



# 2015 S.L. Gimbel Foundation Fund Grant Application

Internal Use Only:  
Grant #: 20150521

## Organization / Agency Information

\$25,000

<i>Organization/Agency Name: Burlington Transitional Living Center, Inc.</i>		
19008		
<i>Physical Address:</i>	482 South Pine Street	<i>City/State/Zip Burlington, WI 53105</i>
<i>Mailing Address:</i>	482 South Pine Street	<i>City/State/Zip Burlington, WI 53105</i>
<i>CEO or Director:</i>	Cristen Chaffee	<i>Title: Executive Director</i>
<i>Phone: 262-767-1478</i>	<i>Fax: 262-767-0177</i>	<i>Email: tlcshelterdirector@gmail.com</i>
<i>Contact Person:</i>	CristenChaffee	<i>Title: Executive Director</i>
<i>Phone: 262-767-1478</i>	<i>Fax: 262-767-0177</i>	<i>Email: tlcshelterdirector@gmail.com</i>
<i>Web Site Address: tlc Burlington.com</i>	<i>Tax ID: 39-1760980</i>	

## Program / Grant Information

**Interest Area:**  Animal Protection  Education  Environment  Health  Human Dignity

<i>Program/Project Name: Case Management Services</i>			<i>Amount of Grant Requested: \$25,000</i>
<i>Total Organization Budget:</i> \$229658.95	<i>Per 990, Percentage of Program Service Expenses (Column B/ Column A x 100):</i> 93%	<i>Per 990, Percentage of Management &amp; General Expenses Only (Column C / Column A x 100):</i> 6%	<i>Per 990, Percentage of Management &amp; General Expenses and Fundraising (Column C+D / Column A x 100):</i> .02%
<i>Purpose of Grant Request (one sentence): Request funding to help support case management services that are being provided to the homeless population of Western Racine County</i>			
<i>Gimbel Grants Received: List Year(s) and Award Amount(s)</i> 2013 \$15,000 2014 \$17,500			

## Signatures

<i>Board President / Chair: (Print name and Title)</i> Tracy Short	<i>Signature:</i> 	<i>Date:</i> 4/28/15
<i>Executive Director/President: (Print name and Title)</i> Cristen Chaffee	<i>Signature:</i> 	<i>Date:</i> 4-28-15

## **Organization Background**

### **Mission**

Transitional Living Center's mission is to provide families and individuals temporary shelter and basic necessities, while assisting them in developing the skills to be self-sufficient, gainfully employed, and live independently.

### **Purpose**

The focus of our emergency shelter and transitional living program is creating self-sufficient individuals, and in turn, strong, stable families. We offer programming that can be accessed alone or in combination to better ensure families achieve self-reliance. This comprehensive approach quickly identifies and initiates appropriate services to support each individual's goals by bringing together their strengths with the structured framework of the shelter program. By making available temporary shelter to those in need, this allows the individual time to make life changes with a goal of becoming a more positive contributor to the community

### **History**

In 1993, a committee consisting of local businessmen, concerned citizens, members of civic organizations, and parish councils gathered to look at the prospects of opening a shelter. The need was determined as significant and with an intact Board of Directors Burlington Transitional Living Center became a 501 (c) 3.

### **Accomplishments**

Case managers are able to assist clients in getting to medical appointments, work, school, meetings, therapy, and shopping. The following is a breakdown of the rides given in 2014. 363 rides to work, 700 rides to individual appointments, 195 to court ordered appointments, 517 to assist with grocery shopping, 246 child related rides, 321 to medical appointments and 1454 rides back to shelter. These rides total 3796 trips, going over 20,000 miles. These rides played a major role in helping these individuals become independent and successful.

TLC has implemented a 7 week financial curriculum to compliment the current programming. Topics include: check writing, balancing a checkbook, understanding credit, how to increase income, managing expenses, spending wisely, and a variety of other topics.

### **Key Programs**

Our core model is based on an assessment of the individual's needs and tailoring them to make them as successful as possible in the shortest amount of time. Staff uses clear and concise expectations, direct communication, and motivation to help the individuals to assess their

current situation and gain the desire to make change within. All expectations and programming implemented at TLC incorporates many aspects of their life. Such programming is mental health, spirituality, coping skills, addiction issues, parenting skills, financial literacy, healthy relationships, physical well-being, self-awareness, and intellectual functioning

During the program we see many clients' motivation for positive change take place each step of the process. Staff encourages individuals to recognize a problem behavior. Outcomes desired are that they recognize positive change to be in their best interest, to feel competent about the change, to develop a plan for change, to begin taking action, and to continue using strategies that discourage a return to the negative behaviors. When this motivation for change takes place, individual's self-esteem is heightened, their daily productivity rate is increased, depression lessens, and they begin developing more positive relationships and connections with others. These are all things necessary to be able to live independently and integrate themselves back into the community to live a more productive life.

### **Project Information**

In 2013, 66 people were sheltered at TLC and in 2014 that number increased to 110.

