



# 2016 S.L. Gimbel Foundation Fund Grant Application

#33,460

Internal Use Only:  
 Grant No. 20160260  
 GUARANTEE I.D.: 22488  
 (NO INDIRECT COSTS)

## Organization / Agency Information

<b>Organization/Agency Name:</b> Planned Parenthood of Illinois		
<b>Physical Address:</b> 18 S. Michigan Avenue, 6 <sup>th</sup> Floor		<b>City/State/Zip:</b> Chicago, IL 60603
<b>Mailing Address:</b> Same as above		<b>City/State/Zip:</b>
<b>CEO or Director:</b> Carole Brite		<b>Title:</b> President & CEO
<b>Phone:</b> 312-592-6806	<b>Fax:</b> 312-592-6801	<b>Email:</b> carole@ppil.org
<b>Contact Person:</b> Meg Lassar		<b>Title:</b> Director of Institutional Giving
<b>Phone:</b> 312-592-6827	<b>Fax:</b> 312-592-6801	<b>Email:</b> meg@ppil.org
<b>Web Site Address:</b> www.ppil.org		<b>Tax ID:</b> 36-2170901

## Program / Grant Information

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

<b>Program/Project Name:</b> Safer Sex Intervention (SSI)			<b>Amount of Grant Requested:</b> \$40,000
<b>Total Organization Budget:</b> \$26,290,204	<b>Per 990, Percentage of Program Service Expenses (Column B/ Column A x 100):</b> 84%	<b>Per 990, Percentage of Management &amp; General Expenses Only (Column C/ Column A x 100):</b> 10%	<b>Per 990, Percentage of Management &amp; General Expenses and Fundraising (Column C+D / Column A x 100):</b> 16%
<b>Purpose of Grant Request (one sentence):</b> Planned Parenthood of Illinois (PPIL) respectfully requests \$40,000 from the S.L. Gimbel Foundation to support the implementation of the evidence-based Safer Sex Intervention (SSI) program to reduce unintended pregnancy and sexually transmitted infections (STIs) among sexually active adolescent girls living in Macon County, Illinois.			
<b>Gimbel Grants Received: List Year(s) and Award Amount(s)</b> N/A			

## Signatures

<b>Board President / Chair: (Print name and Title)</b> Andrew Davis, Chair	<b>Signature:</b> 	<b>Date:</b> 2/8/2016
<b>Executive Director/President: (Print name and Title)</b> Carole Brite, President & CEO	<b>Signature:</b> 	<b>Date:</b> 2/8/2016

# **2016 S.L. Gimbel Foundation Fund APPLICATION**

## **Narrative**

Please provide the following information by answering all questions (I to IV) in **FOUR (4) typed pages maximum, 12 Font, One Inch Margins**. Please be thorough, clear, specific, and concise.

### **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?
- B) What are some of your past organizational accomplishments (last three years)?
- C) What are your key programs and activities? Describe the communities you serve. Include populations, geographic locations served, and relevant statistics.

### **II. Project Information:**

- A) Statement of Need
  - 1. Specify the community need you want to address and are seeking funds for.
- 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?
  - 2. State up to three objectives. Objectives should be specific, measurable, action-oriented, realistic, and time-specific. Specify the activities you will undertake to meet each objective. Use the following format for your objectives and respective activities:
    - Objective I:
    - Activities:
    - Objective II:
    - Activities:
    - Objective III:
    - Activities:
  - 3. **Provide a timeline for implementing the project. State the start date and ending date of the project, include timeframes for specific activities, as appropriate.**
  - 4. Who will this grant serve? Describe your target population. How many people will be impacted? Provide a breakdown: Number of Children, Youth, Adults, Seniors, Animals. Include a detailed list of activities and number of participants for each activity.
  - 5. How does this project relate to other existing projects in the community? Who else in the community is providing this service or has a similar project? Who are your community partners (if any)? How are you utilizing volunteers?
- C) Project Outcomes and Evaluation
  - 1. What are the key anticipated outcomes of the project and impact on participants?
  - 2. How will you know if you have achieved the expected outcomes?
  - 3. How will progress towards the objectives be tracked and outcomes measured?
- D) How will you use the grant funds?

