



# 2017 S.L. Gimbel Foundation Fund Grant Application

Internal Use Only:
Grant : 20170709

GRANT ID: 23699

## Organization / Agency Information

<b>Organization/Agency Name:</b> SAFEHOME, Inc.		
<b>Physical Address:</b> SAFEHOME's physical location is kept confidential City/State/Zip 8750 Ballentine, Overland Park, KS 66204		
<b>Mailing Address:</b> P. O. Box 4563 City/State/Zip: Overland Park, KS 66204-0563		
<b>CEO or Director:</b> Janee' M Hanzlick		<b>Title:</b> President/CEO
<b>Phone:</b> 913-432-9300	<b>Fax:</b> 913-432-9302	<b>Email:</b> jhanzlick@safehome-ks.org
<b>Contact Person:</b> Anna Kraxner		<b>Title:</b> Grants Director
<b>Phone:</b> 913-378-1559	<b>Fax:</b> 913-432-9302	<b>Email:</b> anna.kraxner@safehome-ks.org
<b>Web Site Address:</b> www.safehome-ks.org		<b>Tax ID:</b> 48-0917798

## Program / Grant Information

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

<b>Program/Project Name:</b> Children's Program			<b>Amount of Grant Requested:</b> \$25,000
<b>Total Organization Budget:</b> 2017 FY=\$3,869,163	<b>Per 990, Percentage of Program Service Expenses (Column B/Column A x 100):</b> 81.39%	<b>Per 990, Percentage of Management &amp; General Expenses Only (Column C/Column A x 100):</b> 10.96%	<b>Per 990, Percentage of Management &amp; General Expenses and Fundraising (Column C+D / Column A x 100):</b> 18.61%
<b>Purpose of Grant Request (one sentence):</b> Support Children's Center Program staff salaries and benefits.			
<b>Program Start Date (Month and Year):</b> January 2018		<b>Program End Date (Month and Year):</b> December 2018	
<b>Gimbel Grants Received:</b> List Year(s) and Award Amount(s) Have not received grants from Gimbel before			

## Signatures

<b>Board President / Chair:</b> (Print name and Title) Dr. Jay Lehnertz, Board President	<b>Signature:</b> 	<b>Date:</b> 9/13/2017
<b>Executive Director/President:</b> (Print name and Title) Janee' M Hanzlick, President/CEO	<b>Signature:</b> 	<b>Date:</b> 9/13/2017

## **2017 S.L. Gimbel Foundation Fund APPLICATION**

### **Narrative**

Please provide the following information by answering **ALL** questions (I to IV) in **five (5) typed pages maximum, 12 Font, One Inch Margins**. Use the format below (I to IV). Type the questions. Type your answer to the questions accordingly. Please be thorough, clear, specific, and concise.

#### **I. Organization Background**

- A) What are the history, mission and/or purpose of your organization? How long has the organization been providing programs and services to the community?

SAFEHOME's mission is to break the cycle of domestic violence for victims and their children by providing shelter, advocacy, counseling, and prevention education in our community. SAFEHOME is the *only* domestic violence agency in Johnson County, Kansas, and serves survivors throughout the Kansas City metro area. SAFEHOME offers a 60-bed secured facility with comfortable private rooms for women and their families. Since 1981, SAFEHOME has provided safety and comfort, and assisted victims of abuse at every step of their journey to safety, health and independence. SAFEHOME's shelter offers clinical counseling and a specialized children's program to help survivors of domestic violence and their children heal emotionally and physically; and comprehensive support services to help them find employment and housing, and successfully transition to emotional and financial independence. All of SAFEHOME's services are provided free of charge. The goal of all SAFEHOME programs is to empower women to live safe, emotionally and financially independent lives.

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

In 2014, 2015 and 2016, SAFEHOME provided 616 women, two men, and 507 children safe shelter and supportive advocacy. During that time, the agency provided services to over 23,500 victims in our community. SAFEHOME recently received its **5<sup>th</sup> successive 4-Star Award** from Charity Navigator, America's Leading Independent Charity Evaluator. The rating is Charity Navigator's highest award and recognizes financial excellence, accountability and transparency. *"Only 6% of the charities we rate have received at least 5 consecutive 4-star evaluations, indicating that SAFEHOME outperforms most other charities in America. This "exceptional" designation from Charity Navigator differentiates SAFEHOME from its peers and demonstrates to the public it is worthy of their trust,"* Michael Thatcher, President and CEO.

SAFEHOME received The 2012 Excellence in Nonprofit Leadership Award from NP Connect – honoring agencies for strong fiscal management and strategic focus.

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

SAFEHOME programs include the Shelter Program, a Children's Program, a Counseling Program, a Housing Program, an Outreach Program, Legal and District Court advocacy programs, and an Education and Prevention Program. While SAFEHOME's services target the Johnson County, Kansas community, the programs serve clients who live throughout the Kansas City metro area and beyond. In 2016, 50% of the adults served by SAFEHOME's shelter came from Johnson County, 20% from Wyandotte County, 7% came from other counties in Kansas and the remaining 23% came from other parts of the metro area or out of state. Of the residents served in the shelter in 2016, 45% were Caucasian, 29% were African-American, 12% were Hispanic, 3% were Asian-American and 11% identified as of an "Other" race. Of the children in

the shelter, 91% were under 12 years of age. Approximately 88% of shelter residents are living below federal poverty guidelines when they enter the shelter. SAFEHOME anticipates serving 200 children or more during the 2018 program year.

