

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

- A.** Name of Organization: Volunteers In Medicine Clinic
1. Contact Person: Jackie Mikalonis
2. Address: 3321 W. 11th Avenue
Eugene, OR 97402
3. Phone: 541-505-6658 Email: jmikalonis@vim-clinic.org

B. Name of Proposed Services: VIM Clinic Expansion

C. Amount of Funding Requested for a 12-month period: \$50,000

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

Signature: Agency Director Date

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.*)

The project will increase access and reduce barriers to health care for people below 200% of FPL. VIM's eligibility standard is 85% to 200% of the FPL. Expanding and increasing VIM services will help ensure Lane County residents have basic access to healthcare.

The project will help ensure that by 2020 an additional 15,000 uninsured or underinsured Lane County residents will be connected to a community-based system of healthcare.

The target population is Lane County residents with incomes between 85% and 200% of FPL who are uninsured or underinsured.

The strategy is to move the VIM clinic from its current location with approximately 4,000 square feet and seven exam rooms to a new location with approximately 9,000 square feet and thirteen exam rooms.

The move to and the remodel of the new site will increase clinic provision of services in by 13 rooms over the current 7 rooms at the West Eugene site.

VIM will increase capacity to enable VIM to increase patient visits by 65% during the next three years.

VIM's strong organizational structure and large professional volunteer base has prompted us to expand services to try to meet increasing demand for services as the economy continues to slide. More people want our services, and we strive to ensure medical care to those who need it.

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.

VIM has been growing services to the uninsured its entire 10 years and has outgrown its current location. To increase capacity, VIM plans to move to a larger facility and to remodel the facility to see more patients in 13 rooms, compared with 7 at the current facility. VIM currently provides 12,000 patient visits per year and volunteer shifts are 90% full. By expanding clinic space and increasing the number of exam rooms, VIM can accommodate more medical volunteers and increase the number of patient visits. A larger location for the clinic has been secured and will double the square footage. VIM seeks funding for remodeling the new facility and moving the clinic to a newly improved and larger clinic.

SECTION II: SERVICE IMPACT

1. Need, Target Population and Program Description

A. Need/Target Population

In Lane County, there are currently an estimated 66,000 people without medical insurance. VIM serves a portion of this population by targeting adults without insurance who fall between the 85% and 200% of the Federal Poverty Level. According to the UWLC 2009 Community Assessment, the percent of households reporting difficulty affording a visit to the doctor or dentist rose from 26% in 2007 to 43% in 2009. More than 35% of the households report a problem affording or accessing medical insurance. More than 30% of households reported difficulty paying for prescription medications. Of those households who reported having an established relationship with a health care provider, 10% report affording prescriptions is a major problem.

An estimated 18,000 working, low-income uninsured individuals and families who live in Lane County meet VIM's eligibility standard of 85% to 200% of the FPL — and the number continues to increase, as Lane County's unemployment topped 14 percent this June. As the economy has continued to slide, VIM's strong organizational foundation and large professional volunteer base has supported service expansion to try to meet increasing demand. VIM strives to ensure medical care to those who need it. We expect to serve more than 2,000 patients with more than 12,000 no-charge patient visits this year.

Oregon's unemployment rate was just above 5% in 2005 and 2006 and now exceeds 11%. Traditionally people receive employment-based medical insurance. Therefore, with the unemployment rate rising, more and more Oregonians are losing health care insurance. In 2009, Oregon spent \$2.8 billion in unemployment benefits for 360,000 Oregonians. Last month alone, there were 217,000 Oregonians collecting unemployment benefits at a cost of \$68 million per week. The need continues to grow.

VIM is limited by space in the current location. By increasing the number of exam rooms, enlarging the dispensary and making space for other health care providers and lay volunteers, Volunteers In Medicine can increase the number of patients seen per year, without increasing staff.

B. Service Description

The Volunteers In Medicine Clinic Board of Directors is launching a capacity-building project to expand clinic services by moving into a larger facility in Springfield, Oregon. This opportunity will result in a more modern, efficient medical clinic more than twice the size of the current facility. Clinic size will increase from 4,000 square feet to 9,000 square feet. Exam rooms will expand from 7 to 13. Mental health counseling rooms will grow from 2 to 4.

