

emailing Duncan Wardwell, Assistant to the Town Manager, at: [dwardwell@richmondvt.gov](mailto:dwardwell@richmondvt.gov). Deadline for submission is the end of the day, October 2, 2023.

Town of Richmond

**Request for Special Appropriations**

**Request for Fiscal Year: 2025**

Organization's Name: **HALE & HEARTY SENIORS CLUB**

Address: c/o Linda Parent PO Box 607

City, State, Zip: Richmond, VT 05477

Website address: \_\_none

**A. GENERAL INFORMATION**

1. Program Name: **HALE AND HEARTY SENIORS CLUB**

2. Contact Person/Title: **Linda Parent / President**

Telephone Number: 802-881-2593

E-mail address: [parentlinda4@gmail.com](mailto:parentlinda4@gmail.com)

3. Total number of individuals served in the last complete fiscal year by this program:  
**Fifty five (55)**

4. Total number of the above individuals who are **Town residents: 55**

5. Please, attach any documentation that supports this number.

Percent of people served who are Town residents: **100 %**

6. Amount of Request: **\_-0-** see note below

7. Total Program Budget: **\_\_\$5000\_\_\_\_\_**

Percent of total program budget you are requesting from the Town of Richmond: **0%**

8. Please state or attach the mission of your agency: **To provide monthly meetings and trips of social, informational, and educational interest for senior citizens in the Richmond Community.**

9. Funding will be used to:

**Maintain** an existing program       Expand an Existing Program  
 Start a new program

10. Has your organization received funds from the Town in the past for this or a similar program? **YES, Hale & Hearty has received and used the \$4000 appropriation that the town provided in past years. For the last two fiscal years we have asked for zero appropriation, due to COVID and that we still had enough to cover our activities. We do hope to apply for support in the next fiscal year.**

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.  
**No increase, see #10**
  - b. Were any conditions or restrictions placed on the funds by the Selectboard? **\_NO**  
If yes, describe how those conditions or restrictions have been met.
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## **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?

**This organization provides an opportunity for senior citizens of Richmond to meet and socialize with others and to receive information regarding available services, activities, entertainment, and information of general interest.**

- 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.

**This club has 60 current members. Membership is open to any resident of Richmond age 60 and older and their spouse of any age.**

- 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?

**Seniors will be better informed about available services and programs and will be better able to maintain good health and participate in town activities. Meetings and programs are warned at advance meetings, direct email to members and on Front Porch Forum.**

- 3. Program Funding:

- a. Identify how Town funds, specifically, will be used (i.e., funds will provide "X" amount of units of service.)

**When allocated, appropriated funds will be used to partially fund trips for members and supplies for monthly meetings.**

- a. 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? **NONE**

## **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. \_\_

**This organization has been providing these services for over 25 years. Our "tour committee" has been in place for several years, as they plan bus tours with input from the membership. A "program committee" is in place to arrange programs for our monthly meetings.**

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).

**Direct feedback from participants and discussion at meetings about what type of programs may be. We hear any concerns and compliments about the trips and programs.**

3. Summarize or attach program and or service assessments conducted in the past two years.

**Day trips to Fort Ticonderoga & Shelburne Museum.  
Programs from local business owners.**

4. Does your organization have a strategic plan and a strategic planning process in place? **NO** - If yes, please attach your plan.

The strategic plan should include a mission statement, goals, 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? **4**

**President, Vice-President, Secretary, Treasurer**

How many meetings were held by the board last year? **No formally scheduled meetings. Discussion is shared at the monthly meetings and by e-mail.**

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 Linda Parent Date 9-19-23

**Linda Parent, President**

Hale & Hearty Membership List

As of 9/13/2023

<u>Last Name</u>	<u>First Name</u>	<u>Mail Address</u>	<u>Telephone</u>	<u>E-Mail</u>
Barnes	Mary Anne	PO Box 283	434-3220	mab@gmavt.net
Brace	Erwin	PO Box 133	434-2553	jbrace0713@gmavt.net
Brace	Judy	PO Box 133		
Bulaga	Carol	861 Cochran Rd	598-5027	clbulaga@aol.com
Bulaga	Ray	861 Cochran Rd		rjbulaga@aol.com
Carpenter	Connie	155 W. Main St.	434-5587	cdcggi2@gmail.com
Cotrone	Anita	61 Church Street	332-8032	anita.cotrone@aol.com
Coggio	Catherine	182 E. Main St.	434-3572	clcoggio@gmail.com
Desilets	Jeanne	131 Valley View Ext.	434-3526	jeno1950@gmail.com
Desilets	Raymond	131 Valley View Ext.	"	raydesi33@gmail.com
Devino	Hilde	3435 Hinesburg Rd.	434-3295	
H Durant	John	97 East Main Street	434-3658	
Durant	Pamela	97 East Main Street	434-3658	padurant54@gmail.com
Dutil	John	42 Besaw Rd.	434-2875	vdutil@aol.com
Dutil	Vivian	42 Besaw Rd.		vdutil@aol.com
Emerson	Betsy	139 Wes White Hill	434-7114	betsyandjane@gmavt.net
Felis	Janet	119 Bates Farm Rd.	434-3884	jfelis@gmavt.net
Haddock	Bill	299 Snipe Ireland Rd		
Haddock	Gina	299 Snipe Ireland Rd	922-6380	ginahaddock@gmavt.net
Hammerslough	John	3222 Cochran Rd	434-2457	john.hamerslough@gmail.com
Harvey	Mary	P.O. Box 64	434-2230	miharvey216@gmail.com
Haskin	Jeanann	176 Robbins Mtn Rd	434-2024	jeanhaskin@aol.com
Kenney	Donald	217 Stage Road	922-6742	Kenney.donald@comcast.net
Kneen	Therese	103 West Main Street	434-2044	takneen@yahoo.com
Kneen	William	103 West Main Street	434-2044	kps12000@yahoo.com
Knowles	Allen	112 East Main St		
Knowles	Lynne	112 East Main St	716-378-2459	clynneknowles@gmail.com
Laurita	Cathy	45 Borden St.	434-3007	C.Laurita@yahoo.com
Loughlin	Corinne	PO Box 729	578- 3184	crloughlin@gmail.com
Mahoney	Betty	3173 Hinesburg Road	434-2217	betty_mahoney@comcast.net
Manley	Kathi	PO Box 388	434-2846	bkmanley@comcast.net
Manley	Bob	PO Box 388		
Nye	Martha	P.O. Box 283	434-3220	martha3@gmavt.net
O'Donald	Janice	208 Bridge St	734-9775	jodono@gmail.com
O'Neil	Mary	127 Snipe Ireland Road	434-2894	kerry@gmavt.net
Parent	Linda	Box 607		parentlinda4@gmail.com
Parent	Sandra	1698 Jericho Road	238-6881	
H Riggs	Harriet	Senior Community	434-2556	hrriggs@yahoo.com
Roberge	Sue	60 Sylvan Ridge	434-5604	53shsr@gmail.com
Roberge	Rich	60 Sylvan Ridge	434-5604	richthecoach@yahoo.com
Routhier	Pauline	351 Meadow Lane	434-2265	3045@gmail.com
Storrs	Mike	486 Grandview Drive	434-4522	mikestorrs@aol.com
Storrs	Tess	486 Grandview Drive	434-4522	tastorrs@aol.com
Templin	Kathi	102 Sylvan Ridge	598-7855	khtemplin@gmail.com
Thomas	Dave	1635 Hillview Rd	434-3654	dthomas@gmavt.net
Thomas	Fran	1635 Hillview Rd	434-3654	dftf5171@gmavt.com
Towers	Rachel	3912 Huntington Road	434-2412	ralrae44@yahoo.com
Towers	Ralph	3912 Huntington Road	434-2412	ralrae44@yahoo.com
Van Landingham	C. Jane	139 Wes White Hill	434-7114	betsyandjane@gmavt.net

H	Verburg	Jacob	468 Verburg Lane	434-3154	
	Wintersteen	Jackie	PO Box 175	434-2876	<a href="mailto:175winter@gmail.com">175winter@gmail.com</a>
	Wintersteen	Bill	PO Box 175	434-2876	<a href="mailto:175winter@gmail.com">175winter@gmail.com</a>
	Wyman	Barb	319 Hillview Rd	434-3073	<a href="mailto:barbwyman@gmavt.net">barbwyman@gmavt.net</a>
	Yaggy	Karen	2190 Dugway Rd	434-2429	<a href="mailto:dkyaggy@gmavt.net">dkyaggy@gmavt.net</a>
	Yaggy	Don	2190 Dugway Rd	434-2429	<a href="mailto:dyaggy@gmavt.net">dyaggy@gmavt.net</a>

H = in residential home outside of Richmond

As of Sept 13, 2023