



ENABLE Madison County
Board Meeting
February 12, 2025

In attendance: Ruchi Singal, Leanne Brigance, David Hadley, Victoria Willmon, Jason Nesbit, John Buckley

Staff: Manny Jaime, Kiliaen Anderson

Absent: Ben Phillips, Anner Turner, Susan Steinhauser, Marty Alfred, Terri Dean

Vice President Ruchi Singal called the meeting to order and stated our Mission at 11:40

Mission- Enable the aging and homebound to live at home independently, safely, and with dignity.

I. Consent Agenda- Ruchi Singal

Additions or Corrections

Additions- New Business- adding in the rescheduling of March Board Meeting.
Discuss Community Outreach Coordinator

Approve updated and accepted consent agenda- unanimous approval

Approve January 15, 2025 Board Meeting Minutes- unanimous approval

Approve January 2025 Financial Reports - unanimous approval

II. Reports

a. Executive Committee- Ruchi Singal

1.a. Search Committee update- conducting one-on-one meetings with candidates and involve Enable staff in the meetings. Has had few virtual meetings with candidates

b. Finance Committee- Jason Nesbit

1.a. Reviewed January 2025 Financial Reports; Special Events- waiting to see how income builds from future events; Income up 40%; Expenses are at 43%; investments accounts holding steady; employee tax credits expected to come in

c. Governance Committee- David Hadley

1.a. Board Member resigned; Continue to recruit new board members as some have continue to rotate off.

2.b. Implement group volunteer waiving contract; Manny will draft and have legal council review

d. Resource Development- Victoria Willmon

1.a. Nights Update- Need help @ Royal by 1:00-11pm. Vendors- Chef on Call, Cheesecake Factory-dessert, Coke Cola- drinks; Cash bar; Mary's Groceries- licensed distributor; Nexus Energy- presenting sponsor; MC- Vincent Boles; Raffle- Bourbon basket, 2 wine baskets; everything HSV baskets; Feb 27th- walk thru- meeting; Weekly committee meetings will start in March; 16 items needed the swag bags. Jason will talk to his clients about scrubs and candles; Pizzelle's will give candies for swag bags; Sponsorships needed- 14 more bronzes - 8 silver, 4 gold

2.b. Brews- Feb 13th- Yellowhammer- 5-7; Earth & Stone providing food.

3.c. RD to discuss Disc Golf fundraising idea

e. Services and Program Committee- Manny Jaime, Director of Operations

1.a. Warehouse work night- March 3, 2025

2.b. Grab bars and handrails- put on hold through January. First home visits started Feb 12th; need home visits completed first before installs

3.c. Spring Temps- recommending cancelling

4.d. Food Deliveries-Shelf stable food; clients in need have grown; funding for this has gone down; Develop a policy for food deliveries; ED may need to review this program

f. Executive Director's Report- Manny Jaime, Interim Executive Director (see attached)

III. New Business

1.a. Discussed moving the March Board Meeting to March 19, 2025, due to Spring Break absences

2.b. Community Outreach Coordinator- review Interest in Position Letter

IV. Old Business-

V. For the Good of the Agency

1.a. New Hires- Lisa Hinds, PT Associate Health Services Coordinator & Tamia Ellis, FT Health Services Coordinator

VI. Adjournment- Meeting adjourned at 1:10

Next Scheduled Board Meeting- Wednesday, March 19, 2025 @ 11:30 AM in the United Way Board Room

Submitted By: Leanne Brigance



Independence Restored

Mission- Enable the aging and homebound to live at home independently, safely, and with dignity.

**Enable Madison County
Board Meeting Agenda
March 19, 2025**

Note: The March 19, 2025, board meeting will be held in person at the United Way of Madison County Building 701 Andrew Jackson Way NE, Huntsville, AL 35801

Call to Order/Establish a Quorum – Ben Phillips, President

Mission – Enable the aging and homebound to live at home independently, safely, and with dignity.

I. Consent Agenda – Distributed via email March 17, 2025

1. Agenda – Additions or Corrections (vote)
2. February 12, 2025, Board Meeting Minutes – Leanne Brigrance, Secretary (vote)
3. February 2025 Financial Reports for Audit – Jason Nesbit, Treasurer (vote)

II. Reports

1. **Executive Committee Report** – Ben Phillips
 - Search Committee update
 - Discussion on Fundraising Tracking
2. **Finance Committee** – Jason Nesbit
 - Review February 2025 Financial Reports
3. **Governance Committee** – David Hadley, Chair
 - Continue to recruit new board members
 - Job Description for Services & Volunteer Coordinator
4. **Resource Development Committee** – Victoria Wilmon, Chair
 - **Night's Update** – Night 2025 Report
 - **Warriors** – Ruchi Singhal
 - **Brews** - Final report – Kiliaen Anderson
 - **Fall Fundraiser** – Marty Alfred
5. **Services and Program Committee** – Manny Jaime, Director of Operations
 - **Warehouse Work Night** – Next: April 1, 2025. Last: March 11, 2025
 - **Home Visits** – Restarted February 14, 2025 with new SN hires
 - **Deliveries Program** – Plan for future?
6. **Director of Operations' Report** – Manny Jaime

III. New Business

1. Need alternate location for June 11, 2025 Board meeting due to United Way availability

IV. Old Business

1. Community Outreach Coordinator
2. Volunteer Group MOU – Suggested edits being reviewed



Independence Restored

Mission- Enable the aging and homebound to live at home independently, safely, and with dignity.

V. For the Good of the Agency

1. Holy Name of Jesus Trust Fund Application
2. United Way Partnership Application
3. Food Bank of North Alabama Application

VI. Adjournment

Next scheduled Board Meeting

Wednesday, April 9, 2025, at 11:30 AM in the United Way Board Room

Upcoming Dates

Next Warehouse Work Night – Tuesday, April 1, 2025

Night for Enable – Thursday, April 10, 2025

Enable Madison County
Balance Sheet
As of February 28, 2025

	Feb 28, 25
ASSETS	
Current Assets	
Checking/Savings	
1-1009 · Bank Checking Account	
1-1010 · Unrestricted- Cash	261,094.86
Total 1-1009 · Bank Checking Account	261,094.86
Total Checking/Savings	261,094.86
Other Current Assets	
1-1001 · Cash On Hand	188.93
1-1500 · Prepaid Expenses	
1-1501 · Prepaid Insurance	13,403.62
1-1503 · Deposits	300.00
1-1500 · Prepaid Expenses - Other	1,605.77
Total 1-1500 · Prepaid Expenses	15,309.39
1-1800 · Property & Equipment	
1-1801 · Software	100.00
1-1802 · Equipment	42,181.68
1-1803 · Furniture	17,819.00
1-1804 · Accumulated Depreciation	-100,163.19
1-1805 · Donated Equipment	6,434.60
1-1806 · Acc Dep- Donated Equipment	-6,434.60
1-1807 · Pavilion	20,186.55
1-1808 · Forklift	9,440.00
1-1809 · Garden Equipment	15,024.14
Total 1-1800 · Property & Equipment	4,588.18
Total Other Current Assets	20,086.50
Total Current Assets	281,181.36
Fixed Assets	
1-1320 · Warehouse	202,218.70
Total Fixed Assets	202,218.70
Other Assets	
1-1100 · Investments	
1-1130 · LPL Investments	
1-1131 · LPL Money Market Fund	1,757.26
1-1132 · LPL Mutual Funds	279,332.65
Total 1-1130 · LPL Investments	281,089.91
1-1140 · Edward Jones Investments	
1-1141 · Edward Jones Money Market	118.16
1-1142 · Edward Jones Stocks	6,340.64
Total 1-1140 · Edward Jones Investments	6,458.80
Total 1-1100 · Investments	287,548.71

Enable Madison County
Balance Sheet
As of February 28, 2025

	Feb 28, 25
1-1205 · Other Receivable	63,577.38
Total Other Assets	351,126.09
TOTAL ASSETS	834,526.15
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Other Current Liabilities	
2-0000 · Liabilities	
2-1000 · Current Liabilities	
2-1004 · Accounts Payable	10,546.98
Total 2-1000 · Current Liabilities	10,546.98
2-1400 · Payroll Withholding	
2-1410 · Default Payroll Withholding	-1,042.66
2-1411 · Flex Spending Account	-40.00
Total 2-1400 · Payroll Withholding	-1,082.66
2-1500 · Accrued Employer Expenses	7,086.81
Total 2-0000 · Liabilities	16,551.13
Total Other Current Liabilities	16,551.13
Total Current Liabilities	16,551.13
Total Liabilities	16,551.13
Equity	
3-0000 · Equity	
3-1000 · Fund Balance	35,084.71
3-3200 · Current Year Earnings	209,459.58
3-9999 · Historical Balancing	5.30
Total 3-0000 · Equity	244,549.59
32000 · Owners Equity	588,366.78
Net Income	-14,941.35
Total Equity	817,975.02
TOTAL LIABILITIES & EQUITY	834,526.15

Enable Madison County
Profit & Loss Budget vs. Actual
July 2024 through February 2025

	Jul '24 - Fe...	Budget	% of Budget
Ordinary Income/Expense			
Income			
4-0000 · Income			
4-4010 · Public Support			
4-4011 · Income-Corporate	14,284.87	1,500.00	952.3%
4-4012 · Income Churches	11,835.51	20,000.00	59.2%
4-4013 · Income- Memorials/Bequests	25,586.35	4,000.00	639.7%
4-4014 · Income- Individuals	33,501.42	110,000.00	30.5%
4-4015 · Income- Grants	116,901.66	210,000.00	55.7%
4-4018 · Income Public Support Other	9,639.66	3,000.00	321.3%
Total 4-4010 · Public Support	211,749.47	348,500.00	60.8%
4-4200 · Special Events			
4-4201 · Night for Enable	31,029.33	125,000.00	24.8%
4-4203 · Promotional	32,540.41	160,000.00	20.3%
Total 4-4200 · Special Events	63,569.74	285,000.00	22.3%
4-4700 · United Way Funding			
4-4701 · Madison County UW-Allocations	53,333.36	80,000.00	66.7%
4-4702 · United Way- other	0.00	1,700.00	0.0%
4-4703 · CFC & UW Designations	9,627.92	17,000.00	56.6%
Total 4-4700 · United Way Funding	62,961.28	98,700.00	63.8%
4-5000 · Governmental Grants			
4-5001 · Grant- Community Development	9,003.64	10,000.00	90.0%
4-5002 · Grant- County Government	10,000.00	20,000.00	50.0%
4-5005 · State Rep Discretionary	0.00	5,000.00	0.0%
Total 4-5000 · Governmental Grants	19,003.64	35,000.00	54.3%
4-6500 · Income- Interest on Checking	16.46		
4-6501 · Use of Reserve Account Principa	0.00	40,000.00	0.0%
Total 4-0000 · Income	357,300.59	807,200.00	44.3%
4-6601 · Unrealized Gain (loss) on Inve	16,883.14		
4-6602 · Realized Gain (Loss) on Invest	-903.90		
4-6603 · Dividends received on Investmen	7.50		
Total Income	373,287.33	807,200.00	46.2%
Gross Profit	373,287.33	807,200.00	46.2%
Expense			
6-0000 · Expenses			
6-0950 · Special Events Expense			
6-0951 · Night for Enable Expense	1,829.24	22,000.00	8.3%
6-0953 · Promotional Expense	21.74	6,000.00	0.4%
6-0960 · Credit Card Fee- Special Event	511.77	2,000.00	25.6%
Total 6-0950 · Special Events Expense	2,362.75	30,000.00	7.9%
6-7000 · Personnel Salary & Benefits			
6-7001 · Expense- Payroll	225,476.24	458,000.00	49.2%

