



## 2021 S.L. Gimbel Foundation Fund Grant Application

Internal Use Only: Grant _____
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### Organization / Agency Information

1) <b>Organization/Agency Name:</b> Community Transportation Network, Inc.		
2) <b>Physical Address:</b> 5601 Industrial Road, Fort Wayne, IN, 46825		City/State/Zip
3) <b>Mailing Address:</b> 5601 Industrial Road, Fort Wayne, In, 46825		City/State/Zip
4) <b>CEO or Director:</b> Justin Clupper, Executive Director		Title:
5) <b>Phone:</b> 260-420-3280	6) <b>Fax:</b> 866-519-9224	7) <b>Email:</b> justin@ridectn.org
8) <b>Contact Person:</b> Justin Clupper, Executive Director		Title:
9) <b>Phone:</b> 260-420-3407	10) <b>Fax:</b> 866-519-9224	11) <b>Email:</b> Justin@ridectn.org
12) <b>Web Site Address:</b> www.ridectn.org		13) <b>Tax ID:</b> 35-2109955

### Program / Grant Information

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

14) <b>Program/Project Name:</b> Specialized Medical Transportation for Low-Income Seniors			15) <b>Amount of Grant Requested:</b> \$25,000
16) <b>Total Organization Budget:</b> 2,012,237	17) <b>Per 990, Percentage of Program Service Expenses (Column B/ Column A x 100):</b> 87%	18) <b>Per 990, Percentage of Management &amp; General Expenses Only (Column C / Column A x 100):</b> 8%	19) <b>Per 990, Percentage of Management &amp; General Expenses and Fundraising (Column C+D / Column A x 100):</b> 13%
20) <b>Purpose of Grant Request (one sentence):</b>  Funding supports 800 new rides for more than 50 low-income seniors who need access to consistent medical care in order to maintain healthy and independent lives.			
21) <b>Program Start Date (Month and Year):</b> July 2021		22) <b>Program End Date (Month and Year):</b> June 2022	
23) <b>Gimbel Grants Received: List Year(s) and Award Amount(s)</b> None			

### Signatures

24) <b>Board President / Chair:</b> (Print name and Title)	Signature:	Date:
25) <b>Executive Director/President:</b> (Print name and Title)	Signature:	Date:

**2021 S.L. Gimbel Foundation Fund APPLICATION**

## Narrative

Please provide the following information by answering ALL questions (I to IV), **12 Font, One Inch Margins, Times New Roman**. Use the format below (I to IV). **Please do not delete any of the questions/instructions/examples**. Type your complete answers to the question directly below the question. Please be thorough, clear, specific, and concise.

### **I. Organization Background**

#### **A) What are the history, mission and purpose of your organization?**

Community Transportation Network (CTN) was created as the result of nearly 30 Fort Wayne area foundations and human service agencies came together and completed a community needs assessment concerning transportation. The assessment found a significant gap in specialized transportation services for low-income seniors and people with disabilities. CTN was launched under the efficient ride-sharing model that uses lift-equipped vans that provide a safe and dependable ride to medical appointments, dialysis treatments, chemotherapy, work, the grocery store, and so much more. CTN's mission is to ease the burden of transportation so that more people are able to maintain life-sustaining and purposeful connections in the community. CTN serves low-income seniors, people with disabilities, children and families, and the agencies that serve them.

#### **B) How long has the organization been providing programs and services to the community?**

CTN was launched in May 2000 for the primary purpose of providing specialized medical transportation for low-income seniors. As the organization grew and needs were more fully recognized, CTN began supporting low-income individuals with disabilities. Then, in 2007, CTN began serving as the transportation provider of choice for other nonprofit agencies, providing a low-cost transportation option that allowed the agency to put more funding into their program and less into transportation.

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

CTN has been recognized by Charity Navigator as a 4-Star Charity for the last six years, and has been recognized by Guidestar with a Platinum Seal of Transparency for the last two years. CTN has been recognized by the local United Way as the Outstanding NonProfit of 2019. CTN closed FY19 by providing a record 104,465 total trips and was on the way to exceeding that goal in FY20 until Covid-19 closed so many partners. Last year, CTN served more than 8,000 individuals. More than 700 rode with CTN on a consistent basis throughout the year, many riding three times a week to access dialysis treatments.

