the request. Anecdotal comments indicate that our staff delivers excellent service to the visitor(s) and outside tourism agencies report that our Information Center is one of the best.
- 5) The Chamber does not use volunteers at the information center. In 2024, a work plan is being put in place to form a Chamber Ambassador and Junior Ambassador Program. However, at this time no volunteers work out of the Information Center.
- 6) The Chamber communicates and promotes the activities of the Lakes Region Tourism Association as well as the Greater Meredith Program and we promote the activities of the service clubs in the area. The Meredith Area Chamber of Commerce also works collaboratively with their members.
- 7) Our target population in terms of membership is any business in the Meredith area. In terms of marketing the area, our efforts are directed toward the Lakes Region, Central NH, and around New England Area.
- 8) There have been no changes in our services.
- 9) One (1) part-time Executive Director and one (1) part-time Office Administrator.
- 10) No positions were eliminated.
- 11) There are no major purchases planned for the coming year.
- 12) The Lakes Region Fine Arts and Crafts Festival is the only major event sponsored by the Chamber. The 2023 Annual Fine Arts and Craft Festival financials are incomplete as of this application. The 2022 Festival profit was \$17,901. The 2024 Annual Fine Arts and Craft Festival is planned for August 24 & 25, 2024.
- 13) N/A
- 14) N/A
- 15) N/A
- 16) N/A
- 17) N/A

→Section 14 – Program Beneficiary Statistics

	Prior	Current	Projected
1. Total count of clients	N/A	N/A	N/A
2. Age Groups			
a. 0 to 5 years			
b. 6 to 17 years			
c. 18 to 61 years			
d. 62 to older			
e. not known			

MACC TREASURER'S REPORT AS OF AUGUST 31, 2023

OPENING BALANCE OCTOBER 1, 2022				\$ 4,536.84
INCOME:	CURRENT MONTH	YEAR TO DATE	YTD/CATEGORY	BUDGET 22/23
ARTS	\$ -		\$ 34,000.00	\$ 29,000.00
Registration Artists	\$ 1,500.00	\$ 23,100.00		
Community Sponsor		\$ 1,750.00		
Entertainment Sponsors		\$ 5,000.00		
Presenting Sponsor		\$ 4,000.00		
Food Truck Registration		\$ 150.00		
BROCHURE		\$ 250.00	\$ 250.00	\$ 15,000.00
DUES	\$ 100.00	\$ 49,897.50	\$ 49,897.50	\$ 60,000.00
EVENTS			\$ 2,990.00	\$ 10,450.00
Annual Meeting				
Community Awards Sponsor				
Gift & Décor Sponsor		\$ 500.00		
Registration		\$ 1,140.00		
Silent Auction		\$ 1,250.00		
Reservation Change		\$ 100.00		
Chamber Connections Host Events				
Member Workshops & Forums				
GRANTS/COLLABORATIONS			\$ 14,000.00	\$ 8,000.00
Laker Map				
Town of Meredith - 2022		\$ 7,000.00		
Town of Meredith - 2023		\$ 7,000.00		
Other				
INTEREST	\$ 0.22	\$ 2.96	\$ 2.96	
MEMBER MARKETING			\$ 6,750.00	\$ 9,000.00
Outside Brochure Racks				
Website Advertising		\$ 6,750.00		
Newsletting Advertising				
RAFFLES/DONATIONS		\$ 9.16	\$ 9.16	\$ 750.00
TOTAL INCOME	\$ 1,600.22	\$ 107,899.62	\$ 107,899.62	\$ 132,200.00
ARTS FESTIVAL			\$ 5,734.90	\$ 10,000.00
Application Reimbursement				
Police Coverage		\$ 1,520.00		
Entertainment	\$ 2,750.00	\$ 2,750.00		
Marketing/Promotions/Signs	\$ 300.00	\$ 777.00		
Artist Refreshments	\$ 207.90	\$ 207.90		
Town Permit		\$ 130.00		
Vehicle Towing				
Tent Rental	\$ 350.00	\$ 350.00		
BROCHURE			\$ 12,972.00	\$ 13,700.00
Design		\$ 1,500.00		
Printing		\$ 8,200.00		
Distribution	\$ 355.00	\$ 2,915.00		
Other		\$ 357.00		
EVENTS			\$ 3,321.28	\$ 7,000.00
Annual Meeting Speakers		\$ 300.00		
Annual Meeting Reg. Change		\$ 100.00		
Annual Meeting Breakfast		\$ 1,468.80		
Annual Meeting Supplies		\$ 414.34		
Annual Meeting Venue		\$ 700.00		
Chamber Connections		\$ 248.95		

MACC TREASURER'S REPORT AS OF AUGUST 31, 2023

	CURRENT MONTH	YEAR TO DATE	YTD/CATEGORY	BUDGET 22/23
Director's Expenses		\$ 89.19		
Member Workshops				
FACILITIES			\$ 14,841.99	\$ 18,350.00
Rent - Meredith	\$ 800.00	\$ 8,800.00		
Rent - Moultonborough				
Heating Oil	\$ 142.00	\$ 3,212.00		
Electricity	\$ 133.00	\$ 2,282.00		
Janitorial/Maintenance/Furnace		\$ 225.00		
Decorations/Décor		\$ 322.99		
INSURANCE			\$ 2,696.13	\$ 3,300.00
Director's & Officers Liability	\$ 661.00	\$ 661.00		
Workmen's Compensation		\$ 350.00		
Commercial Property	\$ 153.75	\$ 1,685.13		
MARKETING/PROMOTIONS				\$ 1,300.00
OPERATIONS			\$ 6,144.17	\$ 9,935.00
Office Supplies/ Misc. Print.	\$ 39.98	\$ 889.46		
Office Furniture		\$ 393.96		
Computer Backup	\$ 29.00	\$ 319.00		
Computer Program	\$ 38.50	\$ 423.50		
Computer Updating		\$ 634.98		
Copier Rental	\$ 138.70	\$ 1,816.70		
Copier Maintenance Contract				
Post Office Box Rent/6 months		\$ 105.00		
Postage Meter Rental		\$ 752.04		
Postage		\$ 237.80		
Postage Meter Supplies		\$ 127.48		
Board/Board Meetings	\$ 219.25	\$ 444.25		
PROF. SERVICES/DUES			\$ 816.00	\$ 875.00
Richard Pendergast, CPA		\$ 440.00		
NH Assoc. of Chamber Exec		\$ 75.00		
Business & Industry Assoc.		\$ 190.00		
State Annual Report		\$ 75.00		
Meredith News		\$ 36.00		
STAFF			\$ 38,491.00	\$ 63,800.00
Executive Director	\$ 2,692.00	\$ 22,886.00		
Int. Executive Director		\$ 6,000.00		
Executive Director Stipend	\$ 100.00	\$ 1,100.00		
Office Administrator	\$ 756.00	\$ 8,505.00		
TAXES/OTHER FEES			\$ 3,013.36	\$ 4,402.00
Federal Tax - Executive Dir.	\$ 205.94	\$ 1,750.79		
Federal Tax - Int. Exec. Dir.		\$ 459.00		
Federal Tax - Office Adm.	\$ 57.84	\$ 650.58		
Federal Unemployment (940)		\$ 126.00		
State Unemployment		\$ 26.99		
TECHNOLOGY			\$ 6,146.63	\$ 6,000.00
Website	\$ 323.34	\$ 3,556.95		
Domains				
Email Marketing - CC/FB	\$ 81.00	\$ 990.00		
Online Design Tools				
Telephone/Internet	\$ 122.36	\$ 1,413.80		
Accounting/Meetings	\$ 15.99	\$ 185.88		
TOTAL EXPENSES	\$ 10,672.55	\$ 94,177.46	\$ 94,177.46	\$ 138,662.00
CHECKING ACCOUNT BALANCE AUGUST 31, 2023				\$ 18,259.00

Meredith Historical Society

P. O. Box 920
Meredith, NH 03253
(603) 279-1190

October 31, 2023

Mr. Troy Brown
Town of Meredith
41 Main Street
Meredith, NH 03253

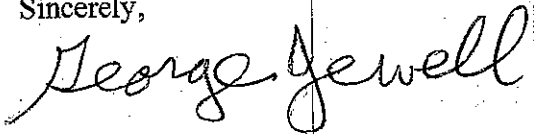
Revised Request

Dear Mr. Brown:

I am writing to request a \$4,300 grant be included in the Town Budget for 2024 for the Meredith Historical Society. The grant will be used for operating expenses to keep the Main Street Museum open to the public approximately 20 hours per week from Memorial Day through Columbus Day, plus additional hours through the fall. The Society appreciates the continuing support that the Town has shown.