## **II. Project Information:**

### **A) Statement of Need**

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

Every day an alarming number of children are exposed to violence in their homes. Statistics confirm that one in four women in the United States will experience domestic violence in her lifetime and that every 9 seconds another woman in this country is beaten. Further, childhood exposure to domestic violence is prevalent:

- **One in four** American children are exposed to family violence (U.S Dept. of Justice, 2010) and **“90% of those children** are eyewitnesses to this violence” Hamby, 2011, OJJDP.
- **In 50% of homes** with domestic violence, there are **children under twelve**.
- **Children may become targets of violence themselves;** in homes with domestic violence, 30-60% of children become direct victims of abuse.

The Centers for Disease Control (CDC) reveals the unequivocal connections between childhood trauma and later-life health and well-being. Children who witness domestic violence may suffer a number of adverse health effects: post-traumatic stress disorder (PTSD), chronic somatic complaints, depression, anxiety, violence towards peers, sleep difficulties, poor concentration, hyper-vigilance, and disrupted ability to learn in school. Family violence creates a home environment where children live in constant fear. It is not uncommon for children to blame themselves for the violence, suffering anxiety, fearfulness, and social withdrawal. Moreover, a child’s exposure to the father abusing the mother is the strongest risk factor for transmitting violent behavior from one generation to the next.

*SAFEHOME understands the need to reach children while still young could not be more compelling. More and more victims of domestic violence who are parents are accessing SAFEHOME services for themselves and their children, demonstrating the increased need for the SAFEHOME Children’s Program. In 2016, 515 children benefited from the SAFEHOME Children’s Program.*

### **B) Project Description**

1. Describe your project. How does your project meet the community need? What is unique and innovative about this project?

SAFEHOME’s Children’s Program enables the agency to 1) support critical early intervention services to children who have witnessed domestic violence by providing children the opportunity to express and release distressing feelings in a healing environment that includes structure, limits and predictability; 2) foster reparations of the parent-child bond; and 3) *break the intergenerational cycle of domestic violence.*

Program Components: The Program utilizes best practice and evidence-based models for adults and children exposed to domestic violence. These include Eye Movement Desensitization and Reprocessing (EMDR) and Trauma Focused Cognitive Behavioral Therapy (TF-CBT), Sand Tray Therapy, Art Therapy, Play Therapy, and Theraplay. The Children and Family Advocate provides case management to each family in the shelter and serves as the children’s liaison with the school systems, health clinics, and other community resources. Further, the Children’s Center offers free childcare in a safe, loving environment to parents participating in individual counseling and support groups, job searches and application preparation, or self-care.



### C) Project Goal, Objectives, Activities and Expected Outcomes

Note: Objective, Outcomes and Evaluation must all be based on the same quantifiable criteria.

1. State **ONE** project goal. The **Goal** should be an aspirational statement, a broad statement of purpose for the project. *To provide a safe, educational and therapeutic environment for children exposed to domestic violence so that they can begin the healing process.*
2. State **ONE objective**. The Objective should be specific, measurable, verifiable, action-oriented, realistic, and time-specific statement intended to guide your organization's activities toward achieving the goal. *SAFEHOME's Children's Program will provide individual therapy to a minimum of 200 children who have been traumatized by domestic violence and who are, with a parent, seeking safety and support at SAFEHOME in 2018.*
3. **Specify the activities** you will undertake to meet the objective and number of participants for each activity. *A minimum of 200 children will participate in weekly therapy with a Children's Therapist. Children receive therapeutic activities that include Play Therapy, Art Therapy, Sand Tray Therapy, Eye Movement Desensitization and Reprocessing (EMDR) and Trauma-Focused Cognitive Behavioral Therapy (TF-CBT).*
4. **Expected outcomes** are the individual, organizational or community-level changes that can reasonably occur during the grant period as a result of the proposed activities or services. What are the key anticipated outcomes of the project and impact on participants? State in quantifiable and verifiable terms. *During the grant period, a minimum of 200 children will participate in Children's Program activities, including therapy, and begin healing as evidenced by: 98% (196 children) will experience an increased ability to express their feelings, 96% (192 children) will understand the violence was not their fault; and 95% (190 children) will be able to verbalize a safety plan.*

**5. Evaluation:** How will progress towards the objectives be tracked and outcomes measured? Provide specific information on how you will collect relevant data and statistics that meet your objective and validate your expected outcomes, in a quantifiable manner, as you describe your evaluation process.