### **III. Project Future**

- A) Explain how you will support this project after the grant performance period. Include plans for fundraising or increasing financial support designated for the project.

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

- A) 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?
- B) Describe the qualifications of key personnel/staff responsible for the project.

## 2016 S.L. Gimbel Foundation APPLICATION

### V. Project Budget and Narrative

A) Budget Table: Provide a detailed line-item budget for your entire 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: **Do not use FTE percentages.**
  - 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)

Line Item Request	Line Item Explanation	Support From Your Agency	Support From Other Funders	Requested Amount From TCF	Line Item Total of Project
Senior Director of Community Engagement	\$51/hr x 3.5hrs/week x 52 weeks	\$0	\$2,170	\$7,080	\$9,250
SSI Project Director	\$27.5/hr x 20 hrs/week x 52 weeks	\$28,600	\$0	\$0	\$28,600
SSI Educator	\$19/hr x 35 hrs/week x 52 weeks	\$0	\$35,000	\$0	\$35,000
Health Center Manager	\$27.5/hr x 5.25 hrs/week x 52 weeks	\$0	\$0	\$7,500	\$7,500
Reproductive Health Assistant	\$13/hr x 5.25 hrs/week x 52 weeks	\$0	\$0	\$3,549	\$3,549
Benefits	Total salaries X 23.8%	\$0	\$8,846	\$4,315	\$13,161
Local travel	.575 x 2,600 miles	\$0	\$0	\$1,500	\$1,500
Staff training	SSI training materials and consultation with curriculum developer	\$0	\$0	\$2,000	\$2,000
Educational materials	300 SSI education kits @ \$10 each	\$0	\$0	\$3,000	\$3,000
Marketing materials	300 packs of pens, condoms, and buttons @ \$5 each + Printing and design of SSI brochure @ \$5,500	\$0	\$2,484	\$4,516	\$7,000
Indirect costs	Total expenses x 10%	\$156	\$1,500	\$6,540	\$8,196
<b>TOTALS:</b>		\$28,756	\$50,000	\$40,000	\$118,756

**B) Narrative:** The budget narrative is the justification of “how” and/or “why” a line item helps to meet the project deliverables. Provide a description for each line item request as necessary. Explain how the line item relates to the project. If you are requesting funds to pay for staff, list the specific duties of each position. See attached SAMPLE Project Budget and Budget Narrative

1. Senior Director of Community Education – This senior leader will oversee the implementation of the SSI Project, supervising the SSI Project Director, and helping to facilitate community relationship-building, especially with health care providers who can serve as referral sources.
2. SSI Project Director – This position, filled by PPIL’s Youth Services Manager, will be responsible for the implementation of the SSI program with quality and fidelity in Decatur. She will train and supervise the SSI Educator, lead all Community Coalition meetings, and oversee the measurement and evaluation of the SSI program to ensure progress in obtaining program goals.
3. SSI Educator – This sexual health educator will provide direct education and booster sessions to 300 SSI participants in Decatur during the course of the grant year. She will be responsible for accurate record-keeping and data reporting and for reporting quarterly results. She will also be responsible for recruitment and retention, relationship-building with community partners, participating in the Community Coalition, and raising public awareness of teen reproductive health status in the target area.
4. Health Center Manager – The PPIL Decatur Health Center Manager will assist with “in-reach” to recruit program participants in the health center waiting room.
5. Reproductive Health Assistant – This front-line medical assistant and health educator will also assist with in-reach and will help to conduct booster sessions with SSI participants.
6. Benefits – PPIL fringe benefit expenses consist of the following percentage of salary: insurance, 14.8%, payroll taxes, 7.5%, and unemployment 1.5%. The total fringe benefit expense, then, comes to 23.8% of total salaries.
7. Local travel expenses were calculated using the federal reimbursement rate for mileage of 57.5 cents per mile. We estimate that the SSI Educator and Senior Director of Community Engagement will travel approximately 2,600 miles during the grant period throughout Macon and immediately surrounding counties to recruit participants for the SSI project and to participate in Community Coalition meetings.
8. Staff training includes 20 hours of consultation with the SSI curriculum developer and the purchase of staff training materials
9. Educational materials include the purchase of 300 SSI education kits at \$10 each (1 per program participant)
10. Marketing materials include pens, condoms, buttons and other giveaways for program participants as well as the printing and design of SSI brochures and flyers
11. Indirect Costs include telephone, IT, occupancy, postage, shipping, and printing

