

Organization / Agency Information

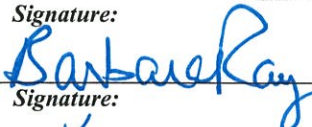

Organization/Agency Name: Wichita Children's Home 21827		
Physical Address: 810 N Holyoke City/State/Zip: Wichita, KS 67208		
Mailing Address: 810 N Holyoke City/State/Zip: Wichita, KS 67208		
CEO or Director: Debbie Kennedy Title: CEO		
Phone: 316-684-6581	Fax: 316-684-7249	Email: DebbieKennedy@wch.org
Contact Person: Kim Pennington Title: Development Officer		
Phone: 316-681-6702	Fax: 316-684-7249	Email: KimPennington@wch.org
Web Site Address: wch.org		Tax ID: 48-0547706

Program / Grant Information

Interest Area: Animal Protection Education Environment Health Human Dignity

Program/Project Name: From Survivor to Thriver			Amount of Grant Requested: \$25,000
Total Organization Budget: \$4,722,071	Per 990, Percentage of Program Service Expenses (Column B/ Column A x 100): 86%	Per 990, Percentage of Management & General Expenses Only (Column C/ Column A x 100): 8%	Per 990, Percentage of Management & General Expenses and Fundraising (Column C+D / Column A x 100): 12%
Purpose of Grant Request (one sentence): Providing greater and extended individualized care (therapy/intensive case management/advocacy) to 0-22 year olds who are human trafficked victims.			
Gimbel Grants Received: List Year(s) and Award Amount(s) n/a			

Signatures

Board President / Chair: (Print name and Title) Barbara Ray, Board President	Signature: 	Date: 7/3/15
Executive Director/President: (Print name and Title) Deborah Kennedy, CEO	Signature: 	Date: 7/3/15

I. Organization Background; Target Population:

A) The Wichita Children's Home was founded in 1888 as the city's first orphanage to "support and care for destitute and homeless children." Our mission is to assure the safety and well-being of children and to create healthy families. We offer the only emergency, temporary, residential care for children in our community. The home is open 24/7 and serves children from birth to 22 years of age.

Our programs are nationally recognized services for outreach, crisis intervention, temporary shelter, counseling, family reunification and aftercare services to youth.

B) We are in our third year of the O.Z. program (drop-in center for homeless and street youth) and have almost doubled the number of youth who have participated from 1,700 to 3,000 offering gateway services including: food, hygiene, clothing, and counseling.

This past year we opened Kansas' only SSU for child victims of human trafficking and received the Attorney General's "Outstanding Victim Service Organization Award for Improving the Lives of Kansas Crime Victims".

Our residential and short term housing admitted nearly 1,600 children just last year due to emergency situations.

C) Our services are available for all children-in-need. We actively seek to help underserved children from any and all ethnicity, race, or cultural background, language diversity, differently-abled, or any cause that makes them vulnerable and in need of a safe haven and evidence based services. We work with runaway/thrown away, homeless youth; victims of human trafficking, child abuse, neglect, and abandonment.

We primarily serve Sedgwick county but do serve over 23 counties throughout the state of Kansas.

II. Project Information:

A) Human Trafficking (HT) cases have tripled in the last several years and is directly compromising the safety of Kansas Youth. The Staff Secure Unit (SSU) is a specialized area providing safety for sex and work trafficked youth. While providing an essential place of safety for these youth, it has become clear that once the youth leave the SSU they need additional help as they recover and transition into a safe future. These services are not being provided HT victims currently and it is one of our state's short falls.

B) 1. The proposed Survive to Thrive (ST) program would provide the bridge into recovery and a healthy life for youth victims of HT. This program will fill a gap that is not being addressed in our community and will have access to the experience, expertise and partnerships of the Wichita Children's Home.

The Survive to Thrive program aims to use an evidence-based approach to services for youth victims of Human Trafficking. This is accomplished in a four-step process. First, the Licensed Clinical Advocate (CA) uses assessment and interview to identify research-based risk and resiliency factors in clients. Second, the service plan is developed based on the individual client's identified risk and resiliency factors. Third, services are provided in a manner designed to strengthen areas of risk and enhance protective factors. Fourth, gradual, planned discharge and aftercare are designed in order to support the transition of the client to formal and informal support networks, and designed to continue building on progress towards shoring up risks and reinforcing areas of strength.