**In order to verify the success of therapy for a minimum of 200 children served, the Children's Therapist records her observations of each child's progress during therapy, including ability to express their feelings, understand that the violence was not their fault, and ability to verbalize a safety plan after each individual session. These outcomes and observations are noted in each individual client's record in the client database. On a monthly basis, the Clinical Director compiles and reports the numbers and percentages of children's progress towards expected outcomes.**

### D) Timeline

Provide a timeline for implementing the project. State the start date and ending date of the project, include timeframes for specific activities, as appropriate.

The grant cycle will begin January 1, 2018 and end on December 31, 2018. In an effort to provide holistic services to individuals, children and families who come to SAFEHOME, for whom finances are often of great concern, the agency is dedicated to providing economic advocacy and assistance with employment and educational pursuits. Approximately 83% of shelter residents live below the poverty line and many have concurring health problems that are positively impacted through therapeutic recovery activities. Children may participate in the Children's Program every weekday. Weekly family therapy sessions will aid parents and children in reconnecting and achieving balance in relationships disrupted by the chaos and

trauma of domestic violence. Children will begin to recover from their trauma at their own pace, but will demonstrate improvements within weeks of entering the Children's Program.

E) Target Population

Who will this grant serve? How many people will be impacted? Provide a breakdown: Number of Children, Youth, Adults, Seniors, Animals. SAFEHOME's Shelter and Programs serve adults and children who need safe shelter, especially those in imminent danger of injury or homicide, as well as those who access the Children's Program through community outreach efforts. In 2016, **178 children and their parents** took refuge in the SAFEHOME shelter. Children's Program staff provided services totaling **645 hours**. **212 children** received therapy. SAFEHOME's Children's Center provided **4,173 hours** of nurturing guidance and care to **515 children** whose parents bravely gathered the tools necessary to escape their abusive relationship permanently. *SAFEHOME anticipates serving increasing numbers of children and parents during the grant cycle.*

F) Projects in the Community

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?

SAFEHOME serves an increasing number of women and children in shelter, counseling outreach. One reason for increased demand for services is SAFEHOME's successful and effective partnership with the District Attorney and Johnson County law enforcement. December 2015 marked the 20th anniversary of collaboration between the SAFEHOME's District Court Advocacy Program and the Johnson County District Attorney's Office (with several advocates involved since its inception). Through this partnership, SAFEHOME shares cooperation with the Johnson County Domestic Violence Court and Johnson County Court Services who refer victims to SAFEHOME for safety, shelter and basic needs.

G) Use of Grant Funds

How will you use the grant funds?

The requested grant will fund a portion of the salaries of two of the Child Care Advocates.

### **III. Project Future**

A) Sustainability

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

The Children's Program is currently funded through a variety of federal, state and private sources: the Victims of Crime Act (VOCA), the State General Fund (SGF), the Shumaker Family Foundation, the Olathe Mayor's Christmas Tree Fund and the Curry Family Foundation. SAFEHOME is requesting funding for the Program due to the ongoing current economic climate and increase in need across programs (and consequent expansion of physical space and services offered), which combined, has stretched agency resources. For over 26 years, the Children's Program has been supported by a combination of federal grants, state matching funds, private grants, and individual contributions.

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

A) Governance

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?

SAFEHOME is very fortunate to have an active and highly engaged 15-member Board of Directors. The Board is structured to ensure that each member of the Executive Committee is directly accountable for oversight of a particular governance function, including Board Development and Strategic Planning, Human Resources, Fundraising, Program Evaluation, Marketing, and Finances, and that each Board member is an active member of a Committee. The Board sets annual goals for Board diversity, transparency, fundraising and effectiveness. Board financial support is 100%, with Board members contributing or securing major donations as their circumstances and contacts allow. In addition to their financial support, Board members bring valuable skills and experience to the agency including IT, legal, healthcare, law enforcement, government, banking, auditing, and nonprofit leadership.

B) Management

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

Janeé' Hanzlick, President and CEO, holds an MSW and has been employed at SAFEHOME for 20 years in a variety of capacities previous to her leadership role, including mental health therapist, program director, and VP for Operations. The Program is staffed by a professionally licensed Children's Therapist (LCMFT, LMSW, RPT), Children and Family Advocate (BSW), Children's Center Coordinator and two Child Care Advocates. The Children's Center Coordinator, and the Children & Family Advocate manage the Program during the Daytime. The agency's new Children's Therapist, knows SAFEHOME and the client population well as she completed her clinical internship at the agency. The Clinical Director, an LCPC, is also credentialed as a Registered Play Therapy Clinical Supervisor (RPT-S).



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### V. Project Budget and Narrative (Do not delete these instructions on your completed form).

A) **Budget Table:** Provide a detailed line-item budget for your **entire** project by completing the table below. Requested line items should be limited to Ten (10) line items. The less the better.

**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)
- 3) Line items on Salaries/Personnel included in budget (contribution or in-kind) but NOT requested from the Gimbel Foundation must be broken down per number 2) above: Provide rate of pay per hour and number of hours.

