



**United Way of Lane County
2010/2011 Strategic/Preventive Proposal**

- A. Name of Organization: Planned Parenthood of Southwestern Oregon
 - 1. Contact Person: Cynthia Pappas
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 - 3. Phone: (541) 344-2632 Email: cynthia.pappas@pphssso.org

- B. Name of Proposed Services: Expanding Access in PPSO's Outreach Health Centers

- C. Amount of Funding Requested for a 12 month period: \$26,000

The undersigned confirm that the information provided in this application is true and accurate and that the application has received / will receive Board approval.

Cynthia Pappas 3/3/2010
Signature: Agency Director Date

Audrey E. Sweet MD, MPH 3/3/2010
Signature: President, Board of Directors Date

SECTION I: Strategic/Preventive Action Area

Which Community Investment Strategic Action Area do the proposed services primarily address? (Please see **Appendix A UWLC 2010 Strategic/Preventive Goals and Funding Strategies for EDUCATION, INCOME and HEALTH.**)

1. **Action Area:** (select one)

- Education:** Preparing children to succeed in school and life.
- Income:** Moving families from poverty to financial stability.
- Health:** Ensuring people have basic access to healthcare.

2. **Strategies:** Based on your selection above, list the specific strategy or strategies the proposed services are designed to address. (*Note: Strategy or strategies listed must come from Appendix A referred to above.*)

Expanding Access in PPSO's Outreach Health Centers (Cottage Grove and West Eugene) aligns with UWLC's Health goal of serving more people. With these two projects, we anticipate 480 more women per year will be able to access our services. Expanding Access to our Outreach Health Centers also aligns with the Education and Income goals by providing education to clients on how to prevent unintended pregnancy.

3. Provide a **brief** (no more than one paragraph) executive summary of how you will address the strategies you listed in Question 2, above. Details will be expanded in Section II, questions 1-3.

In our West Eugene Health Center, we are expanding to the adjacent vacant commercial space to add one more exam room and a counsel room. This will allow us to see more patients in this busy health center. We are adding an extra exam day in our Cottage Grove Health Center to reduce the barrier of waiting for an appointment. We have seen a 58% increase in clients in the past year in this rural outreach health center.

SECTION II: SERVICE IMPACT

1. **Need, Target Population and Program Description**

A. **Need/Target Population**

Identify the community problem/need the strategies described in Section I address, including the number of Lane County residents affected. Clearly link the need to the Community Investment Strategic Action Area goals and strategies selected in 1 and 2 above. *Also, include local trend information over the last five years as available/appropriate.* Describe how the proposed service(s) reach the intended target population for your Action Area (see Appendix A) and is appropriate to the need.

The Cottage Grove Health Center opened in 2004 to serve low-income women of rural south Lane County. PPSO has seen a 58% increase in patient volume in our Cottage Grove health center from third quarter 2008 to third quarter 2009 and a 48% increase from second quarter 2008 to second quarter 2009. To meet this increasing demand and eliminate long wait times to schedule an appointment, it will be necessary to add an additional exam day at this clinic. Adding an extra exam day per month will increase access for 120 more patients per year in Cottage Grove. The table below shows our patient visits and number of patients in our Cottage Grove Health Center.

| Cottage Grove | | |
|----------------------|-------------------------|-------------------|
| Year | # Patient Visits | # Patients |
| 2009* | 812 | 541 |
| 2008 | 574 | 383 |
| 2007 | 618 | 410 |
| 2006 | 612 | 408 |
| 2005 | 496 | 331 |

The West Eugene Health Center serves mainly low-income women in Bethel, West Eugene, Veneta, Santa Clara, and Junction City. Our West Eugene Health Center was opened in 2001 to serve the growing population in the Bethel/West Eugene area, including Veneta & Elmira. As the population in this area has grown, so has the need. This Health Center initially served as a 'drop-in' clinic, offering only birth control and pregnancy testing, but as the need grew, we added more services, including a full range of reproductive health exams. We are at the point now that we need more space to accommodate the growing population and the additional services. We currently see about 4,400 patient visits per year in our West Eugene Health Center. Expanding the size of our health center will increase access for 360 more patients in West Eugene. The table below shows our patient visits and number of patients in our West Eugene Health Center.