Enable Madison County
Profit & Loss Budget vs. Actual
July 2024 through February 2025

	Jul '24 - Fe...	Budget	% of Budget
6-7100 · Employee Benefits			
6-7101 · Employee Benefit- Medical	5,876.71	19,000.00	30.9%
6-7102 · Employee Benefit-SEP	5,967.26	14,000.00	42.6%
Total 6-7100 · Employee Benefits	11,843.97	33,000.00	35.9%
6-7200 · Payroll Taxes			
6-7205 · Payroll Tax	17,183.89	41,000.00	41.9%
6-7206 · Worker's Compensation	3,156.00	5,000.00	63.1%
Total 6-7200 · Payroll Taxes	20,339.89	46,000.00	44.2%
Total 6-7000 · Personnel Salary & Benefits	257,660.10	537,000.00	48.0%
6-8000 · Professional Fees	14,252.00	9,000.00	158.4%
6-8100 · Program Expenses			
6-8101 · Supplies	1,070.67	2,164.00	49.5%
6-8102 · Postage & Shipping	398.13	2,150.00	18.5%
6-8103 · Telephone & Internet	6,087.29	7,630.00	79.8%
6-8104 · Printing & Publications	614.34	3,100.00	19.8%
6-8105 · Recognition	665.30	1,500.00	44.4%
6-8106 · Equipment Rent & Maint Expense	3,038.42	5,200.00	58.4%
6-8107 · Credit Card Fee	392.35	1,300.00	30.2%
6-8108 · Software Expense	9,195.60	13,000.00	70.7%
6-8402 · Occupancy Office Rent	15,304.50	20,406.00	75.0%
Total 6-8100 · Program Expenses	36,766.60	56,450.00	65.1%
6-8719 · Transportation	1,116.47	2,000.00	55.8%
6-8800 · Training & Conference			
6-8803 · Conference- Food	582.30	300.00	194.1%
6-8805 · Conference- Registration	250.00	350.00	71.4%
Total 6-8800 · Training & Conference	832.30	650.00	128.0%
6-8900 · Specific Assistance to Individ	65,430.61	150,000.00	43.6%
6-9000 · Membership Dues & Fees	1,463.69	3,500.00	41.8%
6-9100 · Property Tax Expense	958.16		
6-9300 · Insurance			
6-9302 · Liability	5,994.31	12,000.00	50.0%
6-9303 · Volunteer liability	600.00	750.00	80.0%
6-9304 · Forklift Insurance	791.69	550.00	143.9%
6-9305 · Warehouse Insurance	0.00	5,300.00	0.0%
Total 6-9300 · Insurance	7,386.00	18,600.00	39.7%
Total 6-0000 · Expenses	388,228.68	807,200.00	48.1%
Total Expense	388,228.68	807,200.00	48.1%
Net Ordinary Income	-14,941.35	0.00	100.0%
Net Income	-14,941.35	0.00	100.0%

Enable Madison County
Profit & Loss YTD Comparison
February 2025

	Feb 25	Jul '24 - Feb 25
Ordinary Income/Expense		
Income		
4-0000 · Income		
4-4010 · Public Support		
4-4011 · Income-Corporate	435.25	14,284.87
4-4012 · Income Churches	1,140.79	11,835.51
4-4013 · Income- Memorials/Bequests	100.00	25,586.35
4-4014 · Income- Individuals	3,605.00	33,501.42
4-4015 · Income- Grants	194.06	116,901.66
4-4018 · Income Public Support Other	0.00	9,639.66
Total 4-4010 · Public Support	5,475.10	211,749.47
4-4200 · Special Events		
4-4201 · Night for Enable	25,829.33	31,029.33
4-4203 · Promotional	3,086.81	32,540.41
Total 4-4200 · Special Events	28,916.14	63,569.74
4-4700 · United Way Funding		
4-4701 · Madison County UW-Allocations	6,666.67	53,333.36
4-4703 · CFC & UW Designations	1,203.49	9,627.92
Total 4-4700 · United Way Funding	7,870.16	62,961.28
4-5000 · Governmental Grants		
4-5001 · Grant- Community Development	9,003.64	9,003.64
4-5002 · Grant- County Government	0.00	10,000.00
Total 4-5000 · Governmental Grants	9,003.64	19,003.64
4-6500 · Income- Interest on Checking	0.85	16.46
Total 4-0000 · Income	51,265.89	357,300.59
4-6601 · Unrealized Gain (loss) on Inve	-1,020.40	16,883.14
4-6602 · Realized Gain (Loss) on Invest	0.00	-903.90
4-6603 · Dividends received on Investmen	2.50	7.50
Total Income	50,247.99	373,287.33
Gross Profit	50,247.99	373,287.33
Expense		
6-0000 · Expenses		
6-0950 · Special Events Expense		
6-0951 · Night for Enable Expense	69.24	1,829.24
6-0953 · Promotional Expense	0.00	21.74
6-0960 · Credit Card Fee- Special Event	77.96	511.77
Total 6-0950 · Special Events Expense	147.20	2,362.75
6-7000 · Personnel Salary & Benefits		
6-7001 · Expense- Payroll	20,314.83	225,476.24
6-7100 · Employee Benefits		
6-7101 · Employee Benefit- Medical	597.69	5,876.71
6-7102 · Employee Benefit-SEP	0.00	5,967.26
Total 6-7100 · Employee Benefits	597.69	11,843.97

Enable Madison County
Profit & Loss YTD Comparison
February 2025

	Feb 25	Jul '24 - Feb 25
6-7200 · Payroll Taxes		
6-7205 · Payroll Tax	1,569.82	17,183.89
6-7206 · Worker's Compensation	0.00	3,156.00
Total 6-7200 · Payroll Taxes	<u>1,569.82</u>	<u>20,339.89</u>
Total 6-7000 · Personnel Salary & Benefits	22,482.34	257,660.10
6-8000 · Professional Fees	1,680.00	14,252.00
6-8100 · Program Expenses		
6-8101 · Supplies	176.32	1,070.67
6-8102 · Postage & Shipping	31.17	398.13
6-8103 · Telephone & Internet	1,483.42	6,087.29
6-8104 · Printing & Publications	0.00	614.34
6-8105 · Recognition	0.00	665.30
6-8106 · Equipment Rent & Maint Expense	511.51	3,038.42
6-8107 · Credit Card Fee	53.24	392.35
6-8108 · Software Expense	970.66	9,195.60
6-8402 · Occupancy Office Rent	1,700.50	15,304.50
Total 6-8100 · Program Expenses	<u>4,926.82</u>	<u>36,766.60</u>
6-8719 · Transportation	195.39	1,116.47
6-8800 · Training & Conference		
6-8803 · Conference- Food	0.00	582.30
6-8805 · Conference- Registration	0.00	250.00
Total 6-8800 · Training & Conference	<u>0.00</u>	<u>832.30</u>
6-8900 · Specific Assistance to Individ	6,271.87	65,430.61
6-9000 · Membership Dues & Fees	0.00	1,463.69
6-9100 · Property Tax Expense	0.00	958.16
6-9300 · Insurance		
6-9302 · Liability	0.00	5,994.31
6-9303 · Volunteer liability	0.00	600.00
6-9304 · Forklift Insurance	500.00	791.69
Total 6-9300 · Insurance	<u>500.00</u>	<u>7,386.00</u>
Total 6-0000 · Expenses	<u>36,203.62</u>	<u>388,228.68</u>
Total Expense	<u>36,203.62</u>	<u>388,228.68</u>
Net Ordinary Income	<u>14,044.37</u>	<u>-14,941.35</u>
Net Income	<u><u>14,044.37</u></u>	<u><u>-14,941.35</u></u>



Mission- Enable the aging and homebound to live at home independently, safely, and with dignity.

***February 2025
Board of Directors Report
Enable Madison County***

Director of Operation's Report

Director of Operations – Immanuel Jaime

The *Director of Operations* completed and/or assisted in the following:

Community Meetings

- *Brews for Enable*
- United Way *Partner Conversation* meeting with Cathy Miller
- Executive Committee monthly meeting
 - Executive Committee special meeting
- Board of Directors monthly meeting
- Finance Committee monthly meeting

Director of Operations

- Submitted United Way Partner Allocations *Letter of Intent* with Grants Coordinator
- Authorized February 19th *Work From Home* for staff due to snow
- Hired and supported training of:
 - Tamia Ellis - full-time *Health Services Care Coordinator*
 - Lisa Hinds - part-time *Associate Health Services Care Coordinator*
- Addressed schedule issue with staff member
- Submitted request to Sister Helen with Holy Name of Jesus Trust Fund for *2025 Ramps Grant*
- Supplemented Systems Administrator in providing IT management, software troubleshooting, hardware inventory tracking, and database development
- Assisted Services Coordinator with Deliveries programs
- Assisted with receiving, and organizing, food, hygiene items, and donations for Deliveries & Safety Net programs
- Provide staff with support, supervision, and assistance



Mission- Enable the aging and homebound to live at home independently, safely, and with dignity.

Programmatic Reports

Health Services Care Coordinator – Tamia Ellis

Associate Health Services Care Coordinator – Lisa Hinds

The *Health Services Care Coordinator* and *Associate HSCC* positions were filled February 24th and 10th, respectively. They completed the following:

Bullet Point Highlights

- Completed 27 home visits
- Provided 8 *Vials of Life*
- Engaged with 93 clients
- Provided incontinence supplies to 12 clients

Bullet Point Plans for Coming Month

- N/A

Current Project	Details	Outcomes
Complete Initial Training/On Boarding	All staff contributing to cross-training of new hires in respective programmatic roles	Familiarity with databases, programs, services, and Safety Net operations



Mission- Enable the aging and homebound to live at home independently, safely, and with dignity.