#### **D) What are your key programs and activities?**

CTN provides three key services to our community: specialized non-emergency medical transportation, rides to work for people with disabilities, and fee-for-service transportation to other nonprofit organizations.

Specialized non-emergency medical transportation directly supports more than 700 low-income seniors and people with disabilities who lack the ability to have their own transportation to medical appointments and other healthcare resources. For most, this is because either their loved ones work full time or do not live in the area.

Two years ago, CTN began transporting people with intellectual and physical disabilities to work. This occurred after major funding changes to the Medicaid Waiver program that funded these trips. Private transportation providers could no longer provide the trips and make a profit. In a matter of weeks more than 200 people with disabilities were left without the ability to get to work. CTN partnered with the mass transit provider and a local foundation to support these riders. CTN is normally able to group 10 – 12 riders at one time on a vehicle, maximizing the Medicaid Waiver fees to support the service.

For nearly 15 years, CTN has also supported the transportation needs of other nonprofits in the community by providing transportation at-cost. Our services are 40%-60% lower than for-profit providers which allows the nonprofit to invest more into their programs and their outcomes.

**E) Describe the communities you serve. Include populations, geographic locations served, and relevant statistics.**

CTN serves Allen County, Indiana which includes the city of Fort Wayne – the regional city of northeast Indiana. Allen County has a population of 350,000+ individuals. Most of the riders served by CTN live within the urbanized area of Fort Wayne. Fort Wayne is predominantly white, 30% of citizens are of a racial minority including one of the largest populations of Burmese outside Myanmar.

**II. Project Information:**

**A) Statement of Need**

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

CTN serves low-income seniors (aged 60+) and people with disabilities who need access to healthcare resources throughout Allen County by providing specialized transportation. Riders primarily reside in their own homes or apartments. CTN does not typically transport from assisted living facilities.

Either they cannot drive, or they do not have a family member or friend who can drive them. Public transportation is often not an option either due to their location or comfort level riding. In today's Covid-19 climate, our riders are very fearful about being near too many other people. CTN is able to provide a socially distant ride. Many of CTN's medical clients are on Medicaid and/or have a chronic illness that requires regular medical trips like dialysis.

**B) Project Description**

**1. Describe your project. How does your project meet the community need?**

CTN meets the unmet need of specialized transportation by utilizing a fleet of 26 lift-equipped transit vans driven by highly-trained drivers who are CPR and First Aid Certified. CTN's in-office scheduling and dispatch team communicate with riders and schedule their trips, then build effective and efficient routes to support as many riders as possible.

Drivers contact riders at least 15 minutes prior to their arrival. Once they arrive, they greet the rider at the door, often going into the home to help them out. We're proud to provide door-through-door and arm-in-arm support for our riders. (Please note that in light of Covid-19, CTN's drivers are using extra precautions to protect both drivers and riders.) Drivers safely secure the rider in the vehicle and take them to their appointment. Once they arrive, the driver helps the rider into the medical office, often locating the appropriate place for the rider.

Because of our service, 18% of our current riders have been able to stay at home for at least 5 years or longer. Keeping them out of assisted living facilities, remaining independent in their own homes.

It's easy to look at CTN's transportation service and not see the real impact. We encourage friends and partners to consider how often they drive a vehicle, or use public transportation. Then we invite them to consider what life would be like if they didn't have that access. How would they get to healthcare resources? How would they get to the grocery? Especially when they already have a low income. CTN's service provides independence and real opportunities to engage with the community. We ease the burden of transportation so that more people are able to maintain life-sustaining and purposeful connections in the community

## 2. What is unique and innovative about this project?

Non-emergency medical transportation for low-income riders is not a profitable business model. What is unique and innovative about CTN is our commitment to excellence, quality, care, and service. Annually, CTN surveys riders about their experiences and nearly every survey comes back explaining how what they most appreciate about our service is that we're dependable and safe. And that that is not an experience they have had with other providers. CTN has limited capacity for adding new riders. To add new riders we need vehicles, drivers, and philanthropy to supplement the trip revenue. New riders have cried tears of joy when they finally get in with CTN.

