



2014 S.L. Gimbel Foundation Fund Grant Application

Internal Use Only:
Grant: 20140730

\$21,680

Organization / Agency Information

Organization/Agency Name: <i>Lifespan of Greater Rochester Inc.</i> <u>21108</u>		
Physical Address: <i>1900 S. Clinton Avenue</i>		City/State/Zip <i>Rochester, NY 14618</i>
Mailing Address: <i>same</i>		City/State/Zip
CEO or Director: <i>Ann Marie Cook</i>		Title: <i>President/CEO</i>
Phone: <i>585-244-8400</i>	Fax: <i>585-244-9114</i>	Email: <i>amcook@lifespan-roch.org</i>
Contact Person: <i>Jody Rowe</i>		Title: <i>Chief Operating Office/ Corporate Compliance Officer</i>
Phone: <i>585-244-8400</i>	Fax: <i>585-244-9114</i>	Email: <i>jrowe@lifespan-roch.org</i>
Web Site Address: <i>lifespan-roch.org</i>		Tax ID: <i>16-0986298</i>

Program / Grant Information

Interest Area: Health Environment Animal Protection Education Human Dignity

Program / Project Name: <i>Health Care Coordination for Older Adults</i>		
Amount of Grant Requested: <i>\$25,000</i> <u>\$21,680</u>	Total Organization Budget: <i>\$7,693,000</i>	Percentage of Organization's Total Budget used for Administration: <i>14%</i>
Purpose of Grant Request (one sentence): <i>The purpose of the project is to provide health care coordination to low income older adults who need assistance coordinating medical appointments, accessing services and setting up medication schedules.</i>		
Gimbel Grants Received: List Year(s) and Award Amount(s) NA		

Signatures

Board President / Chair: (Print name and Title) <i>Robert P. Nasso, Chair</i>	Signature: <i>Robert P. Nasso</i>	Date: <i>7/16/14</i>
Executive Director/President: (Print name and Title) <i>Ann Marie Cook, President/CEO</i>	Signature: <i>Ann Marie Cook</i>	Date: <i>7/16/14</i>

I. Organization Background; Target Population:

A) *What is the history, mission and/or purpose of your organization? How long has the organization been providing programs and services to the community?* Lifespan of Greater Rochester was formed in 1971. The agency was started by a group of nursing home operators who felt that there should be home and community-based services available to older adults before they needed a nursing home. Lifespan’s mission is to help older adults and their caregivers take on the challenges and opportunities of longer life. The agency accomplishes this mission by offering 30 programs to support older adults in maintaining healthy, independent and meaningful lives in the community for as long as possible.

B) *What are some of your past organizational accomplishments (last three years)?*

1) Lifespan received the Ames-Amzalak Award for Nonprofit Excellence given by the Rochester Area Community Foundation. 2) Ann Marie Cook, President/CEO, received the 2012 Presidential Award from the New York State Office for Aging for leadership in the field of Aging. 3) Lifespan’s Lily Café at the Maplewood YMCA was honored as the “Most Promising Best Practice in NYS.” 4) The Centers for Medicare and Medicaid Services awarded Lifespan a contract to test Care Transitions Model. 5) Lifespan received the Joanne Otto Distinguished Service Award from the National Adult Protective Services Association.

C) *What are your key programs and activities? Describe the communities you serve. Include populations, geographic locations served, and relevant statistics.*

Lifespan serves 26,000 older adults and caregivers each year. Our cornerstone programs are: 1) NY Connects/Eldersource – the Aging & Disability Resource Center for Monroe County (Rochester). We provide one-stop assistance, guidance and care management. Through this program, we develop care plans, assist with transitions of care and arrange for community-based services. 2) Elder Abuse Prevention Programs – Lifespan is one of the national leaders in elder abuse prevention and intervention. We operate the NYS Elder Abuse Coalition, a unique elder abuse shelter model and were partners with Weill Cornell University on the NYS Elder Abuse Prevalence an Incidence Study. 3) Older Adults with Developmental Disabilities. We provide care management, operate a planning service for older caregivers with a loved one with a disability, etc. Over the last several years, Lifespan has been collaborating with healthcare entities to help older adults navigate complex health care systems.

Relevant Statistics: 2013 Data

Number of Individuals Served: 25,879	Age: 48% of clients are between 75-84 years.
Gender: 70% female; 30% male	Income: In 2013, 43% reported incomes under \$25,000/yr. 50% had incomes under \$45,000. The median annual household income for the Rochester Metropolitan Statistical Area is \$64,306 (US Census, ACS, 2012).

II. Project Information: A) Statement of Need

1. *Specify the community need you want to address and are seeking funds for.* We are seeking funds to support and expand a **health care coordination program** to assist older adults, primarily without family/friends, navigate health care systems, understand health care instructions and medication compliance, arrange for transportation to medical appointments, accompany the older adults to medical appointments and report to long-distance family/friends when appropriate.