Line Item Request	Line Item Explanation	Support From Your Agency	Support From Other Funders	Requested Amount From Gimbel/TCF	Line Item Total of Project
Personnel:Children Therapist	<b>\$20.9635 hourly rate x 40 hours/wk x 48 wks/yr.</b>		\$40,249.92		\$40,249.92
Personnel:Child & Family Advocate	<b>\$18.5025 hourly rate x 40 hours/week x 48 weeks</b>		\$35,524.80		\$35,524.80
Personnel:Childcare Coordinator	\$14.64 per hr x 2080 hrs=\$30,451.20		\$30,451.20		\$30,451.20
Personnel:PT Childcare Advocate	\$14.64 per hr x 1040 hrs=\$15,225.60			\$15,225.60	\$15,225.60
Personnel:PT Childcare Advocate	\$14.64 per hr x 1040 hrs=\$15,225.60		\$5,451.20	\$9,774.40	\$15,225.60
FICA/Medicare	\$136,677.12 gross compensation less \$5,696.34 per tax dollars x .0765	\$4,114.28	\$5,905.75		\$10,020.03
Unemployment	0.002 of first \$14,000 x 5 employees=		\$140.00		\$140.00

Health Insurance	\$410.30 per month x 12 months x 2 employees=\$9,847.20		\$9,847.20		\$9,847.20
LT Disability	\$29.90 per month (total for 3 employees) x 12 months		\$358.80		\$358.80
Life AD&D	\$2.86 per month x 12 months x 3 employees		\$102.96		\$102.96
Employee Assist. Program	\$63.50 annual x 5 employees	\$317.50			\$317.50
Workers Comp.	\$204.60 per month (total for 5 employees) x 12 months	\$1,289.52	\$1,165.68		\$2,455.20
Training	Various training as applicable to position (Ethics/Mindfulness/CPR)		\$1,000.00		\$1,000.00
Supplies (Office & Program Related)	Estimate annual cost to support program	\$5,000.00	\$4,500.00		\$9,500.00
Direct Client Assistance	Children's Activity and School Fees		\$8,000.00		\$8,000.00
Dues, Membership, Licenses	Licenses and Dues required for staff to work in program	\$2,000.00			\$2,000.00
Travel	Mileage incurred by staff at .50 reimbursed per mile (approx. 1,600 miles x .50)	\$800.00			\$800.00
% Facility Occupancy (space allocation)	Facility and Occupancy Expenses x 0.042	\$2,500.00			\$2,500.00
<b>TOTALS:</b>		\$16,021.30	\$142,697.51	\$25,000.00	\$183,718.81

**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. The Children's Therapist holds individual therapy sessions with each child as needed, and dual therapy with the non-abusive parent and the child.
2. The Child & Family Advocate Provides childcare for children of victims of domestic violence. Engages children in fun activities that encourage gross motor skill development Keeps the Children's Center safe and clean. Maintains supply inventory. Attends Children's Department meetings. Assists in overseeing/training childcare volunteers.
- 3 The Childcare Coordinator provides childcare for children of victims of domestic violence. Manages the Children's Center, manages the staff schedule, recruits, hires, trains, supervises and



evaluates all Children's Center staff. Educates staff on Children's Center policies and procedures. Provides age-appropriate, interactive activities for children in the Children's Center. Coordinates special activities for children. Collaborates with the Volunteer Coordinator to meet the needs of the Children's program and to provide timely training. Oversee and maintain volunteer schedules. Manage Children's Program budget.

4. Two Part-Time Child care advocates. Provide day and evening childcare for children of victims of domestic violence. Engage children in fun activities that encourage gross motor skill development. Keeps the Children's Center safe and clean. Maintains supply inventory. Attends Children's Department meetings. Assists in overseeing/training childcare volunteers.

5. FICA/Medicare, Unemployment, Health Insurance, Life Insurance, Accidental Death and Disability Insurance, the Employee Assistance Program and Worker's Comp are the benefits of employment at SAFEHOME.

6. The Training budget provides relevant training for Children's Center staff, such as ethics, CPR, and mindfulness.

7. Supplies covers art supplies, educational toys and books, and other supplies for daily operations and childcare.

8. Direct Client Assistance helps residents and their children pay school and activity fees.

9. Dues, Memberships, Licenses cover the costs of items required for staff to work in the program.

10. Travel expenses cover staff travel to transport clients to and from activities, and mileage incurred attending seminars and meetings.

11. Facility Occupancy. The cost of maintaining the Children's Center facility as part of the shelter.

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

*Secured/Awarded (Major Awards; however not all funding sources)*

<b>Name of Funder: Foundation, Corporation, Government</b>	<b>Amount</b>
<i>Federal Victim Assistance of Crime Act (VOCA)</i>	<i>751,440.00</i>
<i>Federal Family Violence Prevention &amp; Services (FVPSA)</i>	<i>128,952.00</i>
<i>State General Funds (SGF)</i>	<i>292,285.00</i>
<i>HealthCare Foundation</i>	<i>207,400.00</i>
<i>Protection from Abuse (PFA)</i>	<i>59,627.00</i>
<i>State Crime Victims' Assistance Fund (CVAF)</i>	<i>25,000.00</i>
<i>Curry Family Foundation</i>	<i>10,000.00</i>