| West Eugene | | |
|--------------------|-------------------------|-------------------|
| Year | # Patient Visits | # Patients |
| 2009** | 3841 | 2561 |
| 2008 | 4428 | 2952 |
| 2007 | 4217 | 2811 |
| 2006 | 4661 | 3107 |
| 2005 | 5226 | 3484 |

According to Planned Parenthood Federation of America, 40% of women using Planned Parenthood health centers consider it their medical home. PPFA patients report that six out of 10 would go without medical care if they did not frequent our health centers. The vast majority of our clients are low-income women.

*2009 statistics are estimates at this point.

**2009 West Eugene estimates do not include December numbers.

B. Service Description

Describe the proposed services for which you are requesting funds. Be very specific. The description should be a clear and logical response to needs outlined in Section 2, question 1A. Describe how your proposed services are designed to effectively meet the Community Investment Strategic Action Area goals and strategies selected in Section 1. Describe the research or evidence based methods which justify the proposed approach.

We will start remodeling the West Eugene Health Center in late summer/early fall, with an expected opening of the expanded health center in the third quarter of 2010. The West Eugene Health Center is currently 1230 square feet. The expansion will increase the size of the health center to 2105 square feet. The West Eugene Health Center expansion to an additional adjacent (currently vacant) 875 square feet will allow us to add an exam room and an additional counsel room so we can serve 30 more clients per month, or 360 per year. This expansion will also increase the size of both the waiting and the reception areas. Because of the increase in size, we will experience an incremental increase in rent (875' X 1.25 per foot X 12 months = \$13,125 for the first year). We will add .2 FTE for a Nurse Practitioner and a .5 FTE Family Planning Assistant. With an additional exam room, exam visits and counsels would not have to compete for the next available room. Client wait time will decrease. We would open up more exam appointments, which means patients could get in to see a Nurse Practitioner sooner. By reducing wait times, health outcomes will improve, as issues will be taken care of in a timelier manner. The West Eugene Health Center Expansion falls under the UWLC Health Strategy of increasing the number of patients served.

PPSO's Cottage Grove Health Center serves the rural population of Cottage Grove and south Lane

County. This Health Center is currently open two days a week, with an exam day falling every other week. Our Cottage Grove Health Center currently serves 541 patients a year. An additional exam day per month would allow us to serve 10 more patients a month, or 120 per year. It would also decrease wait time for client appointment. Costs would cover staffing of a .05 FTE Nurse Practitioner and a .05 FTE Family Planning Assistant and travel costs. Clinic fees, including Medicaid, some insurance, and fee-for-service, would cover additional materials and supplies for the exam day. We believe that the expansion of service will become self-sustaining (through fees) after 18 months. This will become clear when the expansion is in progress. Expanded hours for the Cottage Grove Health Center aligns with the UWLC Health Strategy of expanding access.

Our objective is to provide reproductive health services to 120 more women per year in southern, rural Lane County and 360 more women per year in the West Eugene area.

According to the 100% Access Healthcare Initiative, "People without appropriate access delay seeking care, do not receive basic nor preventative treatment, and ultimately use the emergency departments as their point of access. Low-income people face barriers to enroll and to stay on existing programs for which they are eligible. For many, they cannot qualify regardless that they are low-income." Expanding access in our outreach health centers will allow for more low-income patients to access preventative reproductive health services. In a report to the State of Oregon, the Safety Net Advisory Council reports, "Many Oregonians have limited access to comprehensive primary care services and delay seeking help until they are seriously sick or hurt." As part of the network of safety net providers in Lane County, PPSO provides preventative care to low-income patients and helps them access other health care providers by referring to our many community partners. Reducing the wait time in our outreach health centers will help our patients detect any health issues earlier and prevent future complications.