Currently, Lifespan operates such a program for older adults with developmental disabilities (DD). We found that many older adults with DD can live successfully in the community with some minimal supports, which has included health care coordination. We created this service three years ago when we saw individuals struggling to understand their medical care instructions. We assist a small group of individuals receive access to healthcare & preventative healthcare services, as well as help them navigate a confusing, complex, and fragmented healthcare system. Through that small pilot, we saw a dramatic reduction in emergency and hospital use.

B) Project Goal, Objectives and Methodology 1. State your project goal. Describe your project. How does your project meet the community need? What is unique and innovative about this project? Goal: To assist older adults (older adults in general and older adults with developmental disabilities) who need assistance accessing or navigating health care through the health care coordination project.

Project: Lifespan employs both social workers and licensed practical nurses (LPN). Social workers will identify individuals who need assistance with health care navigation. After the older adult agrees to the service, the LPN will gather baseline information (i.e. Emergency Department (ED) & hospital visits in the last year) and document all medical providers. The LPN actually assists the older adult in making all appointments, arranging for transportation, tracks the outcome, ensures that medi-sets are put together each week and communicates with family when appropriate. We recognize that the project sounds simple, but our preliminary results show remarkable decreases in ED and hospital use.

In our community, as with the rest of the country, there is a strong emphasis to reduce health care costs, thus changing the financial paradigm from institutional care to home and community services while increasing satisfaction. We believe this project supports both the desire of older adults to remain in their homes and the community goal of reducing health care costs.

Objective I: Decrease the ED/hospital use of the participants on average by 30% by the end of one year. We will look at pre-program ED/hospital usage compared to one year after being in the program. *Activities:* - Recruit older adults for the project, collect background information about health care use from the previous year, implement project with participants, compare data after one year.

Objective II: Increase older adults' adherence to medical treatment plans by 75%. *Activities:* Review medical plans with older adults, practice "teach-back" techniques to ensure individuals understand their diagnosis/treatment plan, arrange for a nurse to set up prescription drug sets, periodically review medical plans with clients.

Provide a timeline for implementing the project? We have started providing services to older adults with developmental disabilities. We will begin working with all older adults on October 1, 2014. We will measure our outcomes on an annual basis.

Who will this grant serve? Older adults (60+) in the Rochester, NY region.

Describe your target population. Low income older adults living who are struggling with medical compliance. Individuals will be identified by Lifespan social workers, other professionals or by contacting us directly for the service. We will outreach to all major primary care practices.

How many people will be impacted? We will recruit 50 people in a one year time span and analyze the data. Our hope is to offer this throughout the community in future years if the project has the anticipated impact. There are 145,000 older adults in Monroe County (Rochester). We would assume that 5% - 10% would need such a service (7,250+).

How does this project relate to other existing projects in the community? No one else provides such a service in the community. Lifespan has over 300 volunteers working in various programs. While we do have a volunteer component to this project, we would refer people to other services that utilize volunteers (e.g. friendly visitors, financial management)

C) Project Outcomes and Evaluation

What are the key anticipated outcomes of the project and impact on participants? Individuals, as a result of the intervention, will experience fewer emergency department/hospitalizations one year after entering the program, thus being more stable in the community.

How will you know if you have achieved the expected outcomes? We will collect baseline data and compare one year before entering the program vs. one year after entering the program.

How will progress towards the objectives be tracked and outcomes measured? We have developed an Excel spreadsheet that tracks all appointments for each individual. In addition, we have hired an outside evaluator, Anita M. Baker, Ed.D. from Evaluation Services, to compare baseline data with one year after services. She will produce an annual program evaluation report.

How will you use the grant funds? We will use the grant in three ways: 1) technology upgrades to collect data, 2) evaluation services and 3) staff time of a licensed practical nurse.

III. Project Future

Explain how you will support this project after the grant performance period. We hope to use the data derived from the grant and discuss the results with the health systems in our area. I believe the Accountable Care Organizations that are forming in our area would be interested in the data and will be a strong potential funder of the project in the future.

IV. Governance, Executive Leadership and Key Personnel/Staff Qualifications

Describe your board of directors and the role it plays in the organization. What committees exist within your board of directors? How does the board of directors make decisions? The board of directors is an active governing board which provides financial oversight, creates the strategic direction and management structure to fulfill the mission. Board committees include, Executive Committee, Finance & Audit Committee, Corporate Compliance and Quality Assurance, Human Resources, Strategic Planning and Cultural Competence. We also have many advisory committees in program specific areas. Decisions are made after a thoughtful review by various committees which make recommendations for Board approval. The Board ensures that new programs are consistent with the mission of the organization and that they have a sustainability plan. *Describe the qualifications of key personnel/staff responsible for the project.* Oversight of this project will be provided by our clinical supervisor who is a Licensed Masters Social Worker in NYS. The work will be performed by a Licensed Practical Nurse.

2014 S.L. Gimbel Foundation APPLICATION

V. Project Budget

A) Please provide a detailed line-item budget for your project by completing the table below. Include all sources of funding for the proposed project.