Attached is the "Meredith Historical Outside Agency Request Form 2024 Complete Revised" to the Town of Meredith. If you have any questions or would like us to come in for a formal interview, please let me know at 603-524-6586.

Sincerely,



George Jewell, Treasurer



TOWN OF MEREDITH

Annual Budget Request from Outside Agencies

Part A – Agency Information

Agency Name: Meredith Historical Society Date: 10/31/2023
 Address: P. O. Box 920, Meredith, NH 03253 Email: MeredithHistoricalSociety@meredithnh.gov
 Telephone: 603-279-1190 Treasurer -> 603-524-6586 Fax: _____
 Executive Director: George Jewell, Treasurer Agency Fiscal Year: 12/31

→Section 1 – Funding Request Summary:

Total Amount of Request: \$ 4,300.00
 Funds for:

- General Operations and Overhead Amount \$ _____
- Existing Program, Identify: Greater or Expenses for keeping Museum Open Amount \$ \$4,300.00
- New Program, Identify: _____ Amount \$ _____

→Section 2 – Revenue Summary: (Detail of all sources – use extra space if necessary)

Revenue Sources	Prior	Current	Requested
Federal: (list)			
State Funds: (list)			
Belknap County:			
Client Fees-Public:			
Client Fees-Private:			
USDA-CACFP:			
Municipalities: (total)	4,000.00	4,300.00	4,300.00
Other:	39,422.08	40,383.00	44,811.00
Other:			
Other:			
Other:			
Other:			
TOTAL:	43,422.08	44,683.00	49,111.00

NOTE: Please define initials, acronyms, etc.: _____

→Section 3 – Agency Municipal Government Revenue:

Please list revenues received from Municipal Governments in Belknap County:

Municipality	Date of Last Application	Prior	Current	Projected/Requested
Alton				
Barnstead				
Belmont				
Center Harbor				
Gilford				
Gilmanton				
Holderness				
Laconia				
Meredith	09/12/22	4,000.00	4,300.00	4,300.00
Moultonboro				
New Hampton				
Sanbornton				
Tilton				
TOTAL:		4,000.00	4,300.00	4,300.00

→Section 4 – Agency Budget Overview:

	Prior Year	Current Year	Projected Year
Total Revenue	43,422.08	44,683.00	49,111.00
Total Expenses	34,005.18	75,476.00	77,567.00
Surplus/Deficit	9,416.90	(30,793.00)	(28,456.00)

→Section 5 – Agency Budget Breakdown for all Programs:

Revenues by Program

Programs	Prior Budget Allocation	Current Budget Allocation	Proposed Budget Request
Rent Main Street	12,450.00	12,740.00	16,080.00
Interest on Accounts	225.21	3,463.00	4,401.00
Municipal Grants	4,000.00	4,300.00	4,300.00
Other Grants	2,000.00	600.00	600.00
Dues/Contributions	16,683.21	10,800.00	10,800.00
Fundraising/Other Income	8,063.66	12,780.00	12,930.00
TOTAL	43,422.08	44,683.00	49,111.00

Expenses by Program

Programs	Prior Budget Expense	Current Budget Expense	Proposed Budget Expense
Paid Greeters	4,978.59	0.00	0.00
Lectures/Business Meetings	1,139.59	1,670.00	1,865.00
Providing space to display artifacts and preserving them	27,887.00	35,265.00	32,441.00
Capital Expense	0.00	30,500.00	35,200.00
Allocable expenses to keep Museum open		8,041.00	8,061.00
TOTAL	34,005.18	75,476.00	77,567.00

→Section 6 – Audited Financial Report: Attach one copy of your latest audited financial report.
 →Section 7 – IRS Form 990, Return of Organization Exempt From Income Tax: Attach one copy of your latest Form 990 as submitted to the Department of the Treasury, IRS.

Part B – Program Specific Information

Important Note: Please complete sections 8 – 14 for each program requesting Town Funding.

→Section 8 – Program Funding Request:

Program Name: Greeter or Expenses to keep Museum open

Amount of Request for this Program: \$ _____

Existing Program New Program

Will funds be matched?

By Federal, State, Municipal, Private. No.

If yes, how? _____

If no, why not? Rent, Contributions and Dues make up shortfall

→Section 9 – Program Expense Summary:

Expense Item	Prior	Current	Proposed
Personnel Services	4,978.59	0	0
Contract Services			
Travel			
Space/Rent			
Consumable Supplies		1,308.00	1,432.00
Equipment			
Telephone		355.00	375.00
Membership Dues			
Printing			
Food			
Insurance		1,813.00	1,960.00
All Other		4,565.00	4,294.00
TOTAL:	4,978.59	8,041.00	8,061.00

→Section 10 – Program Revenue Summary:

Revenue Sources	Prior	Current	Proposed
Federal (list)			
State (list)			
United Way			
Belknap County			
Client Fees-Public			
Client Fees-Private			
USDA-CACFP			
Municipalities	4,000.00	4,300.00	4,300.00
Other	978.59	3,741.00	3,761.00
Other			
Other			
TOTAL:	4,978.59	8,041.00	8,061.00

→Section 11 – Program Personnel Summary:

# FTE's	Position / Title	# of hours *	Prior Salary	Current Salary	Proposed Salary
.194	Greeters	408	4,427.01	0	0
.194	TOTAL	408	4,427.01	0	0

* Number of hours worked per year. Fulltime for a full year is 2,080 hours.

→Section 12 – Fringe Benefits:

Type of Benefit	Cost	Explanation
Workers Compensation		
FICA		
State Unemployment		
Health/Dental Insurance		
Other (vehicle, housing, life, etc.)		
TOTAL		

→Section 13 – Program General Information, Update, Service Goals, and Objectives.

Please attach a document that separately answers the following questions (reference each question by number).

1. Please LIST the program's mission, goals, and objectives.
2. Describe the program and/or general operations for which you request this money.
3. Break-down the monies as to which area they will be used is \$ amount.
4. Please describe how this program evaluates and measures effectiveness.
5. Describe how and how many (in hours) volunteers this program uses.
6. Describe your program's efforts re: cooperation and collaboration with other agencies.
7. Describe your program's target population.
8. Please LIST any major changes in service since your last review. Were changes due to funding cuts, reduction in program, increased efficiencies?
9. Please LIST the number of new positions next year.
10. Please LIST the number of positions eliminated next year.
11. LIST and describe any major purchases the program plans for next year.
12. LIST past year fund raising events and detail amounts received (gross/net), are these events to be held again this year.
13. Does this program use a sliding fee scale (describe)?
14. Please LIST the unit of service in terms of dollar cost per hour per individual served, and describe a unit of service for this program. Is the unit of service a full hour?
15. How many units can the program provide?
16. How many perspective recipients are on your waiting list?
17. How long will it be (in days) before your program can serve the first person on the waiting list?