*Pending (Major Applications; however not all pending applications)*

<b>Name of Funder: Foundation, Corporation, Government</b>	<b>Amount</b>	<b>Decision Date</b>
<i>State General Funds (SGF)</i>	<i>380,094.05</i>	<i>7/15/17</i>
<i>HealthCare Foundation</i>	<i>150,000.00</i>	<i>8/30/17</i>
<i>Federal Family Violence Prevention &amp; Services (FVPSA)</i>	<i>136,768.00</i>	<i>7/15/17</i>

<i>Joel Logano Foundation (Second Chances)</i>	<i>25,000.00</i>	<i>10/25/17</i>
<i>Tulsa Community Foundation (AMC Cares)</i>	<i>10,000.00</i>	<i>9/1/17</i>
<i>Federal Victim Assistance of Crime Act (VOCA)</i>	<i>825,000.00</i>	<i>11/15/17</i>
<i>Curry Family Foundation</i>	<i>25,000.00</i>	<i>10/1/17</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. **FYE 2016**

<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	\$ 535,989	15.61%	Interest/Invest. Income	\$ 84,880	2.47%
Fundraising/Special Events	\$ 312,178	9.09%	United Way	\$ 182,023	5.30%
Corp/Foundation Grants	\$ 518,963	15.12%	Other/Program & In-Kind Income	\$ 378,335	11.02%
Government Grants	\$1,420,390	41.39%			

**Notes:**

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### VII. Financial Analysis

Agency Name: **SAFEHOME, Inc.** \_\_\_\_\_

Most Current Fiscal Year (Dates): From January 1 To: December 31

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
\$3,636,486	\$2,959,729	\$398,684	\$278,073

**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%	81.39%	10.96%	7.65%

**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 (Projected)	Column C, Management & general expenses per 990 above	Differential
10.75%	10.96%	-0.21%

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. (As of June 30, 2017)

Cash	+ Accounts Receivables	/Current Liabilities	= Quick Ratio
\$2,311,671	\$282,500	\$287,036	9.04

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**Excess or Deficit for the Year:**

Excess or (Deficit) Most recent fiscal year end FYE 2016	Excess or (Deficit) Prior fiscal year end FYE 2015
\$-329,478 (Deficit)	\$-464,044 (Deficit)

Notes:

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**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), 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
Your current operating budget and the previous year's actual expenses (see sample Budget Comparison)	A copy of your most recent year-end financial statements (audited if available; 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	A copy of your most recent 990 ( double-sided)
For past grantees, a copy of your most recent final report.	A list of your Board members and their affiliations



**SAFEHOME, Inc.**  
**2016 Actual Compared to 2017 Budget with Variance**

	<u>FYE 2016</u>	<u>2017 Budget</u>	<u>Variance</u>
Ordinary Income/Expense			
Income			
4100 · Unrestricted Contributions	720,253.16	609,829.00	-110,424.16
4200 · Restricted Contributions/Grants	512,700.04	518,117.00	5,416.96
4300 · Federal Grants	909,676.19	1,086,320.00	176,643.81
4400 · KS-State Grants	402,596.54	433,636.00	31,039.46
4500 · Local Government Grants	108,117.26	102,923.00	-5,194.26
4600 · Safehome Fundraisers	312,178.05	335,200.00	23,021.95
4700 · Earned Income/Fees	2,827.50	3,804.00	976.50
4800 · In-Kind Revenue	383,839.37	305,000.00	-78,839.37
4900 · Other Income	81,171.62	87,275.00	6,103.38
Total Income	<u>3,433,359.73</u>	<u>3,482,104.00</u>	<u>48,744.27</u>
Expense			
5000 · Personnel Expenses	2,263,081.93	2,462,602.00	199,520.07
5100 · Contractors	44,027.76	29,640.00	-14,387.76
5200 · Facility Occupancy Expenses	138,210.45	122,049.00	-16,161.45
5300 · Supplies & Communications	131,545.50	115,463.00	-16,082.50
5500 · Program Related Expenses	562,714.08	474,263.00	-88,451.08
5700 · Travel	22,665.98	22,800.00	134.02
5800 · Fundraising Expenses	100,839.62	86,500.00	-14,339.62
5900 · Organizational Expenses	347,004.27	330,385.00	-16,619.27
Total Expense	<u>3,610,089.59</u>	<u>3,643,702.00</u>	<u>33,612.41</u>
Net Ordinary Income	<u>-176,729.86</u>	<u>-161,598.00</u>	<u>15,131.86</u>
Other Income/Expense			
Other Income			
7000 · Capital Campaign Income	7,736.40	0.00	-7,736.40
Total Other Income	<u>7,736.40</u>	<u>0.00</u>	<u>-7,736.40</u>
Other Expense			
8000 · Capital Campaign Expenses	160,484.54	225,461.00	64,976.46
Total Other Expense	<u>160,484.54</u>	<u>225,461.00</u>	<u>64,976.46</u>
Net Other Income	<u>-152,748.14</u>	<u>-225,461.00</u>	<u>72,712.86</u>
Net Income	<u>-329,478.00</u>	<u>-387,059.00</u>	<u>-57,581.00</u>