Line Item Description	Line Item Explanation (Formula/equation used as applicable. Example: 40 books @ \$100 each = \$4000)	Support From Your Agency	Support From Other Funders	Requested Amount From TCF	Line Item Total of Project
Personnel: Supervisor	\$55,000/year	\$42,200	\$12,800	0	\$55,000
Personnel: Health care coor.	\$45,000/year	0	\$45,000	0	\$45,000
Personnel: Health care coor.	\$45,000/year	0	\$30,000	\$15,000	\$45,000
Fringe Benefits	Our fringe rate averages at 24% of salary	\$10,128	\$21,072	\$3,600	\$31,200
Lap Top computer/printer	Lap top for collecting data in homes		\$4,000	\$2,000	\$2,000
Telephone	Cell phone for using in the field		\$280	\$200	\$200
Travel	We reimburse at .45/mile – 3000 miles	\$600	\$420	\$330	\$1,350
Copies/postage				\$200	\$200
Rent for space	\$16/sq./ft.		\$1130	\$350	\$1480
General administration	14% admin rate	\$7,410	\$16,058	\$3,035	\$26,503
TOTALS:		\$60,338	\$130,760	\$24,715	\$215,813

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

Secured/Awarded

Name of Funder: Foundation, Corporation, Government	Amount
B. Thomas Golisano Foundation	\$39,592
NYS Office for People with Developmental Disabilities	\$63,188
Rochester Area Community Foundation	\$27,980

Pending

Name of Funder: Foundation, Corporation, Government	Amount	Decision Date

VII. Financial Analysis

Agency Name: Lifespan of Greater Rochester Inc.
 Most Current Fiscal Year (Dates): From 4/1/12 To: 3/31/13

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!

Program to Total Expenses Ratio: Percentage of expenses used to support programming versus how much is spent for general management and fundraising. A general rule is that at least 75 percent of total expenses should be used to support programs – the higher the percentage the better.

Program Expenses	/Total Operating Expenses	= Program Expense Ratio
\$5,920,289	\$6,890,288	85.9 %
990: Part IX, Column B, Line 25	990: Part IX, Column A, Line 25	

Administrative Expense (100%-Program Expense ratio) per 990 above	Percentage of Organization’s Current Total Budget used for Administration (from cover page)	Differential
14.1 %	14 %	%

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

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.

Cash	+ Accounts Receivables	/Current Liabilities	= Quick Ratio
\$412,900	\$2,533,733	1,703,668	1.72

Excess or Deficit for the Year:

Excess or (Deficit) Most recent fiscal year end	Excess or (Deficit) Prior fiscal year end
\$56,054 2013-2014	\$50,741 2012-2013

Notes: Lifespan’s Operating Account

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	\$972,014	12.63	Program Fees	\$579,310	7.53%
Fundraising/Special Events	\$462,741	6.01%	Interest Income	\$441,193	.59
Corp/Foundation Grants	\$609,962	7.93%	Other: Released	\$11,132	.14
Government Grants	\$5,013,490	65.16%	Other: Misc.	\$820	.01

Notes:

VIII. Application submission check list:

	<u>Submit FOUR (4) Copies: 1 ORIGINAL (WITH ORIGINAL SIGNATURES) and 3 copies, collated and stapled together of the following:</u>	<u>Submit ONE (1) Copy:</u>
✓	Completed Grant Application Form (cover sheet, narrative (3 pages maximum), budget and sources of funding, financial analysis page	✓ A copy of your current 501(c)(3) letter from the IRS
✓	A list of your Board members and their affiliations	✓ A copy of your most recent year-end financial statements (audited if available; double-sided)
✓	Your current operating budget and the previous year's actual expenses	✓ A copy of your most recent 990 (double-sided)
✓	Part IX only of the 990 form, Statement of Functional Expenses (one page)	
	For past grantees, a copy of your most recent final report.	

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 to any question in this Part IX

	(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 United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	131,240.		131,240.	
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	3,413,504.	2,885,168.	473,956.	54,380.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	159,981.	140,700.	17,634.	1,647.
9 Other employee benefits	245,877.	223,356.	17,756.	4,765.
10 Payroll taxes	300,002.	252,464.	43,788.	3,750.
11 Fees for services (non-employees):				
a Management				
b Legal	17,034.	15,400.	1,634.	
c Accounting	48,229.	28,825.	19,404.	
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 Sch O.)	1,218,136.	1,166,852.	51,149.	135.
12 Advertising and promotion	78,607.	45,303.	22,448.	10,856.
13 Office expenses	385,477.	327,512.	57,965.	
14 Information technology				
15 Royalties				
16 Occupancy	266,580.	229,669.	33,667.	3,244.
17 Travel	182,488.	178,641.	3,455.	392.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	25,945.	19,438.	6,422.	85.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	32,033.	28,569.	3,464.	
23 Insurance	32,218.	21,235.	10,755.	228.
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 OTHER	331,736.	293,935.	27,361.	10,440.
b DATA PROCESSING/PROCESS	21,201.	63,222.	<49,588.>	7,567.
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	6,890,288.	5,920,289.	872,510.	97,489.
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 if following SOP 98-2 (ASC 958-720)