**2016 S.L. Gimbel Foundation APPLICATION**

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

*Secured/Awarded*

Name of Funder: Foundation, Corporation, Government	Amount
Illinois Department of Public Health	\$50,000

*Pending*

<b>Name of Funder: Foundation, Corporation, Government</b>	<b>Amount</b>	<b>Decision Date</b>
S.L. Gimbel Foundation	\$40,000	5/22/2016

**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.

<b>Funding Source</b>	<b>Amount</b>	<b>% of Total Revenue</b>	<b>Funding Source</b>	<b>Amount</b>	<b>% of Total Revenue</b>
Contributions	\$4,410,847	16%	Program Fees	\$17,566,415	65%
Fundraising/Special Events	\$399,876	1%	Interest Income	\$591,653	3%
Corp/Foundation Grants	\$1,293,375	5%	Other:	\$	
Government Grants	\$2,634,509	10%	Other:	\$	

**Notes:** Program fees include: Patient Time of Service payments, Medicaid revenue, Third Party Reimbursement, and Meaningful Use Revenue.

## 2016 S.L. Gimbel Foundation APPLICATION

### VII. Financial Analysis

Agency Name: Planned Parenthood of Illinois  
 Most Current Fiscal Year (Dates): From July 1, 2013 To: June 30, 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
✓\$24,164,242	✓\$20,292,512	✓\$2,507,164	✓\$1,364,566

**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
\$24,164,242	Columns B / A x 100	Columns C / A x 100	Columns D / A x 100
Must equal 100%	✓ 84%	✓ 10%	✓ 6%

**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
11 %	10%	1%

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

## 2016 S.L. Gimbel Foundation APPLICATION

**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>
\$6,454,347	\$2,884,231	\$9,532,120	.98

**Excess or Deficit for the Year:**

<b>Excess or (Deficit) Most recent fiscal year end</b>	<b>Excess or (Deficit) Prior fiscal year end</b>
\$2,547,219	\$2,005,339

**Notes:**

**VIII. Application submission check list:**

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

IRS Department of the Treasury  
Internal Revenue Service

P.O. Box 2508, Room 4010  
Cincinnati OH 45201

In reply refer to: 4077852845  
June 20, 2008 LTR 4168C 0  
36-2170901 000000 00 000  
00029788  
BDDG:TE

PLANNED PARENTHOOD OF ILLINOIS  
PARENTHOOD ASSOCIATION CHICAGO AREA  
18 S MICHIGAN AVE 6TH FLR  
CHICAGO IL 60603-3200992

Employer Identification Number: 36-2170901  
Person to Contact: Mrs. Jones  
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your request of Mar. 05, 2008, regarding your tax-exempt status.

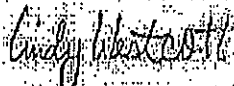
Our records indicate that a determination letter was issued in July 1948, that recognized you as exempt from Federal income tax, and discloses that you are currently exempt under section 501(c)(3) of the Internal Revenue Code.

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

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

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

Sincerely yours,



Cindy Nestorff  
Manager, EO Determinations





Strengthening Inland Southern California through Philanthropy



BOARD OF DIRECTORS

May 27, 2016

Philip Savage IV  
Chair of the Board

Sean Varner  
Vice Chair of the Board

Pat Spafford, CPA  
Chief Financial Officer

Sergio Bohon  
Secretary of the Board

Glenda Bayless

Dr. Paulette Brown-Hinds

Rabbi Hillel Cohn

James Cuevas  
Immediate Past Board Chair

Paul Granillo

Stanley Grube

Kirk Harns

Dr. Fred Jandt

Andrew Jaramillo

Dr. Albert Karnig

D. Matthew Pim

Teresa Rhyne

Kathleen Sawa

Dr. Henry Shannon

Tamara Sipos

Beverly Stephenson

Randall Tagami

Diane Valenzuela

Dr. Jonathan Lorenzo Yorba  
President and CEO

Ms. Carole Brite

President & CEO

Planned Parenthood of Illinois

18 South Michigan Avenue, 6<sup>th</sup> Floor  
Chicago, IL 60603

Dear Ms. Brite:

Congratulations! A grant has been approved for Planned Parenthood of Illinois in the amount of \$33,460 from the S.L. Gimbel Foundation. The performance period for this grant is May 16, 2016 to May 16, 2017. 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:

*To support the Safer Sex Intervention program to reduce unintended pregnancies and STI's among sexually active adolescent girls in Macon County, Illinois.*

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 agreement and return with original signature to The Community Foundation by Wednesday, June 15, 2016. Be sure to copy 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 June 15, 2017 and a copy will be available online.

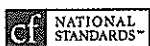
We wish you great success and look forward to working with you during the grant performance period. If you have any questions, please call me at 951-241-7777, ext. 114, or email me at [ccudiamat@thecommunityfoundation.net](mailto:ccudiamat@thecommunityfoundation.net).

Sincerely,

Celia Cudiamat

Executive Vice President of Programs

22488 Planned Parenthood of Illinois 20160260 GIMB1



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)

**2016 S.L. Gimbel Foundation Fund  
Grant Agreement**

**Organization:** Planned Parenthood of Illinois  
**Grant Amount:** \$33,460 **Grant Number:** 20160260  
**Grant Period:** May 16, 2016 through May 16, 2017  
**Purpose:** To support the Safer Sex Intervention program to reduce unintended pregnancies and STI's among sexually active adolescent girls in Macon County, Illinois.

**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).

Email our Marketing & Communications Officer, Charee Gillins, at [cgillins@thecommunityfoundation.net](mailto:cgillins@thecommunityfoundation.net) with any publicity questions as well as any copies of any printed or publicity materials that highlight the grant.

**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.

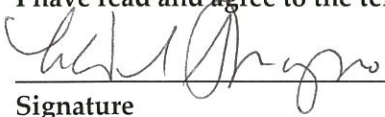
**8. Termination**

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.**

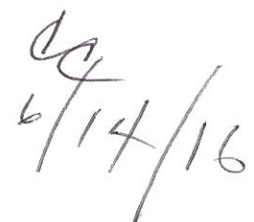
  
\_\_\_\_\_  
Signature

6/9/2016  
\_\_\_\_\_  
Date

Linda Diamond SHAPIRO  
\_\_\_\_\_  
Printed Name

Interim CEO  
\_\_\_\_\_  
Title

Organization: 22488 Planned Parenthood of Illinois  
Grant Number: 20160260



BOARD OF DIRECTORS

May 27, 2016

Philip Savage IV  
Chair of the Board

Sean Varner  
Vice Chair of the Board

Pat Spafford, CPA  
Chief Financial Officer

Sergio Bohon  
Secretary of the Board

Glenda Bayless

Dr. Paulette Brown-Hinds

Rabbi Hillel Cohn

James Cuevas  
Immediate Past Board Chair

Paul Granillo

Stanley Grube

Kirk Harns

Dr. Fred Jandt

Andrew Jaramillo

Dr. Albert Karnig

D. Matthew Pim

Teresa Rhyne

Kathleen Sawa

Dr. Henry Shannon

Tamara Sipos

Beverly Stephenson

Randall Tagami

Diane Valenzuela

Dr. Jonathan Lorenzo Yorba  
President and CEO

Ms. Carole Brite

President & CEO

Planned Parenthood of Illinois

18 South Michigan Avenue, 6<sup>th</sup> Floor  
Chicago, IL 60603

Dear Ms. Brite:

Congratulations! A grant has been approved for **Planned Parenthood of Illinois** in the amount of **\$33,460** from the S.L. Gimbel Foundation. **The performance period for this grant is May 16, 2016 to May 16, 2017.** 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:

*To support the Safer Sex Intervention program to reduce unintended pregnancies and STI's among sexually active adolescent girls in Macon County, Illinois.*

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 agreement and return with original signature to The Community Foundation by Wednesday, June 15, 2016.** Be sure to copy 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 June 15, 2017** 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 951-241-7777, ext. 114, or email me at [ccudiamat@thecommunityfoundation.net](mailto:ccudiamat@thecommunityfoundation.net).

Sincerely,



Celia Cudiamat

Executive Vice President of Programs

22488 Planned Parenthood of Illinois 20160260 GIMB1





The  
Community  
Foundation

Strengthening Inland Southern California through Philanthropy



BOARD OF DIRECTORS

Philip Savage IV  
*Chair of the Board*

Sean Varner  
*Vice Chair of the Board*

Pat Spafford, CPA  
*Chief Financial Officer*

Sergio Bohon  
*Secretary of the Board*

Glenda Bayless

Dr. Paulette Brown-Hinds

Rabbi Hillel Cohn

James Cuevas  
*Immediate Past Board Chair*

Paul Granillo

Stanley Grube

Kirk Harns

Dr. Fred Jandt

Andrew Jaramillo

Dr. Albert Karnig

D. Matthew Pim

Teresa Rhyne

Kathleen Sawa

Dr. Henry Shannon

Tamara Spos

Beverly Stephenson

Randall Tagami

Diane Valenzuela

Dr. Jonathan Lorenzo Yorba  
*President and CEO*

June 21, 2016

*S. L. Gimbel Foundation Fund*

Ms. Carole Brite  
President & CEO  
Planned Parenthood of Illinois  
18 South Michigan Avenue, 6th Floor  
Chicago, IL 60603

Dear Ms. Brite:

The Community Foundation is pleased to enclose a grant check for \$33,460 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 June 15, 2017** 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.

Please use the following grant recognition credit for your newsletter or annual report: **"The Safer Sex Intervention Program is supported by a grant from The S. L. Gimbel Foundation."**

Please feel free to contact me at 951-241-7777, ext. 114, if you have any questions.

Sincerely,

Celia Cudiamat  
Executive Vice President of Programs

20160260

40965

GIMBPP



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)



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



A Financial Services Company  
 3695 Main Street, Riverside, CA 92501  
 90-3414/1222



PAY \* Thirty-Three Thousand Four Hundred Sixty and no/100 \*  
 DATE

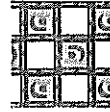
TO THE ORDER OF

06/16/2016

AMOUNT

\$ \*\*\*\*33,460.00

Planned Parenthood of Illinois  
 18 South Michigan Avenue, 6th Floor  
 Chicago, IL 60603



*Celia Andriamat*  
 AUTHORIZED SIGNATURE

Security features. Details on back.

⑈040965⑈ ⑆22234149⑆ 244124437⑈

The Community Foundation

40965

22488 Planned Parenthood of Illinois 06/16/2016 040965

20160260	05/26/2016	Support the Safer Sex Intervention program	33,460.00
GIMB	S.L. Gimbel Foundation Advised Fund		33,460.00

CHECK TOTAL: \$ \*\*\*\*33,460.00

The Community Foundation

40965

22488 Planned Parenthood of Illinois 06/16/2016 040965

20160260	05/26/2016	Support the Safer Sex Intervention program	33,460.00
GIMB	S.L. Gimbel Foundation Advised Fund		33,460.00

CHECK TOTAL: \$ \*\*\*\*33,460.00