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Executive Summary

An estimated 900 RSVP volunteers will serve in Clark, Floyd, Harrison, Jefferson and Scott counties in south central Indiana, during the fiscal year 4/1/2015 - 3/31/2016. Among other things, they will offer companionship to and transport homebound seniors and veterans; work in food pantries; use a skit to teach first graders (and therefore their families) how to wash their hands properly and why and when they should do that; use a power point presentation and props to teach seniors about the dangers of accidental poisonings to both themselves and their grandchildren; tutor at-risk children; work at bloodmobiles; build wheelchair ramps for seniors and the disabled; and prepare taxes for low-income folks. These and other services will be performed through a network of approximately 130 volunteer stations such as our Area Agency on Aging, 3 Red Cross chapters, 14 food pantries, schools, Head Starts, hospitals and a variety of private non-profits.

Our primary focus area is Healthy Futures, with 3 outcome based workplans for Aging in Place and 1 for Obesity and Food. For the third year, outcomes will be that 80 individuals will report increased social ties or perceived social support and 3000 will report increased food security. In addition 40,000 folks will receive information that improves access to care in our 5 health care facilities; 1000 first graders will have learned about proper hand-washing, 300 seniors will have learned about the dangers of accidental household poisonings and parents of 100 children will have learned, first-hand, about the necessity for vision screenings. 73% of our unduplicated volunteers will be working in the area of Healthy Futures.

Additional activities will support the CNCS priorities of Economic Opportunity, Education and Capacity Building. Community Priorities such as making repairs to the homes of low-income elderly folks, feeding the hungry through soup kitchens and providing socialization and entertainment to those in long-term care facilities will continue to be addressed.

Altogether, 535 of our 900 volunteers, or 59 % will be engaged in outcome based activities.

The CNCS federal investment of \$76,710 will be supplemented by \$32,876 non-federal match and \$43,807 in excess funds for a total local investment of \$76,683.

Strengthening Communities

Our service area includes 5 counties in south central Indiana. 3 of the 5 counties are part of the Louisville, KY metropolitan area, although 1 of those is quite rural. 4 of the 5 counties border the Ohio River, which brings industry, tourism, history, recreation and floods. It also isolates the area from its southern neighbors because, in 112 miles of river frontage, there are only 5 bridges, 3 of

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which go directly into Louisville. The 2 urban counties have old central cities with urban cores, surrounded by growing, affluent suburbs. The rest of the service area is either small town, suburban or rural. According to stats.indiana.edu, our service area has a population of 280,783; 39,946 of whom are 65 or over. 23.7% of the residents live in rental housing, a good deal of which is subsidized, including 20 housing complexes for low-income seniors, which are often full, with waiting lists. Renters move more often, which increases their need for services and removes them from any support systems that they have developed. Apartment managers report that seniors living in rental housing complexes often do so because they have no local families to help with transportation, socialization, etc.

We have chosen Healthy Futures as our Primary Focus area because of continuing and, in some cases, growing needs in this area. We will be working on the following 9 specific needs, which encompass 655, or 73% of our unduplicated volunteers. Our RSVP has been in existence for 41 years and already has these projects in place and functioning, in response to the community needs described below. Lots of this information is duplicated in the workplans themselves, but the instructions for this narrative specifically asked for us to draw the connections between the community needs, service activities, outputs and outcomes so we included it all here as well.

Companionship: On June 29 this year, our Area Agency on Aging, hereafter referred to as LSR, stopped using volunteers to make daily deliveries of Meals on Wheels. Instead, they are paying the caterer to deliver frozen meals once a week. Their Care Managers had, for decades, counted on the Meals volunteers to provide daily safety checks and some socialization to their homebound meals clients. That piece is now gone and the Care Managers were very concerned about the impact of that on the safety and well-being of the clients. The Nutrition Director approached RSVP hoping we could provide the missing service. We can. For 40 years, we have been running a small program called Dial a Care, where we match volunteers with homebound seniors for the purpose of making DAILY calls to provide the exact service that the LSR clients need. To date, LSR has referred 394 new clients to our program, which was currently only serving 30 clients. It will take us awhile, but, by year 3, hopefully sooner, we will have recruited enough new volunteers to make daily calls to at least 300 homebound clients, 135 of whom are veterans. Years of providing this service on a smaller scale have shown us that these volunteer callers are the first to know if a client is ill or in distress. There is a specific procedure to follow for each individual who does not answer the phone at the arranged time. Plus, friendships always form between the caller and client, often leading to personal visits to supplement the calls. So we fully expect that each client will happily tell us that they have increased

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social ties or social support. LSR Case Managers will conduct phone surveys of their homebound clients to measure their perceived levels of social ties and support after participation in the DAC program. The Nutrition Director, who is on our RSVP Advisory Council, will be responsible for submitting the results to RSVP.