Grant Writer/Social Worker – Luanne Biles

The *Grant Writer/Social Worker* completed and/or assisted in the following:

Bullet Point Highlights

- Trained new social workers (1 home visit left to complete)
- Submitted Racial Equity LOI Grant for \$10,000--food
 - Utilized new vision-hearing-dental screening referral sheets

Bullet Point Plans for Coming Month

- Submit Redstone CU Comm. Impact due 3/15
- Revise Logic Model for United Way
- Submit Mazda Toyota Grant due 3/31/2025
- Submit CANVAS Be The Good due 3/10/2025
- Finish SW supervision
- New cover letters to clients requesting VI, HI, & Dental

Current Project		Details		Outcomes	

Referrals

Enable staff provided general information (such as health and safety issues) to telephone requests recorded in February regarding other resources available for services related to the elderly or homebound (in addition to Enable’s services **88 referrals (names of agencies, businesses, and other support locations) were made**, which represented **32 different agencies** and organizations that specifically focused on their individual needs.

Interagency Contacts

In February, there were 0 interagency contacts to/from Enable.



Mission- Enable the aging and homebound to live at home independently, safely, and with dignity.

Project Services Coordinator - Charles W. Jackman (C.J.)

The *Project Services Coordinator* completed, assisted or recorded the following data:

Records Created: 12	# of Grab Bar, Handrail, Shower Hose, Smoke Alarm Projects: 4
Records Modified: 257	
Ramps Built: 5	Grab bars installed: 1
Ramps Repaired: 1	Handrails installed: 2
Ramps Painted: N/A	Shower Hoses installed: 0
Ramps Sketched: 9	Smoke Alarms installed: 1
Ramps Requested: 7	Total number of clients benefiting from grab bars, handrails, shower hoses, and smoke alarms: 4
Ramp Request Canceled: 1 (1- deceased)	Pending Grab bar requests: 7
Man-hours in Warehouse: • 0 HRs (no WHWN)	Pending Handrail requests: 5
Waiting on build list: 16 (10 scheduled for March/April so far)	Pending Shower Hose requests: 0
Waiting on the sketch list: 12	Pending Smoke Alarm requests: 5
Portables Completed: 0	

Anything special to share:

- **1 Lumber Delivery in February**
- **Next WHWN – Tuesday, 11 March**
- **All service requests picking up now that hv's are being completed.**
- **CfD Research, CrossFlow, Order of Eastern Star, Charlotte Piping, Legacy Homes, Intuitive, Virtuous Women all looking to build ramps in March, April or May.**
- **Two new volunteers interested in GB/HR installs. Speaking to them about getting them trained at WHWN on Tuesday, 11 March**
- **New Garage Door Opener installed on Tuesday, 11 March during WHWN.**



Mission- Enable the aging and homebound to live at home independently, safely, and with dignity.

Services Coordinator – Susan Lee

The Services Coordinator completed and/or assisted in the following:

Bullet Point Highlights

- Sent out 149 food boxes.,158 frozen meals, 100 Valentine bags and cards
- Sent out waivers to be updated with all food deliveries
- Picked up 100 frozen meals and 40 St. Marks food bags
- Sponsors donated enough Valentine cards for next year
- Kept up deceased records
- Scheduled 1 individual applicant interview (no show) and interviewed one applicant
- Scheduled 3 groups for the garden
- Worked with all February group applicants
- Scheduled 12 groups for the garden

Bullet Point Plans for Coming Month

- Send out 140 food boxes, 100 frozen meals if we can purchase food
- Received two short interview sessions
- Schedule volunteers for all deliveries.
- Receive, house and pack and inventory incoming supplies
- Help train social worker/s on how to do deceased.
- Spend more time with eTap and new applicant interviews.
- Develop process for updating waivers given no time to develop process last month
- Request updated position description to include additional responsibilities added during year

Current Project	Details	Outcomes
New role as volunteer coordinator.	Learn how to do background checks and how to create and modify records in eTap	Continue becoming more proficient in new role
Coordinate supply donations to match items for hygiene and cold and flu bags.	Ensure we have supplies needed for our clients.	Clients receive items needed.

Garden Services Coordinator – Shawn Escher

Associate Garden Services Coordinator – Kyla Harris

The *Garden Coordinators* completed and/or assisted in the following:

Bullet Point Highlights

- Raised bed projects still underway - 35 garden beds are filled and ready to plant
- Three 100'+ rows prepared for planting
- Greenhouse renovations by ASCTE group nearing completion
- General winter cleaning and organizing

Bullet Point Plans for Coming Month

- Continue raised bed projects
- Plant 1000 beets 1400 Onions into prepared areas
- Plant early Spring crops
- Muscadine pruning
- Spray fruit trees, blueberries, and muscadines with horticultural & dormant oil

Needs:

- Raised Bed project
 - Final irrigation tubing and emitters (on wish list for GE Aerospace)
- Bagged leaves and pine needles for homemade ground cover/weed suppressant
- Alfalfa Meal
- Vole/Mole/Gopher repellent
- General
 - 3-5 tool handles to fix broken tools
 - 2-4 pairs of quality pruning loppers (on wish list for GE Aerospace)
 - Ant/insect poison for non-growing areas
- Future
 - Beneficial Nematodes for IPM (Integrated Pest Management) program for insect control in growing areas
 - Beneficial insects for IPM program
 - Wasp Spray
 - Rat Poison
 - Tractor Service

IT Manager/SysAdmin – Shawn Escher

The *SysAdmin* completed and/or assisted in the following:

Bullet Point Highlights

- Onboarding for the two new employees
- Issued 2 computers and 1 phone along with setting up multiple monitors for each
- Started training sessions with MindSpring for database changes
- Ordered NAS and hard drive for backup solution
- Worked to split intakes in database
- General monitoring of security baselines
- General IT solutions for employees as needed
- Attended free virtual classes by Microsoft concerning MS 365 administration

Bullet Point Plans for Coming Month

- Onboard all devices into Microsoft Defender framework for security and monitoring
- Set up NAS after receipt for back-up solution
- Continue with MindSpring training to accomplish needed database changes
- Continue to split intakes for database
- Continued IT support for all office staff



Mission- Enable the aging and homebound to live at home independently, safely, and with dignity.

Community Outreach Coordinator Contractor – Kiliaen Anderson

The Contractor completed and/or assisted in the following:

Bullet Point Highlights

- Helped the Board with A Night for Enable sponsorships.
- Met with the A Night for Enable Committee, booked vendors, and handled logistics.
- Reached out to Enable Warriors to secure A Night for Enable sponsorships and volunteer projects.
- Attended the monthly Board meeting.
- Secured A Night for Enable in-kind donors.
- Contacted past and potential A Night for Enable sponsors via phone and email.
- and implemented marketing.
- Attended staff meetings.
- Promoted Yellowhammer Fundraiser through email and social
- Hosted Yellowhammer Fundraiser
- Coordinated online supply drive through social, email and direct email correspondence
- Facilitated final steps in Safety Nets Interviews and ran background checks
- Met with Leadership HSV for project
- Ordered business cards and nametags for new staff

Bullet Point Plans for Coming Month

- Send EOY statements and ensure all Thank Yous (Oct-Dec) are complete.
- Send donor thank yous
- Nights PR and Marketing
- Continue engagement of Warriors and loop in stragglers.
- Mail A Night for Enable campaign.
- Train the new Volunteer Coordinator and assist with program updates.
- Plan the Volunteer Recognition Event.
- Continue meetings and planning for A Night for Enable.
- Secure sponsorships for A Night for Enable.
- Create an engaging, powerful A Night for Enable presentation.
- Rewrite A Night for Enable Script

Current Project		Details		Outcomes	
A Night for Enable		Ongoing		TBD	
Enable Warriors		Ongoing		TBD	

Community Investment

2025-2028 - Full Application

Full Application Status: Submitted

Full Application Submission Details

Approved at the Board of Directors meeting on: 2/12/2025

Executive Director: Immanuel Jaime

Board President: James "Ben" Phillips

Board Treasurer: Jason Nesbit

I certify that the information submitted in this application is true and correct to the best of my knowledge:
Yes

Submission Confirmation Email Sent To: Manny@EnableMadisonCounty.org

Submitted By: Immanuel Jaime on 3/12/2025 at 10:56 AM (CST)

CARE ASSURANCE SYSTEM FOR THE AGING AND HOMEBOUND CASA OF MADISON COUN - Aging in Place

Program Information

Program Information

Program Name Aging in Place

Estimate the cost of service for one client per month in this program currently:

34.00

Alignment

Priority Area Healthy Communities

Goal (Healthy Communities) Children and adults of all ages improve health outcomes when gaining access to necessary specialty health services (addressing mental health care, dental or vision care, home-based health services, and transportation to health-related appointments).

Describe how the program outcomes defined in your logic model authentically aligns with the United Way goal you chose in your Letter of Intent.

Outcome: Decrease client fear of impact of aging barrier

Many aging individuals experience anxiety over losing their independence, which can deter them from seeking necessary health care services. By reducing fear, we encourage proactive health management, aligning with United Way's goal of improving health outcomes.

Outcome: Improve health and/or maintain level of functioning, leading to increased confidence

By providing access to specialty health services, we help clients sustain their current level of functioning and overall well-being. This directly supports the goal of ensuring individuals receive the care they need to improve or maintain their health.

Outcome: As barriers increase with continued aging, additional Aging in Place assistance will address and minimize its interference to remaining in the home

We ensure that as health barriers grow, older adults continue receiving necessary support, with an emphasis on access, mobility, and independence. This prevents unnecessary institutionalization and aligns with United Way's commitment to accessible health care.

Who Will You Serve/Statement of Need

Statement of Need: Provide a narrative detailing the condition/problem/gap in services that your proposal will address including data available about the needs of the target population you intend to serve to confirm that need.

Since 1979, Enable Madison County has been providing direct services utilizing community volunteers and donations to deliver our mission to keep our aging and homebound individuals safe and independent in their homes. Enable currently serves 2019 clients and 67% of our clients are living in poverty. 48% are African American and 50% are Caucasian. The median income for Madison County residents is \$83,528, while the median income for Enable clients is \$14,124.

What are the specific characteristics and attributes that make the most appropriate candidates for this program?

The most appropriate candidates for our program are individuals who face significant barriers to accessing specialty health services and require Aging in Place support to maintain their independence and well-being. The key characteristics and attributes of ideal candidates include:

Older adults experiencing the natural challenges of aging that affect their ability to live independently.
Individuals with chronic health conditions or mobility limitations that require ongoing medical or home-based care.

People experiencing fear or anxiety about aging and its impact on their independence.

Individuals with limited or no family support to assist with their healthcare needs.

Older adults who require Aging in Place assistance to continue living safely at home.

Candidates who are open to receiving support and engaging in services that promote their well-being.

Individuals who recognize the importance of maintaining their health and are willing to take proactive steps.

How has knowledge of the population the program is intended to serve guided the design and refinement of program?

Knowledge of the population we serve has been central to the design and refinement of the Aging in Place program at Enable Madison County. Many of our clients face mobility challenges, chronic health conditions, and limited resources. This understanding drives our focus on health, mobility, and independence.