**Lifespan
Budget Comparison Report
Year to Date through March 2014
Unrestricted**

	Lifespan & Eldersource YTD Actual	FCP YTD Actual	YTD Combined Actual	YTD Budget	YTD Variance	Yearly Budget
Revenue						
CMS GOVERNMENT GRANT	1,137,614.00	0.00	1,137,614.00	1,335,364.00	(197,750.00)	1,335,364.00
GOVERNMENT GRANTS	3,872,296.00	223,434.00	4,095,730.00	3,059,363.00	1,036,367.00	3,059,363.00
GRANTS - NON-GOVERNMENT	494,845.00	0.00	494,845.00	647,958.00	(153,113.00)	647,958.00
FEE INCOME	579,310.00	195,925.00	775,235.00	638,581.00	136,654.00	638,581.00
DONATIONS	319,687.00	414.00	320,101.00	345,831.00	(25,730.00)	345,831.00
MEAL DONATIONS	36,759.00	0.00	36,759.00	42,950.00	(6,191.00)	42,950.00
INTEREST INCOME	16,584.00	1.00	16,585.00	15,000.00	1,585.00	15,000.00
APPRECIATION/DEPRECIATION	27,609.00	0.00	27,609.00	0.00	27,609.00	0.00
MISCELLANEOUS INCOME	820.00	210.00	1,030.00	4,200.00	(3,170.00)	4,200.00
IN KIND DONATIONS	106,295.00	0.00	106,295.00	52,561.00	53,734.00	52,561.00
Release fr Restriction - United Way	609,962.00	0.00	609,962.00	640,011.00	(30,049.00)	640,011.00
Release fr Restriction - Other	480,749.00	19,280.00	500,029.00	321,832.00	178,197.00	321,832.00
Release fr Restriction - Bridge	11,132.00	0.00	11,132.00	175,000.00	(163,868.00)	175,000.00
Total Revenue	7,693,662.00	439,264.00	8,132,925.00	7,278,651.00	854,275.00	7,278,651.00
Expenses						
SALARIES						
PROFESSIONAL WAGES	3,073,868.00	199,528.00	3,273,396.00	3,163,735.00	(109,661.00)	3,163,735.00
SUPPORT	170,724.00	12,588.00	183,312.00	211,950.00	28,638.00	211,950.00
PART TIME ENROLLEES	128,323.00	0.00	128,323.00	119,852.00	(8,471.00)	119,852.00
VACATION ACCRUAL	11,196.00	326.00	11,522.00	0.00	11,522.00	0.00
Total SALARIES	3,384,111.00	212,442.00	3,585,031.00	3,495,537.00	(89,494.00)	3,495,537.00
FRINGES						
LIFE INSURANCE	7,693.00	579.00	8,272.00	9,120.00	848.00	9,120.00
HEALTH INSURANCE	219,791.00	19,928.00	239,719.00	229,451.00	(10,268.00)	229,451.00
RETIREMENT	165,295.00	12,755.00	178,050.00	181,192.00	3,142.00	181,192.00
LONG TERM DISABILITY	9,375.00	677.00	10,052.00	9,692.00	(360.00)	9,692.00
FICA EXPENSE	233,760.00	15,187.00	248,947.00	242,610.00	(6,337.00)	242,610.00
STATE UNEMPLOYMENT	29,068.00	0.00	29,068.00	15,308.00	(13,760.00)	15,308.00
WORKERS' COMPENSATION	20,432.00	283.00	20,715.00	22,253.00	1,538.00	22,253.00
RETIREMENT - 457 Plan	8,475.00	0.00	8,475.00	0.00	(8,475.00)	0.00
LONG TERM CARE INSURANCE	3,174.00	0.00	3,174.00	0.00	(3,174.00)	0.00
PHYSICAL EXPENSE	586.00	0.00	586.00	0.00	(586.00)	0.00
ENROLLEES' FICA EXPENSE	9,817.00	0.00	9,817.00	9,169.00	(648.00)	9,169.00
ENROLLEES' STATE UNEMPLOYMENT	672.00	0.00	672.00	1,250.00	578.00	1,250.00
ENROLLEES' DISABILITY EXPENSE	173.00	0.00	173.00	600.00	427.00	600.00
ENROLLEES' WORKERS' COMPENSAT	1,028.00	0.00	1,028.00	967.00	(61.00)	967.00
Total FRINGES	709,339.00	49,409.00	758,748.00	721,612.00	(37,136.00)	721,612.00
OTHER EXPENSE BEFORE ADMIN.						

