

ADDENDUM "1"

**CITY OF POMPANO BEACH  
FISCAL YEAR 2017**

*FUNDING FOR NON-FOR-PROFIT ORGANIZATIONS*

1. Legal Name of Organization: Episcopal Mental Health Ministries d/b/a St. Laurence Chapel Homeless Day Shelter
2. Mailing Address: 1698 Blount Road, Pompano Beach, FL 33069
3. Date of Incorporation: February 8, 1988
  - 3a. Does your corporation/organization fall within Section 501(c)(3) and Section 501(a) of the Internal Revenue Code? Yes X No \_\_\_\_  
(Please attach proof of tax exempt status)
4. Chief Executive Officer: Lorraine (Lorry) Herdeen  
Official Title: Executive Director Telephone #: (954) 972-2958
5. Contact Person (if different from above): Telephone #: (954) 684-4832 Cell
6. Provide a brief description of the organizations goals and objectives:
  1. GOAL: To serve more clients by continuing to pick up at E. Pat Larkins Park.  
OBJECTIVE: Ask the City of Pompano to help subsidize cost.
  2. GOAL: To update and increase our database of donors.  
OBJECTIVE: Executive Director, Development Consultant, and the President are cleaning the database and it has been reduced from 1200 to 750.
  3. GOAL: To increase the size of the Board of Directors to include a variety of gifts and talents to help the shelter.  
OBJECTIVE: We are welcoming Father Andrew Hudson from St. Ambrose to the Board and will continue to seek at least three more new board members this year.
  4. GOAL: To have a satellite pharmacy on site for clients so they don't have to take three buses to get their monthly prescriptions.  
OBJECTIVE: I have been talking to Pauline Grant, interim CEO at Broward Health.
  5. GOAL: To start a Thrift Shop to provide sustainable income for the shelter.  
OBJECTIVE: We opened the Thrift Shop four days ago at the Festival Flea Market.
  6. GOAL: To have overnight accommodations for our clients.  
OBJECTIVE: We expect to start overnight services in October for 30 clients.
7. Amount of funding requested: \$2,000

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8. Provide a brief description of how City funds would be spent and identifying the community need(s) to be addressed. This should include what exactly will be provided and to how many people (City residents).

It will be used to assist us with the costs of transporting our clients to the shelter six days a week, 52 weeks a year. This funding will help with van maintenance, fuel costs and the drivers salary. We will transport up to 10 clients per day six days a week. (Monday through Friday and Sunday), resulting in 4,992 client trips per year.

9. How will the recommended funding compliment the array of City services currently being provided to City residents?

This transportation will bring more homeless clients to our shelter during the day, preventing them from being on the streets in downtown Pompano or causing concern to small business owners by their presence.

10. Will the recommended grant amount result in the leveraging of additional funds from the County, State, Federal or other foundations/agencies which require a local match like a contribution from the City of Pompano Beach? Yes \_\_\_\_ No X

10a. If yes, what is the ratio of this other funding to the City's recommended funding?

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11. Does your organization receive support from the County or other cities? Yes X No \_\_\_

11a. If yes, please list the amount(s) and source(s).  
The County leases the building to us for \$1.00.

12. What percentage of your organization’s budget is direct delivery of service as opposed to “overhead”? 89%

**13. PERFORMANCE MEASURES**

Please list below the various levels of service [performance measures] that your organization will be providing to residents of the City of Pompano Beach.

	<b>Most Recently Completed Year 2015</b>	<b>Current Year Estimated 2016</b>	<b>Next Year Proposed 2017</b>
Total Persons Served	250	260	275
Number of Pompano Beach residents served	200	210	225

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14. Agency Budget Information: *Please note that Total Resources Available and Total Resources Allocated should be EQUAL for each fiscal year.*

		Last Year Adopted 2016	Current Year Proposed 2017
<b>Resource Available:</b>			
City of Pompano Beach		2,000	2,000
Federal Funding			
State Funding			
Other Local Government Funding		45,000	225,000
Foundation Grants		30,000	35,000
Other Revenue Sources (Includes- grants, charities, special events & contributions)		200,500	157,960
<b>Total Resources Available</b>		277,500	419,960

<b>Resource Allocated:</b>			
Salaries		191,576	288,113
Benefits		17,922	49,402
Supplies/Expenses		14,155	21,500
Contractual Services		6,535	7,780
Other (Insurance, food service, bldg./auto maint., internet/phone service, misc. licenses/fees)		47,312	53,165
<b>Total Resources Allocated</b>		277,500	419,960

- *Please provide line item detail for expenses over \$10,000*