Health and mobility: We provide essential home-based services, such as wheelchair ramps, handrails, and durable medical equipment like walkers and shower transfer benches, to ensure safety and independence within the home.

Physical well-being: Our vision, hearing, and dental programs address the unique health needs of older adults and those with disabilities.

Tailored support: We design services based on individual needs, ensuring personalized care that adapts to health and mobility conditions.

Supplemental care: Groceries, fresh garden produce, frozen meals, and hygiene items are provided to improve overall well-being and prevent health deterioration.

We gather feedback from clients and partners to improve services and ensure the program evolves to meet their needs as they age and their conditions change.

Does the program anticipate an increase in the population needing this program's services?

Yes

Add a justification for that projection (sharing data to back the argument).

According to the US Census Bureau, the 65+ population has been the fastest growing population in Madison County, having increased 56.9% from 2010-2022, and projected to have a 98% increase from 2010-2040 by the Alabama Department of Public Health.

Why do these people need this program at this point in their lives?

These individuals need our program at this point in their lives because they are facing increasing health challenges and functional limitations that impact their ability to live safely and independently. The specific reasons include:

1. Aging-Related Challenges

As individuals age, they often experience declining mobility, chronic health conditions, and physical impairments that make daily activities and managing their health more difficult.

Many clients face fear and uncertainty about aging, particularly regarding their ability to remain in their homes safely and maintain their quality of life.

2. Barriers to Accessing Essential Health Services

Individuals with severe mobility impairments, including those who are wheelchair-bound or medically bed-bound, often struggle to receive timely and appropriate healthcare.

Many lack adequate caregiver support to assist with managing appointments, medication adherence, and other health-related needs.

3. Maintaining Quality of Life and Preventing Decline

Without proper support, individuals risk a decline in their physical and mental health, increasing the likelihood of hospitalization or the need for institutional care.

By receiving Aging in Place services, they can continue living independently with improved confidence and a greater sense of security.

Our program ensures that those who are most in need receive specialized care and support that allows them to maintain their health and dignity while aging in place.

How will they be recruited and retained?

We receive our clients through word of mouth, Huntsville Hospital, United Way, 2-1-1, hospice care, and referrals by other community organizations, to name a few. We participate in community health fairs hosted throughout the year by numerous organizations and agencies to ensure that healthcare providers and the community at large know of our services.

Retention is based upon the need of the individual. Some clients only lack a wheelchair ramp to have access to their home and transportation, but otherwise have a robust support system in place to address their other needs, while others need ongoing support with home weatherization, dental care, food insecurity, inadequate nutrition for lack of fresh vegetables, hearing aids & batteries, all of which are part of our Aging in Place program. Through ongoing support, maintaining communication, and increasing life expectancy of our clients, we increase retention where appropriate.

Of the individuals you intend to serve, what percentage is estimated to be living in poverty at the time they encounter the program (according to the current federal definition of poverty)?

67.00

What are the leading community conditions and/or root causes that contribute to current conditions of program participants?

1. Aging Population

A significant portion of our clients are 60 years and older, facing typical age-related decline in mobility and health. This natural aging process contributes to the need for increased support to maintain independence at home.

2. Limited Access to Healthcare

Many participants have limited access to specialty healthcare like dental, vision, and hearing care. This lack of access exacerbates existing health conditions and reduces their overall quality of life.

3. Economic Barriers

While income is not a criterion, a large percentage of our clients live in poverty. This lack of financial resources makes it difficult for individuals to afford necessary medical supplies, home modifications, and in-home services.

4. Social Isolation

Many of our clients experience social isolation, particularly those who are homebound or wheelchair-bound. This isolation can lead to a decline in both mental and physical health, increasing their dependence on external support.

5. Lack of Affordable Home Modifications

Limited availability of affordable home modifications, like ramps and handrails, leaves individuals at risk for falls and further mobility issues, hindering their ability to age safely in place.

These community conditions highlight the need for targeted, accessible support to improve health outcomes and quality of life for participants.

How Will You Do It?

Describe your Service Delivery Strategy

Describe how you will deliver services, their frequency and longevity, particular processes and methods to deliver defined service, and cost structure, if any.

Our Aging in Place program provides needs-based, no-cost services designed to enhance mobility, accessibility, and overall well-being for older adults and homebound individuals. Services are delivered year-round and tailored to individual needs, ensuring long-term support.

Home Modifications: Wheelchair ramps, handrails, and grab bars are installed based on client needs. These modifications are typically one-time projects but provide lifelong benefits. Maintenance and repairs are conducted as needed.

Durable Medical Equipment: Walkers, wheelchairs, shower transfer benches, and commode chairs are distributed as needed, with replacements available as conditions change.

Health-Related Services: Vision, hearing, and dental programs operate on a scheduled basis, ensuring participants receive necessary care.

Supplemental Assistance: Shelf-stable groceries, frozen meals, hygiene products, and seasonal cold & flu supplies are provided regularly to support ongoing well-being.

Cost Structure

All services are provided at no cost to clients. Enable Madison County receives no reimbursements from Medicare, Medicaid, or private insurance, relying entirely on community donations, grants, and partnerships to fund operations. Volunteer labor further offsets costs, ensuring efficient service delivery.

Why is that strategy most likely to produce the intended outcomes shown on your Logic Model?

Our needs-based, no-cost service strategy is designed to produce the intended outcomes in our Logic Model by directly addressing the barriers to Aging in Place through targeted, sustainable solutions.

Decreasing Fear of Aging-Related Barriers

By providing home modifications such as wheelchair ramps, handrails, and grab bars, clients experience increased safety and confidence in remaining at home.

Access to durable medical equipment (e.g., walkers, shower benches) ensures individuals maintain independence, reducing anxiety about declining mobility.

Improving Health & Maintaining Functionality

Vision, hearing, and dental programs help prevent deterioration in essential health areas, enabling individuals to function effectively in daily life.

Nutritional support through fresh garden produce, shelf-stable groceries, and frozen meals ensures proper sustenance, contributing to better overall health and mobility.

Minimizing Interference of Aging Barriers

As clients' needs evolve, our ongoing service delivery assessments by our Safety Net team allows us to adapt and provide additional support, ensuring clients can continue living safely at home.

By removing physical and resource-based obstacles, our program reduces the likelihood of institutionalization, allowing clients to remain in their communities longer.

This comprehensive, proactive approach ensures long-term, measurable impacts on participants' health, safety, and ability to Age in Place.

On what basis or evidence has that determination been made?

Our determination is based on direct client feedback, national research on aging in place, and over 45 years of service experience in North Alabama.

Historical Program Success

Enable Madison County has provided home modifications, medical equipment, and health-related services for decades, allowing thousands of individuals to remain safely in their homes.

Clients report increased confidence and reduced anxiety about aging-related barriers after receiving services.

Research on Aging in Place

Studies by organizations like AARP and the National Institute on Aging show that accessible home environments, assistive devices, and community support significantly increase the ability of seniors to remain independent.

Access to dental, vision, and hearing care has been linked to better long-term health outcomes and a lower risk of falls and hospitalizations.

Ongoing Client Assessments & Adaptations

We regularly assess clients' changing needs and adjust services accordingly, ensuring long-term impact. Data from past service recipients shows that those receiving home modifications and assistive devices experience fewer injuries and hospitalizations and longer life expectancy compared to the State and County averages.

This combination of experience, research, and client outcomes confirms that our strategy is effective in meeting program goals.

What strengths or factors associated with the service delivery strategy that will contribute to its effectiveness?

Needs-Based, No-Cost Model

Services are provided without financial barriers, ensuring those most in need receive support regardless of income.

Comprehensive, Holistic Approach

A combination of home modifications, medical equipment, health-related services, and supplemental assistance addresses multiple barriers to aging in place, leading to better overall outcomes.

Adaptability & Long-Term Support

Services are customized based on individual needs, and additional support is provided as conditions change, ensuring ongoing effectiveness.

Community-Driven & Volunteer-Powered

Local partnerships, grants, and volunteers enhance service capacity, maximizing impact while keeping costs low.

Proven Track Record & Data-Driven Adjustments

45+ years of experience, client feedback, and national research on aging in place validate our approach. Regular assessments ensure continuous improvement and alignment with participant needs.

Define research-based best practices and industry standard research that influences your choice of this program's service delivery model.

Our service delivery model is informed by research-based best practices and industry standards in aging in place, home safety, and health support for older adults and individuals with mobility impairments.

A 2024 AARP survey reveals that 75% of adults aged 50 and older wish to remain in their current homes as they age, underscoring the importance of services that facilitate aging in place.

The CDC emphasizes that falls are a leading cause of injury among older adults and provides guidelines for home modifications—such as installing grab bars and handrails—to reduce fall risks.

Access to vision, hearing, and dental care is crucial, as untreated sensory impairments and oral health issues can lead to diminished quality of life and increased health complications.

The CDC offers resources and checklists to help older adults and caregivers identify and mitigate fall hazards in the home, promoting safer living environments.

All our ramps are designed and built to be ADA compliant and in accordance with local municipal code requirements.

By integrating these evidence-based practices and adhering to established industry standards, our program effectively addresses the multifaceted needs of our clients, promoting safety, health, and independence.

What is your plan for Continuous Improvement within this Program?

Describe how the program develops and implements potential program changes or solutions.

Our program develops and implements changes through a continuous improvement process driven by client needs, data analysis, and industry best practices.

We conduct regular assessments and client surveys to evaluate evolving client needs. Volunteers and staff provide direct feedback from service interactions, identifying emerging challenges.

We analyze service utilization trends, health outcomes, and program effectiveness to identify areas for improvement.

We monitor national research and industry best practices reports (AARP, CDC, NIH) to guide our adjustments.

We engage community partners, healthcare professionals, and funding organizations to refine service delivery.

Local businesses and nonprofits help us expand resources and address unmet needs.

Proposed changes are tested on a small scale before full implementation.

We track key performance indicators (e.g., reduction in fall risk, increased accessibility, life expectancy) to measure effectiveness.

Our flexible service model allows adaptation to new challenges, ensuring sustained impact.

Changes are integrated into operations while maintaining cost efficiency.

This proactive approach ensures our program remains effective, responsive, and aligned with client needs.

How does the program evaluate whether potential improvements are working once implemented and make choices about what to change within the program?

Our Aging in Place program evaluates potential improvements through a structured monitoring and assessment process to ensure effectiveness and alignment with client needs.

We measure key indicators such as service utilization, home safety improvements, and client-reported confidence in aging in place.

Volunteer reports and staff observations provide real-time feedback on service effectiveness.

We conduct pre- and post-service surveys and follow-up assessments to gauge impact.

Additional feedback from caregivers, volunteers, and partner organizations helps refine program delivery.

Leadership and program staff review evaluation data regularly to identify trends and areas needing adjustment.

Proposed changes are piloted on a small scale before full implementation.

If improvements show positive results, they become standard practice.

If an initiative is ineffective, we adjust the approach or explore alternative solutions.

This evidence-based approach ensures that changes lead to measurable benefits, enhancing program impact while maintaining efficiency.

Give one or two representative examples of program improvements made in the past 12-24 months if this is an established program.

1. Weatherization Services:

We have worked to streamline our weatherization process to boost efficiency and scale, with a focus on regaining pre-COVID performance levels. Enhancements include on-going refinements to client intake database, expanded volunteer training, and stronger partnerships with local organizations. These measures have led to a noticeable upward trend in completed weatherization projects, directly contributing to safer, more energy-efficient homes for our clients.

2. Vision, Hearing, and Dental Services:

In 2023 we initiated our Dental service by establishing new local clinic partnerships and optimizing our referral and scheduling procedures. We also expanded our Vision and Hearing services through additional surveys to identify clients with deteriorating senses in need of support. These improvements have reduced wait times and increased referrals for services, ensuring that clients receive timely and comprehensive care. These efforts not only streamline service delivery but also enhance overall client satisfaction and health outcomes.

Both initiatives reflect our commitment to continuous improvement and directly support our goal of enabling clients to age in place safely and independently.

How Will You Quantify Impact?

Name the software your program will use to manage and analyze the data, to extract data for UWMC required reporting, and to assess outcome findings internally.

Filemaker Pro

Considering the outputs you identified in your logic model in the LOI, name and/or describe which measurement tools you will employ to track and assess client and program success. Include how that data used in that measurement tool(s) will be collected.

To track and assess client and program success, we use a mix of quantitative and qualitative measurement tools that directly reflect our logic model outputs. These include:

1. Pre- and Post-Service Client Surveys

Purpose: Measure changes in client confidence, reduction in fear of aging-related barriers, and overall satisfaction with our services.

Data Collection: Surveys are administered in-person or by phone at service initiation and follow-up intervals.

2. Standardized Health and Functionality Assessments

Purpose: Objectively evaluate changes in clients' abilities using tools such as the Activities of Daily Living (ADL) scale.

Data Collection: Trained staff conduct assessments during intake and at periodic follow-ups to track improvements in physical functioning.

3. Service Utilization Tracking

Purpose: Monitor the volume and types of services delivered (e.g., installation of wheelchair ramps, provision of durable medical equipment, supplemental supplies) and link these to client outcomes.

Data Collection: Data is logged into Enable's Filemaker Pro client intake database immediately after service delivery, allowing real-time monitoring and periodic analysis.

By combining these tools, we gather comprehensive data that informs ongoing program refinements and ensures our services are effectively reducing barriers and improving clients' health and independence.

How will your program assess the effectiveness and efficiency of your measurement process?

We implement a multi-faceted, continuous improvement approach consisting of:

Internal Quality Reviews: We conduct regular audits to verify the accuracy, completeness, and timeliness of data collected. These reviews help identify any inconsistencies or gaps in the measurement process.

Staff and Volunteer Feedback: Our team holds routine feedback sessions to discuss challenges and successes in data collection. Their insights inform adjustments to improve user-friendliness and reliability of our tools.

Client Feedback: We incorporate client input via follow-up surveys and interviews to ensure that our measurement instruments effectively capture the outcomes they experience.

Key Performance Indicators (KPIs): Metrics such as response rates, data entry errors, and the speed of data reporting are tracked to monitor operational efficiency.

This systematic approach allows us to make data-driven improvements, ensuring our measurement tools remain robust and effective in evaluating both client and program success.

CARE ASSURANCE SYSTEM FOR THE AGING AND HOMEBOUND CASA OF MADISON COUN - Aging in Place

Client Characteristics

Total Unduplicated Clients

	Projected (2025/26)	% Total
Total Unduplicated Clients Served	2,250	100
Total	2,250	100

Gender

	Projected (2025/26)	% Total
Males	720	32
Females	1,530	68
Non-Binary	0	0
Other	0	0
Not Reported	0	0
Total	2,250	100

Ethnicity

	Projected (2025/26)	% Total
White / Caucasian	1,125	50
African American	1,080	48
Hispanic	15	0.67
Asian	10	0.44
Multi-Racial	5	0.22
Native American or Alaskan Native		0
Native Hawaiian or other Pacific Islander	5	0.22
Other	0	0
Unknown	10	0.44
Total	2,250	100

CARE ASSURANCE SYSTEM FOR THE AGING AND HOMEBOUND CASA OF MADISON COUN - Aging in Place

Program Budget

Program-Level Revenue

	Year 1 Projection (2025/26)	Year 2 Projection (2026/27)	Year 3 Projection (2027/28)
UWMC LOCAL ANNUAL Grant Funding	100,000.00	100,000.00	100,000.00
WMC Designations (including Combined Federal Campaign, State Employees Campaign and/or designations any other funds designated to your program through UWMC)	15,000.00	15,000.00	15,000.00
Government Grants	35,000.00	35,000.00	35,000.00
Foundation Grants	100,000.00	100,000.00	100,000.00
Donor Contributions	115,000.00	120,000.00	125,000.00
Donor Bequests	4,000.00	4,500.00	5,000.00
Special Events Income	285,000.00	290,000.00	295,000.00
Program Fees	0.00	0.00	0.00
Other Revenue (provide detail in budget narrative)	160,000.00	165,000.00	175,000.00
Total	814,000.00	829,500.00	850,000.00

Program-Level Expense

	Year 1 Projection (2025/26)	Year 2 Projection (2026/27)	Year 3 Projection (2027/28)
Personnel Salary, Benefits and Taxes	540,000.00	545,000.00	550,000.00
Professional Fees and Contracts	9,500.00	10,000.00	10,500.00
Insurance	18,500.00	19,000.00	19,500.00
Occupancy/Facilities (rent, utilities, maintenance, phone, internet, etc.)	20,500.00	20,500.00	20,500.00

	Year 1 Projection (2025/26)	Year 2 Projection (2026/27)	Year 3 Projection (2027/28)
Marketing/Advertising (including website, community outreach and updates, printing and postage)	3,500.00	4,000.00	4,500.00
Additional Fundraising Expenses (including Special Event Expenses)	30,500.00	33,750.00	37,000.00
Transportation and Travel	2,000.00	2,250.00	2,500.00
Staff Professional Development and Conference Registration	1,000.00	1,250.00	1,500.00
Dues and Fees	3,500.00	3,750.00	4,000.00
Other Direct Program Expenses (supplies, materials and resources for clients and staff/volunteer use, including training materials for client use/curricula, etc.)	185,000.00	190,000.00	200,000.00
Other Expenses (provide detail in budget narrative)			
Total	814,000.00	829,500.00	850,000.00

	Year 1 Projection (2025/26)	Year 2 Projection (2026/27)	Year 3 Projection (2027/28)
Surplus or (Deficit)	0.00	0.00	0.00

CARE ASSURANCE SYSTEM FOR THE AGING AND HOMEBOUND CASA OF MADISON COUN - Aging in Place

Additional Budget Info / How Will Resources Be Invested?

Amount Requested 100,000.00

Address how United Way of Madison County dollars impact capacity to deliver the program as reflected in the application.

Your funding will enhance our capacity to deliver the Aging in Place program by providing essential funding that directly supports the services and resources needed to serve our participants. These funds contribute to the following areas:

Enhanced service availability: With additional resources, we can extend our services to more individuals who are 60 years and older, or those who are homebound due to mobility impairments, ensuring that no one is turned away due to limited capacity.

Strengthening local partnerships: United Way funding allows us to build stronger relationships with other service providers, ensuring that our participants have access to a comprehensive network of care, including vision, dental, and hearing services.

Program evaluation and improvement: United Way dollars allow us to invest in program evaluation tools and data collection methods, ensuring we track participant progress, assess service impact, and continuously improve our program delivery.

Administrative support: The funding helps cover essential administrative costs, ensuring efficient program management and ensuring that resources are being used effectively to meet the needs of our participants. Support from United Way of Madison County enables us to expand our capacity, enhance the quality of services we offer, and ensure that we can continue to meet the growing demand for Aging in Place services, improving the lives and health outcomes of our community's most vulnerable populations.

Define the start date month, day and year of your program budget (i.e. 7/1/24)– this may align with your budget year, not necessarily with United Way's.

7/1/2025

Provide a Budget Narrative to accompany your program budget submission

Reference/Title of Budget Other Revenue

Line Item

Explanation

"Other Revenue" includes projected income from corporate giving, church support, corporate grants, and other public support not otherwise specified

Reference/Title of Budget

Line Item

Explanation

Reference/Title of Budget

Line Item

Explanation

Reference/Title of Budget

Line Item

Explanation

Reference/Title of Budget

Line Item

Explanation

Miscellaneous budget items explanation

CARE ASSURANCE SYSTEM FOR THE AGING AND HOMEBOUND CASA OF MADISON COUN - Aging in Place

Program Logic Model

Outcome

Outcome: Decrease client fear of impact of aging barrier

Outcome:

Improve health and/or maintain level of functioning, that leads to increased confidence (as measured by statistical instrument)

Outcome:

As barriers increase with continued aging, additional Aging in Place assistance will address and minimize its interference to remaining in the home

Output / Key Performance Indicator

Output / Key Performance Indicator:

Clients receive direct services that decrease health and fall risks, and maintain health, safety, accessibility, independence, and promote self-care

Measurement

	Projected for First Year (7/1/25 - 6/30/26)
Gross Projected #	2,250
Projected # Achieving Output Goal	2,250
Projected Percent Achieving Output Goal	100.00

Activity

Activity: Home visits to evaluate safety and health assessments

Activity:

Minor home repairs, grab bars, handrails, ramps, weatherization, deliveries, food bags, friendly visits, vegetable garden, telephone reassurance

Activity: Conduct case management, in-home problem-solving to best meet client needs

Input

Input: Sufficient staff with expertise and leadership skills to implement mission-driven goals

Input: Funding: Public corporate, churches, private, individuals

Input: Experienced volunteers and their availability



Mission- Enable the aging and homebound to live at home independently, safely, and with dignity.

**MEMORANDUM OF UNDERSTANDING
BETWEEN
ENABLE MADISON COUNTY
AND
[VOLUNTEER GROUP NAME]**

This Memorandum of Understanding ("MOU") is entered into by and between Enable Madison County ("Enable") and [Volunteer Group Name] ("Volunteer Group"), collectively referred to as the "Parties," for the purpose of establishing a mutual understanding of responsibilities and expectations for volunteer engagement.

I. PURPOSE

The purpose of this MOU is to outline the responsibilities of the Volunteer Group in supporting Enable's mission while ensuring the safety and integrity of its clients, programs, and operations.