2. With infrastructure currently in place, this project will be able to begin immediately following the hiring of this position.

Objective I: Clients will identify risk and resilience factors, and will increase protective behaviors and resilience.

Activities:

Step 1: Initial Engagement--Assessment and Interview

Though the interactions, the CA will be ostensibly focused on the completion of concrete tasks, done in a therapeutic, clinically-informed, trauma-informed manner. The CA will then shift the focus from the assessment process to clinical services, in order to address the client's acute clinical needs (i.e., trauma, depression, anxiety, coping skills).

This step is designed to provide a foundation of relationship, understanding, knowledge and assessment, so that all services can be tailored to effectively meet the client's individual needs in a context of support, mutual respect and unconditional positive regard. *Anticipated time frame: 3-30 days.*

Step 2: Planning to Thrive—Service Planning

The service plan will focus on short-term, attainable goals. The service plan will be reviewed every 4-5 weeks, so that course corrections can take new developments, progress, insights, challenges and resources into account. Service planning will be conducted in a client-led manner, ground in research and evidence related to HT risk and resilience factors.

Objective II: Clients will engage with positive support resources, and increase resiliency factors.

Activities: Step 3: Moving towards Thriving—Service Provision

It is understood that, healing and growth are iterative processes, often requiring a spiraling pattern of returning to prior ideas, problems, concerns or goals. Because of this, the CA and will respond to concerns or perceived 'failures' as growth, learning and teaching opportunities. In addition, the WCH continuum of services serves as a supportive environment necessary for a survivor working towards thriving. These services include: emergency shelters (Girls' Emergency Shelter and Boys' Emergency Shelter); an independent-living-focused YRC-2 (BRIDGES Phase 1); transitional living program (BRIDGES Phase 2); street outreach/drop in center (Street Outreach Services (SOS)); basic center services (Crossroads, a case management and clinical dyad who serves runaways who are integrating in their communities); a licensed therapist and a substance abuse counselor.

Directly provided services will reflect a combination of clinical services (i.e. "therapy"), psycho-educational learning (i.e., coping skills) and clinically-based case management (i.e. service linkages and advocacy). Throughout the service provision phase CA will reinforce positive steps the client is taking toward thriving, such as using appropriate coping skills, participating in supportive relationships and meeting other identified service plan goals. Services also will include suring up the connection identified informal support resources. This may include coaching the client, modeling appropriate relationship skills, and providing assistance to the informal support resource. Youth will be given the opportunity to practice new skills in a supportive context. At all times, services are rooted firmly in risk and resiliency research, assessment, evidence-based interventions, with the goal of moving the client from surviving to thriving.

Initially, services will be conducted at least weekly. As the case progresses, a bi-weekly service model will be introduced (usually around 2-3 months). This service provision will continue until the client has been engaged in ST services for approximately 5 months, at which time transition to discharge and aftercare will occur.

Step 4: Moving towards Community—Discharge and Aftercare

Once a client is discharged from WCH services, the CA will make monthly calls for 3 months post-discharge, and one more call in the 6 month post-discharge timeframe. The client is welcome to call for ongoing support, referrals and resource information, indefinitely.

Anticipated time frame (discharge planning/process): 2-4 weeks.

Anticipated time frame (aftercare): 6 months.

3. This program will serve youth under the age of 22 who are victims of human trafficking. We anticipate 30-50 participants. Each participant will participate in the full program (above).
4. There is not a program of this type currently in our community. We partner with police, DCF, Sedg Co Health Dept, StepStone, Wichita Area Sexual Assault Center, Wichita State University, and Comcare.

C) Project Outcomes and Evaluation

1. We anticipate the HT victims participating will
2. We will use the Connor-Davidson Resilience Scale (CD-RISC) will be used at the beginning of services and again when a client moves into aftercare, in order to assess the impact of services on factors measured by the CD-RISC.
3. All of WCH's programs are evaluated throughout the provision of services, including follow-up. Performance Evaluations, with WSU to monitor processes and progress toward goals and objectives. They allow us to make mid-course corrections, engage new partners -as need arises, strengthen services and avoid unnecessary duplication.