2014/2015 Budget

Acct. No.	Account Title	2014/2015 Budget
INCOME		
318	Grants - Government	4,029,471
315	CMS Revenue	238,900
320	Grants - Non-Government	406,328
321	Fee Income	761,980
325	Donations	300,252
327	Meal Donations	42,000
357	Interest	15,000
365	Misc. Income	2,000
372	Equity in Eldersource	-
374	In Kind Donations	54,975
375	United Way	763,325
376	Other Rel. from Restriction	921,987
377	Oth Rel. Rest Bridge to Future	150,895
	Total	7,687,113
EXPENSES		
WAGE EXPENSE		
410	Professional Wages	3,420,265
420	Clerical Wages	203,532
425	Enrollee Wages	114,400
	Total Wages	3,738,197
FRINGE BENEFITS EXPENSE		
449	Life Insurance	9,573
450	Medical Expense	276,555
454	Retirement	193,538
457	Long Term Disability	10,172
464	FICA Expense	260,161
465	State Unemployment	25,098
467	Disability Insurance	-
469	Workers' Compensation	22,702
471	Enrollee FICA	8,752
472	Enrollee Unemployment	-
473	Enrollee Disability	-
474	Enrollee Workers' Comp.	835
475	Physicals Expense	-
	Total Fringe Benefits	807,387
	Total Wages & Fringe	4,545,584
OTHER EXPENSES		
528	Data Processing	17,895
527	CMS Subcontractors	
529	Other Contracts	1,719,119
530	Interpreting Sub-Contractors	
531	Photocopies	17,853
535	Maintenance of Equipment	5,012
540	Office Supplies	39,922
541	Postage	31,053
542	Printing	73,931
543	Subscriptions & Publications	3,847
545	Telephone	36,375
546	Peer Place	10,428
548	Legal Fees	1,000
550	Audit Expense	30,800
555	Advertise/Public Relations	86,255
556	Local Dues	7,908
557	Travel - Staff	86,975
564	Insurance - CIMA	2,485
565	Insurance - General	36,663
568	Conferences	35,400
570	Equipment Purchases	53,174
600	Luncheon/Dinner Events	4,483
604	Program Supplies	99,965
605	Food & Beverage	132,567
655	Travel - Volunteer	21,021
657	Travel - Lifeline / Taxi	110,259
676	Recognition	52,335
678	Equipment Rental	6,224
694	Training / Tuition	13,945
720	Depreciation Expense	19,797
730	Rent Expense	276,390
731	Heat, Light, Power	18,959
734	Bldg Maintance & Supplies	35,077
760	Misc. Expenses	9,697
761	Other - ISS Client Expenses	30,658
620	Bad Debt Expense	4,000
	Total Other Expenses	3,131,470
	Total Before Admin Overhead	7,677,054
	Administrative Overhead	10,059
	TOTAL EXPENSES	7,687,113
	SURPLUS/DEFICIT	(0)

*Lifespan
Board of Directors
2014-2015*

Officers & Executive Committee

Chair

Robert Nasso
Partner
EFP Rotenberg
280 Kenneth Drive
Rochester, NY 14623
W – 295-0540 F – 295-0640 C- 747-7694
Email: rnasso@efprotenberg.com

Vice Chair

Dr. Richard Gangemi
804 Admiralty Way
Webster, NY 14580
H – 787-0708
Email: Richard.gangemi@rochestergeneral.org

Treasurer

Chris Martusewicz
Vice President of Finance
Toshiba Business Solutions
180 Kenneth Drive, Suite 200
Rochester, NY 14623
W – 697-5525
Chris.Martusewicz@tbs.toshiba.com

Secretary

Liz Corcoran
Managing Partner, Account Services
Dixon Schwabl Advertising
1595 Moseley Rd.
Victor, NY 14564
W – 899-3214 C- 455-8239
E- Mail: liz@dixonschwabl.com

Executive Committee/Members at Large

Dennis Buchan
1 Douglas Rd.
Rochester, NY 14610
H – 461-1867
Dbuch@aol.com

Patrick Glavey
EVP, Government Program
MVP Healthcare
220 Alexander Street
Rochester, NY 14607
W – 327-2352 C – 472-6842
pglavey@mvphealthcare.com

Patty Phillips
President
Clarity Recruiting & Career Management, Inc.
1808 Plank Rd.
Webster, NY 14580
W – 472-5057 C – 472-5057
pattyphillipswebster@gmail.com

Randal Weaver
President & CEO
TransPro Consulting
45 Riccardi Drive
Rochester, NY 14626
W – 820-4430
randaldweaver@yahoo.com

Directors

Steve Arvan
Sr. Director – Local Programming – New York
Time Warner Cable
71 Mt. Hope Avenue
Rochester, NY 14620
W – 756-1127 C- 967-2725
Email: steve.arvan@twcable.com

Jim Condello
Administrative Vice President
M&T Bank
Mortgage Division – Sales Manager
M&T Place – 1st Floor
255 East Avenue
Rochester, NY 14610
W- 258-8310 C – 410-3027
jcondello@mtb.com

Lifespan
Board of Directors
2014-2015

Jill DiVincenzo
Jamestown Container Companies
82 Edwards Deming Drive
Rochester, NY 14606
W – 402-7743 C – 957-8524
Email: jill.divincenzo@jamestowncontainer.com

Timothy Galli
34 Eastview Terrace
Pittsford, NY 14534
H – 381-3768
Email: tagalli@rochester.rr.com

Art Hirst
3 Surrey Lane
Pittsford, NY 14534
H – 381-3539
ahirst@rochester.rr.com

Robert Hurlbut Jr.
President
Hurlbut Care Communities
740 East Avenue
Rochester, NY 14607
W – 244-0410 F- 244-1374
E-Mail: rwhurlbut@rohmservices.com