The following data was collected during shelter stays in 2014 is based on the 110 individuals sheltered. This data shows the population served at TLC varies in demographics, behavioral and physical challenges, and needs. 74 domestic/sexual abuse victims, 46 with a current mental health diagnosis, 39 working battling AODA issues, 18 dealing with physical disabilities, 16 on probation, 6 pregnant, and 2 with English as a second language.

Every year these demographics change, and case managers must have the ability to be able to seek out appropriate services and adjust TLC programming to meet the individual's needs.

In the fall of 2013, the full-time live-in advocate retired from her position at TLC. This advocate provided shelter coverage on nights and weekends, totaling 108 hours per week. Four resident care workers were hired to cover those hours to ensure the shelter continued to have 24 hour coverage. These workers provide support to the women, transportation and complete general reporting and bookkeeping duties. This has been an added benefit to the program. In 2014, the Board of Directors made a decision to increase case management hours from 1 ½ to 2 full-time positions. This decision was made by looking at data that showed an increase not only in the number of individuals served but in the services needed to be provided to them to reach self-sufficiency. With these two changes, costs to program services (in the category of wages) has increased. Wages are paid at a comparable rate to other non-profits in the area, and based on the individual's qualifications. These workers are a vital piece to the shelter program and its effectiveness. TLC is requesting funding to assist during the time of transition and obtaining ongoing funding for these positions.

Objective I: To increase TLC's capacity to serve the families with a commitment to ceaselessly combat the causes and consequences of poverty and unemployment.

Activities: Case managers will provide shelter, services, and necessary referrals to homeless individuals, incorporating goals and expectations for better outcomes.

Objective II: To continue to provide case management services that will allow the person to become self-sufficient.

Activities: Case managers will work directly with individuals to assist them in services that focus on increasing income, education, developing parenting skills, maintaining mental health and developing financial literacy.

Objective III: To decrease length of time an individual is sheltered at TLC, which will allow TLC to serve more clients.

Activities: Case managers will continue to track client's progress, goals, and current barriers. This information will be used to track length of shelter stays.

TLC utilizes a variety of resources to provide its essential services. Volunteers are an integral part of TLC. They offer many hours of support through financial mentoring, offering faith support, teaching life skills, organizing children's activities, and assisting with TLC publications.

### **Project Future**

It has been with the help of service organizations, foundations, local community members, churches, and the dedication of the Board Members that TLC has been able to maintain fiscal sustainability.

The Executive Director continues to look for new funding sources and expand donor appeals. TLC holds two fund raising events, a golf outing and summer concert series called Music For Match. These two events have increased in revenue each year and have brought much needed community awareness about the services TLC offers.

### **Governance, Executive, Leadership and Key Personnel/Staff Qualifications**

The Burlington Transitional Living Center Board of Directors is made up of 13 community members. The Board Members assist with fund raising, donor cultivation, raising awareness about TLC, and participate on committees. Current committees are finance, human resources, fund development, marketing and facilities.

Five out of the six staff have completed their education in a related social work or health care field. This is beneficial when providing services to a complex population.

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**V. Project Budget**

Provide a detailed line-item budget for your project by completing the table below.

**A breakdown of specific line item requests and attendant costs should include:**

- 1) Line item requests for materials, supplies, equipment and others:
  - a. Identify and list the type of materials, supplies, equipment, etc.
  - b. Specify the unit cost, number of units, and total cost
  - c. Use a formula/equation as applicable. (i.e. 40 books @ \$100 each = \$4000)
- 2) Line item requests for staff, compensation, benefits:
  - a. Identify the position; for each position request, specify the hourly rate and the number of hours (i.e. \$20/hr x 20 hours/week x 20 weeks = \$8,000)
  - b. For benefits, provide the formula and calculation (i.e. \$8,000 x 25% = \$2,000)

<b>Line Item Description</b>	<b>Line Item Explanation</b>	<b>Support From Your Agency</b>	<b>Support From Other Funders</b>	<b>Requested Amount From TCF</b>	<b>Line Item Total of Project</b>
Case Manager 1	\$12.50/hr. x 40 hours/week	\$1000.00		\$25,000.00	\$26,000.00
Fica/Medicare Match		\$1989.00			\$1989.00
Employee Phone Allowance		\$520.00			\$520.00
WI Unemployment		\$504.00			\$504.00
<b>TOTALS:</b>		\$4013.00		\$25000.00	\$29013.00

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**VI. Sources of Funding:** Please list your current sources of funding and amounts.

### *Secured/Awarded*

Name of Funder: Foundation, Corporation, Government	Amount
FEMA	6000
Green Bay Packers Foundation- :Client Support Funding	3000
Runzheimer Foundation- will be awarded in October 2015	25000

### *Pending*

Name of Funder: Foundation, Corporation, Government	Amount	Decision Date
<i>United Way- Shelter Programming</i>	<i>27600</i>	<i>May 15th</i>
<i>Racine Community Foundation- Transportation Program</i>	<i>13000</i>	<i>June 1, 2015</i>

**Diversity of Funding Sources:** A financially healthy organization should have a diverse mix of funding sources. Complete those categories that apply to your organization using figures from your most recent fiscal year.