Companionship: Fifteen years ago, we began to get calls from clients needing wheelchair ramps so they could get out of their houses. They did not have the money required to hire contractors. After some extensive research, we discovered that these folks had called a chain of 10 agencies that covered 1/3 of the state of Indiana and the Louisville metropolitan area, each time being referred to another agency that did not provide the service. LSR can provide ramps to their homebound clients but there was, and continues to be, a 15 month wait to begin receiving in home services. At that point we recruited 2 teams of carpenters to build the ramps and Ramps to Freedom was born. RSVP staff takes the initial information, then the volunteer leader takes over. He visits the property, talks to the client, measures, draws plans, orders materials and schedules the volunteers. Upon completion of the ramp, clients are immediately able to resume their social relationships. There are frequently tears of joy as clients exit their homes for the first time in months, go to the mailbox, visit neighbors, get in the car to visit family, etc. They will report an immediate increase in social ties and support. We build an average of 30 ramps per year, 8 of which are for veterans or their widows. The Project Coordinator will conduct a phone survey with each ramp client 3 months after the ramp's completion to assess and measure the change in social ties and support. These surveys will be attached to the client intake forms and kept indefinitely.

Transportation: LSR reports that they have 1500 transit dependent clients in our service area. They provide transportation to seniors but their system is overwhelmed with patients needing renal dialysis and repetitive cancer treatments. They reported 50 folks who called during the year who could not be served at all. RSVP has a small corps of volunteers willing to provide rides to medical and other appointments, the grocery and other places of personal business. We will only be handling a small piece of this unmet need, 35 volunteers providing rides to 50 people each year, most of which are recurring. It's usually possible to make a volunteer/client match so that friendship develops. Drivers often report that they 'swing by' to take a client to lunch or to drop off fresh produce, etc. The clients will report an increase in social ties and support because of these rides and the relationships developed with the drivers. RSVP Project Coordinator does a phone survey with each client to determine their level of satisfaction and interaction with the driver and whether or not other social interaction occurred as a result of the transportation.

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Food Pantry: Feeding America - Map the Gap reports that there are 39,060 food insecure people in our service area. Plus, our food pantries, which are staffed almost exclusively with volunteers, report that requests for assistance have increased 25% in each of the last 2 years. These new clients report that a series of natural disasters - tornadoes, ice storms, floods and even a hurricane have strained their resources to the breaking point. If history is an indicator, most of these newer clients will continue to need help, in addition to those unemployable people who regularly rely on assistance to put food on the table. 185 RSVP volunteers will staff 14 food pantries, stocking shelves, rotating stock, doing client registration, packaging produce and bagging groceries, serving 8000 unduplicated clients per year, 680 of whom will be veterans. 3000 of these clients will report that the food provided by the volunteers increases their food security. This information will be collected on a survey form which is being devised by all of the food pantry managers collectively. They are participating because they see the value in aggregating the information.

Training: According to the CDC, communicable diseases, like the flu, are spread most rapidly in groups, particularly in schools. Each day, about 46,700 students attend school in our service area. Again, from the CDC, "by implementing our recommendations, schools can help protect 1/5 of the country's population from the flu and other communicable diseases. Good hand washing technique is easy to learn and can significantly reduce the spread of infectious diseases among both children and adults." Locally, individual schools have occasionally closed for a few days to help control flu outbreaks. In 2006, to plan for a feared epidemic of 'bird flu', an assembly of Region X Emergency Management Directors and other partners announced that they had identified 'proper and frequent hand washing' as the only factor that could actually prevent an outbreak of bird flu and other communicable diseases. All other planned measures, like closing schools, are damage control, done after the outbreak has already occurred. We implemented 'Henry the Hand' at their request. A troupe of 3 costumed, trained, engaging volunteers will present the 20 minute visual, interactive skit to 1000 first grade students. 'Henry' fulfills 3 state mandated teaching standards. Teachers report repeated instances of students, some in upper grades, noticing when their peers are not washing properly and using the 'Henry' system to teach them. There have been no flu related school closings since 'Henry' began so we are asked to teach a new class of first graders each year. The Health Aide at each school gives us the precise number of attendees. We only present 'Henry' to first-graders so there is no duplication of attendees from year to year. In addition, 'Nurse Nancy' canvasses the children individually immediately before and immediately after each presentation to see if they know how many seconds that they need to wash their hands to kill germs. Plus, the children each promise to

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actually do what they have learned. This earns them a 'high-five' from Henry himself.

