



# 2016 S.L. Gimbel Foundation Fund Grant Application

**\$37,443**

Internal Use Only:  
Grant No. **20160202**

GRANTEE I.D.: **22490**

## Organization / Agency Information

<b>Organization/Agency Name:</b> Planned Parenthood of Southern New England		
<b>Physical Address:</b> 345 Whitney Ave.		<b>City/State/Zip</b> New Haven, CT 06511
<b>Mailing Address:</b> 345 Whitney Ave.		<b>City/State/Zip</b> New Haven, CT 06511
<b>CEO or Director:</b> Judy Tabar		<b>Title:</b> President and CEO
<b>Phone:</b> 203.752.2816	<b>Fax:</b> 203.907.2002	<b>Email:</b> Judy.tabar@ppsne.org
<b>Contact Person:</b> Meredith Gaffney		<b>Title:</b> Foundation Grants Manager
<b>Phone:</b> 203.752.2809	<b>Fax:</b> 203.907.2000	<b>Email:</b> Meredith.gaffney@ppsne.org
<b>Web Site Address:</b> www.ppsne.org		<b>Tax ID:</b> 06-0263565

## Program / Grant Information

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

<b>Program/Project Name:</b> Amongst Friends			<b>Amount of Grant Requested:</b> \$35,000 <b>37,443</b>
<b>Total Organization Budget:</b> \$30,641,311	<b>Per 990, Percentage of Program Service Expenses (Column B/ Column A x 100):</b> 76%	<b>Per 990, Percentage of Management &amp; General Expenses Only (Column C / Column A x 100):</b> 3%	<b>Per 990, Percentage of Management &amp; General Expenses and Fundraising (Column C+D / Column A x 100):</b> 7%
<b>Purpose of Grant Request (one sentence):</b> Planned Parenthood of Southern New England respectfully requests a grant of \$35,000 from the Gimbel Foundation to support healthy sexuality and relationship education for individuals with intellectual and developmental disabilities.			
<b>Gimbel Grants Received: List Year(s) and Award Amount(s)</b> NA			

## Signatures

<b>Board President / Chair: (Print name and Title)</b> Simone Joyaux, Chair	<b>Signature:</b> 	<b>Date:</b> 02-18-16
<b>Executive Director/President: (Print name and Title)</b> Judy Tabar President & CEO	<b>Signature:</b> 	<b>Date:</b> 2/16/16

## 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?

The mission of Planned Parenthood of Southern New England (PPSNE) is to protect the fundamental right of all individuals to manage their own fertility and sexual health, and to ensure access to the services, education and information to realize that right.

PPSNE was founded in 1923 as the Birth Control League of Connecticut (later Planned Parenthood of Connecticut, or PPC). PPC's efforts in the 1960s led to the landmark U.S. Supreme Court decision *Griswold v. Connecticut*, which struck down laws prohibiting contraception for married couples and established the right to privacy. In 2009, PPC merged with Planned Parenthood of Rhode Island (established in 1931) to form PPSNE, a stronger organization able to draw on economies of scale in its operations.

For nearly 100 years, PPSNE has provided women, men, and teens with essential services, education, and information to manage their own sexual health. Last year PPSNE provided family planning services, including well woman exams, birth control and cancer screenings, to over 70,000 and educated approximately 10,000 women, men and teens in our 18 health centers.

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

In FY2015, PPSNE served over 70,000 patients in 18 health centers across Connecticut and Rhode Island. PPSNE provided patients with a full range of reproductive healthcare, including: 114,000 tests for sexually transmitted infections, including HIV/AIDS. PPSNE provided over 8,300 Pap tests and 13,000 well woman exams in FY15. Finally, PPSNE assisted women with over 5,850 intrauterine devices (IUDs) and contraceptive implants. Simultaneously, PPSNE's community educators reached approximately 10,000 teens, parents and youth-serving professionals.