For a decade, the Volunteers In Medicine Clinic, currently located in West Eugene, has been providing free primary medical care and mental health services to low-income, mostly working adults, who have no insurance and whose incomes falls between 85% and 200% of FPL. The current location does not provide for expansion and a new location with more clinic essentials--including exam rooms, lab, area for medicine dispensary, counseling rooms, waiting rooms, charts and records, and a nurses' station--was identified as the solution for the clinic to continue to meet the growing need of the uninsured in the community. The new site is in a centralized location and allows ready access via public transportation and pedestrians, as well as is highly visible in one of Springfield's commercial cores.

The new clinic will provide weekday and evening service hours. By expanding the number of exam rooms from 7 to 13, VIM will be able to increase the number of patient visits to the clinic. With our volunteer corps growing, VIM expects to be able to increase annual patient visits from 10,000 in 2008 to 20,000 in 2013. With the cost of private health care insurance for a family reaching \$12,000 per year, VIM's free health services are essential, addressing the demand for accessible health care in Lane County. Without VIM, many uninsured people will either postpone or go without care, or resort to emergency-room care.

Components of the new clinic in Springfield include 13 exam rooms, a nurses station, lab with 2 phlebotomy stations, dispensary with private consult space, prescription room, doctors (providers) office for 4, enlarged medical chart room, 4 mental health counseling rooms including a family counseling room, eligibility screening room, offices, and a large reception and waiting area.

The project plans include remodeling the new facility to increase the number of exam rooms currently on the new site from 7 to 13, adding a conference room, created a secured area for the dispensary, and adding some minor changes, to make the facility ready to use for VIM's staff, volunteers, and patients. The project also includes the cost to manage and move the clinic from the current site to the new site after the remodel is complete. Components of the project budget include personnel, remodeling and construction, occupancy, computer technology, telephone, cleaning, repair, moving, insurance, medical supplies and equipment, furniture, communications, public relations, and fund raising activities.

The anticipated move-in date is August 2010. Based on cost estimates and prepared architectural drawings, the estimated cost of the project is \$379,400, including information technology and contingencies. Total in-kind donations toward the project are valued at \$134,500. The land and building have been leased to VIM for a five-year period for \$1 per month. Architectural services have been donated by Berry Architects, and construction costs were estimated with 0% overhead by Dorman Construction. The Volunteers In Medicine Clinic Board has commitments of \$10,500, and expects to raise the remaining \$234,400 during a focused capital campaign with grants, private donations and fundraising events and activities.

The new site is owned by PeaceHealth Oregon Region. PeaceHealth has leased the new site for five years to Volunteers In Medicine for \$1 per month with an option to purchase. The proposed land use as a medical clinic is consistent with all land use and environmental regulations.

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: 10/01 / 2010 through 09/ 30/ 2010
 (Month/Day/Year) (Month/Day/Year)

Proposed Service Objectives:

The service objective is to increase access and reduce barriers to healthcare for uninsured Lane County residents who fall between 85% and 200% of the Federal Poverty Level.

- Increase primary care patient visits by 25%
- Increase mental health patient visits by 25%
- Increase specialty care patient visits by 25%
- Increase lab tests by 25%
- Increase diabetic group patient visits by x

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: 10/01 / 2010 through 09/30 /2010
 (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>
Remodel and renovate a larger facility and move the clinic operations to the new facility	Increase patient visits by 25%, or from 11,772 to 14,715
Increase capacity from 4,000 square feet to 9,000 square feet	Increase patient visits by 25%, or from 11,772 to 14,715
Increase exam rooms from 7-13	Increase primary care visits by 25%, or from 7,200 to 9,000
	Increase specialty care visits by 25%, or from 617 to 771
Increase mental health counseling rooms from 2 to 4	Increase mental health visits by 25%, or from 1,705 to 2,131
Increase lab capacity and double phlebotomy stations	Increase lab tests by 25%, or from 2051 to 2563

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.

- **Tracking of patient numbers (differentiated by type of visit) is already in use.**
- **Clinic management is responsible for such tracking and uses a software data tracking system called Proclarity.**
- **The Business Manager and clinic management also currently use a patient database management system called IDEX-extend to track data regarding outcomes.**
- **VIM collects data for: number of patient visits by type, lab tests, referrals, and several other metrics useful in managing the clinic.**

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.

VIM administers a patient survey to collect data regarding patients. Patients voluntarily respond to the survey. Patients are not involved in service planning. VIM voluntarily complies with all HIPPA regulations. A volunteer medical advisory board made up of 6-8 physicians, the Medical Director and the Executive Director ensures that patients have the highest quality of medical care.