Funding Source	Amount	% of Total Revenue	Funding Source	Amount	% of Total Revenue
Contributions	\$39222.46	24%	Program Fees	\$0	0
Fundraising/Special Events	\$78149.16	47%	Interest Income	\$92.74	0
Corp/Foundation Grants	\$31545.00	19%	Other: United Way	\$20162.36	12%
Government Grants	\$0	0	Other:	\$0	0

**Notes:** Source obtained from current fiscal year beginning July 1, 2014

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### VII. Financial Analysis

**Agency Name:** Burlington Transitional Living Center, Inc.

**Most Current Fiscal Year (Dates):** From January 1, 2014 To June 30<sup>th</sup>, 2014

This section presents an overview of an applicant organization's financial health and will be reviewed along with the grant proposal. Provide all the information requested on your **entire organization**. Include any notes that may explain any extraordinary circumstances. Information should be taken from your most recent 990 and audit. **Double check your figures!**

#### Form 990, Part IX: Statement of Functional Expenses

**1) Transfer the totals for each of the columns, Line 25- Total functional expenses (page 10)**

(A) Total Expenses	(B) Program service expenses	(C) Management & general expenses	(D) Fundraising expenses
\$156574.00	\$145284.00	\$9248.00	\$2042.00

**2) Calculate the percentages of Columns B, C, and D, over A (per totals above)**

- Program services (B) – A general rule is that at least 75% of total expenses should be used to support programs
- Management & general administration (C) – A general rule is that no more than 15% of total expenses should be used for management & general expenses
- Fundraising (D) – A general rule is that no more than 10% of total expenses should be used for fundraising

(A) Total Expenses	(B) Program service expenses	(C) Management & general expenses	(D) Fundraising expenses
	Columns B / A x 100	Columns C / A x 100	Columns D / A x 100
Must equal 100%	93%	6%	1%

**3) Calculate the difference between your CURRENT year budget for management & general expenses and your previous management & general expenses per your 990 (Column C)**

Percentage of Organization's Current Total Budget used for Administration	Column C, Management & general expenses per 990 above	Differential
5 %	6 %	1 %

If the differential is above (+) or below (-) 10%, provide an explanation:

The most recent 990 submitted was for a six-month period running January 1 through June 30<sup>th</sup>, 2014.

The fiscal year was changed from a calendar year to that of one from July 1 through June 30<sup>th</sup>.

The decision was made to change this in January of 2014.

The current budget runs for a full fiscal year. Therefore, the budget numbers are based on a 12 month cycle and the 990 is reporting 6 months of expenses.

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**Quick Ratio:** Measures the level of liquidity and measures only current assets that can be quickly turned to cash. A generally standard Quick Ratio equals 1 or more.

<b>Cash</b>	<b>+ Accounts Receivables</b>	<b>/Current Liabilities</b>	<b>= Quick Ratio</b>
215960.48	\$0	7340.25	29

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**Excess or Deficit for the Year:**

<b>Excess or (Deficit)</b> <b>Most recent fiscal year end</b>	<b>Excess or (Deficit)</b> <b>Prior fiscal year end</b>
\$-36259	\$37169

**Notes:** Most recent fiscal year was January 1 through June 30<sup>th</sup>, 2014

Prior fiscal year was January 1, 2013 through December 31<sup>st</sup>, 2013.

In 2014, TLC changed its accounting practices from a cash basis to an accrual system. The fiscal year has also been changed from a calendar year to July 1st through June 30th.

In 2014, a 6 month (Jan. through June 30<sup>th</sup>, 2014) tax return was filed. July 1, 2014 through June 30<sup>th</sup>, 2015 will be the next fiscal year completed.

The first 6 months of 2014 had several unforeseen expenses. A 5 alarm fire at a local furniture store caused several residents to be evacuated from their adjoining apartments. TLC assisted over 10 of those individuals with rental assistance and long term hotel stays.

TLC has been in its current facility for over 9 years, and at that this time we are starting to see things that need repair. During the first six months of 2014, expenses were increased allowing for needed repairs to the following- heater in the elevator, hot water heater, plumbing fixtures, and the fire alarm system.

In late fall of 2013, the TLC advocate retired from her position. She filled in 108 hours per week and was provided a stipend. In order to fill her hours, four resident care workers were hired. This increased wages and workerman's compensation significantly. TLC also increased case management hours by 50% to accommodate the increase in individuals served and their needs.