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

In fiscal year 2015 (April 1, 2014 – March 31, 2015) PPSNE served over 70,000 patients in our 18 health centers in Connecticut and Rhode Island. Of these patients 73% were low-income and one quarter were uninsured. Nearly half, (46%) were people of color. Finally, 14% were teenagers, and 68% were under 30 years of age.

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

- A) **Statement of Need**

1. **Specify the community need you want to address and are seeking funds for.**

The ARC estimates that there are approximately 28,000 individuals with intellectual and developmental disabilities between the ages of 18-35. PPSNE is committed to improving the health and relationship outcomes of individuals with intellectual and developmental disabilities

through the *Amongst Friends Program* sexuality education program. The *Amongst Friends Program* is intended as a tool to help individuals with intellectual and developmental disabilities develop a healthier concept of relationships and sexuality.

## **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?**

The goal of PPSNE's *Amongst Friends Program* is to provide individuals with intellectual and developmental disabilities the information and skills they need to form and maintain healthy relationships with their intimate partners, friends and others.

The key to the *Amongst Friends Program* is the socialization aspect. The 6-session program is formed around a series of "pot-luck" gatherings where individuals can meet others and make friends. The *Amongst Friends Program* covers a wide range of topics related to healthy relationships, socialization, and sexuality, including:

- **Setting Boundaries:** The *Amongst Friends Program* teaches individuals about the different types of relationships and understanding boundaries with regards to physical space and how we speak to one another.
- **Communication and Friendships:** The *Amongst Friends Program* teaches individuals about the different types of friendships and how to express their emotions and needs effectively and appropriately.
- **Healthy relationships and sexual assault:** The *Amongst Friends Program* helps participants understand how to form and maintain healthy romantic relationships with communication and problem-solving skills. It also teaches them about consent and the differences between flirting and sexual aggression.
- **Sexuality:** Participants learn about the reproductive systems, puberty, and normal sexual feelings.
- **Sexual consent and risks involved:** Participants review the many facets of becoming sexually active and enthusiastic consent.
- **Birth control and Sexually Transmitted Infections (STIs):** The *Amongst Friends Program* participants learn about the transmission, symptoms and treatment of STIs and HIV/AIDS, and how to keep themselves and their partners safe.

The *Amongst Friends Program* is truly unique as it is the only such program available to this target audience. It is also very innovative as it has adapted to the unique needs of the DDS requests.

### **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.**

*Objective 1:* By the end of the grant cycle, PPSNE to expand partnerships with two leading state agencies (DDS CT and DDS RI) that represent people with intellectual and developmental disabilities.

#### *Activities:*

- Convene with State DDS representatives to expand the *Amongst Friends Programs*;
- Plan with representatives to leverage opportunities and ensure target populations are reached;

*Objective II:* By the end of the grant cycle, ten PPSNE “Education and Training” Staff will be trained in the above agreed upon *Amongst Friends Program* curriculum. At that point in time, the People and Development & Support (PDS) division of PPSNE will configure training for clinical staff to provide patient-centered medical services and patient education to adults with developmental disabilities.

*Activities:*

- Translation of curriculum to Spanish with associated cultural competency testing;
- Training 20 staff members in the *Amongst Friends Program Curriculum*;
- Shadowing and co-facilitating to ensure complete knowledge;
- Transition training to PDS for clinical health staff.

*Objective III:* Within the grant cycle, PPSNE will teach 325 participants about healthy relationships, sexuality, and controlling their fertility.

Activities:

- 6 part training in target areas over a six month period.

**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.**

**April-June 2016:** PPSNE liaises with DDS CT & DDS RI to plan;

**April – May 2016** PPSNE makes refinements to the program, Spanish translation

**July-October 2016:** Staff training for PPSNE staff including coursework, peer review, etc.

**June 2016-May 2017:** Refreshed Amongst Friends Program implemented in 13 sites.

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.