Training: In 2006, the Indiana Poison Control Center noticed that Indiana seniors represented a much higher rate of poison related visits to emergency rooms than calls to poison control centers. To investigate the cause of this anomaly, they sponsored focus groups for seniors in 8 Indiana cities. The info gathered in these groups affirmed that Indiana seniors were engaging in careless behaviors that were causing accidental poisonings of both the seniors and their grandchildren and that they did not know that the most beneficial action in dealing with a potential poisoning is to call the Poison Control Center. They developed a curriculum to be presented to senior's groups. Our RSVP has 2 trained volunteers who present Poison Information for Seniors (PIPS) to 300 seniors per year. PIPS attendees take pre and post tests and sign in on an attendance log. These records are kept in the RSVP office.

Training: From the National Eye Institute 'Vision in Preschoolers 2005', "Vision disorders are the fourth most prevalent class of disability in the U.S and the most prevalent handicapping condition in childhood." Their researchers estimate that, nationwide, 2-5% of children ages 3-5 have amblyopia which can cause blindness if not treated early. Fewer than 22 percent of preschool children receive any type of vision screening. Head Start is an income eligible program whose students are even less likely to receive vision screening, partly because their parents don't realize its importance. What's more, there is no school sponsored vision screening for incoming students in Jefferson, Jennings or Scott counties in Indiana. 5 trained RSVP volunteers will screen all of the Head Start students in those 3 counties and will distribute informational materials to all of their parents. 3% of the children will be identified as needing to visit an eye doctor for follow-up and treatment to PREVENT BLINDNESS. Prevent Blindness volunteers keep a log of students tested. Their parents are surveyed at the test-site to assess whether they now understand the necessity for regular vision screenings.

Distributing information: The high cost of health care is one of the top 3 problems consistently identified by local needs assessments as a barrier to adequate health care. The Advantage Survey conducted in 4 of our counties in 2008 discovered more seniors (11%) who could not afford to pay their portion of medical services than those who needed help paying utility bills (5%). Because of this, our hospitals and clinics, most of whom are non-profit, expend most of their resources on medical staff and services, to keep costs as low as possible. They know that more is needed but largely leave it to their Auxiliaries and volunteers to provide and fund health education opportunities and to distribute information and guidance to access the services that the facilities provide. 144 volunteers will work through 5 facilities, handing out brochures on numerous topics, including free classes that provide

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information about maintenance of specific diseases, support groups and available services; they will also staff all information desks, directing and transporting patients, providing whatever help they need to receive services; they work all surgery areas, conveying information back and forth between patient's families and hospital staff; they run gift shops and events to raise money to provide services for the indigent and, sometimes, new technology that improves care but is not in the facilities' budgets. The presence of volunteers allows our healthcare facilities to provide much more and better service without raising fees. All of our hospital auxiliaries have established procedures for collecting information on the number of people served by their various activities. They give us that information annually.

Infrastructure: Our RSVP Program is 41 years old. Our current Director has been with us for 25 years. She guided the program through the change from ACTION to the Corporation for National and Community Service and through numerous changes in emphasis like adding projects to serve children of prisoners and participating in 'Cross Stream' collaborations with other CNCS funded programs. In 1992 she brought us into compliance with the then new Americans With Disabilities Act, which involved completing 42 page surveys on each of our 160 stations. The biggest change, however, was the move to Programming For Impact, which was begun in 2000 as a result of the Government Performance and Results Act and is now being refined through the implementation of National Performance Measures. Our RSVP Director is currently serving her second stint as President of the Indiana Senior Corps Directors Association, having led the consolidation effort of the 3 separate associations 9 years ago. In addition, she was one of a handful of RSVP Directors to serve on the CNCS Recompensation Committee. We say all of that to affirm that we understand the necessity for and the process of adapting our program to new regulations as they are implemented. We have already been measuring outcomes for senior nutrition, services to veterans, Prevent Blindness Indiana, Communities in Schools, home repairs and adaptations, Henry the Hand, bloodmobiles, healthcare volunteers and food pantries. Very little of that measurement will transfer to the National Performance Measures so we will switch to measuring what is needed to standardize and compile the data collected. We run 7 of the outcome based projects described in our workplans ourselves so we have direct access to those clients to survey for the needed information. We have described the mechanism for collecting data in each of the community needs sections above.