II. RESPONSIBILITIES OF THE VOLUNTEER GROUP

The Volunteer Group agrees to the following:

- 1. Responsibility for Volunteer Conduct**
 - The Volunteer Group, including its organizers and parent entity (if applicable), assumes full responsibility for the actions of its members while participating in Enable activities.
 - The Volunteer Group will ensure that all members adhere to Enable's policies, procedures, and guidelines during volunteer engagements.
- 2. Background Checks and Character Verification**
 - The Volunteer Group attests that it has conducted background checks or possesses personal knowledge of the character and suitability of its members for participation in Enable's volunteer activities.
 - The Volunteer Group shall not knowingly permit any individuals with a history of behavior that would compromise the safety or well-being of Enable's clients to participate.
- 3. Restrictions on Client Contact**
 - The Volunteer Group and its members shall not initiate, maintain, or attempt to establish contact with Enable's clients outside of official activities jointly coordinated between Enable and the Volunteer Group.
 - Any exceptions to this restriction must be expressly approved in writing by Enable.
- 4. Onboarding and Compliance with Enable Policies**
 - If individual members of the Volunteer Group wish to engage in ongoing service outside of group activities, they must complete Enable's individual volunteer onboarding process, including compliance with all policies and procedures.
 - The Volunteer Group will cooperate with Enable in providing necessary documentation or verifications to facilitate onboarding when applicable.



Mission- Enable the aging and homebound to live at home independently, safely, and with dignity.

III. TERM AND TERMINATION

This MOU shall remain in effect from the date of signing until [End Date] unless terminated earlier by either party with written notice. Enable reserves the right to revoke this agreement immediately if the Volunteer Group or its members violate any of the stated responsibilities.

IV. AMENDMENTS

This MOU may be amended in writing with mutual consent of both parties.

V. ACKNOWLEDGMENT AND SIGNATURES

By signing below, the Parties acknowledge and agree to the terms and conditions outlined in this MOU.

Enable Madison County

By: _____

Name: _____

Title: _____

Date: _____

Volunteer Group

By: _____

Name: _____

Title: _____

Date: _____



AGENCY ONBOARDING INFORMATION / APPLICATION

for partnering with

THE FOOD BANK OF NORTH ALABAMA

Thank you for your interest in partnering with the Food Bank of North Alabama to tackle hunger and food insecurity in your community. In order to become a partner with the Food Bank, you must complete the following application in its entirety, and return the completed packet along with indicated supplemental material.

Once your application has been reviewed, if you meet the criteria to be a Food Bank agency, we will contact you to set up an initial Onboarding Visit and Site Survey. In addition to reviewing your food storage facility, the onboarding visit will include training in the types of ongoing records required of our agencies. Before you are eligible to procure food from the Food Bank, your primary program leadership (at least) must attend a Food Bank orientation, which is held monthly.

FOOD BANK PARTNER AGENCY ELIGIBILITY REQUIREMENT

Your organization must be either a 501(c) 3 nonprofit or a church.

To determine if your organization qualifies as a church, please check the criteria below and mark the items that apply to your church. Please attach any supporting documentation.

Please also attach a letter on church letterhead attesting to the fact that your church meets ALL OF the criteria below. (A sample of such a letter is below)

The applicant church has:

- A distinct legal existence.
- A recognized creed and form of worship.
- A definite and distinct ecclesiastical government.
- A formal code of doctrine and discipline.
- A district religious history.
- A membership not associated with any other church or denomination.
- A complete organization of ordained ministers ministering to their congregations.
- Ordained ministers elected after completing prescribed courses of study
- A literature of its own.
- Established places of worship.
- Regular congregations.
- Regular religious services.
- Sunday or specific-day schools for religious instruction of the young.
- Schools for the preparation of its ministers.

SAMPLE LETTER FROM CHURCH

(CHURCH LETTERHEAD)

Date

To Whom It May Concern:

This letter is written on behalf of the congregation of (INSERT CHURCH NAME, STREET ADDRESS, CITY, STATE, ZIP) to affirm that our congregation is, in fact, a church and essentially meets the spirit of the 14 criteria employed by the IRS in defining a church. Furthermore, our church has not been denied tax exempt status under section 501(c)(3) of the IRS code, nor has our church's tax exempt status under section 501(c)(3) of the IRS code been revoked.

Sincerely,

(Signature)
(Printed Name)
(Title)

APPLICATION PROCESS

Please complete ALL appropriate sections of this application. **Incomplete applications cannot be accepted.**

1. **Your agency's DIRECTOR (or House Manager in residential programs) must sign the enclosed AGENCY AGREEMENT FORM and FOOD RELEASE FORM.**
2. **Churches must include ONE of three documents**
 - a. 501c3 letter
 - i. Please include with this application a photocopy of your IRS/US DEPT. OF TREASURY LETTER OF DETERMINATION (which states your 501c3 tax exempt status) OR a copy of the "Cumulative List of Organizations – IRS Publication 78" in which your agency appears (<http://www.irs.gov/app/pub-78/>).
 - b. a letter from denominational headquarters stating the church applying for affiliation is a church in good standing in that denomination
 - c. a letter from the church, on its letterhead and signed by its chief executive officer, affirming that the organization is, in fact, a church and essentially meets the spirit of the 14 criteria employed by the IRS in defining a church (see attached for details).
3. National Food Donors require our partner agencies to agree to ***not engage in discrimination*** when providing food assistance. **Your agency must submit a copy of your NON-DISCRIMINATION POLICY and DISCRIMINATION COMPLAINT PROCEDURE** with your application. *(A template is provided in this packet).*
4. Please return APPLICATION and ATTACHMENTS to the Food Bank of North Alabama. You will be notified when your application has been received.
5. Once the application is complete, a site visit by one of the Food Bank of North Alabama staff to your agency will be arranged. **No affiliation can be finalized until a site visit is complete.** After the site visit, if affiliation is granted, an agency Director or manager (as well as any staff who will be responsible for sourcing food through the Food Bank) **must attend an ORIENTATION SESSION** with the Food Bank of North Alabama. This session is REQUIRED before an agency may begin sourcing food from the Food Bank.

Please note: Completion of this application does NOT guarantee affiliation. We reserve the right to refuse affiliation to programs not meeting our criteria. Applications may be put on a waiting list if there are no affiliation openings available at the moment.

FOOD BANK NON-DISCRIMINATION STATEMENT

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc) should contact the Agency (State or Local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at 800.877.8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form AD-3027 found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or write a letter addressed to the USDA, providing all the information requested in the form. To request a copy of the complaint form, call 866.632.9992. Submit completed form or letter to USDA by MAIL at US Department of Agriculture, Office of the Assistant, Secretary of Civil Rights, 1400 Independence Avenue SW, Washington, DC 20250-9410; by fax to 202.690.7442; by email to program.intake@usda.gov.



NEW AGENCY APPLICATION

MONITORING INFORMATION	
Agency Name	DATE: COUNTY:
GENERAL INFORMATION	
PHYSICAL Address of Agency:	MAILING Address:
Primary Contact Name: Phone: Email Address:	Parent or Affiliate Organization or Denomination:
Secondary Contact Name (Required): Phone: Email:	Organization Website: Organization Facebook Page:
Does your Organization have FEDERAL 501c3 Tax Exempt Status? ___ Yes ___ No	Federal Employer Identification Number (EIN):
Liability Insurance Carrier:	Describe your agency's general program (or attach brochure):
TYPE of PROGRAM (Check the category or categories describing your food program)	
<input type="checkbox"/> Emergency Food Pantry (providing groceries to those in need) <input type="checkbox"/> Backpack Program (bags of food to students to take home) <input type="checkbox"/> Residential Program (day care, detox, group homes, etc) <input type="checkbox"/> Soup Kitchen (cooking/serving meals to walk-ins) <input type="checkbox"/> School Pantry (food pantry located IN a school, targeting kids/families)	
How long has your agency been doing this program / ministry?	What is the program's primary funding source?
Were you referred by another group? If so, who?	How often do you expect to pick up food at the Food Bank?
How much do you have budgeted for food program for the year?	Name / Title of Person Completing this Application:
FOOD STORAGE	
How many Refrigerators do you have on site for the Food Program?	
How many Freezers do you have on site for the Food Program?	
Dimensions of your Dry Storage Room?	
Is your food storage area climate controlled year round (Yes/No)	
PROGRAM SPECIFIC INFORMATION (ONLY complete the section(s) relevant to YOUR Program)	
❖ FOOD PANTRIES	
Pantry Director (Name, email, phone #)	
Pantry Hours / Days:	# of families served per month? # of families you would LIKE to serve?

Foods you provide or plan to provide (<i>check all that apply</i>) <input type="checkbox"/> Canned Goods <input type="checkbox"/> Dry Goods <input type="checkbox"/> Frozen Foods <input type="checkbox"/> Refrigerated Foods <input type="checkbox"/> Frozen Foods <input type="checkbox"/> Household Items	
How long do you intend the food supply given to clients to last? 2-3 days 3-5 days 4-7 days Other _____	
What area(s), cities or counties do you serve? Do you LIMIT your service area?	
Do you have eligibility requirements (ie: proof of residency, ID, etc)	
Does someone need a referral or an appointment to get food from you?	
What is your CURRENT source of food?	
What percentage of current food is donated versus purchased?	
Do you ask for donations when providing food?	
Do you ask people to work or attend church service when providing food?	
Do you plan on serving prepared meals using the food received from the Food Bank? Yes / No If yes, do you have any volunteers/staff members who are a Certified Food Safety Manager? If yes, Who?	
❖ RESIDENTIAL PROGRAMS	
# of residents / beds:	Ages or Age Ranges:
Will Residents Cook for themselves or will Staff provide meals?	
Do you have a volunteer/staff member who is a certified Food Safety Manager? If so, Who?	
Are residents charged a program fee? Yes / No	If so, how much:
Is your facility licensed (ie: DHR, state, etc) Yes / No	If so, by whom:
❖ SOUP KITCHENS	
# of Individuals served per meal?	Ages or Age Ranges:
Which meals do you serve (circle) Breakfast Lunch Dinner Snacks	
What days do you serve meals (circle) M T W TH F S S	
Do you charge clients for meals? Yes / No	If so, how much:
Do you ask for a donation fee from those you serve meals to? Yes / No	If so, how much?
Is your facility licensed (ie: DHR, state, etc) Yes / No	If so, by whom:
Do you have eligibility requirements (ie: proof of residency, ID, etc)	
Name of Person in charge of food preparation:	
Do you have any volunteers/staff members who are a certified Food Safety Manager? If so, Who?	
What percentage of food you serve is DONATED:	PURCHASED:

❖ **BACKPACK PROGRAMS**

What schools do you supply or plan to supply? (List school and grades you will be providing for):

Who is your contact at the school(s)? List name/title/contact # for each:

How many children do you anticipate providing backpack food bags to / at what frequency (weekly, monthly, etc):

Do you know of other agencies / churches that also provide Backpacks to this school? If so, please list:

IMPORTANT NOTE: Backpack agencies must ALSO complete the separate “Backpack Program Agreement” – it can be downloaded at Food Bank Website, or ask Agency Relations Manager for a copy

❖ **SCHOOL PANTRIES**

What schools do you supply or plan to supply? (List school and grades you will be providing for):

Who is your contact at the school(s)? List name/title/contact # for each:

When will the pantry be open for families (hours/days):

Do you know of other agencies / churches that also provide food to this school? If so, please list:

What types of food or nonfood items do you hope to make available in the pantry?