Will Irwin
President
UltraMobile Imaging, Inc.
1465 Jefferson Rd.
Rochester, NY 14623
W – 424-6270 C-943-4112
Email: wirwin@ultramobileimaging.com

Michael King
Chief Operating Officer/Administrator
The Jewish Home of Rochester
2021 Winton Road South
Rochester, NY 14618
W – 784-6483 – F – 341-2360 C-755-0484
Email: mking@jewishhomeroch.org

Anna Lynch
Managing Partner
Underberg & Kessler LLP.
300 Bausch & Lomb Place
Rochester, NY 14604
W – 258-2823 F – 258-2821 C- 261-4042
Email: alynch@underbergkessler.com

Dr. Richard Machemer
3378 Meadowsweet Court
Walworth, NY 14568-9534
H – 315-986-4134 C – 585-721-0307
Email: rmachemer@verizon.net

Mark McDermott
President
Touching Hearts at Home
1100 University Avenue, Suite 141
Rochester, NY 14607
W – 271-7390 C- 329-2664
mark@touchingheartsny.com

Dr. Daniel Mendelson
Department of Medicine
Highland Hospital
100 South Avenue, Box 58
Rochester, NY 14620
W – 341-6793 F – 341-8305
Daniel_mendelson@urmc.rochester.edu

Renee Forgensi Minarik
Judge
New York State Court of Claims
144 Exchange Boulevard, Suite 500
Rochester, NY 14614
W – 987-4212 C- 303-7770
Email: rminarik@courts.state.ny.us

Bill Naylor
Senior Vice President of Finance
MedAmerica
165 Court Street
Rochester, NY 14647
Email: Bill.Naylor@medamericaltc.com

Leonard Redon
Deputy Mayor
Office of the Mayor
City of Rochester – City Hall
30 Church Street Room 205A
Rochester, NY 14614
W – 428-7163
Email: redonl@cityofrochester.gov

Carlos Rodriguez
8 Cricket Hill Drive
Pittsford, NY 14534

*Lifespan
Board of Directors
2014-2015*

H – 385-5635 C – 737-4365
Email: carlos@rodriguezlaw.us.com

Jane Shukitis
Senior Vice President, Aging and Community Services
Unity Health System
89 Genesee Street
Rochester, NY 14611
W-368-3469 C-354-1366
jshukitis@unityhealth.org

Yvette Tehan
Regional Vice President of Expansion
Elderplan
2180 Empire Blvd.
Webster, NY 14580
W- 446-2045 C – 360-7829
ytehan@mjhs.org

Administrative Staff

Ann Marie Cook ~ President & CEO
amcook@lifespan-roch.org 244-8400 ext 109

Jody Rowe – Chief Operating Officer
jrowe@lifespan-roch.org 244-8400 ext 131

Mary Rose McBride ~ VP Marketing
& Community Relations
mrmcbride@lifespan-roch.org 244-8400 ext 112

Paul Caccamise ~ VP Program
Pcaccamise@lifespan-roch.org 244-8400 ext 115

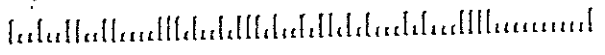
Marie D'Alessandro - Director of Finance 244-8400 ext 122
mdalessandro@lifespan-roch.org

Sue MacDonald – Director of Human Resources 244-8400 ext 122
smacdonald@lifespan-roch.org

Marie Hildreth ~ Assistant to the President
mhildreth@lifespan-roch.org 244-8400 ext 124

Department of the Treasury
Internal Revenue Service
ANDOVER, MA 05501

Date of this notice: MAY 8, 1995
Taxpayer Identifying Number 16-0986298
Form: 2363 Tax Period:



For assistance you may
call us at
716-685-5432 LOCAL BUFFA.
1-800-829-1040 OTHER NY

LIFESPAN OF GREATER ROCHESTER INC
79 N CLINTON AVE
ROCHESTER NY 14604

WE CHANGED YOUR NAME AND/OR ADDRESS

YOU FOR YOUR CORRESPONDENCE. AS YOU REQUESTED, WE'VE MADE THE FOLLOWING
TO YOUR NAME AND/OR ADDRESS:

AND ADDRESS PREVIOUSLY ON YOUR ACCOUNT	NAME AND ADDRESS NOW SHOWN ON YOUR ACCOUNT
---	---

INAL COUNCIL ON AGING INC
CLINTON AVE
ESTER NY 14604-4707065

LIFESPAN OF GREATER ROCHESTER INC
79 N CLINTON AVE
ROCHESTER NY 14604

IF YOU DON'T AGREE WITH THIS CHANGE, PLEASE LET US KNOW.

Internal Revenue Service

District
Director

Department of the Treasury

35 Tillary St., Brooklyn, NY 11201

Date: MAY 08 1992

Regional Council
on Aging, Inc.
79 North Clinton Avenue
Rochester, NY 14604-1407

Person to Contact:
Patricia Holub
Contact Telephone Number:
(718) 488-2332
EIN: 18-0988298

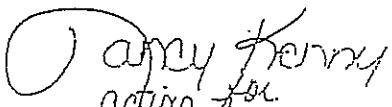
Dear Sir or Madam:

Reference is made to your request for verification of the tax exempt status of Regional Council on Aging, Inc.

A determination or ruling letter issued to an organization granting exemption under the Internal Revenue Code remains in effect until the tax exempt status has been terminated, revoked or modified.

Our records indicate that exemption was granted as shown below.

Sincerely yours,


acting for
Patricia Holub
Manager, Customer
Service Unit

Name of Organization: Regional Council on Aging, Inc.

Date of Exemption Letter: February 1972

Exemption granted pursuant to section 501(c)(3) of the
Internal Revenue Code.

Foundation Classification (if applicable): Not a private
foundation as you are an organization described in sections
509(a)(1) and 170(b)(1)(A)(vi) of the Internal Revenue Code.

160986298



District Director
Internal Revenue Service

Date:	In reply refer to:
March 10, 1972	AU:F:610:JM
M-72-EO-405	264-1870

▷ REGIONAL COUNCIL ON AGING, INC.
168 CLINTON AVENUE SOUTH
ROCHESTER, NEW YORK 14604

Gentlemen:

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code.

We have further determined you can reasonably be expected to be an organization of the type described in sections 170(b)(1)(A)(vi) and 509(a)(1). Accordingly, for your first two tax years, you will be treated as an organization which is not a private foundation.

At the end of your first two tax years, however, you must establish with the Internal Revenue Service that for such two years you were in fact an organization of the type described in section 170(b)(1)(A)(vi). If you establish this fact with the Service, you will be classified as a section 509(a)(1) organization for all purposes beginning with the first day of your third tax year and you must normally meet the requirements of section 170(b)(1)(A)(vi) thereafter. If, however, you do not meet the requirements of section 170(b)(1)(A)(vi) for your first two tax years, you will be classified as a private foundation as of the first day of your third tax year. Furthermore, you will be treated as a private foundation as of the first day of your first tax year for purposes of sections 507(d) and 4940.

Grantors and donors may rely on the determination that you are not a private foundation for your first two tax years, unless notice that you will no longer be treated as a section 509(a)(1) organization is published in the Internal Revenue Bulletin. However, a grantor or donor may not rely on such determination if he was in part responsible for, or was aware of, the act or failure to act that resulted in your loss of section 509(a)(1) status, or acquired knowledge that the Internal Revenue Service had given notice that you would be removed from classification as a section 509(a)(1) organization.

You are not liable for social security (FICA) taxes unless you file a waiver of exemption certificate as provided in the Federal Insurance Contributions Act. You are not liable for the taxes imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the excise taxes under Chapter 42 of the Code. However, you are not automatically exempt from other Federal excise taxes.

Donors may deduct contributions to you as provided in section 170 of the Code. Requests, legacies, devises, transfers, or gifts to you or for your use are deductible under sections 2055, 2106, and 2522 of the Code.



July 28, 2014

Celia Cudiamat, Executive Vice President of Programs
The Community Foundation
3700 Sixth Street, Suite 200
Riverside, CA 92501

Dear Mr. Cudiamat:

Enclosed please find Lifespan of Greater Rochester's application for consideration. We are requesting support for a health care coordination program for low-income older adults. We currently provide coordination for older adults with developmental disabilities who reside in the community. Through this coordination, we have seen a dramatic reduction in both emergency room and hospitalization rates. We would like to continue to provide this service to older adults with developmental disabilities and expand it to include older adults with dementia.

As health care continues to evolve and change, we believe, if we continue to see these positive results with an expanded population, could be replicated throughout the country.

Thank you so much for your consideration.

Sincerely,

A handwritten signature in blue ink that reads "Ann Marie Cook".

Ann Marie Cook
President/CEO

Enclosures

Lifespan of Greater Rochester Inc.
1900 South Clinton Avenue
Rochester, New York 14618
tel: (585) 244-8400
fax: (585) 244-9114
email: info@lifespan-roch.org
www.lifespan-roch.org



Serving the Counties of Riverside and San Bernardino

S. L. Gimbel Foundation Fund

November 13, 2014

BOARD OF DIRECTORS

James Cuevas
Chair of the Board

Philip Savage IV
Vice Chair of the Board

Pat Spafford, CPA
Chief Financial Officer

Sean Varner
Secretary of the Board

Glenda Bayless

Dr. Paulette Brown-Hinds

Sergio Bohon

Rabbi Hillel Cohn

Andrea Dutton

Robert Fey

Paul Granillo

Stanley Grube

Kirk Harns

Dr. Fred Jandt

Andrew Jaramillo

Dr. Albert Karnig

D. Matthew Pim

Patrick O'Reilly

Rose Salgado

Beverly Stephenson

Grover Trask
Immediate Past Board Chair

Dr. Jonathan Lorenzo Yorba
President and CEO

Ms. Ann Marie Cook
President & CEO
Lifespan of Greater Rochester, Inc
1900 S. Clinton Ave
Rochester, NY 14618

Dear Ms. Cook:

Congratulations! A grant has been approved for **Lifespan of Greater Rochester, Inc** in the amount of **\$21,680** from the S.L. Gimbel Foundation. The **performance period for this grant is November 1, 2014 to October 31, 2015**. 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:

Health Care Coordination for Older Adults: Provide health care coordination to low income older adults who need assistance coordinating medical appointments, accessing services and setting up medication schedules.

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 November 16, 2015** 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.

Sincerely,

Celia Cudiamat
Executive Vice President of Programs

21108 Lifespan of Greater Rochester, Inc

20140730

GIMBEL



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

2014 S.L. Gimbel Foundation Fund

Grant Agreement

Organization: Lifespan of Greater Rochester, Inc.

Grant Amount: \$ 21,680 **Grant Number:** 20140736

Grant Period: November 1, 2014 to October 31, 2015 (Evaluations due November 16, 2015)

Purpose: **Health Care Coordination for Older Adults: Provide health care coordination to low income older adults who need assistance coordinating medical appointments, accessing services and setting up medication schedules.**

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.

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,

Ann Marie Cook

Signature

Ann Marie Cook

Printed Name

11/20/14

Date

President+CEO

Title

Organization: 21108 Lifespan of Greater Rochester, Inc

Grant Number: 20140736

cc
11/24/14



November 20, 2014

Celia Cudiamat, Executive Vice President of Programs
The Community Foundation
3700 Sixth Street, Suite 200
Riverside, CA 92501

Dear Mr. Cudiamat:

Thank you so much for the grant to Lifespan for our Health Care Coordination program. Enclosed please find our signed Grant Agreement Form (Grant number 20140736). We look forward to implementing the project and understand that a report is due back to you on November 16, 2015.

Thank you so much for your support of this project. Please do not hesitate to contact me if you need any additional information or would like interim reports on our progress.

Sincerely,

A handwritten signature in blue ink that reads "Ann Marie Cook".

Ann Marie Cook
President/CEO

Enclosures

Lifespan of Greater Rochester Inc.
1900 South Clinton Avenue
Rochester, New York 14618
tel: (585) 244-8400
fax: (585) 244-9114
email: info@lifespan-roch.org
www.lifespan-roch.org



The
Community
Foundation

Serving the Counties of Riverside and San Bernardino

S. L. Gimbel Foundation Fund

BOARD OF DIRECTORS December 2, 2014

James Cuevas
Chair of the Board

Ms. Ann Marie Cook
President & CEO

Philip Savage IV
Vice Chair of the Board

Lifespan of Greater Rochester, Inc
1900 S. Clinton Ave

Pat Spafford, CPA
Chief Financial Officer

Rochester, NY 14618

Sean Varner
Secretary of the Board

Dear Ms. Cook:

Glenda Bayless
Dr. Paulette Brown-Hinds

The Community Foundation is pleased to enclose a grant check for **\$21,680** 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 November 16, 2015 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.

Sergio Bohon
Rabbi Hillel Cohn

Andrea Dutton

Robert Fey

Paul Granillo
Stanley Grube

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.

Kirk Harns

Dr. Fred Jandt

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

Andrew Jaramillo

Dr. Albert Karnig

D. Matthew Pim

Sincerely,

Patrick O'Reilly

Rose Salgado

Beverly Stephenson

Celia Cudiamat
Executive Vice President of Programs

Grover Trask
Immediate Past Board Chair

Dr. Jonathan Lorenzo Yorba
President and CEO

20140736

38384

GIMB4



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

HELD TO LIGHT TO VIEW WATERMARK IN PAPER. HEAT SENSITIVE RED IMAGE DISAPPEARS WITH HEAT. DETECTION CIRCLE REVEALS A LOCK WHEN TESTED.

38384

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

CITIZENS BUSINESS BANK
A Financial Services Company
3695 Main Street, Riverside, CA 92501
90-3414-1222

Check Fraud Protection for Business

PAY **Twenty-One Thousand Six Hundred Eighty and no/100***

TO THE ORDER OF

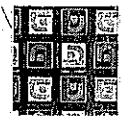
DATE

11/13/2014

AMOUNT

\$****21,680.00

Lifespan of Greater Rochester, Inc
1900 S. Clinton Ave
Rochester, NY 14618



Colia Andriant
Jonathan Lorenzo Yorba
AUTHORIZED SIGNATURE

Security features. Details on back.

⑈038384⑈ ⑆122234149⑆ 244124437⑈

The Community Foundation				38384
21108	Lifespan of Greater Rochester, Inc	11/13/2014	038384	
20140736	11/10/2014 Health Care Coordination for Older Adults			21,680.00
GIMB	S.L. Gimbel Foundation Advised Fund		21,680.00	

CHECK TOTAL: \$****21,680.00

The Community Foundation				38384
21108	Lifespan of Greater Rochester, Inc	11/13/2014	038384	
20140736	11/10/2014 Health Care Coordination for Older Adults			21,680.00
GIMB	S.L. Gimbel Foundation Advised Fund		21,680.00	

CHECK TOTAL: \$****21,680.00