Recruitment and Development

Our RSVP has a long history of keeping the benefits to the volunteers at the forefront of project planning. As we develop new stations and as established stations experience staff turnover, we make

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sure that new partners understand that volunteers are members of their staffs and should be treated with the same respect and consideration, and with the same performance expectations as their paid personnel. We provide training for station staffs, both in groups and individually, emphasizing methods that will assure a high quality experience for volunteers. We provide computer training for our senior volunteers so they can train others. In addition, we have a lengthy interview process that precedes every placement. Accurate assessment of a volunteer's needs and state of mind is key to placing them in a setting that will enhance their quality of life and keep them volunteering. For volunteers who work through programs that we run, we provide orientation on policies and procedures, then training through job shadowing. We also offer best practices for specific projects and often employ peer-to-peer training to keep everyone on the same page. As noted on page 1 of the 07 CNCS Field Guidance, "Recent research demonstrates the tangible personal, physical, and emotional benefits of volunteering for the elderly, enabling them to remain active, healthy, and productive well into their senior years." It is our job to ensure that the places where they work offer opportunities for job growth and leadership development so they will remain engaged. We do that by following up with the volunteer at regular intervals to assess the placement. Then, if necessary, we provide guidance to the stations on ways they can keep their volunteers stimulated and interested in continuing. We also lead by example in the area of developing leadership volunteers, using volunteers to manage our Dial a Care, Ramps to Freedom, Home Repairs and Bulk Mail projects.

We have already established a corps of more than 1100 volunteers plus groups that work on large one day projects. We have 2 staff members whose primary task is the recruitment of new volunteers. They are having success both in recruiting volunteers and in developing new stations in the smaller towns - away from their county's population centers where people don't usually get much attention. Generally, our recruiting strategies are speaking, networking, brochure distribution, newspaper articles, radio psa's, the RSVP newsletter, other newsletters (sponsor, churches, businesses, clubs), church fliers, neighborhood fliers, and providing a wide variety of volunteer opportunities so that there is an attractive position for everyone. We post our current volunteer needs on our sponsor's website. We also use Volunteer Match, Facebook and our United Way's website to post volunteer opportunities.

Despite the fact that we are adjacent to a large metropolitan area, our population is not particularly diverse - only 4.6% black and 3.4% Hispanic. Despite numerous recruitment strategies developed by our minority Advisory Council members, we have not been particularly successful in increasing the number of racial and ethnic minority volunteers. We have, however, been successful at developing stations at pantries and tutoring programs in 3 predominantly black churches so we're making slight

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progress. We do not ask potential volunteers about their sexual orientation or English proficiency so I can't speak to our success rate at placing those folks. However, we pride ourselves on finding a meaningful volunteer placement for everyone, no matter what their abilities or limits, so we have a goodly number of folks with disabilities on our volunteer roll. We have several volunteer positions that are targeted to helping veterans and the families of active military and we have one station that uses veterans to assist other veterans. Veterans like to help other veterans so having those stations has helped us increase the number of RSVP volunteers who are veterans.

We haven't had retention problems except for illness and death of our older members and for boomers who sometimes return to paid work. Careful placement, volunteer supervisor training and frequent recognition are our retention strategies. We practice many different types of recognition. We hold 3 annual Volunteer Recognition events, which are attended by about half of our volunteers. The business community recognizes their value by sponsoring tables. Local government officials thank them for their service. We honor Volunteers of the Year and as many others as we can find a reason to highlight. In addition to these very public events, we recognize them in newspaper and newsletter articles, personal notes, phone calls, relationships, small issue-oriented recognition events, nominating them for community awards and accompanying them to recognition events held at their volunteer stations, and we encourage all of our stations to provide individual recognition, even if they can't afford to host a recognition event.