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# TLC July 2014-June 2015 Budget

Income Category	Net Income	Expense Category	Net Expense
<b>Donations</b>		<b>Client Service</b>	
Business Donations	5000	Client Support	10000
Church Donations	10000	Drug Testing	600
O'neill Foundation	5000	Rent Assistance	4000
Runzheimer Foundation	21,545	TLC Vehicle	3000
Racine Community Foundation	5000	Transportation Program	3500
Individual Donations	7500	<b>Total Client Service</b>	<b>\$21,100.00</b>
Service Club Donations	10000		
<b>Donations Total</b>	<b>\$64,045.00</b>	<b>Office Expenses</b>	
		Accounting Fees	3000
<b>Fundraisers</b>		Background Checks	50
Calendar of Care-Personal	500	Dues and Subscriptions	1000
Calendar of Care-Business	46000	Education and Training	400
Fox River State Bank Matching	32,500	Licenses and Permits	110
Cold Hands/Warm Hearts	23447.53	Marketing	1500
Golf Outing	6,466.42	Office Supplies	2000
Music For Match	12,500.00	Postage	400
Other Fundraisers	5000	<b>Total Office Expenses</b>	<b>\$8,460.00</b>
<b>Fundraisers Total</b>	<b>\$126,413.95</b>		
		<b>Personnel</b>	
<b>Grants</b>		Workers Comp	4200
United Way Grant	23000	Payroll Taxes	14000
United Way Campaign	2000	Telephone	800
Packer Grant	3000	Wages	153,195
FEMA Grant	3000	Consulting Services/Subs	3000
Other Grants	8,000	<b>Total Personnel</b>	<b>\$175,195.00</b>
<b>Grants Total</b>	<b>\$39,000.00</b>		
		<b>Shelter</b>	
Investment Income	200	Cable and Phone	3500
		Electric	3000
<b>Total Income Projectio</b>	<b>\$229,658.95</b>	Maintenance	4000
<b>Total Expense Project</b>	<b>\$229,658.95</b>	Gas	1000
<b>Net Income</b>	<b>\$0.00</b>	Shelter Supplies	2193.95
		Water	900
		Love Inc. Rent	4500
		<b>Shelter Total</b>	<b>\$19,093.95</b>
		<b>Insurance</b>	
		General and Admin	750
		Umbrella	750
		Shelter	2200
		Morrow House	750
		Liability- Directors and Officers	1000
		Dishonesty Bond	360
		<b>Insurance Total</b>	<b>5810</b>

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	74,969	72,121	1,163	1,685
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	780	780		
10 Payroll taxes	5,821	5,622	81	118
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	779		779	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	1,675		1,675	
13 Office expenses	4,147	200	3,790	157
14 Information technology				
15 Royalties				
16 Occupancy	17,425	17,388	37	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	176	135	41	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	6,660	6,660		
23 Insurance	6,799	5,189	1,528	82
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>Supplies In Kind</b>	13,489	13,489		
b <b>Client Support</b>	9,864	9,864		
c <b>Rent Assistance</b>	5,967	5,967		
d <b>Transportation</b>	5,427	5,427		
e All other expenses	2,596	2,442	154	
25 Total functional expenses. Add lines 1 through 24e	156,574	145,284	9,248	2,042
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				



The Community Foundation  
Serving Riverside and San Bernardino Counties

## S.L. Gimbel Foundation Fund Grant Evaluation Form

**Grant Period:**

**January 1, 2014 through March 1<sup>st</sup>, 2015**

Organization: Burlington Transitional Living Center, Inc.

Contact Name: Cristen Chaffee

Title: Executive Director

Phone Number: 262-767-1478

Grant Period: 1/2014 through 3/2015

Award Amount: \$17,500

Grant Number: 20130960

**Describe the project's key outcomes and results based on your goals and objectives.**

The project goal was to be able to provide the necessary assistance that will inhibit barriers to the individual's success and have a positive outcome on their work to become independent. Individuals may come to the shelter with lack of clothing, transportation, education, medications, and basic necessities. The grant served individuals who were currently sheltered at TLC. In 2013 66 people were sheltered; however, in 2014 115 individuals resided at the shelter. Each of the individuals entering shelter brought with them a vast array of needs and barriers that had to be addressed in order for the person to become self-sufficient. These needs ranged anywhere from payment of past fines, obtaining a current driver's license, medications for mental health stability or medial issues, clothing for a job or interview, fees associated with court costs, school supplies, clothing, enrollment of children in after school activities, maintenance on a vehicle, assistive devices, and any personal items that were important to maintaining quality of life.

Key objectives were to combat causes of poverty, increase income and education, eliminate barriers, and evaluate support given and the effects on their situation. With a lack of resources for funds to assist with many of the unmet needs, the funding was used to cover costs that would have otherwise continued to be a barrier for the individual.