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

1. **Note: Objective, Outcomes and Evaluation must all be based on the SAME QUANTIFIABLE CRITERIA (for example, "number served). This quantifiable criteria should refer to the grant amount you are requesting from the Gimbel Foundation only and not the total program.**

**State ONE GOAL, ONE OBJECTIVE, ONE OUTCOME. USE NUMBERS AND PLEASE DO NOT USE PERCENTAGES.**

2. State ONE project goal. The Goal should be an aspirational statement, a broad statement of purpose for the project.  
*Example: GOAL: House all homeless youth ages 18-24 in Mariposa County who are physically, mentally and legally able to work within 24 hours and help them become sufficient in 90 days.*
3. 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.  
*Example: OBJECTIVE: House up to 145 homeless youth referred or who contact us within 24 hours.*

**Specify the activities** you will undertake to meet the objective and number of participants for each activity.

**Example: ACTIVITIES:**

1. For each of 145 youth identified, develop a case management file.
  2. Create a 90 day sufficiency action plan for each of the 145 youth.
  3. Input weekly progress reports for each of the 145 youth.
4. **State One Outcome**. An outcome is the individual, organizational or community-level change that can reasonably occur during the grant period as a result of the proposed activities or services. What is the key anticipated outcome of the project and impact on participants? State in quantifiable and verifiable terms.

**Example: OUTCOME:** We expect to provide rapid rehousing to over **145 homeless youth in 2020.**

5. **Evaluation:** How will progress towards the objective (per above) be tracked and outcome measured? State the number of people that will be evaluated per the objective.

Provide specific information on how you will collect relevant data and statistics that meet your objective and validate your expected outcome, **in a quantifiable manner**, as you describe your evaluation process.

**Example: EVALUATION:** Using Build Futures' Salesforce data base client management and tracking system, generate reports on the number of clients served and housed. Track our role in housing **145 homeless youth**. Account for additional successes or lower numbers of youth in the program.

**BELOW IS AN EXAMPLE OF GOAL, OBJECTIVE, OUTCOME AND EVALUATION:**

**Objective, Outcome and Evaluation should align and should be written in a linear format, using actual numbers, and data that are quantifiable, and verifiable. Do not use percentages)**

**Use the following format for your objective, respective activities and expected outcome:**

**STATE THE GOAL, OBJECTIVE, AND OUTCOME**

**GOAL:** Fulfill all of the non-emergency medical transportation needs of Allen County's low-income seniors and people with disabilities.

**OBJECTIVE:** Increase the total number of medical clients by 50, and provide 800 additional trips.

**ACTIVITIES:**

1. Hire a new driver to support the program expansion
2. Register 50 new clients and provide rider instructions
3. Collect data semi-annually on new riders and their total number of trips.

**OUTCOME:** We expect to provide **800 new specialized transportation service rides** to 50 new riders who meet the definition of having a low household income, are over the age of 60, and/or live with a disability. Further, we expect that 45 of the 50 riders will be better educated and informed about their health, feeling comfortable to make decisions about what is best for them.

**EVALUATION:** CTN will utilize the scheduling software to identify the 50 additional riders, and track the total number of trips provided demonstrating 800 additional trips. CTN will complete paper and telephone surveys with the 50 riders in May 2021. Survey feedback is how CTN tracks the outcomes of being better educated and informed about their health, and feeling comfortable to make decisions about what is best for them.

**D) Timeline**

**Provide a timeline for implementing the project. The start date and end date should be the same dates on the cover page.**

CTN's fiscal year begins July 1, 2021 and will conclude June 30, 2022. This is the time period we will use for the purposes of this grant support. A new driver would be hired this fall, upon confirmation of receipt of the grant. New riders would begin being added within 30 days of the new individuals hire.

**The program start date is: July 1, 2021**  
**The program end date is: June 30, 2022**  
**Include timeframes for specific activities, as appropriate.**

**E) Target Population**

**1. Who will this grant serve?**

Most of our medical transportation clients are at or below 250% of the poverty level and do not have access to transportation. Approximately two-thirds of the participants identify their race, 64% identify as Caucasian, 32% identify as African American, 2% identify as Asian, 1% identify as Hispanic, 1% identify as Native American, and 1% identify as multiple races. The primary language spoken is English.

**2. How many people will be impacted? Provide a breakdown: Number of Children, Youth, Adults, Seniors, Animals.**

50 Seniors will be served.

**F) Projects in the Community**

**1. How does this program relate to other existing programs in the community?**

This is an expansion of CTN's successful specialized transportation program. This would allow CTN to serve additional riders in our community dependably and efficiently.