VIM's medical advisory board meets regularly and provides a forum of inquiry for VIM quality of care concerns brought by any person. The board also serves as a peer review body for all clinicians employed or volunteering at VIM as mandated for health care facilities licensed under ORS Chapter 441.

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.)

For this capacity-building project specifically, we are working with Berry Architects, PeaceHealth, and Dorman Construction. Berry Architects is providing all the architectural work pro bono. Dorman Construction offered to provide the remodeling and construction at very low cost with no overhead.

PeaceHealth is giving the land and the building to VIM for no cost (\$1/month) and a long-term lease with an option to purchase. Berry has completed the construction plans and a contract will be signed with Dorman. PeaceHealth has offered to represent the owner throughout the construction project and to assist with the move.

Work with others in the community to maximize service to the people we serve

Volunteers In Medicine Clinic is fortunate to be based in an area that values and supports grassroots efforts to address community needs. One way VIM maximizes these partnerships is with dozens of specialty providers, such as Oregon Medical Labs and Oregon Imaging Center, which offer free imaging services and lab testing for our patients.

As well, in addition to our physician base that is a critical component of our mission to provide free, comprehensive medical care, more than 250 volunteer specialists ensure appropriate care outside the expertise of our voluntary providers. VIM has established partnerships with more than 250 specialists to ensure patients receive the care they need for a variety of specific conditions, despite their inability to pay. In 2009, VIM helped patients get more than 2,000 referrals to specialists who provide no- or low-cost services for medical procedures, tests, and other care.

VIM also partners with safety net clinics as an active member of the 100% Access Coalition by sharing resources and expertise. With these partners, VIM is working to develop a more coordinated system of local healthcare delivery system for the uninsured and the different populations of safety-net clinics, to improve local access to care and use of resources. However, VIM is unique among its safety net partners in serving low-income uninsured workers and providing services at no cost.

VIM also provides an important function as a hub for work and medical personnel training, from high school students to adults, with positions as medical translators, pharmacy technicians, and more.

VIM is a partner of an active and innovative safety-net community. By filling the gap in care among the other excellent programs in Lane County, VIM has become a complimentary yet wholly unique part of the 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.

Volunteers In Medicine will provide services to any uninsured adult in Lane County (southern Linn and northern Douglas as well) meeting the economic and insurance eligibility requirements. Patients’ income must fall between 85% and 200% of the Federal Poverty Level. VIM provides free primary medical care and mental health services, medications, referrals, and lab work. There is no economic barrier since all services are free. The new site is in a centralized, metro area location and allows ready access via public transportation and foot traffic, as well offers visibility in one of Springfield’s commercial cores. There is ample parking at both the current site and the new site.

It is the policy of Volunteers In Medicine that all employees and volunteers should be treated fairly and with dignity and respect. Any discrimination or illegal harassment of one employee or individual by another based on age, color, creed, disability, national origin, race, religion, gender, sexual orientation, marital status or veteran’s status or any other basis protected by local, state, or federal law is prohibited.

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.

To bring high-quality medical services to the community, VIM must devote time and money to recruiting, orienting, training and maintaining a pool of more than 430 community volunteers who contribute their time and skills to all levels of the operation – administrative, clinical, and patient-care. In FY 2009, more than 30,000 hours of volunteer time was given, valued at more than \$800,000. The Volunteers at VIM include more than 100 health care providers (doctors, nurse practitioners, physician assistants), nurses, and pharmacists and lay volunteers. In addition, the Clinic's outreach activities establish community partnerships with more than 250 specialists and diagnostic service providers who accept VIM patient referrals for specialty care on a pro-bono basis.

Volunteer recruitment and well-managed training activities are essential to the organization's longevity and sustainability. The full-time Senior Operations Manager runs the recruitment activities for all clinical positions. The Medical Director recruits and trains doctors and physician assistants.

Community recruitment. The medical director, the director of the Mental Health Program, and the volunteer director participate in recruitment activities for health care and mental health care providers and community volunteers. The medical director will send letters and emails to new primary care providers in the community, present at community medical meetings, provide tours to potential providers and speak at meetings at the two area hospitals.

The volunteer director organizes clinic outreach and public information activities directed at fairs, shows, and business events at the Lane County Fairgrounds and other public venues. Student recruitment. College and high school student volunteers earn up to 3 credits per term by providing 4-8 hours per week service. The volunteer director presents at health classes and establishes relationships with college programs in pharmacy, mental health, and pre-medicine, such as the University of Oregon Pre-Med Group. Students in these programs are usually motivated because of their educational focus and the VIM experience helps them solidify their goals and aspirations in the medical field. Student volunteers at VIM gain skills and expand their education in a practical way while contributing to the community.

Lane Workforce Partnership. VIM will work with this workforce development organization, which helps individuals find employment where they can gain experience and learn new skills. VIM offers on the job training in office assistance, medical records, medical transcription, nursing and phlebotomy.

Translator recruitment. The volunteer director recruits volunteer Spanish-speaking translators from area schools, including Lane Community College's English as a Second Language program and the UO program in Romance Languages. Currently 25 percent of our patients are Spanish-speaking. Volunteer translators are especially important for facilitating communication between physicians and patients, pharmacists and patients, and eligibility screeners and schedulers and patients. They improve service delivery to non-English speakers. Training. VIM will match volunteer skills to specific areas of the Clinic. Volunteers tour the Clinic and go through a one-hour orientation with staff and view a training video. Specific training is individualized, depending on volunteer assignments. Each volunteer is supervised and trained by an area coordinator, and will receive from two to four, four-hour training sessions.

5. **Budget**

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

If United Way invests \$50,000 in the project to renovate a larger facility and move the VIM Clinic to expand capacity, the funding will expand the number of exam rooms from 7 to 13, VIM will be able to increase the number of patient visits to the clinic. As long as there are enough volunteers to meet the need, VIM will be able to increase annual patient visits from 10,000 in 2008 to 20,000 in 2013. There is a demand for accessible health care in Lane County and throughout the nation.

The return on the UWLC investment includes more uninsured people in Lane County gaining access to medical care, decreasing the number of hospitalizations for the uninsured and decreasing the number of emergency room visits by the uninsured. There is a savings to the community from avoided hospitalizations and emergency room visits because more people are getting medical care in the community.

The project already has \$134,500 in estimated in-kind, and PeaceHealth is leasing the land/building to VIM for \$1/month for five years. The estimated monthly rent on the building is \$1.75 per square foot or close to \$16,000 per month. The architectural services are being donated and the construction costs have been greatly reduced from market value. Many medical supplies and furnishings will be donated to increase the capacity.

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.

The estimated cost of the project is \$379,400. Total in-kind donated toward the project is \$134,500. Volunteers In Medicine has commitments of \$10,500, and expects to raise the remaining \$234,400 during a focused capital campaign with grants, private donations and fund raising events and activities.

Revenue Source	Potential Funding
United Way	\$50,000
Community Development Block Grant	\$50,000
MJ Murdock	\$30,000
Private Donations	104,400

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?

N/A. VIM did not receive a United Way Allocation in 2009.

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.

This project will be overseen by the Executive Director of the organization and managed by the Business Manager and the Clinic Operations Manager. On-site project management will be assumed by the architect on the project, and PeaceHealth has agreed to represent the owner in the construction process. VIM will hire a temporary project manager to facilitate the move and to transfer and coordinate delivery and implementation of systems in the new facility.

Complete Appendix C, Required Compliance Documentation, Organizational Practices and Management.

Exhibit A – Best

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.

The Executive Director has more than 25 years in management experience in the community and has been with the organization for 2 years. She served many years locally in public management. She has years of interdisciplinary public-sector experience, spanning from land use planning and public works to public safety and corrections. She has managed a variety of projects, including federal disaster reimbursement process after three nationally declared emergencies. She has managed media relations, communications, and public information and outreach efforts and has served on the boards of many community nonprofits.

The Business Manager has more than 20 years of business, financial, and project management and has been with the organization for 10 years. She managed 2 other business moves.

The Clinic Manager has more than 20 years of health clinic management experience and has been with VIM for more than 5 years.

The project architect designed the building 10 years ago; is a licensed architect in the state of Oregon; and has practiced architecture in the community for decades.

The Board of Directors and Medical Advisory Board establish the VIM Clinic direction. The Executive Director, with support from committees and personnel, translates many of the Board strategies into tactical implementations. The foundation of clinical operations rests on the contribution of volunteer medical providers and volunteer support staff with the oversight of the Medical Director and Clinic Manager.