**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 domestic organizations and domestic governments. See Part IV, line 2.				
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	539,234.	539,234.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 18.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	172,178.	138,035.	19,965.	14,178.
6 Compensation not included above, to disqualified persons (as defined under section 4953(f)(1)) and persons described in section 4953(c)(3)(B).				
7 Other salaries and wages.	1,856,196.	1,468,891.	220,372.	166,933.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	9,099.	7,993.	869.	237.
9 Other employee benefits.	143,702.	126,237.	13,718.	3,747.
10 Payroll taxes.	148,456.	130,413.	14,172.	3,871.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	29,742.		29,742.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	15,603.		15,603.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	44,029.	19,024.	2,431.	22,574.
12 Advertising and promotion.	2,482.	2,012.	175.	295.
13 Office expenses.	137,728.	98,715.	22,858.	16,155.
14 Information technology.				
15 Royalties.				
16 Occupancy.	163,905.	130,496.	13,609.	19,800.
17 Travel.	22,666.	21,782.	646.	238.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.				
20 Interest.	54.	44.	4.	6.
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	223,289.	177,611.	23,449.	22,229.
23 Insurance.	51,253.	41,241.	7,605.	2,407.
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 G.)				
a OTHER PROGRAM EXPENSES	26,377.	26,377.		
b EDUCATION, TRAINING & O	23,614.	18,458.	3,207.	1,949.
c DUES & SUBSCRIPTIONS	21,448.	11,150.	10,080.	218.
d MISCELLANEOUS EXPENSES	5,431.	2,016.	179.	3,236.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e.	3,636,486.	2,959,729.	398,684.	278,073.
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)

**SAFEHOME, Inc.**  
**2017 Board of Directors**  
**As of January 6, 2017**

**BOARD CHAIR**

Dr. Jay Lehnertz  
Episcopal Community Services  
(CEO Emeritus)  
8637 Broadmoor  
Overland Park KS 66212  
(c) 816-210-3313  
[jaylehnertz@gmail.com](mailto:jaylehnertz@gmail.com)  
2<sup>nd</sup> term expires 12/2018

**VICE CHAIR, Board Development and Strategic Planning**

Katherine Howell  
Chief Nurse Executive  
Saint Luke's Health System  
16408 Monrovia  
Overland Park, KS 66062  
[khowell@saint-lukes.org](mailto:khowell@saint-lukes.org)  
(w) 816-932-1597 (Colleen Owens)  
2<sup>nd</sup> term expires 12/2018

**VICE CHAIR, Development**

Rita D'Agostino  
Attorney At Law  
Spencer Fane Britt & Browne LLP  
9401 Indian Creek Pkwy, Ste. 700  
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(w) 913-327-5137  
(c) 913-634-8559  
[rdagostino@spencerfane.com](mailto:rdagostino@spencerfane.com)  
1<sup>st</sup> term expires 12/2017

**VICE CHAIR, Human Resources**

Kara Dorssom Larson  
Lead Corporate Counsel  
Kansas City Power & Light Co.  
1200 Main St., 16<sup>th</sup> Floor  
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[kara.larson@kcpl.com](mailto:kara.larson@kcpl.com)  
2<sup>nd</sup> term expires 12/2019

**VICE CHAIR, Program Evaluation**

Linda Kaufman Gollub  
Attorney, Professor, Author, Blogger  
P.O. Box 480521  
Kansas City, MO 64148 (Preferred)  
(c) 913-645-4214  
[l.gollub3@gmail.com](mailto:l.gollub3@gmail.com)  
2<sup>nd</sup> term expires 12/2019

**TREASURER**

Chris Chaney, CPA  
Pickett, Chaney & McMullen LLP  
9401 W 87th St # 200  
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(w) 913-438-5077 x11  
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[chris@pcm-cpas.com](mailto:chris@pcm-cpas.com)  
1<sup>st</sup> Term: 4/2016 – 3/2019

**SECRETARY**

Thomas Hongslo  
Chief of Police  
City of Lenexa / Police Dept.  
12400 W. 87<sup>th</sup> St. Pkwy.  
Lenexa, KS 66215  
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1<sup>st</sup> term expires 12/2017

Marcie Artman  
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(c) 913-558-3967  
[nanatofive@att.net](mailto:nanatofive@att.net)  
1<sup>st</sup> term expires 12/2017

Chris Baxter, P.E.\*  
Assistant General Counsel  
Burns & McDonnell  
Direct #: 816-822-3217  
Main #: 816-333-9400 (c) 215-416-6122  
[www.burnsmcd.com](http://www.burnsmcd.com)  
[cbaxter@burnsmcd.com](mailto:cbaxter@burnsmcd.com)  
\*Registered Prof. Engineer in KS, NJ & PA  
1<sup>st</sup> term expires 12/2017

Lisa Benson  
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KSHB - 41 Action News  
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(c) 816-896-8792  
[Lisa.Benson@kshb.com](mailto:Lisa.Benson@kshb.com)  
1<sup>st</sup> term expires 12/2019

Paco Diaz  
Compliance Officer  
AOScloud LLC  
17795 W. 106th St  
Olathe, KS 66061  
(w) 913-339-2369  
(c) 806-790-6320 (Preferred)  
[paco16003diaz@gmail.com](mailto:paco16003diaz@gmail.com)  
1<sup>st</sup> term expires 12/2018

Solana P. Flora  
Berkowitz Oliver LLP  
2600 Grand Blvd #1200  
Kansas City, MO 64108  
(c) 913-302-1528  
(w) 816-627-0214  
[sflora@berkowitzoliver.com](mailto:sflora@berkowitzoliver.com)  
1<sup>st</sup> Term: 4/2016 – 3/2019

Jamie Gordon  
Kansas City Royals Wives  
PO Box 4563  
Overland Park KS 66204-0563  
(c) 402-450-4641  
[Jamie.gordon7@yahoo.com](mailto:Jamie.gordon7@yahoo.com)  
2nd term expires 12/2017

Michael A. Luby, Jr.  
Merrill Lynch  
3401 College Blvd.  
Leawood, KS 66211  
(w) 913-906-5203  
(c) 913-530-3273  
[Michael\\_luby@ml.com](mailto:Michael_luby@ml.com)  
1<sup>st</sup> term expires 12/2017

Alice Rogers  
VP, Operations Excellence  
AMC  
One AMC Way  
11500 Ash Street  
Leawood KS 66211  
(w) 913-213-2124  
(c) 913-707-6863  
[arogers@amctheatres.com](mailto:arogers@amctheatres.com)  
1<sup>st</sup> term expires 12/2019

### **SAFEHOME LEADERSHIP TEAM:**

Janee' M. Hanzlick, President/CEO  
913-378-1515 [jhanzlick@safehome-ks.org](mailto:jhanzlick@safehome-ks.org)

Kristin Brumm, Executive Vice President  
913-378-1514 [kristin.brumm@safehome-ks.org](mailto:kristin.brumm@safehome-ks.org)

Amber Johnson, Clinical Director  
913-226-5709 [ajohnson@safehome-ks.org](mailto:ajohnson@safehome-ks.org)

Dan Ryan, Vice President of Development  
913-378-1516 [dan.ryan@safehome-ks.org](mailto:dan.ryan@safehome-ks.org)

Carol Nolting, Chief Financial Officer  
913-378-1513 [cnolting@safehome-ks.org](mailto:cnolting@safehome-ks.org)

Mary Stafford, Outreach Program Director  
913-378-1519 [mary.stafford@safehome-ks.org](mailto:mary.stafford@safehome-ks.org)

Maggie Haghirian, Shelter Director  
913-378-1520 [mhaghirian@safehome-ks.org](mailto:mhaghirian@safehome-ks.org)

Anna Kraxner, Grants Director  
913-378-1559 [anna.kraxner@safehome-ks.org](mailto:anna.kraxner@safehome-ks.org)



CINCINNATI OH 45999-0038

In reply refer to: 0248219434  
Aug. 01, 2013 LTR 4168C 0  
48-0917798 000000 00  
00019873  
BODC: TE

SAFEHOME INC  
PO BOX 4563  
OVERLAND PARK KS 66204-0563



024827

Employer Identification Number: 48-0917798  
Person to Contact: Ms. Benson  
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your July 23, 2013, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in July 1981.

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

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

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

0248219434  
Aug. 01, 2013 LTR 4168C 0  
48-0917798 000000 00  
00019874

SAFEHOME INC  
PO BOX 4563  
OVERLAND PARK KS 66204-0563

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

Sincerely yours,

*Richard McKee*

Richard McKee, Department Manager  
Accounts Management Operations

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

**Organization:** SAFEHOME, Inc.  
**Grant Amount:** \$25,000.00 **Grant Number:** 20170709  
**Grant Period:** November 1, 2017 to November 30, 2018 (*Evaluation Due: December 15, 2018*)  
**Purpose:** To support Children's Center program

**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.

Grant funds will not be expended for any political or lobbying activity or for any purpose other than one specified in section 170(c)(2)(b) of the Code.

**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 legal or 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, for the purpose of conducting financial audits, making verifications, and investigations as deemed necessary concerning the grant.



## 6. Publicity

The Community Foundation appreciates publicity for the grant in all relevant published materials, such as brochures, newsletters and annual reports. The credit line of "Made possible in part by a grant from **The Community Foundation, Strengthening Inland Southern California through Philanthropy**" is suggested. The Grantee will allow the Foundation to review and approve the content of any proposed publicity concerning the grant prior to its release, upon request. When your donors are listed in printed materials, include the Foundation in the appropriate contribution size category. Sending a brief press release to your local paper is appreciated. Please email Charee Gillins, our Marketing & Communications Officer, at [cgillins@thecommunityfoundation.net](mailto:cgillins@thecommunityfoundation.net) with copies of any printed or publicity materials that highlight the grant. 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 a logo is also appreciated. Our logo can be downloaded on our website at [www.thecommunityfoundation.net](http://www.thecommunityfoundation.net).

Grantee agrees to allow the Foundation to include information about this grant in the Foundation's periodic public report, newsletter, news releases, social media postings, and on the Foundation's website. This includes the amount and purpose of the grant, any photographs you have provided, your logo or trademark, and other information and materials about your organization and its activities.

## 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.

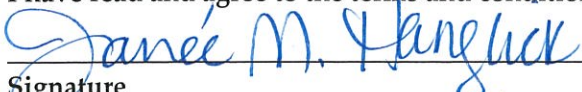
## 8. Termination

The Community Foundation may terminate this agreement, modify or withhold payments under this grant award, require a total or partial refund of any grant funds, or all 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; d) the Grantee fails to comply with the requirements of any law or regulation applicable to you, the Foundation, or this grant.

## 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



Printed Name



Date



Title

Organization: SAFEHOME, Inc.

Grant Number: 20170709





Strengthening Inland Southern California through Philanthropy

BOARD OF DIRECTORS

Sean Varner  
Chair of the Board

J. Sergio Bohon  
Vice Chair of the Board

Pat Spafford, CPA  
Chief Financial Officer

Dr. Paulette Brown-Hinds  
Secretary of the Board

Rabbi Hillel Cohn

Paul Granillo

Stanley Grube

Dr. Fred Jandt

Andrew Jaramillo

Nefertiti Long

Kirtland Mahlum

Brian McDonald

Meredyth "Charlie" Meredith

Susan Ovitt

Teresa Rhyne

Kathleen Sawa

Philip Savage IV  
Immediate Past Board Chair

Dr. Henry Shannon

Tamara Sipos

Beverly Stephenson

Randall Tagami

Diane Valenzuela

Paula Myles  
Interim President and CEO

October 23, 2017

*S. L. Gimbel Foundation Fund*

Ms. Janee' M. Hanzlick  
President & CEO  
SAFEHOME, Inc.  
P.O. Box 4563  
Overland Park, KS 66204

Dear Ms. Hanzlick:

Congratulations! A grant has been approved for **SAFEHOME, Inc.** in the amount of **\$25,000.00** from the S.L. Gimbel Foundation. **The performance period for this grant is November 1, 2017 to November 30, 2018.** 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 Children's Center program*

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 Thursday, November 30, 2017.** 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 December 15, 2018** and will be available online at:  
<https://www.thecommunityfoundation.net/grants/grants/forms>.

We wish you great success and look forward to working with you during the grant performance period. If you have any questions, please feel free to contact me at 951-241-7777.

Sincerely,

Celia Cudiamat  
Executive Vice President of Programs

23699 SAFEHOME, Inc.

20170709 GIMB





Strengthening Inland Southern California through Philanthropy

BOARD OF DIRECTORS

Sean Varner  
Chair of the Board

J. Sergio Bohon  
Vice Chair of the Board

Pat Spafford, CPA  
Chief Financial Officer

Dr. Paulette Brown-Hinds  
Secretary of the Board

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Kathleen Sawa

Philip Savage IV  
Immediate Past Board Chair

Dr. Henry Shannon

Tamara Sipos

Beverly Stephenson

Randall Tagami

Diane Valenzuela

Paula Myles  
Interim President and CEO

November 6, 2017

*S. L. Gimbel Foundation Fund*

Ms. Janee' M. Hanzlick  
President & CEO  
SAFEHOME, Inc.  
P.O. Box 4563  
Overland Park, KS 66204

Dear Ms. Hanzlick:

The Community Foundation is pleased to enclose a grant check for \$25,000 from the S. L. Gimbel Foundation, a component fund at The Community Foundation. By cashing the grant check, you are agreeing to the conditions stated under the *Terms of Grant* which you have signed and returned. **The completed Grant Evaluation form is due by November 9, 2018** and will be available online on The Community Foundations website under: <https://www.thecommunityfoundation.net/grants/grants/forms>. Please note that any grant variances or extensions must be requested in writing and in advance. Any remaining grant funds must be returned to The Community Foundation at the end of the grant period.

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

Please feel free to contact me at 951-241-7777 should you have any questions.

Sincerely,



Celia Cudiamat

Executive Vice President of Programs

20170709

43187

GIMB-3



**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  
3696 Main Street, Riverside, CA 92501  
90-3414/1222

EZShield® Check Fraud  
Protection for Business

43187

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

TO THE  
ORDER OF

DATE

11/03/2017

AMOUNT

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

SAFEHOME, Inc.  
P.O. Box 4563  
Overland Park, KS 66204

*Brown-Hinds*  
*Leah Hinds*  
AUTHORIZED SIGNATURE

⑈043187⑈ ⑆122234149⑆ 244124437⑈

The Community Foundation

23699 SAFEHOME, Inc.

11/03/2017 043187

43187

20170709 11/02/2017 To support Children's Center program  
GIMB S.L. Gimbel Foundation Advised Fund

25,000.00  
25,000.00

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

The Community Foundation

23699 SAFEHOME, Inc.

11/03/2017 043187

43187

20170709 11/02/2017 To support Children's Center program  
GIMB S.L. Gimbel Foundation Advised Fund

25,000.00  
25,000.00

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