

Lund

Town of Richmond

Request for Special Appropriations

Request for Fiscal Year: _____ 2020 _____

Organization's Name: _____ Lund _____
Address: _____ PO Box 4009 _____
City, State, Zip: _____ Burlington, VT 05401 _____
Website address: _____ www.lundvt.org _____

A. GENERAL INFORMATION

1. Program Name: _____ General Operating _____

2. Contact Person/Title: _____ Charlotte Blend _____

Telephone Number: _____ (802) 861-2580 _____

E-mail address: _____ charlotteb@lundvt.org _____

3. Total number of individuals served in the last complete fiscal year by this program: _____ 5,211 _____

4. Total number of the above individuals who are Town residents: _____ 13 _____
Please attach any documentation that supports this number. These numbers come from our electronic record keeping system. Please call if further explanation needed.

Percent of people served who are Town residents: _____ Less than 1% _____

5. Amount of Request: _____ \$1000 _____

6. Total Program Budget: _____ \$10,882,000 _____ Percent of total program budget you are requesting from the Town of Richmond: _____ Less than 0.001% _____

7. Please state or attach the mission of your agency: _____ Lund empowers families to break cycles of poverty, addiction and abuse. Lund provides hope and opportunity through education, adoption, treatment and family support services. _____

8. Will the funding be used to:
 Maintain an existing program _____
 Expand an Existing Program _____
 Start a new program _____

9. Has your organization received funds from the Town in the past for this or a similar program? _____ No _____

If yes, please answer the following:

a. Does the amount of your request represent an increase over your previous appropriation? If yes, explain the reason(s) for the increase.

b. Were any conditions or restrictions placed on the funds by the Selectboard? _____

If yes, describe how those conditions or restrictions have been met.

B. PROGRAM OVERVIEW

1. Statement of Need: Identify the issue or need that the program will address (use statistical data to justify the need for the program). To what extent does this need or problem exist in the Town of Richmond? ___ Vermont continues to struggle with opiate use with the percentage of illegal drug use amongst adolescents higher than the national average every year since 2009 (NSDUH Behavioral health survey). Children are being affected by parental substance abuse at unprecedented rates with the number of children going into custody rising by 75% over the last 18 months. There are currently over 1,200 children in state's custody. High quality early childhood education is hard to come by in Vermont, especially in Chittenden County with the vacancy rate under 1% (Child Care Resources). Approximately 80% of the women at the Chittenden Regional Correctional Facility are mothers to minor children. Lund addresses all of these issues for young parents. Substance use disorder, child welfare concerns and a lack of opportunities for self sufficiency and independence for young families are problems that are present in Richmond as much as they are in every single town in Vermont.

2. Program Summary:

a. Identify the target/recipients of program services. Specify the number of Town residents your program will serve during the fiscal year and explain the basis upon which this number is calculated. Indicate any eligibility requirements your program has with respect to age, gender, income or residence. ___ Lund helps women, children and families living in poverty. Our programs focus primarily on women and children under age 5 but our adoption services necessarily serve families of all ages and gender. Lund's adoption services are statewide and our partnership with the Department for Children and Families to provide substance abuse screening is active in all 12 regional DCF offices. Other other services primarily take place in Chittenden County. Women come to our residential program from all over the state because it is the only program where a woman can engage in treatment while living with her child.

b. Identify what is to be accomplished or what change will occur from participating in the program. How will people be better off as a result of participating in the program? Describe the steps you take to make the project known to the public, and make the program accessible and inclusive? ___ Our overall goal is to strengthen families and to ensure that children are thriving by supporting parents in their education, treatment and employment goals. We are actively engaged in community outreach efforts to ensure that the public know about our services. We are dedicated to meeting families where they are at which can mean meeting them in their homes, attending school meetings, transporting clients to appointments, working with medical providers or other professionals to ensure that we remove barriers for clients who needs our services.

3. Program Funding:

a. Identify how Town funds, specifically, will be used (i.e., funds will provide "X" amount of units of service.) ___ Town funds will be used to support agency general operating costs. The agency is required to raise approximately \$1.3 million each year in

order to continue to provide the high quality service that helps families all across Vermont.

b. List the other agencies to whom you are submitting a request for funds for this program and the amount requested. How would this program be modified should revenues be lost? _____ The majority of our budget comes from state and federal government funding. We are also supported by the United Way, private individual donors, local businesses and private foundations. We have applied to several other towns in Chittenden County - Colchester, South Burlington, Bolton, Milton, Williston, Essex, Huntington and Hinesburg. If we were to lose significant unrestricted funding we would not be able to continue to offer to the scope and depth of integrated services at the current capacity.

C. ORGANIZATIONAL CAPACITY

1. Describe your agency's capability to provide the program including its history, previous experience providing this service, management structure and staff expertise. ___ Lund has helped families in Vermont for 128 years. The name of our organization and the scope of our services may have changed by the core of the mission remains the same. We have adapted over the years to ensure that we are meeting the most pressing needs of the community. We have a management team of eight dedicated professionals, many of whom have been at Lund over 15 years. They are supported by our committed board of 22 local business people, philanthropists, and hard working non profit experts. Lund is a unique organization in that state due to the expansive and integrated nature of its services.

2. How will you assess whether/how program participants are better off? Describe how you will assess program outcomes. Your description should include: what (what kind of data), how (method/tool for collecting the data), from whom (source of data) and when (timing of data collection). _____ Lund uses Results Based Accountability to assess our programs and ensure that we are achieving the desired outcomes for Vermont's families. We use a wide variety of methods to collect data including clinical assessments, client surveys, staff assessments, industry standard assessments such as educational screening tools.

3. Summarize or attach program and or service assessments conducted in the past two years. ___ Lund conducts yearly program analysis to ensure that our programs are meeting desired outcomes. This is coordinated by a program committee consisting of staff and board members.

4. Does your organization have a strategic plan and a strategic planning process in place? _____ YES ___ If yes, please attach your plan.

The strategic plan should include a mission statement, goals, action steps to achieve the goals, and measures that assess the accomplishments of the goals.

5. What is the authorized size of your board of directors? _____ 22 _____
How many meetings were held by the board last year? _____ 10 _____

6. Does your organization have an audit performed? _____ Yes _____
If yes, the audit must be provided to the Town Manager upon request.

I, the undersigned, confirm the information contained herein is accurate and can be verified as such. I understand and agree that if the requested funds are approved, the disbursement of funds are subject to all conditions established by the Richmond Selectboard.

Signature of Applicant _____ Charlotte Blend _____ Date ___ 10/3/2018 _____

Charlotte Blend, Communications Coordinator

Print Name of Applicant and Title