**2. Who are your community partners (if any)?**

CTN works with more than 75 other nonprofit organizations to provide their needed transportation. For the purposes of the specialized medical transportation we work with Aging and In Home Services, Positive Resource Connection, Turnstone Center for Children and Adults with Disabilities, Cancer Services of Northeast Indiana, and United Way of Allen County.

**3. Who else in the community is providing this service or has a similar project?**

CTN is the only nonprofit in Allen County providing specialized transportation service. There are six for-profit entities operating in the community.

**4. How are you utilizing volunteers?**

CTN depends on volunteers for governance leadership on our board of directors, fundraising efforts, community connections, building and grounds maintenance, and data input and organization. Due to the nature of our service, and requirements for insurance, vehicles cannot be driven by volunteers.

**G) Use of Grant Funds**

**How will you use the grant funds? This answer should align with the specific activities previously outlined in C) Project Goal, Objectives, Activities and Expected Outcomes**

Funds will be used to pay the wages of drivers and schedulers/dispatchers needed to fulfill the goal and objective.

**III. Project Future**

**A) Sustainability**

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

As a 20-year nonprofit, CTN continues to operate with a robust operating and development plan focused on sustained service for our clients. This includes adding new donors (individual, corporate, and foundations) on an annual basis.

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

**A) Governance**

**1. Describe your board of directors and the role it plays in the organization.**

CTN is governed by a board of eighteen directors coming from varied backgrounds. By-laws require at least one board member serves as a rider representative. Our practice has been to include at least two riders on the board. The board meets on the odd months to evaluate the financials, operations, and strategic direction of the organization. It approves policies, procedures, and serves as a great source of feedback for staff leadership as new possibilities are considered.

In addition to their governance responsibilities, most are subject matter experts in their fields and serve as volunteer consultants for the organization. Bankers, lawyers, HR professionals, and marketers are critical for CTN to be successful.

**2. What committees exist within your board of directors?**

Executive Committee, Governance Committee, Finance Committee, Development Committee, Program Committee, and Strategic Planning Committee.

**3. How does the board of directors make decisions?**

Decisions are made by a majority vote, following Robert's Rules of Order. Prior to a vote, often a presentation by staff or a board member is given, followed by robust conversation and debate.

**B) Management**

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

Executive Director, Justin Clupper, has led the organization since March 2019 and served on the Board of Directors for five years prior to his appointment. Prior to his time at CTN, Justin led community leadership development programs and trained community leaders on nonprofit engagement and board governance.

Assistant Directors, Anne Hall and Jessica Smith, have been with the organization for five and three years respectively. Each bring a level of significant professionalism and skill to the organization overseeing the administration and operation of the organization.

Drivers spend at least two weeks in robust training experiences with qualified driver trainers. Drivers are certified regularly for CPR and First Aid, as well as defensive driving techniques.

**2. What is the CEO/Executive Director's salary?**

Justin's annual salary is \$73,980, benefits that include insurance and 403b match total \$8,972. Justin's total compensation package as described on the budget is \$82,952.



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

A) **Budget Table:** Provide a detailed line-item budget for your entire program by completing the table below. Note that if funded, this is the budget that you will have to refer to in the Evaluation (Final) Report.

**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.
- 4) The Gimbel Foundation **does not fund indirect costs.**

Line Item Request	Line Item Explanation	Support From Your Agency	Support From Other Funders	Requested Amount From Gimbel	Line Item Total of Project
DRIVER WAGES	13.84/HR FOR 1,020 HRS	14,116 Fees			14,116
DRIVER WAGES	12.53/HR FOR 2080 HRS	6,062 Fees	20,000 SLEDD FDN		26,062
DRIVER WAGES	16.40/HR FOR 2080 HRS		34,112 EBM FDN		34,112
DRIVER WAGE	16.91/HR FOR 1,020	6,360 Fees	10,888 EBM FDN		17,248
DRIVER WAGE	11.30/HR FOR 2080 HRS	8,098 Fees	15,406 AWS FDN		23,504
DRIVER WAGE	16.40/HR FOR 2080 HRS		34,112 AWS FDN		34,112
DRIVER WAGE	17.94/HR FOR 2080 HRS		37,315 AWS FDN		37,315
DRIVER WAGE	16.91/HR FOR 2080 HRS		35,172 AWS FDN		35,172