2. 2010/2011 Service Objectives and Outcomes

A. Service Objectives (# people to be served and/or services provided):

You may choose the 12-month reporting period that best matches your data collection system as long as the period begins in calendar year 2010.

12-Month Service Objectives: 8/ 1/ 2010 through 8/ 1/2011
 (Month/Day/Year) (Month/Day/Year)

Proposed Service Objectives:

Wait time for appointments will decrease by 2 weeks in each health center
 Wait time in the West Eugene Health Center will decrease by a half hour
 480 more patients will be able to access our services, 120 in Cottage Grove and 360 in the West Eugene Health Center.
 We will be better positioned to accommodate additional walk-in clients, allowing for same-day service.

B. Proposed Services Outcomes (measurable statement of intended effect on target population.)

Dates should match the service objective dates you specified in question 2 A.

12-Month Outcomes: 8/ 1/ 2010 through 8/ 1/2011
 (Month/Day/Year) (Month/Day/Year)

Proposed Outcomes and Performance Measures for each proposed service (provide in table format, correlating measures to proposed outcomes):

Example: Note: Table can be expanded as needed to include all information.

| <i>Outcomes</i> | <i>Measures</i> |
|--|---|
| <i>360 more patients will have access to timelier reproductive health care in West Eugene</i> | <i>NextGen practice management software</i> |
| <i>120 more patients will have access to timelier reproductive health care in Cottage Grove</i> | <i>NextGen practice management software</i> |
| <i>Patients will spend less time waiting to schedule appointments and spend less time waiting in the health centers for appointments</i> | <i>NextGen practice management software</i> |
| | |
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| | |

Note: Please include a copy of your Logic Model if one was developed. It is excluded from the 15 page limit.

3. Tracking Systems

What systems will be used to track the impacts and outcomes of the services provided and support continuous improvement? (e.g., telephone logs, client files, client satisfaction survey, pre-test/post-test, software systems, etc.) Please note if a tracking system is already in use, or if it will be developed to support the program.

We've recently invested in a new patient software system, NextGen, which will make it much easier for us to track patient data. Among many others, its tracking capabilities allow us to:

- Enhance delivery of patient services, creating operational efficiencies in managing patient data saving staff time, sharing patient data among all health centers, providing accurate billing, and improving patient scheduling;
- Improve patient care with a better system of tracking abnormal lab or exam findings, prescription tracking & monitoring of medication allergies, tracking of identified medical problems, and improving health outcomes (when we move to Electronic Medical Records in 2011).

We are still in the early stages of NextGen but look forward to utilizing its data collection capabilities this year.

SECTION III: SERVICE MANAGEMENT

1. Client Involvement

Describe your client involvement systems and how they lead to more efficient and effective services. For example: How are clients involved in service planning, offering feedback or making suggestions about your services? How do you measure client satisfaction? How do your feedback systems lead to more effective services? Please provide examples.

We periodically conduct focus groups of clients or potential clients to get feedback regarding our current services, need for new services, how to make our services more accessible, how to be more effective in serving difficult-to-reach populations, etc. All clients are asked to fill out a client satisfaction survey after receiving services. Overall, we've received extremely positive and even grateful responses on our client surveys. Based on client feedback, we've added annual exams at our West Eugene site as well as our rural outreach health centers, extended health center operations to Saturdays and evening hours, and implemented a mini-call center at our busiest health center.

2. Coordination/Collaboration

Describe specifically how you work with others in the community to maximize service to the people you serve. List any formal relationships, the nature of the partnership and the type of agreement (i.e. Memorandum of Understanding, Service Agreement, Contract or other documentation.)

Beyond private providers, PPSO is the only organization serving the reproductive health needs of Cottage Grove residents, and the only low-cost option for low-income residents and youth. When the Lane County Health Department suspended services in Cottage Grove they invited PPSO to fill the gap this created. We opened the Cottage Grove Health Center in 2004 and have experienced growth ever since, especially in the last year.