D) To hire a part-time Licensed Clinical Advocate who will provide mental health assessments; youth and family therapy; intensive case management and, referrals to other community providers, as long-term services are needed. They will follow the Human Trafficking Victims for a year and provide continued therapy, intense case management and advocacy. They will meet one-on-one with the youth and televideo if the youth returns home outside move than 2 hours from Sedgwick County.

III. Project Future

- A) We will use the data from this project to submit a grant for local and state funding as well as private foundations and donors.

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

- A) Please see the attached list of our volunteer board of directors. We have a governance board making decisions by vote after reviewing department and committee reports. Committees include: Finance, Development, Program, and Executive.
- B) Debbie Kennedy, M.S.N (Advanced Practice Registered Nurse-Clinical Nurse Specialist) has 31 years of experience in health care, academic and non-profit leadership. *Clinical Director/Chief Program Officer:* Melanie Miller Garrett, LSCSW, has 20 years of experience working with children, youth and families, with specialization in the area of trauma and abuse. *Runaway Homeless Youth Services Coordinator/Case Manager:* Our fulltime case manager is Tracy Elkinton, M.Ed. Ms. Elkinton has 20 years' experience in working with at risk and in risk youth. *Substance Abuse Counselor:* Frances Waldren, LCAC and LMSW is the WCH substance abuse counselor. She is dually licensed as a Chemical Addictions Counselor and Master's Level Social Worker. *Runaway Homeless Youth Services Coordinator:* Risa Rehmert has over 25 years of experience working with youth, and 18 years working with RHY.

2015 S.L. Gimbel Foundation APPLICATION

V. Project Budget

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

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

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

Line Item Description	Line Item Explanation	Support From Your Agency	Support From Other Funders	Requested Amount From TCF	Line Item Total of Project
Licensed Clinical Advocate	Salary				\$22/hr 18 hrs/wk x 52wk=\$20,592
Licensed Clinical Advocate	Benefits				\$20,592x21.4%=\$4,407
TOTALS:					\$24,999

2015 S.L. Gimbel Foundation APPLICATION

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

Secured/Awarded

Name of Funder: Foundation, Corporation, Government	Amount
US Dept of Health and Human Services	\$ 441,973
US Dept of Housing and Urban Development	\$ 112,993
Federal Victims of Crime Fund	\$ 107,336
Federal Violence Against Women	\$ 107,428
KS Health and Human Environment	\$ 47,170
KS Victim Services	\$ 124,081
QuikTrip, Children's Miracle Network, Shaw, DeBoer, Davis Trusts	\$ 26,894
United Way	\$ 426,076

Pending

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

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	\$1,304,063	27.1	Program Fees	\$1,710,916	35.6
Fundraising/Special Events	\$ 273,388	5.7	Interest Income	\$ 97,499	2
Corp/Foundation Grants	\$ 26,894	.6	Other:	\$ 426,076	8.9
Government Grants	\$ 940,981	19.6	Other:	\$ 24,003	.5

Notes:

2015 S.L. Gimbel Foundation APPLICATION

VII. Financial Analysis

Agency Name: Wichita Children's Home

Most Current Fiscal Year (Dates): From July 1, 2013 To: June 30, 2014

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

Form 990, Part IX: Statement of Functional Expenses

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

(A) Total Expenses	(B) Program service expenses	(C) Management & general expenses	(D) Fundraising expenses
\$4,864,637	\$4,179,265	\$ 396,055	\$ 289,317

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%	86%	8%	2%

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
10%	8%	2%

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

2015 S.L. Gimbel Foundation APPLICATION

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

Cash	+ Accounts Receivables	/Current Liabilities	= Quick Ratio
\$ 899,649	\$ 649,295	\$ 346,987	4.5

Excess or Deficit for the Year:

Excess or (Deficit) Most recent fiscal year end	Excess or (Deficit) Prior fiscal year end
\$ (128,728)	\$ (111,900)

**Notes: Please see statement of operations. Non cash depreciation exceeds capital expenditures
By more than \$100,000.**

VIII. Application submission check list:

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

WICHITA CHILDREN'S HOME BOARD OF TRUSTEES 2014/2015

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**Wichita Children's Home
Statement of Operations - History**

	<i>Actual</i> 2014	<i>Projected</i> 2015	%
REVENUES			
1 UNITED WAYS	445,617	426,076	-4%
2 CONTRIBUTIONS	1,104,190	1,304,063	18%
3 SPECIAL EVENTS - net	296,257	273,388	-8%
4 GOVERNMENT GRANTS	823,610	940,981	14%
5 PRIVATE GRANTS	34,144	26,894	-21%
6 CONTRACT FEES	1,791,891	1,710,916	-5%
7 INVESTMENT INCOME	105,248	97,499	-7%
8 OTHER	9,214	24,003	161%
10 TOTAL REVENUE	4,610,171	4,803,820	2%
EXPENSES			
21 SALARIES/WAGES	2,594,855	2,825,392	9%
22 EMPLOYEE BENEFITS	354,582	363,789	3%
23 PAYROLL TAXES	204,158	252,413	24%
24 PROFESS FEES & CONTRACTS	257,760	253,619	-2%
25 FOSTER PARENT CONTRACTS	81,990	111,619	36%
26 SUPPLIES/SMALL EQUIP	109,415	105,016	-4%
27 TELEPHONE/COMMS	42,779	39,442	-8%
28 POSTAGE & SHIPPING	10,770	8,897	-17%
29 OCCUPANCY	62,456	56,406	-10%
30 UTILITIES	106,358	132,977	25%
31 RENTAL & MAINTENANCE	206,626	121,907	-41%
32 PRINTING/PROMOTION	72,518	45,948	-37%
33 TRAVEL/MILEAGE	82,666	87,948	6%
34 STAFF DEVELOPMENT	14,536	20,915	44%
35 ASSISTANCE TO INDIVIDUALS	176,823	157,540	-11%
36 FOOD	44,063	46,705	6%
37 ORGANIZATIONAL DUES	12,535	11,882	-5%
38 AUTO & LIAB. INSURANCE	49,826	63,069	27%
39 OTHER	86,240	16,011	-81%
40 DEPRECIATION	151,115	211,053	40%
41 TOTAL OPERATING EXPENSES	4,722,071	4,932,548	4%
50 EXCESS/(DEFICIT) - OPERATIONS	(111,900)	(128,728)	

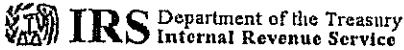
Part IX Statement of Functional Expenses

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	266,171.	266,171.		
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	65,796.	1,645.	50,992.	13,159.
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	2,534,059.	2,291,867.	126,276.	115,916.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	258,735.	241,936.	12,675.	4,124.
10 Payroll taxes	204,158.	184,389.	9,804.	9,965.
11 Fees for services (non-employees):				
a Management				
b Legal	4,513.		4,513.	
c Accounting	20,496.		20,496.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	32,256.			32,256.
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.)	318,457.	282,906.	35,551.	
12 Advertising and promotion	3,093.	3,093.		
13 Office expenses	203,254.	126,062.	23,222.	53,970.
14 Information technology				
15 Royalties				
16 Occupancy	377,851.	339,952.	37,899.	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	151,115.	112,930.	38,185.	
23 Insurance	128,583.	116,276.	11,719.	588.
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 TRANSPORTATION	91,931.	82,453.	8,185.	1,293.
b FOOD	82,712.	79,076.	393.	3,243.
c DUES AND SUBSCRIPTIONS	60,223.	12,654.	5,034.	42,535.
d EQUIPMENT RENTAL AND MA	29,596.	17,365.	5,374.	6,857.
e All other expenses	31,638.	20,490.	5,737.	5,411.
25 Total functional expenses. Add lines 1 through 24e	4,864,637.	4,179,265.	396,055.	289,317.
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 956-720)



Department of the Treasury
Internal Revenue Service

P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 0248364843
July 27, 2009 LTR 4168C E0
48-0547706 000000 00

00015103

BODC: TE

WICHITA CHILDRENS HOME
810 N HOLYOKE ST
WICHITA KS 67208-3001



36156

Employer Identification Number: 48-0547706
Person to Contact: Ms. Osborne
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your request of July 16, 2009, regarding your tax-exempt status.

Our records indicate that a determination letter was issued in April 1938, that recognized you as exempt from Federal income tax, and discloses that you are currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records also indicate you are not a private foundation within the meaning of section 509(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.

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

Sincerely yours,

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



Strengthening Inland Southern California through Philanthropy

S. L. Gimbel Foundation Fund

BOARD OF DIRECTORS

August 26, 2015

Philip Savage IV
Chair of the Board

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Tamara Sipos

Beverly Stephenson

Randall Tagami

Diane Valenzuela

Dr. Jonathan Lorenzo Yorba
President and CEO

Ms. Debbie Kennedy
Chief Executive Officer
Wichita Children's Home
810 N. Holyoke
Wichita, KS 67208

Dear Ms. Kennedy:

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

From Survivor to Thriver: To provide therapy, intensive case management, and advocacy to 0-22 year olds who are human trafficked victims.

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

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

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

If you have any questions, please call me at 951-684-4192 ext. 114 or email me at ccudiamat@thecommunityfoundation.net.

Sincerely,

Celia Cudiamat
Executive Vice President of Programs

21827 Wichita Children's Home

20150648

GIMB4



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

2015 S.L. Gimbel Foundation Fund

Grant Agreement

Organization: Wichita Children's Home

Grant Amount: \$ 25,000 **Grant Number:** 20150648

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

Purpose: From Survivor to Thriver: To provide therapy, intensive case management, and advocacy to 0-22 year olds who are human trafficked victims.

1. Use of Grant Funds

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

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

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

2. Payment of Grant Funds

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

3. Certification and Maintenance of Exempt Organization Status

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

4. Final Report and Records

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

5. Grantee's Financial Responsibilities

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

6. Publicity

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

The credit line of "Made possible in part by a grant from the "S.L. Gimbel Foundation Advised Fund at The Community Foundation – Inland Southern California" is suggested. When your donors are listed in printed materials, include the S.L.

Gimbel Foundation Advised Fund at The Community Foundation in the appropriate contribution size category. When publishing our name, please note the "The" at the beginning of our name is a legal part of our name. It should always be used and capitalized. Attaching our logo is also appreciated. Our logo can be downloaded from our website at www.thecommunityfoundation.net.

7. Indemnification

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

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

8. Termination

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

9. Limitation of Support

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

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

Deborah Kennedy
Signature

9/2/15
Date

Deborah Kennedy
Printed Name

CEO
Title

Organization: 21827 Wichita Children's Home
Grant Number: 20150648



Strengthening Inland Southern California through Philanthropy

BOARD OF DIRECTORS September 29, 2015

Philip Savage IV
Chair of the Board

Sean Varner
Vice Chair of the Board

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Dr. Henry Shannon

Tamara Sipos

Beverly Stephenson

Randall Tagami

Diane Valenzuela

Deborah Kennedy
CEO
Wichita Children's Home
810 N. Holyoke
Wichita, KS 67208

Dear Ms. Kennedy:

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 September 15, 2016 and will be available online on The Community Foundations website under Grants/Forms. Please note that any grant variances or extensions must be requested in writing and in advance. Any remaining grant funds must be returned to The Community Foundation at the end of the grant period.

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

If you have any questions, please contact me at 951-241-7777.

Sincerely,

Celia Cudiamat
Executive Vice President of Programs

20150648

39692

GIMB4

Dr. Jonathan Lorenzo Yorba
President and CEO



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

3700 Sixth Street, Suite 200 ~ Riverside, California 92501
P: 951.241.7777 ~ F: 951.684.1911 ~ www.thecommunityfoundation.net

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
 1695 Main Street, Riverside, CA 92501
 90-3414-1222

EZPASS® Check Fraud Protection for Business

39692

PAY * Twenty-Five Thousand and no/100 *

TO THE ORDER OF

DATE

AMOUNT

08/27/2015

\$ ****25,000.00

Wichita Children's Home
 810 N. Holyoke
 Wichita, KS 67208



Jonathan Francis Jones
Christina Anderson
 AUTHORIZED SIGNATURE

Security features. Details on back.

⑈039692⑈ ⑆122234149⑆ 244624437⑈

The Community Foundation

39692

21827	Wichita Children's Home	08/27/2015	039692	
20150648	08/25/2015 From Survivor to Thriver			25,000.00
GIMB	S.L. Gimbel Foundation Advised Fund		25,000.00	

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

The Community Foundation

39692

21827	Wichita Children's Home	08/27/2015	039692	
20150648	08/25/2015 From Survivor to Thriver			25,000.00
GIMB	S.L. Gimbel Foundation Advised Fund		25,000.00	

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