The ARC estimates that there are approximately 28,000 individuals with intellectual and developmental disabilities between the ages of 18-35. PPSNE is committed to improving the health and relationship outcomes of individuals with intellectual and developmental disabilities through the *Amongst Friends Program* sexuality education program. PPSNE will reach 325 individuals in Connecticut and Rhode Island during the grant cycle.

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?

In 2009, PPSNE began a formal partnership with the CT Department of Developmental Services (DDS) and continues to co-facilitate the *Amongst Friends Program* with the DDS Self Advocate Coordinator (SAC). PPSNE is uniquely qualified to administer the *Amongst Friends Program* as a leading provider of sexual education. There are no other equivalent programs in the area that are offered free of charge to the participants.

C) Project Outcomes and Evaluation

1. What are the key anticipated outcomes of the project and impact on participants?

PPSNE anticipates that participants will obtain a perspective of healthy relationships, understand boundaries, sexuality, and have the tools necessary to manage the own fertility.

2. How will you know if you have achieved the expected outcomes?

PPSNE will know we have achieved our expected outcomes when participants transition to patients that regularly receive health services.

3. How will progress towards the objectives be tracked and outcomes measured?

The Vice President and Regional Manager of Education and Training meet regularly to discuss progress and plans for *Amongst Friends Program*. They review facilitator feedback and consider feedback from both participants, and SAC staff, and make changes and improvements as appropriate. They also meet regularly with DDS colleagues to share successes, challenges and lessons learned.

D) How will you use the grant funds?

Funds from the Gimbel Foundation will be employed to expand and reinforce the *Amongst Friends Program* through training and refreshing all "Education and Training Staff" in the updated curriculum, expanding the program to Spanish Speakers, as well as including the Rhode Island staff.

### 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.

PPSNE supports our overall operations through a combination of insurance and patient payments, government grants, private fundraising, investments, and other income. PPSNE will rely on a similar combination of income sources to support the *Amongst Friends Program*. If we do not receive the requested funding, we will support the program using unrestricted individual contributions.

### 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?

PPSNE has a governing Board of Directors which meets 6 times per year with an 87% attendance rate. The Board of Directors is comprised of 6 committees including the Executive Committee, Board Development Committee, Strategic Planning/ Research Committee, Budget and Finance Committee, Investments Committee, and the Philanthropy Committee. According to the Board of Director by-laws, the voting membership of PPSNE shall consist of members of the board of Directors.

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

- ◆ **Pierrette Silverman, MS - Vice President, Education and Training** – provides leadership for the department; provides training and consultations services; coordinates professional development training, participates in teen pregnancy prevention coalitions.
- ◆ **Jaqui Oropeza - Regional Manager, Education & Training (CT)** – supervises community educators and trainers, provides training and consultation to external customers and provides sexuality education programs to youth and adults.
- ◆ **Carly Allard, MPH - Regional Manager, Education & Training (RI)** – supervises community educators and trainers, provides training and consultation to external customers and provides sexuality education programs to youth and adults.

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**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
Personnel: Oversight and management	2 hours/ week/\$35/hour / 3 staff	\$469,934		\$11,793	\$481,727
Meetings	10 meetings/ \$200 food and drink			\$2000	\$2000
Training and Education	9 hours training and follow up/ 20 staff/ \$30			\$5,400	\$5,400
Materials	\$40/student X 325			\$13,000	\$13,000
Translation of Materials	Printed materials/			\$2,000	\$2,000
Recognition	\$10/person X 325 participants			3,250	3,250
<b>TOTALS:</b>				\$37443	\$507,377

C) **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

**Budget Narrative**

1. Education Vice President and Regional Coordinators will meet with state agencies and coordinate all activities such as setting meeting schedules, contacting students, preparing materials for meetings, scheduling trainers, etc.  
*2 hours/week X \$\_\_ hour X 3 staff (hourly rates include \$57.31, \$30.22, &\$25.87)*  
 Total staff budget for FY15 includes \$481,727. This is approximately 2% of all E&T staff budget.
2. Meetings: 10 meetings x \$200/meeting for food, drinks, snacks.
3. Trainings and Education includes staff training and shadowing to ensure optimal results;
4. Materials for participants equal bags, workbooks, and handouts;
5. Translation of communications and workbooks to Spanish
6. Recognition includes awards for all participants.

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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
PPSNE does not have any additional funding secured for this program outside of annual funding.	\$0

*Pending*

Name of Funder: Foundation, Corporation, Government	Amount	Decision Date
<i>PPSNE does not have any additional pending funding for this program</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	\$1,292,958	4.2	Program Fees	\$3,794,98	9.1
Fundraising/Special Events	\$3,918,159	12.8	Other:	\$780,812	2.5
Government Grants	\$5,444,224	16.4	Other:	\$780,020	1.9
Private patient fees	\$2,794,987	16.9	Third Party Insurance	\$16,019,188	52.3

**Notes:** See recent annual report

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**VII. Financial Analysis**

**Agency Name: Planned Parenthood of Southern New England**

**Most Current Fiscal Year (Dates): From: 4/1/2013 To: 3/31/2014**

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
\$29,955,049	\$23,750,329	\$4,789,048	\$1,415,672

**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%	✓ 79%	✓ 16%	✓ 5%

**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 <u>Current</u> Total Budget used for Administration	Column C, Management & general expenses per 990 above	Differential
15 %	16%	1 %

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



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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>
\$0	\$		

**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>
\$(540,724)	\$(602,418)

**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>
	Completed Grant Application Form (cover sheet, narrative (4 pages maximum), budget page and budget narrative (see sample) 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 (see sample Budget Comparison)		A copy of your most recent 990 ( double-sided)
	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		
	For past grantees, a copy of your most recent final report.		

Planned Parenthood of Southern New England

**OFFICERS:**

Simone Joyaux, Chair  
Resident of Johnston, Rhode Island  
Affiliation: Principal and owner of Joyeaux Associates

Gayle Capozzalo, Vice Chair  
Resident of Guilford, Connecticut  
Affiliation: Executive Vice President, Strategy and System Development of Yale New Haven Health System

Karen Dubois-Walton, Secretary  
Resident of New Haven, CT  
Affiliation: Executive Director of the Housing Authority of New Haven

Leigh Bonney, Treasurer  
Resident of Old Saybrook, CT  
Affiliation: Chief Financial Officer of the Helmsley Charitable Trust

Siw de Gysser, Assistant Treasurer  
Resident of New Canaan, CT  
Affiliation: President of New England Consultants

**BOARD OF DIRECTORS:**

Natalie Adsuar, M.D.  
Resident of New Haven, CT  
Affiliation: Practicing obstetrician at Obstetrics, Gynecology, and Infertility Group

Bridget Baird  
Resident of Quaker Hill, CT  
Affiliation: Retired professor from Connecticut College

Erica Buchsbaum  
Resident of Cos Cob, CT  
Affiliation: Co-founder of The Mother's Day Movement

Chris Corcoran  
Resident of West Hartford, CT  
Affiliation: Project Manager of the Connecticut Children's Medical Center

Planned Parenthood of Southern New England

Holland Dunn  
Resides in Westport, CT  
Affiliation: Principal of Aurora Advisory Group

Sue Hessel  
Resident of Lyme, CT  
Affiliation: Retired casting director

Sara Lulo  
Resident of New Haven, CT  
Affiliation: Director of the Gruber Program for Global Justice and Women's Rights at the Yale Law School

Susann Mark  
Resident of Providence, RI  
Affiliation: Attorney

John R. Morton, M.D.  
Resident of Rumford, RI  
Affiliation: Obstetrician with Women's Healthcare Specialists

Nancie Schwarzman  
Resident of Greenwich, CT  
Affiliation: Real estate

Frances Padilla  
Resident of New Haven, CT  
Affiliation: Universal Healthcare

Susan Ross  
Resident of Easton, CT  
Affiliation: Retired head of Fairfield County Community Foundation

Fahd Vahidy  
Resident of West Hartford, CT  
Affiliation: Co-founder of Street Smart Ventures, LLC

**Planned Parenthood of Southern New England  
Operating Budget  
Fiscal Year 2016 (April 1, 2015 – March 31, 2016)**

**INCOME**

Patient Revenue	\$20,096,101
Federal/State Grants	\$4,904,116
Education, Investment, and Other Income	\$983,200
Private Fundraising	\$4,150,000
<b>TOTAL INCOME</b>	<b>\$30,133,417</b>

**EXPENSES**

Labor and Related Expense	\$16,387,640
Occupancy	\$1,298,028
Professional Fees	\$735,528
Patient Billing Services	\$1,819,649
Contraceptives and Medications	\$3,203,200
Laboratory Fees	\$231,805
Office Expense	\$877,718
Miscellaneous	\$817,789
Depreciation and Amortization	\$1,226,991
Insurance	\$362,992
Repairs, Maintenance and Security	\$349,961
Other Clinical Supplies	\$845,278
Telephone	\$487,527
Training and Development	\$131,225
Outside Printing	\$135,116
Purchase and Rental of Minor Equipment	\$166,267
Public Relations and Educational Materials	\$155,715
Travel	\$161,787
Conferences	\$136,783
<b>TOTAL EXPENSES</b>	<b>\$29,530,999</b>
 Surplus/(Deficit)	 \$602,418

## Planned Parenthood of Southern New England

<b>INCOME</b>	<b>FY15 Operating Budget</b>	<b>FY14 Actual Budget</b>
Patient Revenue	\$19,656,338	\$20,096,101
Federal/State Grants	\$4,884,405	\$4,904,116
Education, Investment, and Other Income	\$793,200	\$983,200
Private Fundraising	\$5,540,503	\$4,150,000
<b>TOTAL INCOME</b>	<b>\$30,874,446</b>	<b>\$30,133,417</b>
<b>EXPENSES</b>		
Labor and Related Expense	\$16,908,471	\$16,387,640
Occupancy	\$1,274,275	\$1,298,028
Professional Fees	\$989,920	\$735,528
Patient Billing Services	\$1,780,071	\$1,819,649
Contraceptives and Medications	\$2,909,662	\$3,203,200
Laboratory Fees	\$454,161	\$231,805
Office Expense	\$801,469	\$877,718
Miscellaneous	\$843,075	\$817,789
Depreciation and Amortization	\$1,326,164	\$1,226,991
Insurance	\$359,212	\$362,992
Repairs, Maintenance and Security	\$337,761	\$349,961
Other Clinical Supplies	\$725,812	\$845,278
Telephone	\$433,708	\$487,527
Training and Development	\$93,135	\$131,225
Outside Printing	\$210,406	\$135,116
Purchase and Rental of Minor Equipment	\$201,461	\$166,267
Public Relations and Educational Materials	\$359,812	\$155,715
Travel	\$172,710	\$161,787
Conferences	\$152,437	\$136,783
<b>TOTAL EXPENSES</b>	<b>\$30,333,722</b>	<b>\$29,530,999</b>
Surplus/(Deficit)	\$540,724	\$602,418

PLANNED PARENTHOOD OF  
SOUTHERN NEW ENGLAND, INC.

Form 990 (2013)

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**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 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	1,055,736.	786,729.	210,097.	58,910.
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	11,467,446.	8,545,482.	2,282,085.	639,879.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	223,887.	158,681.	47,201.	18,005.
9 Other employee benefits	1,570,892.	1,133,447.	355,320.	82,125.
10 Payroll taxes	982,140.	723,636.	202,246.	56,258.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
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.)	1,548,912.	884,885.	397,655.	266,372.
12 Advertising and promotion	1,638,473.	970,438.	471,888.	196,147.
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	1,692,787.	1,552,770.	110,904.	29,113.
17 Travel	189,802.	145,640.	35,159.	9,003.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	335,539.	145,945.	184,905.	4,689.
20 Interest	17,685.		17,685.	
21 Payments to affiliates	299,948.	299,948.		
22 Depreciation, depletion, and amortization	1,142,421.	899,516.	242,905.	
23 Insurance	354,199.	299,000.	55,199.	
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 CLINIC EXPENSES	3,943,482.	3,943,066.	223.	193.
b PATIENT BILLING SERVICES	1,653,378.	1,653,378.		
c PAYMENTS TO CONTRACTING	609,683.	609,683.		
d BAD DEBT EXPENSE	545,044.	545,044.		
e All other expenses	683,595.	453,041.	175,576.	54,978.
25 Total functional expenses. Add lines 1 through 24e	29,955,049.	23,750,329.	4,789,048.	1,415,672.
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 (ASG 98-720)

 **IRS** Department of the Treasury  
Internal Revenue Service  
P.O. Box 2508  
Cincinnati OH 45201

In reply refer to: 0248162365  
Nov. 17, 2009 LTR 4168C E0  
06-0263565 000000 00

00019580  
BODC: TE

PLANNED PARENTHOOD OF SOUTHERN NEW  
ENGLAND INC  
345 WHITNEY AVE  
NEW HAVEN CT 06511-2348



.0631

Employer Identification Number: 06-0263565  
Person to Contact: Robert C Voss  
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Nov. 05, 2009, request for information regarding your tax-exempt status.

Our records indicate that your organization was recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in May 1958.

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 509(a)(2).

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.

Beginning with the organization's sixth taxable year and all succeeding years, it must meet one of the public support tests under section 170(b)(1)(A)(vi) or section 509(a)(2) as reported on Schedule A of the Form 990. If your organization does not meet the public support test for two consecutive years, it is required to file Form 990-PF, Return of Private Foundation, for the second tax year that the organization failed to meet the support test and will be reclassified as a private foundation.

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

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Nov. 17, 2009 LTR 4168C E0  
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PLANNED PARENTHOOD OF SOUTHERN NEW  
ENGLAND INC  
345 WHITNEY AVE  
NEW HAVEN CT 06511-2348

Sincerely yours,

*Michele M. Sullivan*

Michele M. Sullivan, Oper. Mgr.  
Accounts Management Operations I





Strengthening Inland Southern California through Philanthropy



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May 27, 2016

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Randall Tagami

Diane Valenzuela

Dr. Jonathan Lorenzo Yorba  
President and CEO

Ms. Judy Tabar

President & CEO

Planned Parenthood of Southern New England

345 Whitney Avenue

New Haven, CT 06511

Dear Ms. Tabar:

Congratulations! A grant has been approved for Planned Parenthood of Southern New England in the amount of \$37,433 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 Amongst Friends program for healthy sexuality and relationship education for individuals with intellectual and developmental disabilities.*

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

22490 Planned Parenthood of Southern New England 20160262 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)



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Riverside, CA 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 Southern New England  
**Grant Amount:** \$37,433 **Grant Number:** 20160262  
**Grant Period:** May 16, 2016 through May 16, 2017  
**Purpose:** To support the Amongst Friends program for healthy sexuality and relationship education for individuals with intellectual and developmental disabilities.

### 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.

Judy Tabar  
Signature

6/2/16  
Date

Judy Tabar  
Printed Name

President & CEO  
Title

Organization: 22490 Planned Parenthood of Southern New England  
Grant Number: 20160262

*cc*  
6/9/16



**Officers**

Simone P. Joyaux, Chair  
Gayle Capozzalo, Vice Chair  
Karen Dubois-Walton, PhD, Secretary  
Leigh Bonney, Treasurer  
Siw de Gysser, Assistant Treasurer

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Holland Dunn  
Sue Hessel  
Sara Lulo  
Susann G. Mark  
John R. Morton, M.D.  
Frances Padilla  
Susan Ross  
Nancie Schwarzman  
Fahd Vahidy

**President & CEO**

Judy Tabar

June 1, 2016

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

Dear Ms. Cudiamat,

On behalf of the patients, staff and Board of Planned Parenthood of Southern New England (PPSNE), thank you for the S.L. Gimbel Foundation's grant of \$37,433 received on June 1, 2016 in support of the Amongst Friends Program. We are pleased to abide by the terms of your grant award, which will allow us to reach more disabled youth through an integrative, comprehensive sexuality education program.

Because of the S.L. Gimbel's support, PPSNE will be able to provide individuals with intellectual and developmental disabilities with the information and skills they need to form and maintain healthy relationships with their intimate partners, friends and others. The result will be a thriving community where people are better positioned to make healthy choices and secure stronger futures.

We look forward to updating you on our progress over the coming year. In the meantime, if you have any questions or need additional information, please don't hesitate to contact Meredith Gaffney at (203) 752-2809. Thank you again for your partnership – with your help, we will achieve our shared vision of a healthier future for all.

Yours,

  
Judy Tabar  
President & CEO

*P.S. Thank you so much  
for your wonderful  
support!*

**Administrative Headquarters**

345 Whitney Avenue  
New Haven, CT 06511  
203.865.5158

111 Point Street  
Providence, RI 02903  
401.421.7820

ppsne.org



Strengthening Inland Southern California through Philanthropy



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Dr. Jonathan Lorenzo Yorba  
President and CEO

May 27, 2016

Ms. Judy Tabar  
President & CEO  
Planned Parenthood of Southern New England  
345 Whitney Avenue  
New Haven, CT 06511

Dear Ms. Tabar:

Congratulations! A grant has been approved for **Planned Parenthood of Southern New England** in the amount of \$37,433 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 Amongst Friends program for healthy sexuality and relationship education for individuals with intellectual and developmental disabilities.*

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

22490 Planned Parenthood of Southern New England 20160262 GIMB1



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Dr. Jonathan Lorenzo Yorba  
President and CEO

June 21, 2016

S. L. Gimbel Foundation Fund

Ms. Judy Tabar  
President & CEO  
Planned Parenthood of Southern New England  
345 Whitney Avenue  
New Haven, CT 06511

Dear Ms. Tabar:

The Community Foundation is pleased to enclose a grant check for ~~\$37,448~~ 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 Amongst Friends 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

20160262

40967

GIMBPP



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U.S. Community Foundations

**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

EZcheck® Check Fraud Protection for Business

40967

PAY \* Thirty-Seven Thousand Four Hundred Forty-Three and no/100 \*

TO THE ORDER OF

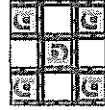
DATE

AMOUNT

06/16/2016

\$\*\*\*\*37,443.00

Planned Parenthood of Southern New England  
 345 Whitney Avenue  
 New Haven, CT 06511



*Celia Andrimat*  
 AUTHORIZED SIGNATURE

Security features. Details on back.

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The Community Foundation

40967

22490 Planned Parenthood of Southern New England 06/16/2016 040967

20160262 05/26/2016 Support Amongst Friends program for sex and 37,443.00  
 GIMB S.L. Gimbel Foundation Advised Fund 37,443.00

CHECK TOTAL: \$\*\*\*\*37,443.00

The Community Foundation

40967

22490 Planned Parenthood of Southern New England 06/16/2016 040967

20160262 05/26/2016 Support Amongst Friends program for sex and 37,443.00  
 GIMB S.L. Gimbel Foundation Advised Fund 37,443.00

CHECK TOTAL: \$\*\*\*\*37,443.00