→Section 14 – Program Beneficiary Statistics

	Prior	Current	Projected
1. Total count of clients	1,206	1,200	1,200
2. Age Groups			
a. 0 to 5 years			
b. 6 to 17 years			
c. 18 to 61 years			
d. 62 to older			
e. not known	1,206	1,200	1,200

Meredith Historical Society

P. O. Box 920
Meredith, NH 03253
(603) 279-1190

Attachment to 2024 Annual Budget Request – Section 13

Section 13 Program information:

1. The purpose of this organization is for:
 - a. the collection and preservation of historical publications relating to the history of the Town of Meredith, Belknap County, New Hampshire, including, but not limited to preserving landmarks, valuable books, manuscripts, photographs, prints, textiles, relics, and other articles relating to the history of the Town of Meredith;
 - b. sponsoring programs and activities that increase awareness of town history;
 - c. writing and publishing whatever may be of value to the history of Meredith; and
 - d. maintaining the Farm Museum and Main Street Museum in the Town of Meredith.
2. We request funds to help pay to keep open the Main Street Museum. The hours of operation are Wednesday through Saturday 10 am to 3 pm from the Saturday before Memorial Day through Columbus Day weekend plus additional hours through the fall. The volunteer greeters work at the Main Street Museum greeting guests, answering questions and helping guests with research. The grant will be used for operating expenses to keep the museum open during those hours as we were unable to hire paid greeters this year and are budgeting the same for 2024. When there are no guests, the greeter enters information into the computer in our ongoing data entry project, organizes and lists books in our library, catalogues and organizes our artifacts, and daily housekeeping. We publicize our organization which in turn attracts guests, membership and donations.
3. The grant of \$4,300.00 will be applied toward the total operating expenses to keep the Museum open during the times listed in 2 above. The expenses consist of consumable supplies, telephone, insurance and all other allocable expenses.
4. Each year we ask the guests to sign our guest book. We analyze where the guests have come from and their comments on the museum. Guests come from locally and from many states and several countries.
5. Volunteers staff the Main Street Museum because we could not get a paid greeter to working this year and anticipate the same in 2024. Also, volunteers perform most of the preservation and other work at Main Street during the closed months of the year. In addition, during the year when the Museum is not open and a greeter is not available at the Main Street Museum, guests can call one of the officers or directors and special arrangements can be made to visit the Museum. Volunteers put in about 3,790 hours a year.
6. The Society has a traveling trunk of early tools that are lent to schools for demonstration and study in class. Also, the society is available to host school trips to main street, and some time, the farm museum and provides instructors in conjunction with the teacher. A lot of people come in to find genealogy information and information of which cemetery their relatives are buried in. The Society collaborates with other societies and shares information and helps people in determining

Meredith Historical Society
Attachment to 2024 Annual Budget Request – Section 13

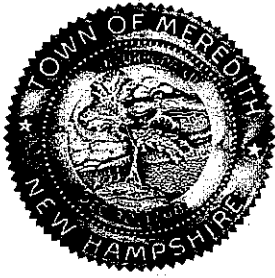
where to go to find information that we do not have. We ensure the Main St. Museum is opened when the Town's Pathways Committee conducts guided Meredith Historical Walking tours. We have sponsored a free hot dog night to get more visitors to the main street museum.

7. The Society welcomes all residents of Meredith and all guests to the town to attend the Society's Museums to view our artifacts and memorabilia and perform research. There is no admission fee but we welcome memberships, donations or contributions. The Society has a traveling trunk of early tools that are lent to schools for demonstration and study in class. The society hosts, if requested, school trips to the farm museum and main street and provides instructors in conjunction with the teacher. And from April through November each year the Society sponsors a schedule of cultural programs and activities that increase awareness of Meredith and New Hampshire history.
8. As stated earlier, we have been unable to hire paid greeters so we have used volunteer greeters to keep the Main Street Museum open as in the past. We have revised the budget numbers for 2023 to reflect that no paid greeters were hired. We have used the grant to cover expenses to keep the museum open for the same times as prior years and plan to do so in 2024. The Farm Museum has been staffed by volunteers for special occasions so there is no incremental cost other than increased electricity. We were unable to hire a portable toilet because of the high expense this year for use at the Farm Museum. See information in 11.
9. No new positions next year but the Greeters will likely be volunteers as opposed to paid staff.
10. No positions eliminated next year but the Greeters will likely be volunteers.
11. For 2023 the Board and Members in December 2022 increased the budget for a proposed capital project which to date we have not been able to find a contractor to do the job. For 2024, the Board of Directors is proposing the following Capital projects totaling \$35,200.00 which include removing the old clapboards on the East end of the Farm Museum building and putting new TYVEC and new clapboards and 2 coats of paint. A similar project needs to be done on the North side and ½ of the west side of Main Street. We had planned on doing these capital projects in 2023 but we have not gotten a reasonable contractor bid on these projects. We are still looking.
12. During 2022, the Society held a yard sale which raised \$1,753.00. We raffled off various baskets at the yard sale, member's meetings and in the renewal applications for dues. We sold some of our books and items that we took on consignment for sale raising \$2,553. We have continued our book & etc. sales in 2023 and have raised \$1,932 through August. In 2023, we held a yard sale this spring that raised \$1,631. We anticipate doing a yard sale and sale campaign in 2024.
13. No – not applicable
14. Not applicable
15. Not applicable. We have not had any problem accommodating guests to the Museums. Weather seems to be a big determinate of how many guests attend each day. Because of the virus we changed our open hours to 1 hour earlier in 2022 trying to attract more guest to come to the museum.

Meredith Historical Society
Attachment to 2024 Annual Budget Request – Section 13

16. Not applicable.

17. Not applicable.



TOWN OF MEREDITH

Annual Budget Request from Outside Agencies

Part A – Agency Information

Agency Name: New Beginnings - Without Violence and Abuse Date: 09/30/2023
 Address: Po Box 622, Laconia, NH 03247 Email: shauna@newbeginningsn
 Telephone: (603)528-6511 x 101 Fax: (603)528-0268
 Executive Director: Shauna Foster Agency Fiscal Year: 07/01/23-06/30/24

→Section 1 – Funding Request Summary:

Total Amount of Request: \$ 1,836
 Funds for:

- General Operations and Overhead Amount \$ 1,836
 Existing Program, Identify: _____ Amount \$ _____
 New Program, Identify: _____ Amount \$ _____

→Section 2 – Revenue Summary: (Detail of all sources – use extra space if necessary)

Revenue Sources	Prior	Current	Requested
Federal: (list)	408,973.92	409,235	409,235
State Funds: (list)	132,703.92	130,411	130,411
Belknap County:	0	0	0
Client Fees-Public:	0	0	0
Client Fees-Private:	0	0	0
USDA-CACFP:	0	0	0
Municipalities: (total)	14,196	14,996	14,996
Other:	UWay - 3,867	3,867	5,000
Other:	UWay Designations - 2,869.24	2,000	2,000
Other:	Foundations - 141,919.92	144,200	144,200
Other:	Individuals - 20,350.08	35,000	35,000
Other:	Businesses/Fundraisers - 19,795	25,000	25,000
TOTAL:	744,675.08	764,709	764,709

NOTE: Please define initials, acronyms, etc.:

NHCADSV - New Hampshire Coalition Against Domestic and Sexual Violence, UWay - United Way

→Section 3 – Agency Municipal Government Revenue:

Please list revenues received from Municipal Governments in Belknap County:

Municipality	Date of Last Application	Prior	Current	Projected/Requested
Alton	September 2023	1,575	1,575	1,575
Barnstead	September 2023	0	0	0
Belmont	July 2023	1,891	1,891	1,891
Center Harbor	September 2023	1,050	1,050	1,050
Gilford	September 2023	2,660	2,660	2,660
Gilmanton	July 2023	1,000	1,000	1,000
Holderness	Outside Service Area	0	0	0
Laconia	September 2023	3,470	3,470	3,470
Meredith	September 2023	1,836	1,836	1,836
Moultonboro	Outside Service Area	0	0	0
New Hampton	September 2023	714	714	714
Sanbornton	September 2023	0	800	800
Tilton	August 2021	0	0	0
TOTAL:		14,196	14,996	14,996

→Section 4 – Agency Budget Overview:

	Prior Year	Current Year	Projected Year
Total Revenue	744,675.08	764,709	714,556.98
Total Expenses	744,801.36	761,213.83	713,913.16
Surplus/Deficit	(126.28)	3,495.17	643.82

→Section 5 – Agency Budget Breakdown for all Programs:

Revenues by Program

Programs	Prior Budget Allocation	Current Budget Allocation	Proposed Budget Request
New Beginnings - Without Violence and Abuse	744,675.08	764,709	714,556.98
TOTAL	744,675.08	764,709	714,556.98

Expenses by Program

Programs	Prior Budget Expense	Current Budget Expense	Proposed Budget Expense
New Beginnings - Without Violence and Abuse	744,801.36	761,213.83	761,213.83
TOTAL	744,801.36	761,213.83	761,213.83

→Section 6 – Audited Financial Report: Attach one copy of your latest audited financial report.

→Section 7 – IRS Form 990, Return of Organization Exempt From Income Tax: Attach one copy of your latest Form 990 as submitted to the Department of the Treasury, IRS.

Part B – Program Specific Information

Important Note: Please complete sections 8 – 14 for each program requesting Town Funding.

→Section 8 – Program Funding Request:

Program Name: New Beginnings - Without Violence and Abuse

Amount of Request for this Program: \$ 1,836

Existing Program New Program

Will funds be matched?

By Federal, State, Municipal, Private. No.

If yes, how? Leveraged as community support

If no, why not? _____

→Section 9 – Program Expense Summary:

Expense Item	Prior	Current	Proposed
Personnel Services	559,859.93	559,320.38	559,320.88
Contract Services	27,098.75	31,196.82	31,196.82
Travel	945.38	2,133.96	2,133.96
Space/Rent	20,552.88	24,193.28	24,193.28
Consumable Supplies	10,799.88	8,000	8,000
Equipment	6,560.76	6,000	6,000
Telephone	10,535.04	10,000	10,000
Membership Dues	2,654.88	4,000	4,000
Printing	120.61	0	0
Food	0	0	0
Insurance	7,504.16	8,720.39	8,720.39
All Other	98,169.09	107649	107649
TOTAL:	744801.36	761,213.83	761,213.83

→Section 10 – Program Revenue Summary:

Revenue Sources	Prior	Current	Proposed
Federal (list)	408,973.92	409,235	409,235
State (list)	132,703.92	130,411	130,411
United Way	3,867	3,867	5,000
Belknap County	0	0	0
Client Fees-Public	0	0	0
Client Fees-Private	0	0	0
USDA-CACFP	0	0	0
Municipalities	14,196	14,996	14,996
Other	UWay Designations - 2,869.24	2,000	2,000
Other	Foundations - 141,919.92	144,200	144,200
Other	Businesses/Fundraisers/individuals - 40,145.08	60,000	60,000
TOTAL:	744,675.08	764,709	765,842

→Section 11 – Program Personnel Summary:

# FTE's	Position / Title	# of hours *	Prior Salary	Current Salary	Proposed Salary
2	Executive Dir/Program Mgr	2,080+/2,080+	70,720/54,600	74,256/57,330	74,256/57,330
5.75	Direct Service Advocates	11,960	41,946	44,043.3	44,043.3
2	Admin/Prevention Ed	4,160	75,320	79,086	79,086
TOTAL		20,280	242,586	254,715.3	254,715.3

* Number of hours worked per year. Fulltime for a full year is 2,080 hours.

→Section 12 – Fringe Benefits:

Type of Benefit	Cost	Explanation
Workers Compensation	13,627.5	3.44% of wages
FICA	34,591.94	7.65% of wages
State Unemployment	2,080	2.4% of wages
Health/Dental Insurance	28,239.52	Employer pays 100%
Other (vehicle, housing, life, etc.)	401k - 9,099.22	Employer matches 3%
TOTAL	87,638.18	

→Section 13 – Program General Information, Update, Service Goals, and Objectives.

Please attach a document that separately answers the following questions (reference each question by number).

1. Please LIST the program's mission, goals, and objectives.
2. Describe the program and/or general operations for which you request this money.
3. Break-down the monies as to which area they will be used is \$ amount.
4. Please describe how this program evaluates and measures effectiveness.
5. Describe how and how many (in hours) volunteers this program uses.
6. Describe your program's efforts re: cooperation and collaboration with other agencies.
7. Describe your program's target population.
8. Please LIST any major changes in service since your last review. Were changes due to funding cuts, reduction in program, increased efficiencies?
9. Please LIST the number of new positions next year.
10. Please LIST the number of positions eliminated next year.
11. LIST and describe any major purchases the program plans for next year.
12. LIST past year fund raising events and detail amounts received (gross/net), are these events to be held again this year.
13. Does this program use a sliding fee scale (describe)?
14. Please LIST the unit of service in terms of dollar cost per hour per individual served, and describe a unit of service for this program. Is the unit of service a full hour?
15. How many units can the program provide?
16. How many perspective recipients are on your waiting list?
17. How long will it be (in days) before your program can serve the first person on the waiting list?

→Section 14 – Program Beneficiary Statistics

	Prior	Current	Projected
1. Total count of clients	63	67	67
2. Age Groups			
a. 0 to 5 years	7	8	8
b. 6 to 17 years	6	9	9
c. 18 to 61 years	30	35	35
d. 62 to older	12	10	10
e. not known	8	6	6

New Beginnings – Without Violence and Abuse

Section 13 – Program General Information, Update, Service Goals, and Objectives

1. Please list the program's mission, goals, and objectives

New Beginnings – Without Violence and Abuse is dedicated to ending sexual, domestic, and stalking violence through the provision of safe and effective services, including emergency refuge and support, and works toward social change by promoting an effective community response to violence.

In 1991, a group of concerned citizens came together with the belief that it was important for victims of violence to have a voice. Within six-months of the decision to start a new agency, New Beginnings had filed incorporation papers with the Federal government to gain non-profit status, offered a 30-hour training for new volunteers, began providing services through a 24-hour crisis line, and had received the endorsements of the New Hampshire Attorney General's office, the Division of Mental Health, and the New Hampshire Coalition Against Domestic and Sexual Violence. Since those early days, New Beginnings has continued to grow stronger, and despite many challenges, has reached multiple milestones, including opening the first domestic violence shelter in the state to operate with a disclosed location.

Our services continue to evolve as we explore the next frontiers of this work. Very much in line with the anti-violence movement as a whole, our recent development has focused on children, prevention, underserved communities, and, most recently, housing insecurity.

Our focus has moved from being solely on the victim/survivor as an individual to also working in depth with her children. We offer an array of services for children and teens who have been affected by domestic and sexual violence. We encourage community partners to become engaged in prevention. We have a presence in every school district in Belknap County and are consistently furthering our involvement by expanding our programming in more schools.

Victims of intimate partner violence first found their haven from abuse when the shelter doors opened. Today, domestic and sexual violence hasn't ended, and neither has the need for New Beginnings, which has helped and continues to help thousands of women, men, and children rebuild their lives.

2. Describe the program and/or general operations for which you request this money

New Beginnings addresses the needs of victims of violence for safety, using confidentiality, and empowerment. Advocates provide crisis intervention, court and legal advocacy, shelter, and support to victims of domestic violence, sexual assault, stalking violence, and human trafficking. Furthermore, we educate victims about the choices they have and inform the community of the causes, history, and methods of confronting and eliminating domestic and sexual violence.

Services offered include 24-hour crisis support and intervention through accompaniment to courts and hospitals, safe shelter for victims and their children, weekly support groups for all ages, community education and outreach, one-to-one peer support, and systems advocacy. All without fees.

Most victims assisted by New Beginnings have been isolated and abused, causing trauma responses that require non-judgmental support and empowerment to help victims recognize

New Beginnings – Without Violence and Abuse

Section 13 – Program General Information, Update, Service Goals, and Objectives

their own strength and establish self-sufficient lives free of abuse. New Beginnings utilizes a case management model of services that tailors the specific assistance provided to each victim depending on the social and emotional barriers she faces.

One to one peer support provides options and education for survivors. Advocates honor each individual's lived experiences and encourage them to find their own answers in their own time and in their own way. Service users set the pacing, frequency, and direction of these meetings. All services are confidential, non-judgmental, and free of charge.

3. Break-down the monies as to which area they will be used

New Beginnings will continue to use the grant award to serve the citizens of the town of Meredith. The amount requested reflects approximately .0025% of the annual budget. The itemization of the budget includes a portion of personnel costs, advertising (the line item used for the website), dues and subscriptions (local, state, and national affiliations and directories), insurance expense, maintenance and repair of the shelter and facility, miscellaneous emergency expenses such as prescriptions, medical care, food vouchers, gas cards, etc., occupancy costs including heat, water, utilities, telephone, and snow removal, education, shelter and office supplies, and professional fees including the annual audit and accountant.

4. Please describe how this program evaluates and measures effectiveness

Through the New Hampshire Coalition Against Domestic and Sexual Violence (NHCADSV), New Beginnings participates in a federally mandated outcome tracking effort to measure how well services are provided to victims, knowledge of safety measures, and community supports. Clients are given short surveys to complete, which are then returned directly to the NHCADSV. Client feedback is then compiled by the NHCADSV staff and returned to New Beginnings. Based on client feedback, New Beginnings is doing an excellent job of meeting the needs of victims and promoting their sense of wellbeing and capacities to build safe and independent lives free of abuse. Beyond these results, New Beginnings' ongoing work with victims consistently encourages input for standards of services throughout a victim's engagement with the agency.

New Beginnings collects statistical data for every service provided, which is then entered into a database as a measure of service provision on local, state, and national levels. New Beginnings uses these statistics to calculate shelter bed nights, number and type of service provided, emergency dollars and the amount of time spent with each woman.

5. Describe how and how many (in hours) volunteers this program uses

Volunteers play a critical role in providing direct services to victims. Last year volunteers (15) donated in excess of 7,000 hours to New Beginnings. All direct service volunteers receive 40 hours of comprehensive training and continued education based on the program standards of

New Beginnings – Without Violence and Abuse

Section 13 – Program General Information, Update, Service Goals, and Objectives

the New Hampshire Coalition Against Domestic and Sexual Violence. Continuing education, supervision, and support is provided at monthly volunteer meetings.

6. Describe your program's efforts re: cooperation and collaboration with other agencies

Community support is our greatest asset. New Beginnings collaborates with municipalities and service agencies locally and statewide to provide services to victims of violence. Advocates participate in meetings on various topics quarterly at the NHCADSV, including shelter manager's meetings, housing first advocates meetings, educator meetings, and direct service coordinator meetings. At the local level, New Beginnings participates in the Child Advocacy Center Multidisciplinary team, the Continuum of Care, Belknap County Sexual Assault Response Team, Barnstead Helpers, Partners in Community Wellness, Standup Laconia, Winnisquam Regional System of Care, and Local Service Delivery Agency meetings.

New Beginnings' open shelter model allows service providers such as parent aids, DCYF workers, and guest speakers from other agencies to come on-site to meet with guests and non-resident service users to help them work toward their goals.

7. Describe your program's target population

New Beginnings serves victims of domestic violence, sexual assault, stalking, and human trafficking in Belknap County.

8. Please list any major changes in service since your last review. Were changes due to funding cuts, reduction in program, increased efficiencies?

After over 27 years as New Beginnings Executive Director, Kathy Keller has retired. Long-time Program Manager Shauna Foster was promoted to the role of Executive Director after an internal review and hiring process.

After many years of planning, Sadie's Place opened its doors and began providing services. Sadie's Place is a 5-bed, fully furnished, transitional housing program serving families who are victims of domestic violence in Meredith. The Program is privately funded, and New Beginnings is the service provider. Services include case management, crisis counseling, community referrals and resources, financial empowerment programming – including tenant 101, support groups, and 24/7 support through the agency's 24-hotline alongside all existing New Beginnings services. Sadie's Place is currently full with a waiting list.

9. Please list the number of new positions next year

0

10. Please list the number of positions eliminated next year 0

11. List and describe any major purchases the program plans for next year

New Beginnings – Without Violence and Abuse

Section 13 – Program General Information, Update, Service Goals, and Objectives

We are seeking funding to install central air in the first floor of the shelter and office.
The second floor was completed in 2021.

12. List past fundraising events and detail amounts received (gross/net); are these events to be held again this year?

New Beginnings annual celebratory gala will be held in the Fall of 2023 (\$15,000 net), and a first annual golf tournament was held in May of 2023 at Lochmere Country Club in Tilton (\$10,000 net). The golf tournament will be held again in May, 2024.

13. Does this program use a sliding fee scale? Describe

There are no fees for services.

14. Please list the unit of service in terms of dollar cost per hour per individual served, and describe a unit of service for this program. Is the unit of service a full hour?

For the purposes of this request a unit is a bed night, or 16 beds, 24 hours per day, 365 days per year = 5,840, \$12.05 per bed. Total expense for the shelter program is \$70,400, which does not include crisis management and/or direct service provision.

15. How many units can the program provide?

Not applicable

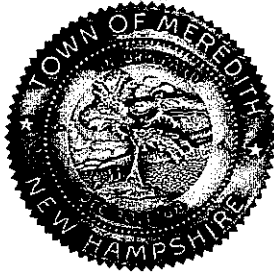
16. How many perspective recipients are on your waiting list?

Not applicable

17. How long will it be in days before your program can serve the first person on the waiting list?

Not applicable





TOWN OF MEREDITH

Annual Budget Request from Outside Agencies

Part A – Agency Information

Agency Name: <u>Waypoint</u>	Date: <u>8/1/2023</u>
Address: <u>464 Chestnut St., Manchester NH 03105</u>	Email: <u>galloj@waypointnh.org</u>
Telephone: <u>603-518-4194</u>	Fax: <u>603-668-6260</u>
Executive Director: <u>Borja Alvarez de Toledo</u>	Agency Fiscal Year: <u>Jan-Dec</u>

→Section 1 – Funding Request Summary:

Total Amount of Request: \$ 1,500
 Funds for:

- General Operations and Overhead Amount \$ _____
- Existing Program, Identify: Continuum of Youth and Family Services Amount \$ 1500
- New Program, Identify: _____ Amount \$ _____

→Section 2 – Revenue Summary: (Detail of all sources – use extra space if necessary)

Revenue Sources	Prior	Current	Requested
Federal: (list)	9,800,690	9,608,093	
Budget doesn't separate Fed & State			
State Funds: (list)			
Belknap County:			1,500
Client Fees-Public:			
Client Fees-Private:			
USDA-CACFP:			
Municipalities: (total)			
Other: Contributions	1,223,737	576,591	
Other: Foundation	1,564,023	1,384,794	
Other: Medicaid	6,200,380	6,926,511	
Other: Misc. Contracts	101,711	71,000	
Other:	1,500,198	1,214,792	
TOTAL:	20,390,765	19,782,782	

NOTE: Please define initials, acronyms, etc.: Prior Other: Endowment Income, Other earned Income, Event

→Section 3 – Agency Municipal Government Revenue:

Please list revenues received from Municipal Governments in Belknap County:

Municipality	Date of Last Application	Prior	Current	Projected/Requested
Alton	2023	2,500	2,500	2,500
Barnstead	-	-	-	-
Belmont	2023	4,000	4,000	4,000
Center Harbor	2016	-	-	-
Gilford	-	-	-	-
Gilmanton	2018	-	-	-
Holderness	-	-	-	-
Laconia	2023	5,000	7,500	7,500
Meredith	2022	-	-	1,500
Moultonboro	-	-	-	-
New Hampton	-	-	-	-
Sanbornton	2019	-	-	-
Tilton	2020	1,500	-	-
TOTAL:		13,000	14,000	15,500

→Section 4 – Agency Budget Overview:

	Prior Year	Current Year	Projected Year
Total Revenue	\$19,973,938	\$19,782,782	*Budget planning for 2024
Total Expenses	\$18,892,036	\$19,775,773	takes place in Nov.. No significant
Surplus/Deficit	\$10,587	\$7,008	changes from 2023 expected.

→Section 5 – Agency Budget Breakdown for all Programs:

Revenues by Program

Programs	Prior Budget Allocation	Current Budget Allocation	Proposed Budget Request
Family Preservation	5,774,948	3,224,895	
Early Childhood and Family	5,335,259	5,497,658	
Homeless Youth Services	2,864,331	3,991,258	
Home Care	2,107,154	2,337,937	
TOTAL	16,081,728	15,051,748	

Expenses by Program

Programs	Prior Budget Expense	Current Budget Expense	Proposed Budget Expense
Family Preservation	5,614,028	3,815,628	
Early Childhood and Family	5,235,629	5,488,166	
Homeless Youth Services	3,045,415	4,033,604	
Home Care	2,139,096	2,381,868	
TOTAL	16,039,782	15,719,266	

→Section 6 – Audited Financial Report: Attach one copy of your latest audited financial report.
 →Section 7 – IRS Form 990, Return of Organization Exempt From Income Tax: Attach one copy of your latest Form 990 as submitted to the Department of the Treasury, IRS.

Part B – Program Specific Information

Important Note: Please complete sections 8 – 14 for each program requesting Town Funding.

→Section 8 – Program Funding Request:

Program Name: Continuum of Youth and Family Programs

Amount of Request for this Program: \$ 1,500

Existing Program New Program

Will funds be matched?

By Federal, State, Municipal, Private. No.

If yes, how? _____

If no, why not? _____

→Section 9 – Program Expense Summary:

Expense Item	Prior	Current	Proposed
Personnel Services		7,297,833	
Contract Services		146,434	
Travel		128,599	
Space/Rent		277,958	
Consumable Supplies		33,790	
Equipment		100,765	
Telephone		70,047	
Membership Dues		7,915	
Printing		9,600	
Food			
Insurance		45,162	
All Other		454,565	
TOTAL:		8,572,668	

→Section 10 – Program Revenue Summary:

Revenue Sources	Prior	Current	Proposed
Federal (list)		4,872,330	
State (list)			
United Way		10,000	
Belknap County			
Client Fees-Public		400,786	
Client Fees-Private		200,000	
USDA-CACFP			
Municipalities			
Other		3,299,437	
Other			
Other			
TOTAL:		8,782,533	

→Section 11 – Program Personnel Summary:

# FTE's	Position / Title	# of hours *	Prior Salary	Current Salary	Proposed Salary
1	Program Coordinator	2080		19-22	
.03	Director	63		37-45	
1	Family Engagement Coordinator	2080		18-22	
2	Family Support Worker	4160		21-25	
1	Supervisor	2080		24-26	
TOTAL					

* Number of hours worked per year. Fulltime for a full year is 2,080 hours.

→Section 12 – Fringe Benefits:

	Cost	Explanation
Workers Compensation	7961.15	
FICA	18,886.36	
State Unemployment		
Health/Dental Insurance	36,075	
Other (vehicle, housing, life, etc.)		
Paid Leave	13,944.50	
Life Insurance	1135.55	
TOTAL	\$78,112.55	

→Section 13 – Program General Information, Update, Service Goals, and Objectives.

Please attach a document that separately answers the following questions (reference each question by number).

1. Please LIST the program's mission, goals, and objectives.
2. Describe the program and/or general operations for which you request this money.
3. Break-down the monies as to which area they will be used is \$ amount.
4. Please describe how this program evaluates and measures effectiveness.
5. Describe how and how many (in hours) volunteers this program uses.
6. Describe your program's efforts re: cooperation and collaboration with other agencies.
7. Describe your program's target population.
8. Please LIST any major changes in service since your last review. Were changes due to funding cuts, reduction in program, increased efficiencies?
9. Please LIST the number of new positions next year.
10. Please LIST the number of positions eliminated next year.
11. LIST and describe any major purchases the program plans for next year.
12. LIST past year fund raising events and detail amounts received (gross/net), are these events to be held again this year.
13. Does this program use a sliding fee scale (describe)?
14. Please LIST the unit of service in terms of dollar cost per hour per individual served, and describe a unit of service for this program. Is the unit of service a full hour?
15. How many units can the program provide?
16. How many perspective recipients are on your waiting list?
17. How long will it be (in days) before your program can serve the first person on the waiting list?

→Section 14 – Program Beneficiary Statistics

	Prior	Current	Projected
1. Total count of clients	15	7	10
2. Age Groups			
a. 0 to 5 years			
b. 6 to 17 years		1	
c. 18 to 61 years		2	
d. 62 to older			
e. not known		4*	

**Town of Meredith Application
Waypoint Narrative**

1. Please LIST the program's mission, goals, and objectives.

Mission: Empowering people of all ages through an array of human services and advocacy.

Established in 1850, Waypoint (formerly Child and Family Services) is an independent, 501(c)(3) non-profit with a mission to empower people of all ages through an array of human services and advocacy. Each year Waypoint serves an average of 7,500 individuals, children, and families across New Hampshire through the care areas of Early Childhood and Family Support, Family Preservation and Strengthening, Homeless Youth Services, and Home Care. No other organization in New Hampshire has our history, geographic coverage, or depth of staff experience in home visiting, family empowerment, youth homelessness, and child welfare.

Waypoint's goal is to improve family functioning, improve quality of life for family and children and provide a safety net for families. Over the past two years we have worked to grow services including expanding programming for parents to provide parent education programs and parent support and grow services for youth and young adults experiencing homelessness including opening Drop-in Shelters in Concord and Rochester to serve the Greater Seacoast area and opening an emergency shelter in Manchester.

Waypoint is continually improving programs and practice to meet the evolving needs of the communities we serve. Over time, Waypoint has emerged as the community leader for high quality, professional services based on recognized best practices. Waypoint finds solutions to problems through our dual roles as practitioners and advocates – a truly integrated approach to our practice.

2. Describe the program and/or general operations for which you request this money.

Waypoint is dedicated to bolstering families, enhancing resilience, and ensuring all household members flourish. The continuum of services utilized by clients in Meredith include:

- **Family Support Services:** Aimed to assist pregnant and parenting women, along with families having children up to the age of 21. Our focus is on promoting family wellness, alleviating stress, and preventing child abuse, neglect, and juvenile complications. This is achieved through a mix of education and dedicated support.
- **Family Resource Center (FRC):** The FRC stands as a principal access point for a variety of programs. This includes home visits, child development education, playgroups, and community referrals. Our belief rests on the foundation that when families receive the support they need, children thrive. Our track record is a testament to our commitment, with Waypoint being renowned for delivering comprehensive, trauma-informed services that work towards enhancing family health and minimizing instances of child abuse.
- **Health Care Coordination:** This is a vital component that offers specialized support to families whose children face health challenges. The collaboration between families and the Health Care Coordination team fosters the creation and execution of a support plan. This encompasses self-advocacy, medical system navigation, and support in accessing public funds. Comprehensive care includes post-hospital support, school planning, parenting education, transportation, housing, and tangible aids like gas gift cards for medical visits and school lunch support.

- **Family Preservation and Strengthening:** This is an intensive home-based initiative that aims to reinstate positive family functioning, especially for those intertwined with the NH Division for Children, Youth and Families (DCYF) in realms of child protection and juvenile justice. We also cater to families perceived to be at risk, intending to preclude any prospective interactions with DCYF.

3. Break down the monies as to which area they will be used in \$ amount.

With a contribution of \$1,500, Waypoint aims to support clients in Meredith with a continuum of services tailored to meet community needs. The allocated funds will ensure that Meredith residents benefit from a broad range of offerings, from home visits and child development education to specialized medical support and family preservation measures, thereby strengthening the community's social fabric and ensuring families thrive.

4. Describe how this program evaluates and measures effectiveness.

Throughout the year, all Waypoint direct service programs participate in continuous quality improvement by surveying clients. A standardized survey is given to clients of all programs, with some programs posing additional questions focused directly on interactions with the worker. Survey results are tallied electronically and reported once per year to all participating programs in an agency-wide report. Additionally, program leaders review any client comments for their program staff at least quarterly. Results are shared with family support staff to guide the program in responding to any concerns that may arise from the survey results or to provide opportunities to modify our practice.

5. Describe how and how many (in hours) volunteers this program uses?

The continuum of services provided by Waypoint to Meredith clients does not utilize volunteers directly because of concerns around client confidentiality. However, volunteers play a role in other capacities within our organization.

6. Describe your program's efforts re: cooperation and collaboration with other agencies.

Waypoint seeks to achieve the best possible outcomes for clients while avoiding duplication of cost and effort. When clients have very specialized needs, we work collaboratively with other providers who can offer the service elements needed. We have a high degree of collaboration with other service providers (e.g., physicians, school counselors, and child protective workers).

7. Describe your program's target population.

All residents of the Lakes Region are eligible for services through Waypoint and we offer an array of services that improve the health and lives of individuals from birth through elder care. Waypoint focuses on removing barriers so marginalized, vulnerable families can recognize their strengths and sustain healthy family functioning. Without our support, and the support of charitable dollars, these low-income families would not have the access to get the help that they need. Support from the Town of Meredith will ensure Meredith residents have access to comprehensive and high quality, home, and community-based family support programs for those who need it most in your community.

8. Please LIST any major changes in services since your last review. Were changes due to funding cuts, reduction in program, increased efficiencies?

No new major changes in services have taken place since our last review.

9. Please LIST the number of new positions next year.

No new positions are planned in 2024

10. Please LIST the number of positions eliminated next year.

No position eliminations are planned for 2024.

11. LIST and describe any major purchases the program plans for next year.

No major purchases have been budgeted.

12. LIST past year fundraising events and detail amounts received (gross/net), are these events to be held again next year?

Every year, Waypoint holds two significant annual fundraisers that play a crucial role in advancing our mission. The unwavering backing from our community and supporters is essential in our commitment to creating positive changes in the lives of those we serve. Both of these fundraising events are annual fixtures and will be held again in the coming year.

- **Christmas is for Kids**

Amount Raised: \$132,000

Impact: The "Christmas is for Kids" event ensures that clients and their families experience a memorable holiday. Contributions are directed towards purchasing gift cards so families can have presents under the tree. These funds not only amplify the festive season but also support a range of Waypoint's services. This includes in-home visits, parent education, support groups, positive recreational experiences for at-risk youth, subsidizing equipment and transportation for children with developmental or chronic health concerns and providing care packs for children transitioning through foster care.

- **The Annual Sleepout to benefit Homeless Youth Services**

Amount Raised: \$375,000

Impact: Every year, Waypoint's initiatives enhance the safety net for at-risk youth in NH. New drop-in centers in Rochester and Concord, and an overnight emergency shelter in Manchester, serve as pivotal resources. Through current services, Waypoint serves 572 youth annually, offering them essential resources and connecting them to supportive environments and caring adults.

13. Does this program use a sliding fee scale (describe)?

Waypoint programs utilize client and insurance fees, and municipal support as revenue sources, but charitable dollars and grants are needed to keep client fees affordable for all residents.

14. Please LIST the unit of service in terms of dollar cost per hour per individual served and describe a unit of service for this program. Is the unit of service a full hour?

The average cost of services is \$105/hour, but does range based on the program and services – with services ranging from \$60/hour for family support and more intensive services being \$112/hr., with an average of 11 hours of family support and for our intensive services and an average range from 50 hrs.

to as many as 150 hrs. Waypoint has more than 20 programs available to support residents in need. Most services are offered at no direct cost to residents, though insurance may be billed as applicable.

Many of our clients are uninsured, underinsured, or do not qualify for Medicaid. For example, insurances reimburse between \$48-\$60 dollars per counseling session, creating a gap that low-income families are unable to cover without charitable and municipal support. It is through charitable revenue and Town support that we can offer the services at no cost to residents in need. Town funding is used to offset the cost of services and leverage further charitable funding to cover the gaps in cost and client fees.

15. How many units can the program provide?

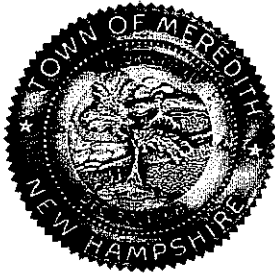
The number of units provided varies based upon the families' needs and program lengths. For example, CBVS is a 6-month, short-term program for families, while Healthcare Coordination is available to families of children with chronic conditions from birth to 21 years, with services available until their 21st birthday.

16. How many prospective recipients are on your waiting list?

Waypoint does not keep a waiting list for the continuum of service available to Meredith residents. If our case managers are unable to work with a family, facilitated referrals are provided to ensure that the family is served through other available community resources.

17. How long will it be (in days) before your program can serve the first person on the waiting list?

For our continuum of services, there is no waiting list. Services are available on an ongoing basis and are actively operational.



TOWN OF MEREDITH

Annual Budget Request from Outside Agencies

Part A – Agency Information

Agency Name: Winnipesaukee Wellness Center Date: 9/1/2023
 Address: P.O. Box 184 Center Harbor, NH 03226 Email: wwcpresident2020@hotmail.com
 Telephone: 603 253 1839 Fax:
 Executive Director: Wendy Mansur Agency Fiscal Year: 2024

→Section 1 – Funding Request Summary:

Total Amount of Request: \$ 3,500.00
 Funds for:

- General Operations and Overhead Amount \$ 3,500.00
 Existing Program, Identify: _____ Amount \$ _____
 New Program, Identify: _____ Amount \$ _____

→Section 2 – Revenue Summary: (Detail of all sources – use extra space if necessary)

Revenue Sources	Prior	Current	Requested
Federal: (list)			
State Funds: (list)			
Belknap County:			
Client Fees-Public:			
Client Fees-Private:	16,540.00	19,795.00	27,000.00
USDA-CACFP:			
Municipalities: (total)	24,000.00	20,000.00	20,000.00
Other:	1,356.91	3,440.00	1,875.00
Other:	3,534.82	8,730.00	13,500.00
Other:	11,000.00	871.22	2,400.00
Other:			
Other:			
TOTAL:	56,431.73	52,836.22	64,775.00

NOTE: Please define initials, acronyms, etc.: _____

→Section 3 – Agency Municipal Government Revenue:

Please list revenues received from Municipal Governments in Belknap County:

Municipality	Date of Last Application	Prior	Current	Projected/Requested
Alton				
Barnstead				
Belmont				
Center Harbor	2023	6,000.00	6,500.00	6,500.00
Gilford				
Gilmanton				
Holderness				
Laconia				
Meredith	2023	3,000.00	3,500.00	3,500.00
Moultonboro	2023	15,000.00	10,000.00	10,000.00
New Hampton				
Sanbornton				
Tilton				
TOTAL:		24,000.00	20,000.00	20,000.00

→Section 4 – Agency Budget Overview:

	Prior Year	Current Year	Projected Year
Total Revenue	56,431.73	52,816.22	64,775.00
Total Expenses	71,514.23	54,528.40	63,915.00
Surplus/Deficit	-15,082.50	1,712.18	860.00

→Section 5 – Agency Budget Breakdown for all Programs:

Revenues by Program

Programs	Prior Budget Allocation	Current Budget Allocation	Proposed Budget Request
Winnepesaukee Wellness Ctr	63,346.00	63,535.00	64,775.00
TOTAL	63,546.00	63,535.00	64,775.00

Expenses by Program

Programs	Prior Budget Expense	Current Budget Expense	Proposed Budget Expense
Winnepesaukee Wellness	71,514.23	54,528.40	63,915.00
TOTAL	71,514.23	54,528.40	63,915.00

→Section 6 – Audited Financial Report: Attach one copy of your latest audited financial report.

→Section 7 – IRS Form 990, Return of Organization Exempt From Income Tax: Attach one copy of your latest Form 990 as submitted to the Department of the Treasury, IRS.

Part B – Program Specific Information

Important Note: Please complete sections 8 – 14 for each program requesting Town Funding.

→Section 8 – Program Funding Request:

Program Name: Winnepesaukee Wellness Center

Amount of Request for this Program: \$ 3,500.00

Existing Program New Program

Will funds be matched?

By Federal, State, Municipal, Private. No.

If yes, how? _____

If no, why not? No known source

→Section 9 – Program Expense Summary:

Expense Item	Prior	Current	Proposed
Personnel Services	868.26	2,371.77	750.00
Contract Services	3,423.85	3,262.06	3,400.00
Travel			
Space/Rent	24,000.00	20,000.00	24,000.00
Consumable Supplies	3,769.84	1,970.04	2,000.00
Equipment	1,183.00		1,600.00
Telephone	1,436.13	1,099.70	1,440.00
Membership Dues			
Printing			
Food			
Insurance	3,196.50	2,534.00	2,600.00
All Other	33,636.65	25,127.14	28,125.00
TOTAL:	71,514.23	56,364.71	63,915.00

→Section 10 – Program Revenue Summary:

Revenue Sources	Prior	Current	Proposed
Federal (list)			
State (list)			
United Way			
Belknap County			
Client Fees-Public	16,540.00	19,975.00	27,000.00
Client Fees-Private			
USDA-CACFP			
Municipalities	24,000.00	20,000.00	20,000.00
Other	1,356.91	3,440.00	1,875.00
Other	3,534.82	871.22	2,400.00
Other	11,000.00	8,730.00	13,500.00
TOTAL:	56,431.73	52,836.22	64,775.00

→Section 11 – Program Personnel Summary:

# FTE's	Position / Title	# of hours *	Prior Salary	Current Salary	Proposed Salary
2	Coordinator	1,300	28,980.00	25,740	25,000.00
	TOTAL				

* Number of hours worked per year. Fulltime for a full year is 2,080 hours.

→Section 12 – Fringe Benefits:

Type of Benefit	Cost	Explanation
Workers Compensation		
FICA	2,239.00	
State Unemployment		
Health/Dental Insurance		
Other (vehicle, housing, life, etc.)		
TOTAL	2,239.00	

→Section 13 – Program General Information, Update, Service Goals, and Objectives.

Please attach a document that separately answers the following questions (reference each question by number).

1. Please LIST the program's mission, goals, and objectives.
2. Describe the program and/or general operations for which you request this money.
3. Break-down the monies as to which area they will be used is \$ amount.
4. Please describe how this program evaluates and measures effectiveness.
5. Describe how and how many (in hours) volunteers this program uses.
6. Describe your program's efforts re: cooperation and collaboration with other agencies.
7. Describe your program's target population.
8. Please LIST any major changes in service since your last review. Were changes due to funding cuts, reduction in program, increased efficiencies?
9. Please LIST the number of new positions next year.
10. Please LIST the number of positions eliminated next year.
11. LIST and describe any major purchases the program plans for next year.
12. LIST past year fund raising events and detail amounts received (gross/net), are these events to be held again this year.
13. Does this program use a sliding fee scale (describe)?
14. Please LIST the unit of service in terms of dollar cost per hour per individual served, and describe a unit of service for this program. Is the unit of service a full hour?
15. How many units can the program provide?
16. How many perspective recipients are on your waiting list?
17. How long will it be (in days) before your program can serve the first person on the waiting list?

→Section 14 – Program Beneficiary Statistics

	Prior	Current	Projected
1. Total count of clients			
2. Age Groups			
a. 0 to 5 years			
b. 6 to 17 years			
c. 18 to 61 years			
d. 62 to older	44	60	65
e. not known			

Town of Meredith, NH Request for Funding September 2023
From the Winnepesaukee Wellness Center
Section 13 Page 1 of 2

1. The mission of the Winnepesaukee Wellness Center is to promote self-health responsibility and support of healthy lifestyles, to provide a safe and comfortable site for exercise, and to promote active aging. Our goal is to provide a safe medically supervised exercise program for the aging population in the Lakes Region, to encourage a healthy lifestyle, and improved quality of life.
2. The Winnepesaukee Wellness Center ("the Center") opened in 2000 to meet the needs of the Northern Lakes Region. The Winnepesaukee Wellness Center is a self-supporting corporation. The Center offers a supervised exercise program for anyone who needs assistance in beginning an exercise program. Many members have a wide range of chronic medical conditions such as heart and lung diseases, high blood pressure, diabetes, arthritis, obesity, and other medical problems. The Center also provides strength and mobility training in addition to exercise. Another significant value of the members is the socialization and peer support that are available at the Center.
3. The Center provides financial assistance to members who qualify, and the Center does not require members to pay their membership dues when ill or on a medical leave. The monies will be used to offset the deficit incurred by members who meet these criteria.
4. The Center measures its effectiveness through membership surveys, membership goals, and performance ratings.
5. The Centers Board of Directors consists of five volunteers who dedicate their time to the Center through fundraising activities, monthly meetings, and special meetings. The total volunteer hours allocated for the Center is approximately 300 hours.
6. The Caregivers program in the area will give free rides to members so they can attend three days per week at the Center and member carpooling is encouraged to support friendships. The Center is in a central location with easy access and easy parking.
7. Geographic areas served by the Center are the towns of Meredith, Center Harbor, Holderness, Ashland, Moultonborough, Sandwich and Ossipee. Currently there are 60 members at the Center. Seniors are the main population at the Center with the average age of 75. There are equal numbers of men and women who exercise at the Center. Financial assistance is available to qualifying members.
8. We remain open with supervision on Monday, Wednesday and Friday from 7:00 AM until 4:00. However, we recently installed a "Key Fob" entry system allowing any member in good standing the ability to use the facility 24/7.
9. The Center does not see adding additional positions in fiscal year 2023 or 2024.
10. The Center does not plan to eliminate any positions next year.

11. The Center does plan to spend \$1,600 for a new piece of exercise equipment FY2024.

12. In Fiscal Year 2023 we held the following fundraising events:

Sales of Calendars	Gross earned \$1,390.00
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WWC Clothing Sales	Gross earned \$385.00
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50/50 Raffle	Gross earned \$187.00
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The Mug Restaurant	Gross earned \$425.00
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These events are planned for FY 2024

13. Sliding Fee Scale- members are granted financial assistance if qualified; a scholarship member can pay as little as \$25.00/month.

14. We do not associate a cost per hour for membership. A typical single membership is \$50/month.

15. We can accommodate all new membership easily.

16. We do not have a waiting list.

17. We do not have a waiting list and we can accommodate new members immediately.