**2014 Highlights/Achievements**

115 individuals were shelter at TLC (66 in 2013)

72 women, 7 men, and 31 children

5698 total nights of stay (4418 in 2013)

35 clients were employed/ or found employment

80% of shelter clients did not return to another shelter after completing TLC program

100% of Morrow House clients did not return to another shelter after completing TLC program

354 Number of Referrals

4 received copies of birth certificates

2 received new driver's license

1 received passport/ID

1 received copy of divorce decree

5 were assisted with court fines

1 received an AODA assessment

1 received new wheel chair

2 were assisted with day care costs

- 1 child attended a summer enrichment program through the local school district
- Shelter clients were able to attend local movies and carnivals.
- Shelter clients were able to attend Easter brunch, and receive Christmas presents
- Shelter clients had a Super Bowl celebration
- 1 child attending a school field trip
- 1 client received assistance to return to hometown in Nevada
- 1 client received assistance to return to hometown of South Dakota
- 1 client received bus passes to get to work in City of Racine
- 3 clients received assistance to have vehicles repaired- this allowed them to continue to go to work
- 1 received a bike to get to work
- 4 received work clothing, shoes
- 13 individuals were assisted with temporary housing, clothing, medications, transportation, storage, laundry facilities due to local apartment fire
- 5 infants were assisted with diapers and formulas
- 3 clients were assisted with moving fees
- 2 received assistance with car insurance
- 2 received assistance with electric bill
- 4 received assistance with cell phone bills
- 1 received assistance with immigration documents and lawyer fees
- 2 children received babysitting services
- 8 received haircuts
- All clients received assistance with costs of prescriptions
- Clients were assisted with medical co-pays if they had no insurance

**What were the challenges and obstacles you encountered (if any) in attaining your goals & objectives?**

TLC serves the homeless population for Western Racine County. The following data was collected during shelter stays in 2014. This data shows the population served at TLC varies in demographics, behavioral and physical challenges, and needs. The number is based on the individuals that were sheltered at TLC in 2014.

- 41 Domestic Violence Victims (currently or at some point in their life)
- 46 Mental Health Diagnoses
- 39 Alcohol or Other Drug Abuse
- 28 Sexually Abused (some point in life)
- 18 Physical Disabilities
- 16 On a CHIPS order or Probation
- 6 Pregnant
- 2 English as Second Language

Every year these demographics change, and case managers must have the ability to be able to seek out appropriate services and adjust TLC programming to meet the individual's needs.

When the grant was first proposed, the amount of funding requested and the five categories presented were based on 2012 demographics. As we have seen throughout this grant cycle, the demographics of 2014 were very different. For example, we had more individuals who had health care coverage, therefore, lessening the burden on TLC to assist with co-pays. However, the clients served relied more on assistance with groceries, personal care items, medications, and assistance with repairing their vehicles and personal bills.

Also, an unforeseen tragedy took place in April of 2014 when a local store that had been in operation since 1929, set off a 5 alarm fire. Over 30 local residents living in the adjacent apartments were evacuated. Transitional Living Center took the initiative to help those that were displaced. 13 individuals received temporary housing, clothing, medications, transportation, and assistance with laundry, and storage units for their belongings during the time of the repairs.

With the unexpected fire, unforeseen changes in the demographics of the clients served, current economic situation, changes in federal healthcare laws, personal expenses and client bills were categories that ended up being over extended to meet the client's needs.

**How did you overcome and/or address the challenges and obstacles? What were the lessons learned?**

Staff assessed the barriers presented and made a determination on how the financial assistance would affect their goal of self-sufficiency and ability to maintain good quality of life.

It was learned that it can be difficult to forecast individual's needs for a specific time in the future. We saw, however, that the positive effect the assistance had on each individual's goals far outweighed the uncertainty of the outcome of the expenses in each category.

**Describe any unintended positive outcomes as a result of the efforts supported by this grant.**

A 57 year old woman came to TLC needing shelter. She was currently on SSI and had some significant physical disabilities. She was diagnosed with cancer and battled years of depression and alcoholism. She lacked family support, as her only child and ex-husband had been passed for several years. While in the program, she developed a positive relationship with staff and was able to receive services and referrals needed to help her gain back her independence. Staff assisted with medications, doctor appointments, finding her an apartment, move out costs, purchasing the necessary items for her apartment, and making sure resources were in place for support. Unfortunately, a week after leaving the TLC shelter she passed away from natural causes.

TLC felt it was important to make sure the client had a proper service and burial. A local church and funeral home assisted with some of the financial expenses of having a memorial service for her. Family members were able to come and pay their respects, and to learn of the accomplishments she made while in the shelter program.

This commitment made by the funeral home and church was unexpected but much appreciated. It gave everyone a sense of closure and allowed the woman to have the dignity she deserved in her final moments.

**Describe the overall effect this grant has had on your organization.**

During the program we see many clients' motivation for positive change take place each step of the process. Staff encourages individuals to recognize a problem behavior. Outcomes desired are that they recognize positive change to be in their best interest, to feel competent about the change, to develop a plan for change, to begin taking action, and to continue using strategies that discourage a return to the negative behaviors. When this motivation for change takes place, individual's self-esteem is heightened, their daily productivity rate is increased, depression lessens, and they begin developing more positive relationships and connections with others. These are all things necessary to be able to live independently and integrate themselves back into the community to live a more productive life.

Clients who received the financial assistance through the grant were appreciative and understand the impact this assistance had on their outcomes. They realize by making fine payments, paying for mental health medications, repairing vehicles used for work, barriers were being broken down, allowing them to continue to move forward in the program. This assistance also reinforces that others take interest in their well-being and see the necessary steps needed to gain independence.

**Tell us a few success stories that made an impact on your organization and/or community as a result of this grant**

In June of 2014, a married couple came to TLC needing services. He was a 68 year old Cuban immigrant, showing signs of dementia and schizophrenia and the wife, 50 years old, was wheel chair bound; suffering from polio, scoliosis, and kidney issues. Neither of the individuals spoke English, however, are

- longtime residents of Burlington. Their 19 year old daughter had recently graduated from Burlington High School. The following is services TLC case managers were able to get provided for them while in the program.

Food Share

Health insurance for husband

Helping Hands assistance through Aurora for wife

Translation services through TLC volunteers and Catholic Charities

Psychiatric treatment/ corrected medications through Aurora for husband

Mammogram for wife

Paid medical co-pays for wife

Paid for medications for both wife and husband

TLC purchased new wheel chair for wife

TLC installed a wheelchair ramp at Morrow House, to make it easier for wife to get in and out of home.

Case Managers worked with National Immigration Justice Center (in Chicago) to help husband gain legal status in the United States. This was a long process; however, he was awarded his 1-94 status in January of 2015.

Set up in home visits through Home Helpers (to assist with daily living skills and household chores), as the physical and emotional care that the husband needed was becoming difficult for the wife. Also, the daily care the wife needed, due to her disability, was something that could no longer be provided for by the husband.

The couple recently was accepted into the Rapid Re-housing program. Case managers found them an apartment in Burlington, and they were moved in on Feb. 16th, 2015. TLC assisted with the move, providing furniture, and household essentials. Case managers will continue to work with the couple to facilitate future services needed, such as; setting up a payee through Society's Assets, increase in home assistance, and working towards obtaining insurance for the female.

Provide a financial report on the use of your grant funds (expenditures).

Financial Report attached

- ❖ Please send copies of publicity and other promotional materials.
- ❖ All variances or time extensions must be approved by The Community Foundation's Grant Committee. Please contact us at 951-684-4194, ext. 114 immediately if a variance or extension becomes necessary.

Please return the completed form to:

Celia Cudiamat, Executive Vice President of Grants & Programs  
3700 Sixth St., Suite 200, Riverside, CA 92501 or fax to 951-684-1911  
Or email to: [ccudiamat@thecommunityfoundation.net](mailto:ccudiamat@thecommunityfoundation.net)



Gimbel Grant- Breakdown of Expenses

January 1, 2014 through March 1, 2015

<b>Category</b>	<b>Budgeted Amount</b>	<b>Spent</b>	<b>Difference</b>
Personal	\$4900	\$5313.42	\$-415.42
Childcare	\$2625	\$2438.84	\$186.16
Legal	\$2625	\$945.70	\$1679.30
Medical	\$3850	\$3248.83	\$601.17
Client Bills	\$3500	\$5688.20	\$-2188.20
<b>Total</b>	<b>\$17500</b>	<b>\$17634.99</b>	<b>\$-134.99</b>

**Personal- This following were obtained through this category.**

Diapers	Groceries
Formula	Laundry services
Haircuts	Personal Hygiene Items

**Medical- This following were obtained through this category.**

Prescriptions	Ambulance services
Medical co-pays	Alcohol and Drug Assessments
Over- the- counter medications	Assistive devices (wheel chair and show inserts)

**Legal- The following were obtained through this category.**

Driver's License	Past Traffic Fines
Child Support Payments	State Public Defender Fees
Birth Certificates	
Probation/Supervision Fees	
Passport/Photo ID	
Divorce Decree	

**Education, Childcare, Cultural- The following were obtained through this category.**

IPad (for child residing at shelter)	Babysitting Services
Birthday activity for child- bowling with family	Movie Passes
Super Bowl Celebration	School clothes
Day Care Expenses	Bowling activity (all shelter clients)
Work hours for completing mass mailing	Easter Brunch Celebration/Baskets
Summer Enrichment program for child	Christmas Presents
July 4 <sup>th</sup> shelter celebration	Entrance to chocolate Fest (carnival)
Bus Passes	

**Client Bills- The following were obtained through this category.**

Cell Phone	Relocation Fees (Greyhound bus)
Cell Phone Bills	Car Insurance
Car Maintenance/ Car Parts	Moving costs (truck and labor)
Storage Unit Fees	Vehicle Impound/Towing Service
Relocation Fees (due to extensive fire in local apartment)	Bike Repairs



Department of the Treasury  
Internal Revenue Service

P.O. Box 2508  
Cincinnati OH 45201

In reply refer to: 0248344558  
Oct. 29, 2014 LTR 4168C 0  
95-3989251 000000 00  
00018511  
BODC: TE

1736 FAMILY CRISIS CENTER  
2116 ARLINGTON AVE STE 200  
LOS ANGELES CA 90018



003237

Employer Identification Number: 95-3989251  
Person to Contact: Mr. Burns  
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Oct. 20, 2014, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in August 1986.

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

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

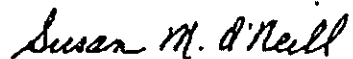
Please refer to our website [www.irs.gov/eo](http://www.irs.gov/eo) for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

0248344558  
Oct. 29, 2014 LTR 4168C 0  
95-3989251 000000 00  
00018512

1736 FAMILY CRISIS CENTER  
2116 ARLINGTON AVE STE 200  
LOS ANGELES CA 90018

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

Sincerely yours,



Susan M. O'Neill, Department Mgr.  
Accounts Management Operations



The  
Community  
Foundation

Strengthening Inland Southern California through Philanthropy

*S. L. Gimbel Foundation Fund*

BOARD OF DIRECTORS

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Dr. Jonathan Lorenzo Yorba  
President and CEO

July 21, 2015

Ms. Cristen Chaffee  
Director of Operations  
Burlington Transitional Living Cener  
482 South Pine Street  
Burlington, WI 53105

Dear Ms. Chaffee:

Congratulations! A grant has been approved for **Burlington Transitional Living Cener** in the amount of **\$25,000** from the S.L. Gimbel Foundation. The **performance period for this grant is August 1, 2015 to July 31, 2016**. Additional funding beyond the performance period is not guaranteed. It is highly recommended that alternative funding sources be sought accordingly. The grant is to support the following as specified in your proposal:

*Case Managment Services: To support case management services being provided to the homeless population of Western Racine County.*

This grant is subject to the terms outlined in the enclosed Grant Agreement. After you have reviewed the terms and conditions of the Grant Agreement, please sign and date the enclosed copy and return the original copy to The Community Foundation within the next two weeks. Please retain a copy of the signed agreement for your records. Funds will be released upon receipt of the signed Grant Agreement.

A condition of this grant is that you agree to submit the Grant Evaluation Form which includes a narrative report and fiscal report. The **Grant Evaluation is due by August 15, 2016** and a copy will be available online.

We wish you great success and look forward to working with you during the grant performance period.

If you have any questions, please call me at 951-684-4192 ext. 114 or email me at [ccudiamat@thecommunityfoundation.net](mailto:ccudiamat@thecommunityfoundation.net).

Sincerely,

Celia Cudiamat  
Executive Vice President of Programs

19008 Burlington Transitional Living Cener

20150521

GIMB3



Confirmed in Compliance  
with National Standards for  
U.S. Community Foundations

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**2015 S.L. Gimbel Foundation Fund**

**Grant Agreement**

**Organization:** Burlington Transitional Living Cener

**Grant Amount:** \$ 25,000 **Grant Number:** 20150521

**Grant Period:** August 1, 2015 to July 31, 2016 (Evaluations due by August 15, 2016)

**Purpose:** Case Management Services: To support case management services being provided to the homeless population of Western Racine County.

**1. Use of Grant Funds**

Grant funds must be expended within the grant period, for the purpose and objectives described in your grant proposal. Grant funds may not be expended for any other purpose without prior written approval by The Community Foundation. If there are significant difficulties in making use of the funds as specified in your proposal, or if the grant funds cannot be spent within the grant period, notify us in writing promptly.

Formal requests for extensions or variances must be submitted to the Foundation's Board of Directors for approval a minimum of 60 days before the end of the grant period.

Requests for variances or extensions are reviewed on a case-by-case basis and approved by the Board of Directors. If a request is denied, unused funds must be immediately refunded to the Foundation.

**2. Payment of Grant Funds**

The grant funds will be paid in full by the Foundation upon receipt of the signed Grant Agreement. Challenge grant funds will be paid in full upon receipt of the signed Grant Agreement and upon receipt of documentation providing evidence that condition(s) of the challenge grant has/have been met.

**3. Certification and Maintenance of Exempt Organization Status**

This grant is specifically conditioned upon Grantee's status as an eligible grantee of The Community Foundation. The Foundation has obtained a copy of the Grantee's IRS determination letter. Grantee confirms that it has not had any change in its tax-exempt status, and shall notify the Foundation immediately of any such change.

**4. Final Report and Records**

The Grantee will submit the Grant Evaluation report per the deadline set forth in the award letter. This report includes a narrative on outcomes based on goals and objectives set forth in the grant proposal and an expenditure report documenting use of grant funds. If equipment was purchased, copies of receipts need to be included.

**5. Grantee's Financial Responsibilities**

Grantee will keep records of receipts and expenditures of grant funds and other supporting documentation related to the grant at least four (4) years after completion of the grant and will make such records of receipts, expenditures and supporting documentation available to the Foundation upon request.

**6. Publicity**

The Community Foundation recommends publicity for the grant and acknowledging The Community Foundation in internal correspondence, brochures as appropriate; newsletters, annual reports and email blasts or e-newsletters.

The credit line of "Made possible in part by a grant from the "S.L. Gimbel Foundation Advised Fund at The Community Foundation – Inland Southern California" is suggested. When your donors are listed in printed materials, include the S.L. Gimbel Foundation Advised Fund at The Community Foundation in the appropriate contribution size category. When publishing our name, please note the "The" at the beginning of our name is a legal part of our name. It should always be used and capitalized. Attaching our logo is also appreciated. Our logo can be downloaded from our website at [www.thecommunityfoundation.net](http://www.thecommunityfoundation.net).

**7. Indemnification**

In the event that a claim of any kind is asserted against the Grantee or the Foundation related to or arising from the project funded by the Grant and a proceeding is brought against the Foundation by reason of such claim, the Grantee, upon written notice from the Foundation, shall, at the Grantee's expense, resist or defend such action or proceeding, at no cost to the Foundation, by counsel approved by the Foundation in writing.

Grantee hereby agrees, to the fullest extent permitted by law, to defend, indemnify, and hold harmless the Foundation, its offices, directors, employees, and agents, from and against any and all claims, liabilities, losses, and expenses (including reasonable attorneys' fees) directly, indirectly, wholly, or partially arising from or in connection with any act or omission by Grantee, its employees, or agents in applying for or accepting the Grant, in expending or applying the Grant funds or in carrying out any project or program supported by the Grant, except to the extent that such claims, liabilities, losses, and expenses arise from or in connection with any bad faith act or omission by the Foundation, its officers, directors, employees, or agent.

**8. Termination**

The Community Foundation may terminate this agreement, withhold payments, or both at any time, if, in the Community Foundation's judgment: a) The Community Foundation is not satisfied with the quality of the Grantee's progress toward achieving the project goals and objectives; b) the Grantee dissolves or fails to operate; c) the Grantee fails to comply with the terms and conditions of this agreement.

**9. Limitation of Support**

This Agreement contains the entire agreement between the parties with respect to the Grant and supersedes any previous oral or written understandings or agreements.

\*\*\*\*\*

**I have read and agree to the terms and conditions of the Grant Agreement.**

*Cristen Chaffee*

Signature

CRISTEN CHAFFEE

Printed Name

8-4-15

Date

Executive Director

Title

Organization: 19008 Burlington Transitional Living Center  
Grant Number: 20150521

*ccj*  
*8/20/15*





The  
Community  
Foundation

Strengthening Inland Southern California through Philanthropy

*S. L. Gimbel Foundation Fund*

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August 20, 2015

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Dr. Henry Shannon

Tamara Sipos

Beverly Stephenson

Randall Tagami

Diane Valenzuela

Ms. Cristen Chaffee  
Executive Director  
Burlington Transitional Living Center  
482 South Pine Street  
Burlington, WI 53105

Dear Ms. Chaffee:

The Community Foundation is pleased to enclose a grant check for **\$25,000** from the S. L. Gimbel Foundation, a component fund at The Community Foundation. By cashing the grant check, you are agreeing to the conditions stated under the *Terms of Grant* which you have signed and returned. The completed Grant Evaluation form is due by August 15, 2016 and will be available online on The Community Foundations website under Grants/Forms. Please note that any grant variances or extensions must be requested in writing and in advance. Any remaining grant funds must be returned to The Community Foundation at the end of the grant period.

We greatly appreciate any help you can give us in publicizing the grant. **Please use the following credit in any grant announcements or materials funded by the grant: "The (name of project/program) is supported by a grant from The S. L. Gimbel Foundation."** You may send copies of articles printed in local papers, stories in your agency newsletter, annual report, press releases, and other publications for our files.

If you have any questions, please contact me at 951-684-4194.

Sincerely,

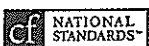
Celia Cudiamat  
Executive Vice President of Programs

20150521

39519

GIMB3

Dr. Jonathan Lorenzo Yorba  
President and CEO



Confirmed in Compliance  
with National Standards for  
U.S. Community Foundations

3700 Sixth Street, Suite 200 ~ Riverside, California 92501  
P: 951.241.7777 ~ F: 951.684.1911 ~ [www.thecommunityfoundation.net](http://www.thecommunityfoundation.net)

**The Community Foundation**  
 Strengthening Inland Southern California through Philanthropy  
 3700 SIXTH STREET, SUITE 200  
 RIVERSIDE, CA 92501  
 951-241-7777 / FAX 951-684-1911

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39519

EZCheck™ Check Fraud Protection for Business

PAY \* Twenty-Five Thousand and no/100 \*

TO THE ORDER-OF

DATE

AMOUNT

07/23/2015

\$ \*\*\*\*25,000.00

Burlington Transitional Living Cener  
 482 South Pine Street  
 Burlington, WI 53105



*Jonathan Lorenzo Yaloz*  
*Celin Chudamat*  
 AUTHORIZED SIGNATURE

Security features. Details on back.

⑈039519⑈ ⑆22234649⑆ 244624437⑈

The Community Foundation

39519

19008 Burlington Transitional Living Cener

07/23/2015 039519

20150521 07/21/2015 Case Managment Services  
 GIMB S.L. Gimbel Foundation Advised Fund

25,000.00  
 25,000.00

CHECK TOTAL: \$ \*\*\*\*25,000.00

The Community Foundation

39519

19008 Burlington Transitional Living Cener

07/23/2015 039519

20150521 07/21/2015 Case Managment Services  
 GIMB S.L. Gimbel Foundation Advised Fund

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