DRIVER WAGE	11.30/HR FOR 1,020		11,526 AWS FDN		11,526
DRIVER WAGE	11.80/HR FOR 1,020		12,036 AWS FDN		12,036
DRIVER WAGE	13.67/HR FOR 2080 HRS		28,433 AWS FDN		28,433
DRIVER WAGE	12.50/HR FOR 2080 HRS		26,000 AWS FDN		26,000
DRIVER WAGE	16.91/HR FOR 2080 HRS	172 Fees	35,000 ANONYMOUS		35,172
DRIVER WAGE	16.91/HR FOR 2080 HRS	10,151 Fees	5,000 Anonymous	20,021 GIMBEL FDN	35,172
DRIVER WAGE	16.40/HR FOR 2080 HRS	4,112 Fees	30,000 NOECKER FDN		34,112
DRIVER WAGE	11.52/HR FOR 1,020	1,750 Fees	10,000 ZOLLNER FDN		11,750
DRIVER WAGE	11.80/HR FOR 2080 HRS	344 Fees	24,200 FT WAYNE COMM FDN		24,544
DRIVER WAGE	11.30/HR FOR 2080 HRS	11,004 Fees	12,500 ROLLAND FDN		23,504
DRIVER WAGE	12.43/HR FOR 2080 HRS	54 Fees	25,800 FT WAYNE COMM FDN		25,854
DRIVER WAGE	16.91/HR FOR 1,020	2,248 Fees	10,000ONB FDN 5,000 PHP FDN		17,248
DRIVER WAGE	11.00/HR FOR 1,020	1,220 Fees	10,000 AUER FDN		11,220
DRIVER WAGE	17.94/HR FOR 2080 HRS	2,315 Fees	35,000 ST JOSEPH COMM HEALTH		37,315
DRIVER WAGE	11.30/HR FOR 2080 HRS		23,504 LINCOLN FDN		23,504
DRIVER WAGE	11.30/HR FOR 1,020	5,030 Fees	6,496 LINCOLN FDN		11,526
DRIVER WAGE	16.91/HR FOR 2080 HRS	172 Fees	35,000 PARKVIEW HEALTH		35,172
<b>TOTAL DRIVER WAGES</b>					<b>625,729</b>
SCHEDULER	12.30/HR FOR	13,091	7,500	4,979	25,584

	2080 HRS	Fees	Raker Foundation	Gimbel Foundation	
SCHEDULER/ DISPATCH	15.50/HR FOR 2080 HRS	22,240 Fees	10,000 GM		32,240
DISPATCH/ PHONES	15.89/HR FOR 2080	3,051 Fees	30,000 ANONYMOUS		33,051
FUEL	70, 424 GALLONS @ 2.50/GAL	51,060 Fees	50,000 U.W., 50,000 YERGENS/ROGERS, 25,000 WILSON FDN		176,060
COMMUNICATIONS	29 PHONES @ 36.80/MONTH & 26 IPADS @ 28.12/MONTH	12,806 Fees  8,773 Fees			12,806  8,773
AUTO INSURANCE		110,067 Fees			110,067
VEHICLE MAINTENANCE		150,000 Fees			150,000
TRIP SCHEDULING SOFTWARE	61,667 TRIPS @0.30/TRIP	18,500 Fees			18,500
<b>TOTALS:</b>		<b>450,310</b>	<b>717,500</b>	<b>25,000</b>	<b>1,192,810</b>

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

1. **Personnel: Driver** safely secures and transports riders based on their daily schedules from the point of origin to the destination.