The Board of Directors is responsible for the stewardship of the Volunteers In Medicine Clinic. It holds the organization accountable for making and supporting decisions based on the mission, purpose, vision, and strategy. The Board of Directors sets policy in the following specific areas:

- **Quality Services (quality and outcomes of care, compliance with Federal, State, local laws)**
- **Strategic Direction (develop strategic plan, enhance communications among stakeholders)**
- **Governance Function (implements board recruitment and selection, self-evaluation, Executive Director evaluation, roles of committees)**
- **Stewardship (ensure that resources are leveraged efficiently, establish key financial objectives and appropriate controls for compliance)**

The Board of Directors (each elected by the Board to serve a staggered, three-year term) is composed of a diverse group of community leaders from both the private and public sector. The Executive Director serves as chairperson and President of the Board, and elected positions consist of Vice President, Secretary, Assistant Secretary, and Treasurer.

The Board of Directors creates organizational policy and direction; the Volunteers In Medicine Medical Advisory Board directs clinical and medical policy.

The members of the Medical Advisory Board are appointed to a staggered three-year term at an annual meeting of the Board of Directors. The Medical Director also sits on the Medical Advisory Board along with the Executive Director. (The Executive Director serves as an ex officio member). Duties of the Medical Advisory Board include:

- Setting medical direction of the Clinic
- Forming clinical guidelines and procedures
- Reviewing patient-related care issues
- Recommending policy changes to the Board of Directors
- Peer Review

Membership of the Medical Advisory Board consists of physicians from the Lane County medical community. The Executive Director facilitates and implements the strategies (as set forth by the Board of Directors and Medical Advisory Board) at the Clinic level. Substantial responsibilities of the Executive Director include:

- Strategic planning and organizational development
- Oversight and management of the Clinic
- Heading public awareness of Clinic by being head community liaison
- Serving as the primary Clinic representative to potential donors and public/private organizations
- Maintenance of financial and fiscal viability and direction
- Medical services quality and accountability

Funding for the project will come from grants and private donations. This is a relatively small capital campaign. VIM has a track record of raising approximately \$1.5 million per year to support operations via grants and private donations. With the existing community support and the growing need to provide health care, VIM intends to raise the revenue needed to complete this project.

VIM has a development staff of 2.75 who manage a variety of strategies designed to raise annual operational revenue. The goal of the capital campaign for this project is to raise capital and not eclipse the operational revenue needed for programs and service delivery. VIM will commit the Executive Director and several Board members to this capital fund-raising project.

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.

Appendix A
UWLC 2010 Strategic/Preventive Goals and Funding Strategies for
Education, Income & Health

EDUCATION

Vision: All children in Lane County are safe, healthy, cherished and enter school ready to learn

Action: Preparing children for success in school and life.

GOAL:

By 2020, the majority of children entering public school in Lane County demonstrate basic literacy proficiency and adequate social/emotional development.

Target Population(s)*:

Underserved, underrepresented families with children ages 0 to 6 years and expectant parents, including but not limited to:

- Low income, homeless and families living in poverty
- Ethnic minority communities (including English Language Learners)
- Single parents
- Teen parents
- Children with disabilities
- Families dealing with Mental Illness/Substance Abuse/Domestic Violence
- Foster Children
- Foster Parents

** Special consideration will be given to services provided in rural communities and in the Fairfield/Malabon and Brattain/Maple neighborhoods as part of Success By 6[®]'s neighborhood projects.*

Note: Proposals may be for individual strategies or any combination of strategies.

Education Strategies:

- Research-Based strategies to increase the early literacy/language and social/emotional development of high-risk children.
- Research-Based Parent Education, Support & Coaching to increase target populations' parental involvement and ability to support children's early literacy/language and social/emotional development.

Agency Capacity Building:

- Open to consideration

Note: Proposals that have the potential to impact multiple action areas (Education, Income and Health) will receive extra points in the scoring process.

Strategic/Preventive Investment Application

Proposed Services BUDGET

(fill in the yellow cells)



Agency Name:

Volunteers In Medicine Clinic

Proposed Services:

VIM Clinic Expansion*

***NOTE: Submitted is cash budget only.**

	Prior 12 Months	Future 12 Months
REVENUE/SUPPORT		
United Way Funding/Request (do NOT include Donor Designations)	\$0.00	\$50,000.00
Public Support: Contributions/Fundraising Events (include Donor Designations)		\$94,400.00
Government Funding		\$60,000.00
Foundation/Corporation/Other Grants or Major Gifts		\$30,000.00
Program Service Fees or Membership Dues		
Other Revenue		\$10,500.00
Total Revenue	\$0.00	\$244,900.00
	Actual	Estimated
EXPENSES		
Personnel Related		\$8,000.00
Client Assistance		
Other Direct Program Expenses		\$207,812.00
Administrative Overhead		\$29,088.00
Total Expenses	\$0.00	\$244,900.00
NET (should be zero)	\$0.00	\$0.00

What percent of your agency budget do these proposed services represent?		100%
What percent of your agency revenue is the United Way request?		13%
Number of employee FTE's (full-time equivalents) in proposed services?		N/A
Percentage United Way request to overall proposed services revenue	#DIV/0!	20%
Administrative overhead percentage applied to proposed services	#DIV/0!	13%

NOTE: Percents are figured based on special Expansion & Move budget attached to grant application, not VIM's FY

NOTE: FTE is not appropriate for this Project. Personnel Services will be on a month to month contract basis only.

Completed by:

Tracy Miller

C. Money & Investments	Yes	No	Other/Explain
1. Bank deposits are FDIC insured and account balances are at or below the \$250K limit.	X		
2. The board has adopted an investment policy that is regularly reviewed.	X		
3. Securities, mortgages, insurance policies and similar instruments are under the control of the executive director, chief financial officer, or board member.	X		
D. Capital Equipment	Yes	No	Other/Explain
1. The board approves all equipment purchases, leases, and related renewals over a certain dollar amount.	X		
2. Periodic physical inventories are taken and compared with the capital equipment ledgers.	X		
E. Accounts Payable	Yes	No	Other/Explain
1. The board has approved a written purchasing policy.	X		
2. All deposits for payroll taxes, employee retirement contributions, etc. are made in a timely manner.	X		
3. Purchases for or on behalf of employees are made pursuant to a board-established policy.	X		
4. Credit cards are issued in the agency's name but assigned to specific employees and in line with board policy.	X		
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.	X		
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.	X		
2. There is a travel and employee expense reimbursement policy approved by our board.	X		
3. Employees are required to submit expense reports for all reimbursements within 60 days of expenditures.	X		
4. The board assures that the executive director's travel and expense reimbursement are reviewed and approved.	X		
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.	X		
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.	X		
3. Substantial changes in the budget are presented to the board for approval.	X		
4. Our board, or the financial committee:	X		
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.	X		
2. Our board is a volunteer group serving without compensation.	X		
3. Each board member has received training, as well as guidance materials on board governance and our agency operation.	X		
4. Our board ensures the creation of and approves agency policies and procedures.	X		
5. Our board hires, terminates, evaluates, and sets compensation for the executive director.	X		
6. Our board delegates responsibility for day-to-day agency operations to the executive director.	X		
7. Our board meets at least quarterly. Indicate how often: <u>10x per year</u>	X		
8. Our agency creates and maintains permanent board minutes.	X		
9. Our agency ensures continuity by having overlapping board member terms.	X		
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.		X	
11. Our board has a process for handling urgent matters between meetings.	X		
12. Each board member has contact information for the entire board.	X		
13. Our board evaluates the executive director on an annual basis.	X		
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.	X		
2. Our agency provides each board member a copy of the bylaws.	X		
3. Our bylaws state the requirements for a board quorum.	X		
4. Our board regularly reviews the bylaws.	X		
5. Our agency has written operational policies and procedures.	X		
6. Our board has approved a code of ethics for both staff	X		

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.	X		
8. Our board ensures that the agency has personnel policies and written job descriptions.	X		
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.	X		
2. Our agency's board members serve on at least one board committee.	X		
3. Our agency committees meet on a regular basis (monthly or quarterly).	X		
4. Our agency committees' activities and recommendations are reported to the board (verbally or in writing) for approval/action.	X		
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.	X		
2. We have been the subject of a governmental investigation in the last 24 months.		X	
E. Insurance	Yes	No	Other/Explain
1. We have liability insurance covering volunteers, staff and board of directors.	X		
2. We have general liability coverage.	X		

Agency Name: VOLUNTEERS IN MEDICINE CLINIC

Prepared By (Name): JACKIE MIKALONIS

Title: EXECUTIVE DIRECTOR

Date: January 14, 2010

Attachment B

United Way of Lane County UWLC Policies and Certification Documents

"I hereby certify that

Volunteers In Medicine Clinic

(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: Jacelyn Mikalons

Print name: JACOLYN MIKALONS

Date: 01/15/2010