Program Management

As an incumbent sponsor, we already support approximately 160 volunteer stations that address a wide variety of community needs. We have the specific station requirements in our MOU's. Our Coordinators visit each station at least once every 2 years, more often if there is a change of station staff. During these visits, they review our agreement and make changes when necessary. They also review all of the station's job descriptions and do a safety assessment. We are piloting a program in one of our rural counties which matches Advisory Council members with stations to increase the frequency of station visits. We assure ourselves that volunteers are being used for their assigned service activities by making scheduled follow-up calls to the volunteers themselves. It is not unusual for a station to make changes in their programming without letting us know. While a volunteer may initially agree to perform a different activity, they usually end up quitting. We find out about all of that when we call. Then, another station visit ensues.

When community needs change drastically, it's usually the result of a disaster. Our area has been disaster prone for the last several years so we have set up Volunteer Centers to manage spontaneous

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volunteers and have dispatched volunteers to all manner of response and relief efforts. However, these needs do not eliminate the needs that already existed. They are merely, temporarily, more urgent. So, if possible, volunteers continue to support their primary placements and add relief work. As a result of these disasters, the abilities of our helping agencies have been stretched even thinner and the presence of their volunteers is even more crucial. Agencies may make changes in their programming in order to address needs more efficiently, but, unfortunately, community needs don't just go away. This talk about graduating stations seems to have come about because CNCS no longer wishes to hear about some of our community needs. That is fine, but it does not mean that the needs have gone away.

We have a long history of working in our Primary Focus area which is Healthy Futures. We have been running Dial a Care, Henry the Hand, Poison Information for Seniors, Ramps to Freedom and a volunteer transportation program for years and have been measuring outcomes for all but Poison information. In addition, we have been measuring outcomes for all of our food pantry volunteers. We have other projects that promote aging in place that do not fit within the prescribed outputs. We make home repairs on the homes of dozens of low-income seniors and we have dozens of volunteers who work in neighborhood soup kitchens that are heavily populated by seniors who are then able to use their money on other things.

As an incumbent sponsor of a 5 county program, we have already established Advisory Councils, which we find to be an invaluable tool in project development, volunteer recruitment, recognition and fund raising. Our 'main' Advisory Council covers our 2 most populous counties, which includes the largest number of our volunteers and most of our stations. We have satellite councils in 2 of our rural counties.

All of our stations have MOU's that are reviewed and signed at least every 3 years, but usually more often. The process of visiting an agency and establishing a MOU is necessary to discover if they are eligible to use RSVP volunteers. Small start-ups often come to us for help before they have established their non-profit status with the IRS. Our RSVP staff is highly trained to recognize organizations whose volunteers would be expected to participate in religious or political activities and explain that they are not eligible to be RSVP stations. Although, as far as we know, we have never had a potential volunteer say that they are older than they are just so they can join RSVP, we now check I.D. and note that on their enrollment form.

Organizational Capability

Our RSVP started out as part of the Area Agency on Aging, but we've now been the sponsor for 30

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years, during which time its capacity has grown to more than 1100 volunteers. A county was added along with three staff positions, and the number of nonprofit locations has grown to 160. Our RSVP program has been a successful applicant for a PNS grant and developed a system to raise enough local money to support a program of this size.

Key staff positions responsible for RSVP management are our Project Director, her Assistant, our Jefferson/Scott County Manager, and a Coordinator/Recruiter. The paid staff is assisted by 10 leadership volunteers whom they've developed over the years to handle specific program and clerical functions and fund raising, as well as lending their years of expertise to program evaluation. Our RSVP staff has formed a cohesive unit that can both handle the finer points of program management and concentrate on the big picture of impact programming. The RSVP Director is responsible for all things related to being in compliance with CNCS regulations and those of other funders, and she manages the staff; her Assistant mainly handles volunteer and station records and projects; the Manager and Coordinator build relationships with stations and largely handle volunteer recruitment. The entire staff of the RSVP as well as of Hope Southern Indiana are responsible for representing RSVP and the Hope organization as a positive and necessary piece of the service sector within our community. The program itself is well-known for its many community benefits.