We are an active participant in our local medical communities and partner with other health organizations. We work closely with our county public health departments, the Oregon State Health Division, 100% Access Health Care Coalition, and our Federally Qualified Health Centers.

All front line health center staff is trained to offer referrals, as necessary, to other social service agencies in Lane County, such as WomenSpace, Center for Community Counseling, SASS, and other community resources such as 211Lane.org. PPSO is committed to participating in the annual Project

Homeless Connect, where we provide information about access to our services to those who need it in our community.

3. Diversity / Accessibility

“United Way of Lane County believes that respect for and understanding of all cultures, peoples, and lifestyles are central to our mission of helping people care for one another. To that end, United Way will demonstrate that it values diversity in its funding of programs in Lane County. We will attempt to promote and recognize programs and organizations which provide culturally appropriate services, ensure access for people needing those services, and show a valuing of diversity in volunteer, staff, and service systems.” --United Way of Lane County’s Diversity Statement

Describe how diverse segments of the community have access to the proposed services. Describe your efforts to continuously improve services to underserved populations. Diversity can include but is not limited to: race, gender, ethnicity, physical ability, sexual orientation, age, familial status, economic status, rural/urban location.

PPSO serves mainly low-income and uninsured/underinsured women, men, and teens seeking reproductive health care and contraception. Approximately 40% of our clients are age 19 and younger. The vast majority of our clients qualify for the Family Planning Expansion Project, or FPEP, which expands the eligibility range for Medicaid-subsidized family planning up to 185% of the federal poverty level. PPSO is often our patients' only source of free or affordable health care, especially in our rural communities. We welcome the diversity of our clients, as they are representative of the population of Lane County. We have health centers in the urban Eugene/Springfield area as well as rural outreach health centers in West Eugene, Cottage Grove, and Florence in order to provide access to a variety of patients. We do not turn away patients based on their ability to pay.

PPSO is committed to diversity as an organization. Below is an excerpt from our recently drafted agency diversity policy:

“We define diversity as differences in culture, age, race, gender, ethnic heritage, language, national origin, spiritual belief or tradition, sexual orientation, physical ability, and socio-economic circumstances. Each of these experiences brings a varied perspective, reflection and insight into every life experience.

PPSO seeks to empower the women, men and families of our service area, promoting health, safety, fulfillment and achievement, especially among youth and young adults. The areas of PPSO’s focus—sexual health, reproduction, family relationships, loving relationships—are sensitive, intimate and culturally contextualized. In order for its work to be responsive to, effective in, and embraced by all of the communities it serves, PPSO’s governing leadership must include respected leaders from among all of the communities it serves. Further, its base of donor and volunteer support and its staff must also be reflective of the community it serves—providing an authentic voice in the direction of the agency that reflects the diversity of viewpoints in the community.

PPSO is committed to cultural competency in all areas of service delivery, including clinical services, education and advocacy. We will seek continuous improvement in our ability to provide responsive services to diverse populations in our service areas. As a matter of agency policy in exercising our management responsibilities, we will not discriminate against employees, volunteers, applicants, governing boards, clients or donors on the basis of age, color, disability, gender, national origin, physical characteristics, race, ethnicity, sexual orientation or socioeconomic status. We will work proactively to reach out to diverse communities to recruit and attract diverse participants in all of these functions.”

4. Use of Volunteer and Partnership Resources

Describe how you use volunteers. Include type of positions they hold, number of volunteers, and total volunteer hours per year. Describe your capacity to mobilize additional community partners and/or in-kind resources in conjunction with the proposed services.

Volunteers help us with a variety of tasks in fundraising, finance, and clinic services. Clinic volunteers cannot work directly with patients due to confidentiality, so they help out in other ways around the clinics - filing charts and labs; administrative support; making condom bags, prenatal packets, and HIV packets; client assistance; refilling prescription line; and making reminder calls. Over 900 volunteers contributed 5,325 hours

of service to PPSO last year.

5. **Budget**

- A. Complete the budget form (Appendix B) included separately.

Please see attached.

- B. Describe the return on the UWLC investment. Include such factors as demonstrated cost effectiveness and efficiency of service delivery, how you will leverage other financial investments to support the work and the sources of other financial investment for this work. Describe how the work improves the effectiveness of the human services network in Lane County.

According to the Office of Family Health in the Oregon Department of Human Services, Oregon family planning results in cost-savings of \$5 for every \$1 spent. Each publicly subsidized birth costs \$4,696 in state and federal funds. Added to this are the first year costs of supporting a child with public funds - \$3,386 per child. This brings the total costs of a publicly subsidized unintended pregnancy to \$8,082 per child, and this is just for the first year alone.

We are an active participant in our local medical community and partner with other health organizations. We work closely with our county public health departments, the Oregon State Health Division, 100% Access Health Care Coalition safety net providers, and other youth-serving agencies.

Expanding access in Cottage Grove by adding an extra exam day will cost \$6,480 in the first year. This includes 8.5 additional hours for a Nurse Practitioner and a Family Planning Assistant each month, plus travel costs. Because this is a rural health center that sees less volume than our urban health centers, we are unsure if the extra exam day will be self-sustaining through fees for service after 18 months. We will evaluate this incrementally to see if we need to raise more funding for the extra exam day.

The cost of the capital project is \$58,000 for capital outlay, \$13,125 for incremental rent, and \$33,750 for additional staffing, totaling 104,874 for the West Eugene expansion. We will be leveraging grant funds with other foundation funding, donations, and cost-sharing of tenant improvements with the property owner (We are hoping the expansion will result in a reduced lease rate due to increased square footage). We are in pre-planning conversations with the landlord at this time and will have a clearer idea of this cost savings as the expansion date approaches. PPSO has committed \$10,000 for this project.

- C. If you are requesting funding for Capital investment, including funding for physical space or renovation, you must include the full cost of the capital project and how you will fund the balance outside the UWLC amount.

Please see attached.

6. **Follow-Up**

If you received a United Way Allocation in 2009, the United Way volunteer-led review panel will receive copies of your most recent panel summary report. Were there any concerns or conditions for continued funding identified by the United Way review panel during the last review?

Yes No

If yes, how have these been addressed by your agency?

7. **Governance, Management & Organizational Capacity**

Briefly describe how this program fits into your organizational structure, how it will be managed, and how oversight will be provided. ***Complete Appendix C, Required Compliance Documentation, Exhibit A – Best Organizational Practices and Management.***

Describe the ability of the organization to carry out the proposed services successfully and efficiently based on current resources, i.e. expertise of staff, diversity of funding sources, board composition and involvement, fiscal and governance systems and facilities.

PPSO was founded in 1966 as an affiliate of the Planned Parenthood Federation of America (PPFA). We serve eight counties in Southwestern Oregon. We have six health clinics (Eugene, West Eugene, Springfield, Grants Pass, Medford, and Ashland) and two rural outreach clinics (Florence and Cottage Grove). In 2008, we served more than 22,000 individuals with over 41,000 clinic visits among our clinic sites. We provide a wide range of family planning and preventative services, including annual exams, contraception, breast and cervical cancer screening, sexually transmitted infection (STI) testing and treatment, and pregnancy testing.

In this uncertain economy, our clients need our services more than ever. Many women face the burden of deciding between food, rent, and other basic needs. Health care often becomes less of a priority for many women experiencing financial hardship. We achieve our mission by offering free and low-cost reproductive health care. We believe our clients are entitled to the highest quality reproductive health care with a full complement of services and options regardless of ability to pay. By providing free or deeply discounted services not always available from any other public or private agencies to uninsured and underinsured women and men, PPSO is a cornerstone of a healthy community.

PPSO has a diverse funding stream, comprised of FPEP reimbursements, fees for service, foundation and individual donor support and United Way funds, PPSO has a successful track record of managing grant-funded, outcome-based programs. We have a diverse board made up of community members spanning our region from Corvallis to Ashland, representing fields such as faith, medicine, law, and business. Cynthia Pappas has been the President and CEO of PPSO since 2006. She manages a \$7.5 million healthcare agency covering an eight-county region, with eight health centers and 115 employees. Ms. Pappas provides strategic and operational leadership in three program areas – clinic operations, public affairs/advocacy and education. She builds coalitions and partnerships at the state and local level and works to create innovative new directions in revenue capture. Marilyn Helton, Vice President of Patient Services, has worked in health care for over 30 years, first as a Medical Laboratory Technologist and then in women's health care. She has been in a management role at PPSO since 1985 and has led the clinical program through a myriad of change processes including significant growth and expansion.

We have recently invested in a new patient management software system, NextGen, which allows us to create more efficiency within our clinics and improve client care and service.

8. Policy Adherence

UWLC requires all service partner organizations to follow and adhere to the following UWLC Policies and Certification Documents:

- **Non-Discrimination Certification**
- **USA Patriot Act Anti-Terrorism Compliance Measures**
- **Agency Direct Fundraising Policy**
- **Donor Designation Policy**

Read and sign Exhibit B, United Way of Lane County Policies and Certification Documents, included in Appendix C.

All required documents were submitted in our basic needs proposal.

Strategic/Preventive Investment Application

Proposed Services BUDGET

(fill in the yellow cells)



Agency Name:

Planned Parenthood of Southwestern Oregon

Proposed Services:

Expanding Access in PPSO's Outreach Health Centers

| | Prior 12 Months | Future 12 Months |
|--|-----------------|------------------|
|--|-----------------|------------------|

REVENUE/SUPPORT

| | | |
|---|---------------|---------------------|
| United Way Funding/Request (do NOT include Donor Designations) | | \$26,000.00 |
| Public Support: Contributions/Fundraising Events (include Donor Designations) | | \$5,480.00 |
| Government Funding | | |
| Foundation/Corporation/Other Grants or Major Gifts | | \$69,874.00 |
| Program Service Fees or Membership Dues | | |
| Other Revenue | | \$10,000.00 |
| Total Revenue | \$0.00 | \$111,354.00 |

Actual Estimated

EXPENSES

| | | |
|---|---------------|---------------------|
| Personnel Related (West Eugene & Cottage Grove) | | \$39,870.00 |
| Client Assistance | | |
| Other Direct Program Expenses (rent/capital outlay) | | \$71,484.00 |
| Administrative Overhead | | |
| Total Expenses | \$0.00 | \$111,354.00 |

| | | |
|-----------------------------|---------------|---------------|
| NET (should be zero) | \$0.00 | \$0.00 |
|-----------------------------|---------------|---------------|

| | | |
|---|---------|------|
| What percent of your agency budget do these proposed services represent? | | 1% |
| What percent of your agency revenue is the United Way request? | | 1% |
| Number of employee FTE's (full-time equivalents) in proposed services? | | 0.80 |
| Percentage United Way request to overall proposed services revenue | #DIV/0! | 23% |
| Administrative overhead percentage applied to proposed services | #DIV/0! | 0% |

Completed by:

Robin Runyan & Charlie Ward

Attachment A

United Way of Lane County Best Organizational Practices and Management

Agency Name: Planned Parenthood of Southwestern Oregon

The following questions represent generally accepted best practices for the management and governance of non-profit organizations. Please respond with **Yes** or **No**. If **No**, provide a brief explanation. (Note: These are not required and some policies and activities may not be appropriate for your agency.)

| ORGANIZATIONAL MISSION AND DIVERSITY | Yes | No | Other/Explain |
|---|-----|----|---|
| A. Mission | | | |
| 1. Our agency has a written mission statement that reflects our purposes and values. | ✓ | | |
| 2. The board regularly reviews our agency's mission statement. | | ✓ | |
| 3. Our agency engages in annual planning that helps define organizational and divisional goals. | ✓ | | |
| B. Diversity | | | |
| 1. Our agency's governance and operations strive to be inclusive of all parts of our community. | ✓ | | |
| 2. Our agency strives to reflect the diversity of the community we serve. | ✓ | | |
| 3. Our agency has a written policy and practice of non-discrimination in the following areas: | | | We are currently updating with Board Diversity Committee. |
| a. Employment (recruitment, hiring, assignment, promotion, discipline, termination) | ✓ | | |
| b. Board and committee participation | | | |
| c. Volunteer selection | | | |
| d. Service delivery | | | |

| FINANCIAL MANAGEMENT | Yes | No | Other/Explain |
|--|-----|----|---------------|
| A. Audit | | | |
| 1. Our agency has an annual audit or review done by an independent certified public accounting firm. | ✓ | | |
| 2. If yes, the reports and management letter (if provided) are reviewed by a finance committee or the board. | ✓ | | |
| B. Financial Transactions and Controls | | | |
| 1. Our board has approved a policy specifying that dual signatures are required on checks over a certain amount. | ✓ | | |
| 2. Our board has approved a delegation of authority to specified levels of management that shows types and limits of spending or approval authority. | ✓ | | |

| C. Money & Investments | Yes | No | Other/Explain |
|---|------------|-----------|----------------------|
| 1. Bank deposits are FDIC insured and account balances are at or below the \$250K limit. | ✓ | | |
| 2. The board has adopted an investment policy that is regularly reviewed. | ✓ | | |
| 3. Securities, mortgages, insurance policies and similar instruments are under the control of the executive director, chief financial officer, or board member. | ✓ | | |
| D. Capital Equipment | Yes | No | Other/Explain |
| 1. The board approves all equipment purchases, leases, and related renewals over a certain dollar amount. | ✓ | | |
| 2. Periodic physical inventories are taken and compared with the capital equipment ledgers. | ✓ | | |
| E. Accounts Payable | Yes | No | Other/Explain |
| 1. The board has approved a written purchasing policy. | | ✓ | |
| 2. All deposits for payroll taxes, employee retirement contributions, etc. are made in a timely manner. | ✓ | | |
| 3. Purchases for or on behalf of employees are made pursuant to a board-established policy. | ✓ | | |
| 4. Credit cards are issued in the agency's name but assigned to specific employees and in line with board policy. | ✓ | | |
| 5. Credit card usage by employees is limited to use specified by board policy and is periodically reviewed by supervisors or, in the case of the executive director, the budget or finance committee. | ✓ | | |
| F. Employees Expense/Reimbursement | Yes | No | Other/Explain |
| 1. We have a board-approved policy governing if and when salary advances (draw), travel advances, and per diems are provided to staff. | ✓ | | |
| 2. There is a travel and employee expense reimbursement policy approved by our board. | ✓ | | |
| 3. Employees are required to submit expense reports for all reimbursements within 60 days of expenditures. | ✓ | | |
| 4. The board assures that the executive director's travel and expense reimbursement are reviewed and approved. | ✓ | | |
| G. Budgeting and periodic financial reports | Yes | No | Other/Explain |
| 1. Our agency forecasts financial requirements for proposed program activity and optimum use of funds. | ✓ | | |
| 2. The executive director prepares an annual comprehensive operating budget and capital budget, presents the budget to the board for approval, and establishes controls to assure that budgetary objectives are achieved. | ✓ | | |
| 3. Substantial changes in the budget are presented to the board for approval. | ✓ | | |
| 4. Our board, or the financial committee: | | | |
| a. Reviews the financial statements (statement of activities, statement of position) on a quarterly basis | ✓ | | |
| b. Receives explanations of major variances. | | | |

| | | | |
|---|------------|-----------|-----------------------------------|
| c. Receives a comparison of actual to budgeted expenditures for the reporting period and year-to-date by program. | ✓ | | |
| d. Reviews source and amounts of funding by function. | | | |
| GOVERNANCE | Yes | No | Other/Explain |
| A. Board of Directors | | | |
| 1. Our agency has a governing board of citizen leaders. | ✓ | | |
| 2. Our board is a volunteer group serving without compensation. | ✓ | | |
| 3. Each board member has received training, as well as guidance materials on board governance and our agency operation. | ✓ | | |
| 4. Our board ensures the creation of and approves agency policies and procedures. | ✓ | | |
| 5. Our board hires, terminates, evaluates, and sets compensation for the executive director. | ✓ | | |
| 6. Our board delegates responsibility for day-to-day agency operations to the executive director. | ✓ | | |
| 7. Our board meets at least quarterly. Indicate how often: <u>6 times/year</u> | ✓ | | |
| 8. Our agency creates and maintains permanent board minutes. | ✓ | | |
| 9. Our agency ensures continuity by having overlapping board member terms. | ✓ | | |
| 10. Our board's nominating process ensures that the board remains appropriately diverse with respect to gender, ethnicity, culture, economic status, disabilities, and skills and/or expertise. | ✓ | | |
| 11. Our board has a process for handling urgent matters between meetings. | ✓ | | |
| 12. Each board member has contact information for the entire board. | ✓ | | |
| 13. Our board evaluates the executive director on an annual basis. | ✓ | | |
| 14. Over the last year, at what percent of your board meetings did you have a quorum in attendance? Indicate percentage <u>100</u> | ✓ | | |
| B. Bylaws and Policies | Yes | No | Other/Explain |
| 1. Our agency has written bylaws. | ✓ | | |
| 2. Our agency provides each board member a copy of the bylaws. | ✓ | | |
| 3. Our bylaws state the requirements for a board quorum. | ✓ | | |
| 4. Our board regularly reviews the bylaws. | | ✓ | Regular legal reviews by attorney |
| 5. Our agency has written operational policies and procedures. | ✓ | | |
| 6. Our board has approved a code of ethics for both staff | ✓ | | |

| | | | |
|---|------------|-----------|----------------------|
| and volunteers, which includes provisions for ethical management, client confidentiality, publicity and fundraising practices. | ✓ | | |
| 7. Our agency has a written conflict of interest policy and a mechanism for resolving conflicts should they occur. | ✓ | | |
| 8. Our board ensures that the agency has personnel policies and written job descriptions. | ✓ | | |
| C. Board Committees | Yes | No | Other/Explain |
| 1. Our agency has standing and special committees that have been established to achieve efficiency of operations and share responsibility for decision-making. | ✓ | | |
| 2. Our agency's board members serve on at least one board committee. | ✓ | | |
| 3. Our agency committees meet on a regular basis (monthly or quarterly). | ✓ | | |
| 4. Our agency committees' activities and recommendations are reported to the board (verbally or in writing) for approval/action. | ✓ | | |
| D. Compliance with legal requirements | Yes | No | Other/Explain |
| 1. Our agency complies with all applicable legal, local, state, and federal operating and reporting requirements, including non-discrimination and non-profit requirements. | ✓ | | |
| 2. We have been the subject of a governmental investigation in the last 24 months. | | ✓ | |
| E. Insurance | Yes | No | Other/Explain |
| 1. We have liability insurance covering volunteers, staff and board of directors. | ✓ | | |
| 2. We have general liability coverage. | ✓ | | |

Agency Name: Planned Parenthood of Southwestern Oregon

Prepared By (Name): Cynthia Pappas

Title: CEO

Date: 1-14-10

Attachment B

United Way of Lane County UWLC Policies and Certification Documents

"I hereby certify that

Planned Parenthood of Southwestern Oregon
(print agency name)

agrees to follow and adhere to the following UWLC Policies and Certification Documents:"

- Non-Discrimination Certification
- USA Patriot Act Anti-Terrorism Compliance Measures
- Agency Direct Fundraising Policy
- Donor Designation Policy

Signature, Agency Director: Cynthia Pappas

Print name: Cynthia Pappas

Date: 1-14-10