Who will be responsible for distributing it (volunteers or school staff?) **IMPORTANT!!** If your agency volunteers will have routine contact with students, have they been background checked?

IMPORTANT NOTE: School Pantry agencies must ALSO complete the separate “School Pantry Agreement” **AND** the “National Background Check Form” - they can be downloaded at Food Bank Website, or ask Agency Relations Manager for a copy



AGENCY AGREEMENT FORM

Name of Service Agency/Church _____

Agrees to and will comply with the following criteria as a recipient agency of Food Bank of North Alabama, Inc.

1. Must have a 501c3 tax exempt status with the Internal Revenue Service or operate through a church congregation.
2. Must not sell, transfer, barter nor offer for sale the items supplied by the Food Bank in exchange for money, property or services, or otherwise allow the items to re-enter commercial channels.
3. Must be an established agency and registered and approved by the Food Bank.
4. Must be an agency that serves the needy, the ill or infants (children).
5. Must serve food directly to its clients in the form of meals, snacks, or distribute packaged food for emergency situations.
6. Must have adequate refrigeration and storage space to ensure the wholesomeness of the food until used and/or redistributed.
7. Must be licensed by the State and/or City as a food service establishment according to the service it provides.
8. Must provide transportation to pick up food at the Food Bank warehouse.
9. Must be agreeable to monitoring by Food Bank representatives.
10. The Agency agrees to adhere to additional donor stipulations.
11. Must be agreeable to supporting the operation of the Food Bank with the suggested share contribution of 14 cents per pound for food received. Shared contributions must be paid using a check showing the agency's name, address and telephone number on its face. Shared contributions must be received by the Food Bank no later than the tenth of each month, following the month the food is received. Agency statements will be sent at the end of each month.
12. Agrees that no person shall be denied access to food product sourced through the Food Bank or Feeding America on the basis of race, color, citizenship, religion, gender, national origin, ancestry, age, marital status, disability, sexual orientation including gender identity or expression, unfavorable discharge from the military or status as a protected veteran, reprisal, sex, and where applicable, political beliefs, familial or parental status, if all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment.
13. Agrees to abide by the policies, procedures, and record keeping requirements of the Food Bank of North Alabama.
14. Must review and agree to comply with the provisions of the Alabama Immigration Law in the attached paragraph, "ALABAMA IMMIGRATION LAW COMPLIANCE."

Signature (of the Agency's Director) _____

Title _____ Date: _____

AGENCY FOOD RELEASE FORM

WHEREAS, Food Bank of North Alabama, Inc., hereinafter referred to as “the Food Bank”, has offered to provide and supply certain foods, foodstuffs, and related items, as available to _____, a 501c3 charity or a church congregation, hereinafter referred to as “the Donee”, and

WHEREAS, the Donee has warranted to the Food Bank that all items received will be duly inspected by a qualified member of its staff and found fit for human consumption, or the items will not be accepted,

THEREFORE, the Donee hereby warrants, represents and guarantees as follows:

1. That it has been awarded the status of a 501c3 charity by the Internal Revenue Service or is a church congregation.
2. That the Food Bank and the primary donor have specifically disclaimed any warranties or representations, expressed or implied, as to the purity or the fitness for human consumption of any or all such donated items.
3. That all items accepted are accepted in an “as is” condition.
4. That the Donee will safely and properly handle the donated items in a manner that conforms to all local, state and federal regulations. That the Donee will utilize employees or volunteers having sufficient training, experience and expertise in the evaluation, handling, distribution, and preparation of donated items for feeding purposes, and will safely and properly judge, handle, distribute, prepare and use these items to feed.
5. That the Donee, because of the qualifications of its personnel, as above specified, hereby accepts full responsibility for the purity and the fitness for human consumption of any and all items accepted.
6. That the Donee will serve the products received as soon as possible to provide maximum palatability and freshness.
7. That the Donee shall not share food items obtained from the Food Bank with any other organization or entity.
8. That the Donee hereby warrants and guarantees to the Food Bank of North Alabama, the original or primary donor, and Feeding America that it will hold them harmless from any and all liabilities, claims, losses, causes of action, suits of law or inequity, or any obligation whatsoever arising out of or attributed to any action by the Donee in connection with its storage and/or use of the items supplied to it by the Food Bank.
9. That the Donee will use the items only in a use related to its exempt purposes and solely for the feeding of the ill, the needy or infants.
10. That the Donee will neither offer for sale, sell, transfer or barter the items supplied by the Food Bank in exchange for money, other properties or services.
11. That the donated items will be used for prepared-meal feeding or emergency food distribution unless otherwise released by the primary donor or the Food Bank.

The undersigned hereby warrants that he/she is a legally warranted and authorized agent of the Donee whose name appears below and by his/her legal signature does hereby bind the Donee to the terms, conditions and limitations of this document of release.

Dated this _____ day of _____, 20____

Signature of Authorized Agent _____ Title _____

Name/Address of Organization: _____

CODE OF CONDUCT

We will work with all of our agency partners to end hunger, but **if an individual representing your agency acts in a way that is unacceptable to our code of conduct, we will revoke this individual's access to the Food Bank and potentially the partner agency relationship.**

The activities outlined below are prohibited and designed to keep a positive, safe and cooperative environment for FBNA staff and visitors.

- Possession, use or being under the influence of alcoholic beverages or illegal drugs on FBNA's owned or leased property.
- Bringing onto FBNA's owned or leased property dangerous or unauthorized materials such as explosives, firearms, weapons or other similar items.
- Discourtesy, rudeness or threatening behavior/language to a fellow participant, staff member or volunteer.
- Verbal, physical or visual harassment of another participant, staff member or volunteer.
- Conduct endangering the life, safety, health or well-being of others.
- Failing to cooperate with FBNA staff members or follow basic FBNA guidelines.

I have read and I understand the Food Bank of North Alabama's Code of Conduct. I agree to abide by the rules described above and understand that I may be removed as a participant if I violate any of these rules.

Name of Organization _____

Signature _____

Date _____

ALABAMA IMMIGRATION LAW COMPLIANCE

Contractor agrees that it will fully comply with the Immigration Reform and Control Act of 1986, as amended by the Immigration Act of 1990, and the Beason-Hammon Alabama Taxpayer and Citizen Protection Act, which makes it unlawful for an employer in Alabama to *knowingly* hire or continue to employ an alien who is or has become unauthorized with respect to such employment or to fail to comply with the Form I-9 requirements or fails to use E-Verify to verify the eligibility to legally work in the United States for all of its new hires who are employed to work in the State of Alabama. Without limiting the foregoing, contractor shall not knowingly employ, hire for employment, or continue to employ any unauthorized alien, and shall have an officer or other managerial employee who is personally familiar with the contractor's hiring practices to execute an affidavit to this effect on the form supplied by the FBNA and return same to the FBNA.

Contractor shall also enroll in the E-Verify Program prior to performing any work, or continuing to perform any ongoing work, and shall remain enrolled throughout the entire course of its performance hereunder, and shall attach to its affidavit the E-Verify Program for Employment Verification and Memorandum for Understanding and such other documentation as the FBNA may require to confirm contractor's enrollment in the E-Verify Program. Contractor agrees not to knowingly allow any of its subcontractors, or any other party with whom it has a contract, to employ in the State of Alabama any illegal or undocumented aliens to perform any work in connection with the Project, and shall include in all of its contracts a provision substantially similar to this paragraph. If contractor received *actual knowledge* of the unauthorized status of one of its employees in the State of Alabama, it will remove that employee from the project, jobsite or premises of the FBNA and shall comply with the Immigration Reform and Control Act of 1986, as amended by the Immigration Act of 1990, and the Beason-Hammon Alabama Taxpayer and Citizen Protection Act. Contractor shall require each of its subcontractors, or other parties with whom it has a contract, to act in a similar fashion.

If contractor violates any term of this provision, this agreement will be subject to immediate termination by FBNA. To the fullest extent permitted by law, contractor shall defend, consequential damages, expenses (including, but not limited to, attorney's fees), claims, suits, liabilities, fines, penalties, and any other costs arising out of or in any way related to contractor's failure to fulfill its obligations contained in this paragraph.

Name of Organization _____

Signature _____

Date _____

E-VERIFY REQUIREMENTS

In accordance with Alabama Immigration Law, if your church or agency (the name on the checking account which pays your monthly statement from the Food Bank, not the volunteer committee running the pantry) has **any** paid employees, then you must start an E-Verify account* for any future hiring, **and send us :**

- (1) **The signed E-verify Memorandum of Understanding** (you will get this form as part of the process of signing up on e-verify.gov – see below)
- (2) **The notarized “Contractor Affidavit of Alabama Immigration Compliance”** (next page)

IF your agency’s *responsible party* has **NO** paid employees, then you **don’t** have to start an E-Verify account, but you still have to send us

- (1) **The notarized “Contractor Affidavit of Alabama Immigration Compliance”** (next page)



***To start an E-Verify account**, go to the Federal website at <https://www.e-verify.gov/>. They may ask you for a PIN. Just make up a 4-digit number because we don’t provide you with a PIN.

The website will issue a 13 or 15 page Memorandum of Understanding.

The last 2 pages are for your signature. Print that off and send the last 2 pages of the MOU to us.

Don’t wait for the DHS to reply to you indicating that you’ve been accepted. It may be an awfully long wait (weeks) because they are overloaded with requests. The Ala. Immigration Law says that **ALL** employers in the state must establish an account. ***Don’t worry, E-Verify will not request any information on your current employees.***

YOU MUST ALSO COMPLETE THE “Contractor or Volunteer Affidavit” (NEXT PAGE) and it must be NOTARIZED

Contractor or Volunteer Affidavit of Alabama Immigration Compliance

FORM FOR SECTION 9 (a) and (b) BEASON-HAMMON ALABAMA TAXPAYER AND CITIZEN PROTECTION ACT; CODE OF ALABAMA, SECTION 31-13-9 (a) and (b)

AFFIDAVIT FOR CONTRACTOR

(To be completed as a condition for performing work on a project paid for by contract, grant, or incentive by the State of Alabama, any political subdivision thereof, or any state-funded entity.)

State of _____; County of _____

Before me, _____ a notary public, personally appeared

_____ (print name) who is a duly authorized by the business entity/ employer which appears below, being duly sworn says as follows:

As a condition for being a contractor on a project paid for by contract, grant, or incentive by the State of Alabama, or any political subdivision thereof, or any state-funded entity, I hereby attest that in my capacity as

_____ (your position) for _____ (name of contractor), said contractor does not knowingly employ, hire for employment, or continue to employ an unauthorized alien. Further, contractor affirms that it is providing notice to its subcontractors of their Alabama Immigration Compliance obligations.

I further attest that said contractor is enrolled in the E-Verify program and attached to this Affidavit is our E-Verify Memorandum of Understanding confirming such program enrollment. Further, as a direct contractor, for those current employees for whom the E-Verify system may not be used in accordance with applicable federal rules and regulations, contractor has reviewed, or had reviewed, the Form I-9s for each of its current employees and has a good faith belief that it has complied with ALA. CODE § 31-13-9(c) and (d).

Signature of Affiant

Sworn to and Subscribed before me this _____ day of _____, 20____.

I certify that the affiant is known (or made known) to me to be the identical party he or she claims to be.

Signature and Seal of Notary Public

To be returned to the Food Bank of North Alabama, PO Box 18607, Huntsville, AL 35804 or the preferably via email to the appropriate Food Bank staff member, Agency Relations Manager, at communityrelations@fbfna.org.

HOLY NAME OF JESUS HOSPITAL TRUST

TO ENHANCE MEDICAL AND MEDICALLY RELATED SERVICES IN THE STATE OF ALABAMA

APPLICANT INFORMATION

DATE: 3/7/2025

NAME OF ORGANIZATION Enable Madison County

YEAR ORGANIZED: 1979

(If more than one organization is involved in project, choose one primary organization)

AGENCY FEDERAL ID #: 63-0835099

PRESIDENT/CHAIRMAN

AGENCY EXECUTIVE DIRECTOR

PERSON SERVING AS CONTACT

NAME James "Ben" Phillips

Immanuel Jaime (Interim)

Immanuel Jaime (Director of Operations)

ADDRESS 5818 Jones Valley Dr SE

254 Kannon Dr

254 Kannon Dr

Huntsville, AL 35802-1917

Madison, AL 35758-6610

Madison, AL 35758-6610

PHONE 256-679-2030

256-417-1617

256-417-1617

EMAIL Ben.Phillips@TorchTechnologies.com

Manny@EnableMadisonCounty.org

Manny@EnableMadisonCounty.org

SIGNATURE _____

IDENTIFY MEMBERS OF YOUR BOARD OF DIRECTORS, THEIR LENGTH OF TERM, AND HOW OFTEN THEY MEET:

Marty Alfred - Leanne Brigance - John Buckley - Terri Dean - David Hadley - Jason Nesbit - James "Ben" Phillips

Ruchi Singhal - Anner Turner - Ashley "Victoria" Willmon

Board members serve 3 year terms, with an option to renew for a second term - Board of Directors meets monthly, on the second Wednesday of each month @ 11:30am

HOW MANY FULL-TIME STAFF DOES YOUR ORGANIZATION EMPLOY? 5 PART-TIME: 4 VOLUNTEERS: 597

LIST OTHER ORGANIZATIONS, IF ANY, WHICH OFFER THE SAME OR SIMILAR SERVICE(S) IN THE STATE OF ALABAMA: Athens-Limestone County Family Resource Center, CASA of Marshall County

LIST OTHER ORGANIZATIONS FROM WHICH YOU HAVE RECEIVED FUNDING IN THE PAST YEAR:

Alpha Foundation, United Way, The Daniel Foundation, The Caring Foundation, Huntsville Utilities, Madison County

Commissioners, Trinity United Church, United Methodist Church, St. John the Baptist Church

AMOUNT OF FUNDS REQUESTED FROM HOLY NAME OF JESUS HOSPITAL TRUST: \$50,000.00

PROJECT INFORMATION

PROJECT PURPOSE: **The construction of wheelchair ramps for aging and homebound (wheelchair or bed-bound for medical reasons)**

PROJECT GOALS & OBJECTIVES: **1. To build Wheelchair ramps that allow egress from clients' homes. 2. Clients will rate positive satisfaction to be able to remain independent in their homes. 3. Clients will indicate a decrease in the number of falls since the building of the ramp**

IS THIS A NEW PROJECT OR CONTINUATION/EXPANSION OF A CURRENT PROJECT? **continuation of current program**

IF THIS IS A NEW PROJECT, HOW WILL HNJHT FUNDS BE USED? _____

IF THIS IS A CURRENT PROJECT, HOW WILL HNJHT FUND BE USED TO ENHANCE THE PROJECT? **HNJHT funds would contribute to Enable's ability to continue our mission to enable the aging and homebound to live at home safely, independently, and with dignity, through the installation of custom wheelchair ramps for those stuck in otherwise inaccessible homes**

WILL THIS PROJECT REQUIRE ADDITIONAL STAFF? **No** IF SO, HOW MANY? _____
WHAT OTHER SOURCE OF FUNDING IS CURRENTLY IN USE ON THIS PROJECT? _____

HAVE YOU RECEIVED HOLY NAME OF JESUS HOSPITAL TRUST FUNDS FOR THIS PROJECT IN THE PAST? **Yes**

HOW WILL THE PROJECT BE PROMOTED? **Through our social media websites, our website, & our quarterly newsletter**

WHAT OTHER ORGANIZATIONS/ AGENCIES WILL YOU COLLABORATE OR COOPERATE WITH ON THIS PROJECT? **A variety of private individuals, churches, social clubs contribute through their labor to design and construct the ramps to fit the unique situation of each client's home. Materials are purchased through**

EXPLAIN IN DETAIL HOW THE SUCCESS OF THE PROJECT WILL BE MEASURED: **We use an Outcome Measurement Survey administered prior to (pre-) receiving services from Enable & after (post-) using a Likert-type scale: 1)How mcu is not having a ramp affecting your ability to age in place? 2. How many times have you fallen in the past 4 months? 3.How confident are you "walking?" 4. PRE Potential injury factors in the home 5. Now how confident are you to AIP?**

HOLY NAME OF JESUS HOSPITAL TRUST PROJECTS ARE FUNDED FOR ONE YEAR PERIODS. WHAT ARE YOUR PLANS/NEEDS/SOURCES FOR FUTURE FUNDING?**Since 1979, Enable has been able to sustain these much-needed ramp services by securing funding from diverse sources including community support, grants, corporations, and individuals.**

PLEASE COMPLETE THE FOLLOWING INFORMATION ON THE PROJECT BENEFICIARIES:

WHO WILL THIS PROJECT SERVE? **disabled seniors in need of ramps and any age home bound**

HOW MANY? **We currently have processed 961 over 40+ years. Approximately 11-15 per month**

WHAT AGE? **Typically 60+ years**

HOW ARE CLIENTS SELECTED OR FOUND? **They call us. Hospitals, Rehab after Debilitating accidents**

WHAT IS THE INCOME LEVEL OF THOSE TO BE SERVED? **The majority are at or below the poverty level**

WHAT METHOD OF INCOME VERIFICATION WILL BE USED? **We don't discriminate based on income**

WHAT METHOD OF DOCUMENTATION OF ELIGIBILITY WILL BE USED? **a home visit to observe**

HISTORY OF ORGANIZATION(S)

PLEASE ATTACH A BRIEF HISTORY, NOT TO EXCEED TWO PAGES, OF THE REQUESTING ORGANIZATION(S) IN THE AREA OF THE PROJECT PROPOSED, ALONG WITH THE ORGANIZATION'S LATEST ANNUAL REPORT AND ANY OTHER INFORMATION YOU MIGHT WISH TO ADD FOR THE REVIEW.

FINANCIAL INFORMATION

PLEASE ATTACH COPIES OF THE FOLLOWING INFORMATION WITH YOUR APPLICATION:

1. COMPLETED BUDGET FOR PROPOSED PROJECT.
2. LATEST BALANCE SHEET LISTING ASSETS AND LIABILITIES AS WELL AS A COPY OF THE MOST RECENT 990.
3. LAST FISCAL YEAR INCOME STATEMENT DETAILING SOURCES AND USES OF FUNDS.
4. A DETERMINATION LETTER FROM THE INTERNAL REVENUE SERVICE ADDRESSED TO THE ORGANIZATION APPLYING FOR THE HEALTH INVESTMENT INDICATING EXEMPTION FROM FEDERAL INCOME TAX AS A 501(c)(3) ORGANIZATION AND INCLUDING THE FOLLOWING STATEMENT, OR ITS EQUIVALENT:
"CONTRIBUTIONS TO YOU ARE DEDUCTIBLE BY DONORS UNDER SECTION 107(c) OF THE INTERNAL REVENUE CODE."
5. LATEST FINANCIAL AUDIT. IF YOUR ORGANIZATION HAS NEVER HAD A FINANCIAL AUDIT PERFORMED, PLEASE EXPLAIN.

CHECKLIST FOR COMPLETED PROPOSAL:

1. COMPLETED APPLICATION FORM
2. BRIEF HISTORY AND ANNUAL REPORT
3. THE DOCUMENTS REQUESTED UNDER "FINANCIAL INFORMATION"

RETURN COMPLETED PROPOSAL PACKAGE TO:

**SISTER HELEN GAFFNEY, MSBT, MSW
P.O. BOX 430212
BIRMINGHAM, ALABAMA 35243**



Mission- Enable the aging and homebound to live at home independently, safely, and with dignity.

Speaking Engagement Invitations, Events, Dates, etc

Status	Date	Time	Event	Location	Attendees
ACCEPTED	Mar. 5, 2025	7:30am-9:00am	Business over Breakfast – Nonprofit Spotlight	Madison Chamber of Commerce @ Jackson Center	Manny Jaime
ACCEPTED	Mar. 12, 2025	11:30	Employee Engagement Committee – Nights Sponsor Pitch	Teledyne Brown Engineering	Manny Jaime
ACCEPTED	Mar. 18, 2025	8-9:30am	Coffee & Commerce	Madison Chamber	Manny Jaime
ACCEPTED	Mar. 22, 2025	9:00am-12:00pm	Wiping Out Cancer – Health Fair	Dr. Richard Showers Rec. Center	Manny Jaime
ACCEPTED	Mar. 28	10:30am	Worley Park Veterans Memorial Grand Unveiling	Worley Park	Manny Jaime Kiliaen Anderson
HOSTING	Apr. 10, 2025		Night for Enable	Stovehouse	All Staff All Board
ACCEPTED	Apr. 12, 2025	10am-3pm	Lambda Eta Eta chapter of Chi Eta Phi Sorority's annual Health and Wellness Fair	Fellowship of Faith Church	Manny Jaime, or Safety Net
ACCEPTED	May 1, 2025	11am	Ambassador Luncheon Charity Spotlight	Huntsville Chamber of Commerce	Manny Jaime, or ED
ACCEPTED	May 3, 2025	9am-1pm	Nurses Guild Auxiliary's Annual Health Fair	Progressive Union Missionary Baptist Church	Manny Jaime, ED, or Safety Net
ACCEPTED	May 12, 2025	10am	"Keenagers" Senior Group Vial of Life Seminar	Willowbrook Baptist Church	Manny Jaime, ED, or Safety Net