32hrs/week x \$16.91/hour x 37 weeks \$20,021

**Scheduler/Dispatcher** coordinates trip needs with riders on the phone and creates daily schedules for drivers.

10-11hrs/week x \$12.30/hour x 37weeks \$4,979

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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
United Way of Allen County	95,000
GM Foundation	10,000
St. Joseph Community Health Foundation	35,000
Community Foundation of Greater Fort Wayne	50,000
Lincoln Financial Foundation	30,000
English, Bonter Mitchell Foundation	45,000
Sledd Foundation	20,000
Rolland Foundation	12,500
Federal Section 5310 Funding - Operating	103,500
Yergens Rogers Foundation	\$25,000

### *Pending*

Name of Funder: Foundation, Corporation, Government	Amount	Decision Date
Wilson Foundation	25,000	November '20
Raker Foundation	10,000	February '21
Parkview Health	35,000	February '21
Zollner Foundation	10,000	September '20
Noecker Foundation	30,000	November '20
AWS Foundation	250,000	February '21

**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	138,532	7%	Service Fees	596,350	33%
Fundraising/Special Events	117,176	6%	Misc Income	10,794	1%
Corp/Foundation Grants	775,453	41%			
Government Grants	242,066	12%			

**Notes:**

**Diversity of Funding Sources listed above are for the entire organization. Funding for CTN's specialized medical transportation program comes largely from Contributions, Fundraising/Special Events, Corp/Foundation Grants, and some government grants. This funding totals \$1,192,810. Additional government grants, as well as Service Fees and Misc Income come from other transit programs coordinated by CTN.**

**United Way of Allen County has increased their support this year to \$95,000, up from \$50,000. Rolland Foundation increased their support to \$12,500, up from \$10,000. Federal Section 5310 Funding is a federal grant program that supports our medical transportation for low-income seniors and people with disabilities. Yergens Rogers Foundation has been received since original submission.**

**Supporters listed under the Pending section above are each long-standing foundation supporters of CTN and have given no indication their funding would not occur in FY21. CTN maintains close relationships with each funder, meeting several times each year. If funding from one of the above sources is not secured, CTN will fundraise for additional support.**

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**VII. Financial Analysis**

**Agency Name:** Dulin, Ward, and DeWald CPA  
**Most Current Fiscal Year (Dates):** From JULY 1, 2018 To: JUNE 30, 2019

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
2,157,646	1,874,842	170,277	112,527

**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%	87%	8%	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 177,507	Column C, Management & general expenses per 990 above 170,277	<b>Differential</b> <b>7,230 (4.2%)</b>
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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.

Cash	+ Accounts Receivables	/Current Liabilities	= Quick Ratio
357,849	111,249	258,145	1.8

### Excess or Deficit for the Year:

Excess or (Deficit) Most recent fiscal year end	Excess or (Deficit) Prior fiscal year end
June 30, 2020: -118,742	June 30, 2019: -9,064

### Notes:

Deficit shown for this fiscal year due to the utilization of Payroll Protection Program loan of \$180,200. Audit consultant has recommended that we not account for those funds in revenues until after forgiveness has been confirmed. All funds have been expended for the express purpose of payroll. CTN was able to roll over nearly \$400,000 in liquid cash from the fiscal year.

Prior year deficit is due to a change in accounting standards that changed how we claim the grant income for the purchase of new vehicles. It used to be that we could spread the income of a vehicle with its depreciation schedule. However, new rules require revenue for capital expenses be accounted for in the year they are actually expended and cannot be spread over the depreciation schedule. This resulted in a slight accounting deficit.

### VIII. EMAIL TWO PDF files to [Gimbel@iegives.org](mailto:Gimbel@iegives.org)

- A. One PDF file of the following, #1 to #5      B. Second PDF file of the following, #6 & #7**

#1	Completed Grant Application Form (cover sheet, narrative), budget page and budget narrative (see sample) and sources of funding, financial analysis page	#6	A copy of your most recent year-end financial statements (audited if available)
#2	Your current operating budget and the previous year's actual expenses (see sample Budget Comparison)	#7	A copy of your most recent 990. <b>Please make sure that the Form 990 you submit is no more than two (2) years old.</b>
#3	Part IX <b>only</b> of the 990 form, Statement of Functional Expenses (one page). <b>Please make sure that the Form 990 you submit is no more than two (2) years old.</b>		
#4	For past grantees, a copy of your most recent final report.		