The RSVP Director is supervised up by the Executive Director. They meet weekly to review progress and discuss issues, etc. The RSVP Director has been with the program for 25 years and is well-versed in its regulations, often providing guidance and training for other Indiana RSVP Directors, as well as being a known expert in volunteerism to local nonprofits. No other staff time is charged to the grant even though both the Executive Director and the Resource Manager spend time on RSVP business. Program decisions and positions are largely guided by the workplans while always keeping open the option of responding to emergencies that arise, or newly discovered unmet needs. The RSVP Director has the freedom to participate in collaborations and/or do research to identify unmet needs, and to propose programming to address those, as long as new projects may be added within the constraints of the approved budget.

The Executive Director oversees our financial management system with additional expertise and oversight provided by our Resource Management Director, Board Treasurer and the Board's Finance Committee. We use CDM software to manage our electronic fiscal records. We have detailed financial control procedures to account for each expenditure and each deposit. Each program area has separate funding and separate bank accounts. Our RSVP has 4 bank accounts; 1 for the federal grant; 2 for the match money (because Jefferson County was added and they generate their own

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match money); and 1 for projects like ramps. We've managed the RSVP grant for 30 years and are compliant with its federal budgeting regulations and the OMB circulars. We also have an annual audit conducted by an independent accounting firm, which consistently identifies no problems with our fiscal management. Although this is the only federal grant that we have had, we receive government commodities for our food pantry and formerly ran both a child care center and a residential substance abuse program that received government reimbursements, and we have handled FEMA money. RSVP receives thousands of dollars of in-kind donations each year, predominantly for office space, workshop materials, recognition gifts, silent auction items and food for Taste of Southern Indiana, which is RSVP's main fundraising event. Our Advisory Councils are instrumental in managing all of these projects and in soliciting in-kind donations. In addition, Hope Southern Indiana generates in-kind donations to support its other programs. All totaled, the in-kind almost equals or exceeds the cash budget for our agency each year. All of our in-kind donations are meticulously tracked as if they were cash, with the donors signing off on the value of each can of food, piece of fabric, etc. We are one of the few organizations whose in-kind contributions equal or exceed our cash budget; thus we also have an annual independent audit of in-kind resources along with our audit of cash and internal processing procedures. All RSVP expenditures are made within the approved RSVP budget, which is integrated into Hope's budget as a whole. Running a large 5 county RSVP with a federal investment of only \$76,710 requires extreme watchfulness over expenses, plus a well-developed plan to generate resources, both cash and in-kind. Our RSVP staff has a history of sound resource management practices, which has allowed it to grow disproportionately to its funding level. The Executive Director and Board have implemented very detailed risk management procedures governing every aspect of Hope's programmatic and financial operations. Hope conducts an annual Risk Assessment with a local expert Insurance Agent. From time to time, we seek the advice of an attorney on matters related to gifts of real estate or other non cash items, procedures regarding the closing or opening of a specific type of account or fund, or even whether or not to display the fact that we have cameras in use throughout the building for security purposes. We have contracted for an HR audit, set to be conducted in September and October of this current year to make sure that all of our HR procedures and policies are the best they can be.

Hope Southern Indiana does not own any buildings. Previously, we were housed free for 35 years in an old rectory. We are now housed in the Brown Starks Neighborhood Place, for which we pay \$1 a month. Although we do not own the building, we manage the space and use it quite freely to enhance our programming and in collaboration with other organizations such as: Clark County Youth and

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Family Services, Libertad Counseling, Personal Counseling Services, Youth for Christ, Boys and Girls Club, local faith-based organizations, local government program information services, local institutions of higher learning (PJ's Beauty College, IvyTech Community College, Indiana University Southeast), LifeSpan Resources, etc. It is because of our collaborative nature that we are able to keep costs low for our operations. We have a strong and widely known reputation as being openly collaborative which provides us a great deal of good will and opportunities in our community. We believe in transparency across all levels of governance and service. Each year we publish our financials (990 and Annual Report) on our website. We post our newsletters online. We make those same documents available in print for anyone who wants them. It should be said that if Hope were permitted to include the volunteer hours (well over \$3,000,000 worth each year) produced as a result of Hope and the RSVP, its percentage of money used for administration and fundraising would be less than .10%. As it is, using only our programs and cash as the guide for figuring those percentages, Hope's percentages in the fiscal year of 12/13 were 87.83% for Programs, 9.17% for Management and 3% for Fundraising. Hope operates as a very lean organization, which garners much favor in our community.

Other

N/A

PNS Amendment (if applicable)

N/A