#5	A copy of your current 501(c)(3) letter from the IRS		
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## SAMPLE Budget Comparison

	Actuals Most Recently Completed Year	Budget Projections Current Year	Variance
<b>Income</b>	<b>20</b>	<b>20</b>	
Individual Contributions	-	-	-
Corporate Contributions	-	-	-
Foundation Grants	-	-	-
Government Contributions	-	-	-
Other Earned Income	-	-	-
Other Unearned Income	-	-	-
Interest & Dividend Income	-	-	-
<b>Total Income</b>	-	-	-
<b>Expenditures</b>			
<b>Personnel</b>			
<b>Salary CEO/Executive Director</b>	-	-	-
Staff Salary (total)	-	-	-
Payroll Taxes	-	-	-
Insurance - Workers' Comp	-	-	-
Insurance - Health	-	-	-
Payroll Services	-	-	-
Retirement	-	-	-
<b>Total Personnel</b>	-	-	-
<b>General Program/Administrative</b>			
Bank/Investment Fee	-	-	-
Publications	-	-	-
Conferences & Meetings	-	-	-
Mileage	-	-	-
Audit & Accounting	-	-	-
Program Consultants	-	-	-
Insurance Expense	-	-	-
Telephone Expense - Land Lines	-	-	-
DSL & Internet	-	-	-
Website	-	-	-
Office Supplies	-	-	-
Postage & Delivery	-	-	-
Printing & Copying	-	-	-
Miscellaneous	-	-	-
<b>Total General Program/Administrative</b>	-	-	-
<b>Total Expenditures</b>	-	-	-
<b>Revenue Less Expense</b>	-	-	-

## SAMPLE Project Budget and Budget Narrative

Line Item Request	Line Item Explanation	Support From Your Agency	Support From Other Funders	Requested Amount From TCF	Line Item Total of Project
Personnel: Project Coordinator	10 hours/week x \$20/hour x 40 weeks = \$8,000			\$ 8,000	\$ 8,000
Meetings	10 meetings x \$200/meeting for food and drinks = \$2,000		\$1,000	\$ 1,000	\$ 2,000
Training and Education: Honoraria for trainers	10 trainers x \$200/trainer = \$2,000			\$ 2,000	\$ 2,000
Materials and Supplies	\$40/student x 40 students = \$1,600	\$ 600		\$ 1,000	\$ 1,600
Workbooks	\$30 each x 40 students = \$1,200	\$ 200		\$ 1,000	\$ 1,200
Facility Cost	\$300/meeting x 10 meetings = \$3,000			\$ 3,000	\$ 3,000
Grant awards		\$5,000	\$5,000	\$10,000	\$20,000
Youth Recognition Event: Food	\$10/person x 100 people = \$1,000			\$ 1,000	\$ 1,000
<b>TOTALS:</b>		\$5,800	\$ 6,000	\$27,000	\$38,800

### Budget Narrative:

1. Personnel: Project Coordinator

Coordinate all activities of the Youth Program such as setting meeting schedules, contacting students, preparing materials for meetings, scheduling trainers, etc.

10hrs/week x \$20/hr. x 40 weeks = \$8,000

2. Meetings: 10 meetings x \$200/meeting for food, drinks, snacks. There are 40 students per meeting. Cost per student is \$5 x 40 students = \$2,000

3. Training and Education: Honoraria for 10 trainers/presenters x \$200/trainer = \$2,000.

4. Materials & Supplies - paper, binders, pens, etc. for meetings, activities, events.

40 students x \$40 per student = \$1,600.

5. Workbooks: Leadership training workbooks costs \$30 each x 40 students = \$1,200

6. Facility cost – Room cost at a nonprofit agency is \$100/hour x 3 hours per meeting x 10 meetings = \$3,000

7. Grantmaking – Grant awards to nonprofit youth agencies. Maximum \$2500/agency x 8 = \$20,000

8. Youth Recognition Event – end of the year event for students and grantees.

100 attendees x \$10/person = \$1,000



**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 21 . . . . .				
2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .				
4 Benefits paid to or for members . . . . .				
5 Compensation of current officers, directors, trustees, and key employees . . . . .				
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 . . . . .				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits . . . . .				
10 Payroll taxes . . . . .				
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 Schedule O.) . . . . .				
12 Advertising and promotion . . . . .				
13 Office expenses . . . . .				
14 Information technology . . . . .				
15 Royalties . . . . .				
16 Occupancy . . . . .				
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 . . . . .				
23 Insurance . . . . .				
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 .....				
b .....				
c .....				
d .....				
e All other expenses .....				
25 Total functional expenses. Add lines 1 through 24e				
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .				