

GRANT FUNDING REQUEST FOR COMMUNITY SERVICE ORGANIZATIONS

2018 FUNDING REQUEST/CERTIFICATION FORM

ORGANIZATION NAME: Advocates for Victims of Violence, Inc. PHONE: 835-2980
 ADDRESS: P.O. Box 524 Valdez, AK ZIP: 99686
 CONTACT PERSON: Rowena Palomar PHONE: 835-2980
 CONTACT PERSON E-MAIL: executive@avvalaska.org
 PROGRAM TITLE: Youth Services Program

FUNDING REQUEST FOR 2018: \$ 45,000

1. Non-Profit Corporation? Yes ☒ No ☐
 Date of incorporation: 1981 Federal Tax ID #: 92-0083034

2. Organization's estimated TOTAL 2018 operating budget: \$ 486,203.00

3. Historical Funding and Membership Information

	Total CSO Budget	City Funding	City % of Total	# of Members
2015	555,880.00	40,000	8%	95
2016	480,283.00	40,000	7%	90
2017	472,784.00	45,000	8%	85
2018	486,203.00	45,000	9%	85

4. What was previous grant funding used for? Be specific.


1. Girls Time - After school program at Hermon Hutchens elementary School.
2. Express Yourself - After School Program at Hermon Hutchens Elementary School
3. True You - After School Program at Gilson Middle School
4. Outdoor Adventure Camps - 3 summer camps for kids going into: 1st-2nd grade, 3rd-5th grade, 6th-8th grades
5. Outdoor Adventure Overnight camp - 9th-12th grade
6. Child Abuse Prevention and Awareness Month
7. Teen Dating Violence Awareness Month
8. Teen Talk
9. Domestic Violence Awareness activities at the High School
10. Suicide Prevention PSA
11. Individual support for children and teens experiencing domestic violence, sexual assault and child abuse
12. Shelter Kids Program and advocacy for children staying at the shelter

ATTACHMENTS: (label as indicated)

- Copy of your organization's most recent fiscal year end financial statements including balance sheet and profit and loss, and sources and uses of revenues. These statements must also show all accumulated fund balances for all of the organization's assets. (label page 2)
- Copy of balance sheets from three prior fiscal years. (label page 3)
- Copy of your organization's estimated current operating budget, including revenues and expenditures. (label page 4)
- Copy of proposed 2018 budget, including revenues and expenditures. (label page 5)
- Copy of your organization's balance sheet and profit and loss as of 6/30/2017

CERTIFICATION: (must be signed by both individuals)

I certify that the information contained in this application, including all attachments and supporting materials, is true and correct to the best of my knowledge.



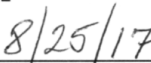
EXECUTIVE DIRECTOR (or equivalent)



DATE



PRESIDENT, BOARD OF DIRECTORS (or equivalent)



DATE

(Organization's Most Recent Fiscal Year-End Financial Statement
to include all fund balances on all organization's funds)

(All Funds)

Advocates for Victims of Violence
Balance Sheet
As of June 30, 2017

	Jun 30, 17
ASSETS	
Current Assets	
Checking/Savings	
First National Bank AK Savings	79,019.63
First National Bank Time Account	25,000.00
Wells Fargo - Time Account 2	10,277.93
Wells Fargo Gaming Checking	2,429.74
Wells Fargo Operating Checking	-3,049.64
Wells Fargo Operating CMC	171,361.51
Wells Fargo, Time Account	10,255.56
Total Checking/Savings	295,294.73
Other Current Assets	
Petty cash	700.00
Prepaid expenses	8,707.10
Total Other Current Assets	9,407.10
Total Current Assets	304,701.83
Fixed Assets	
Accumulated Depreciation	-298,012.26
Furniture, fixtures, & equip	32,031.57
Vehicle	24,000.00
Woodside Building	655,992.66
Total Fixed Assets	414,011.97
TOTAL ASSETS	718,713.80
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
Accounts payable	-6.72
Total Accounts Payable	-6.72
Other Current Liabilities	
Accrued paid leave	7,810.59
Payroll Liabilities	-19,693.40
Total Other Current Liabilities	-11,882.81
Total Current Liabilities	-11,889.53
Total Liabilities	-11,889.53
Equity	
Opening Bal Equity	648,896.88
Unrestrict (retained earnings)	53,821.72
Net Income	27,884.73
Total Equity	730,603.33
TOTAL LIABILITIES & EQUITY	718,713.80

Advocates for Victims of Violence
Profit & Loss
July 2016 through June 2017

	Jul '16 - Jun 17
Ordinary Income/Expense	
Income	
Contribution (monetary)	32,427.28
Fundrising (Gaming)	
Pulltabs	45.00
Raffles	3,800.00
Total Fundrising (Gaming)	3,845.00
Grant Revenue	434,731.74
Interest Income	257.16
Membership Dues	150.00
Other Income	5.00
Women of Distinction	
Monetary Contribution	10,700.00
Raffle	1,780.00
Silent Auction	8,081.00
Ticket Sales & Tables	7,240.00
Total Women of Distinction	27,801.00
Total Income	499,217.18
Expense	
Commodities	
Client Emergency Shelter	300.00
Food Supplies	9,273.72
Household/Mass Shelter Expense	1,259.00
Office Expense	
Public Relations Expense	684.21
Office Expense - Other	2,789.14
Total Office Expense	3,473.35
Other Commodities Expense	
Other Shelter Expense	4.19
Rental Assistance Expense	1,000.00
Utility Assistance Expense	957.84
Other Commodities Expense - Other	864.00
Total Other Commodities Expense	2,826.03
Program Supply Expense	
Children's Program	8,276.82
Direct Services Expense	4,201.02
Outreach	523.86
Teen Group	4,739.51
Program Supply Expense - Other	2,496.82
Total Program Supply Expense	20,238.03
Commodities - Other	788.87
Total Commodities	38,159.00
Communications Expense	
Alarm System Expense	38.97
Postage Expense	338.93
Telephone Expense	7,638.17
Communications Expense - Other	651.71
Total Communications Expense	8,667.78
Contractual	
Advertising Expense	15,765.80
Dues and Subscriptions	3,269.32
Insurance Expense	13,920.00
Professional Services Expense	
Audit and Accounting Expense	16,098.00

Advocates for Victims of Violence
Profit & Loss
July 2016 through June 2017

	Jul '16 - Jun 17
Other Contractual Expense	1,269.14
Professional Services Expense - Other	310.00
Total Professional Services Expense	17,677.14
Training and Registration Expen	780.48
Total Contractual	51,412.74
Equipment Expense	
Maintenance and Repair Expense	332.04
Purchase	11,083.99
Equipment Expense - Other	5,250.05
Total Equipment Expense	16,666.08
Facility Expense	
Repairs and Maintenance Expense	5,088.50
Utility Expense	9,152.92
Total Facility Expense	14,241.42
Fundraising Exp. (WoD)	9,010.25
Fundraising Expense	
Gaming Permit	20.00
Fundraising Expense - Other	2,305.80
Total Fundraising Expense	2,325.80
Payroll Expenses	
Benefits Expense	
Health/Life Insurance Expense	411.58
Pension plan contributions	1,358.28
Workers Compensation Expense	12,312.00
Benefits Expense - Other	21,378.14
Total Benefits Expense	35,460.00
Payroll Expenses - Other	283,117.41
Total Payroll Expenses	318,577.41
Travel	
Client Emergency Transportation	2,051.43
Lodging Expense	2,389.27
Outreach	
Per Diem	1,260.00
Transportation	240.00
Outreach - Other	164.62
Total Outreach	1,664.62
Per Diem	4,108.00
Transportation Expense	
Gas	1,256.00
Transportation Expense - Other	21.00
Total Transportation Expense	1,277.00
Travel - Other	781.65
Total Travel	12,271.97
Total Expense	471,332.45
Net Ordinary Income	27,884.73
Net Income	27,884.73

(Copy of Three Prior Fiscal Years' Balance Sheets)

Advocates for Victims of Violence, Inc.

Statements of Financial Position

<i>June 30,</i>	2016	2015
Assets		
Current Assets		
Cash	\$ 292,399	\$ 261,117
Prepaid expenses and other assets	8,707	1,642
Total Current Assets	301,106	262,759
Property and equipment, net	414,013	395,901
Total Assets	\$ 715,119	\$ 658,660
Liabilities and Net Assets		
Current Liabilities		
Accounts payable	\$ -	\$ 482
Accrued payroll expenses	7,811	8,181
Deferred revenue	-	10,000
Total Current Liabilities	7,811	18,663
Net Assets - unrestricted	707,308	639,997
Total Liabilities and Net Assets	\$ 715,119	\$ 658,660

See accompanying notes to financial statements.

Advocates for Victims of Violence, Inc.

Statements of Financial Position

<i>June 30,</i>	2015	2014
Assets		
Current Assets		
Cash	\$ 261,117	\$ 265,267
Prepaid expenses and other assets	1,642	1,984
Total Current Assets	262,759	267,251
Property and equipment, net	395,901	326,961
Total Assets	\$ 658,660	\$ 594,212
Liabilities and Net Assets		
Current Liabilities		
Accounts payable	\$ 482	\$ 342
Accrued payroll expenses	8,181	12,498
Deferred revenue	10,000	10,000
Total Current Liabilities	18,663	22,840
Net Assets - unrestricted	639,997	571,372
Total Liabilities and Net Assets	\$ 658,660	\$ 594,212

See accompanying notes to financial statements.

(Organization's Current Operating Budget)

(All Funds)

Program: Advocates for Victims of Violence, Inc.

Budget Detail by Source of Funds							
Cost Category		This Award			Required Match		
100 PERSONAL SERVICES	FTE	CDVSA	VOCA	FVPSA	Cash	In-Kind	Total Project
Position Title							
A. Executive Director	1	66,000			6,120		72,120
B. Direct Services Coordinator	1	11,362	30,850				42,212
C. Youth Services Coordinator	1	25,000			10,360		35,360
D. Office Coordinator	1	30,000			2,779		32,779
E. Advocates			48,000		14,000		62,000
F. Volunteer Staff Position						42,000	42,000
G.							0
H.							0
I.							0
J.							0
K.							0
L.							0
M.							0
N.							0
O.							0
Subtotal		132,362	78,850	0	33,259	42,000	286,471
Fringe Benefits		70,632					70,632
Total Personal Expense		202,994	78,850	0	33,259	42,000	357,103
200 TRAVEL		CDVSA	VOCA	FVPSA	Cash	In-Kind	Total Project
Destination and Purpose							
A. Program Participant:							
Emergency		1,000		1,400	1,000	500	3,900
Non-Emergency		2,000			500		2,500
B. Staff:							
Training		1,000			4,000	3,000	8,000
Business							0
Total Travel Expense		4,000	0	1,400	5,500	3,500	14,400
300 FACILITIES		CDVSA	VOCA	FVPSA	Cash	In-Kind	Total Project
A. Rents/Leases							0
B. Communication				7,000	2,000	1,000	10,000
C. Utilities				7,500	5,500		13,000
D. Other							0
E. Minor Repair		1,000			2,000	1,000	4,000
F. Renovations							0
G. Maintenance				1,000	1,000	1,000	3,000
Total Facility Expense		1,000	0	15,500	10,500	3,000	30,000
400 COMMODITIES		CDVSA	VOCA	FVPSA	Cash	In-Kind	Total Project
A. Office Supplies		500			1,000	1,000	2,500
B. Program Supplies		2,000		6,000	8,000	1,500	17,500
C. Household Supplies				800	2,000		2,800
D. Medical Supplies							0
E. Food		417		2,583	1,500		4,500
F. Other					1,500		1,500
Total Commodities Expense		2,917	0	9,383	14,000	2,500	28,800

Program: _____

Budget Detail by Source of Funds							
Cost Category	This Award			Required Match			
500 EQUIPMENT	CDVSA	VOCA	FVPSA	Cash	In-Kind	Total Project	
A. Maintenance and Repair					1,000	1,000	
B. Lease and/or Rental	4,600			1,000		5,600	
C. Purchase						0	
Total Equipment Expense	4,600	0	0	1,000	1,000	6,600	
600 OTHER CONTRACTUAL	CDVSA	VOCA	FVPSA	Cash	In-Kind	Total Project	
A. Professional Services	13,000			4,000		17,000	
B. Insurance	12,700			4,000		16,700	
C. Dues and Subscriptions	1,500			4,500		6,000	
D. Training and Registration					3,000	3,000	
E. Printing and Advertising	2,600			2,000	2,000	6,600	
F. Subcontracts						0	
Total Other Contractual Expense	29,800	0	0	14,500	5,000	49,300	
DIRECT COSTS	245,311	78,850	26,283	78,759	57,000	486,203	
INDIRECT COSTS							
TOTAL COSTS	245,311	78,850	26,283	78,759	57,000	486,203	

(Copy of Proposed 2018 Budget)

(All Funds)

Program: Advocates for Victims of Violence, Inc.

Program Budget Summary

BUDGET CATEGORY	CDVSA AWARD	REQUIRED MATCH		TOTAL PROJECT
		CASH	IN-KIND	
100 PERSONAL SERVICES	281,844	33,259	42,000	357,103
200 TRAVEL	5,400	5,500	3,500	14,400
300 FACILITIES	16,500	10,500	3,000	30,000
400 COMMODITIES	12,300	14,000	2,500	28,800
500 EQUIPMENT	4,600	1,000	1,000	6,600
600 OTHER CONTRACTUAL	29,800	14,500	5,000	49,300
TOTAL DIRECT COST	350,444	78,759	57,000	486,203
INDIRECT COST _____ % of \$ _____				0
TOTAL PROJECT COST	350,444	78,759	57,000	486,203

Program Budget Summary Award

PROGRAM INFORMATION

ORGANIZATION NAME: Advocates for Victims of Violence, Inc.

Program Title: Youth Services Program

Complete section below. Limit comments to this page.

1. Summarize the program you are proposing. (You will provide the details in the scope of services form.)

AVV provides education, prevention, and intervention services for individuals who are experiencing or have experienced domestic violence, sexual assault and/or child abuse. The Youth Services Program focuses on the children of Valdez. Education, awareness, and prevention programs are provided thru after school programs, school presentations, summer camps, and special events throughout the year.

2. Briefly, but specifically, describe why the program to be funded under this proposal is needed and how it will benefit the Valdez community. Is this a new or existing program? How have you determined the need for your program?

This is an existing program and AVV's goal is to prevent future violence in our community. Through the education, prevention and awareness campaigns targeting our children and the youth, we are teaching them about healthy relationship and positive skills. We have determined that our community needs programs based on referrals from community organizations, surveys, statewide statistics and questionnaires.

3. Is this program year-round, seasonal, or a one-time event? Year-round
Schedule: Beginning date: on-going Ending date: on-going

4. Estimated number of people to be served by this program? 1100
Provide formula for estimate:

AVV collects data on a monthly basis in the following categories: individual advocacy, system advocacy, legal advocacy, and shelter participants. It also include data from children participating in after school programs and summer camps.

5. Target population served: (ie: youth, adult, Senior Citizens, disadvantaged, etc.)

98% of AVV's served population are women and children; 2% are men.

6. Is membership in your organization required for participation: Yes _____ No X

7. Fee to participant: Member \$ 0 Non-Member \$ 0

8. Number of paid program staff: Full-time 4 Part-time 8 Temporary _____

ORGANIZATION NAME: Advocates for Victims of Violence, Inc.
Program Information (continued)

9. Volunteer Services Information:

Number of volunteers:	Actual 2015	<u>200</u>
	Actual 2016	<u>200</u>
	Anticipated 2017	<u>190</u>
	Estimated 2018	<u>190</u>

Source of volunteers (parents, members, professionals, others):

AVV has a strong community support with volunteers from public and private sectors. AVV utilizes volunteers from US Coast Guard, Valdez City School, Valdez Police Department, PWCS, Alyeska employees, Hospital staff and local businesses. Youth/Adults/Teachers/Nurses/Parents.

Types of services provided by volunteers:

Computer technician, photographers, camp volunteers, board members, crisis line, lawn care, building maintenance, fundraising and community events for Walk A Mile in Her Shoes and Women of Distinction.

10. Where will you operate this program? What facilities?

Shelter programs operates at the AVV offices, after school programs operate at Hermon Hutchen Elem. School, Gilson Middle School and other education and prevention programs operate at the Valdez HS and Teen Center

11. What is the specific impact on your program if City funding is available at the following percentages of your request?

75% Prevention and education would be cut by 20% and child advocacy will be cut by 10%

50% Children Services, particularly intervention services for children will be cut.

25% Essential children services would be extremely limited.

0% Children services would be completely eliminated.

12. The City is prohibited from contracting with businesses or persons that violate the Americans with Disabilities Act (ADA). What methods does your organization employ to comply with the requirements of ADA?

All bedrooms and living area of AVV's shelter are on the lower level of the facility. One bedroom is fully accessible with a bathroom and shower that meet the ADA standards. The building is designed with all appropriate ramps, wide entries and wheelchair turning radius area. Handicapped parking is available.

ORGANIZATION NAME: _____
Program Information (continued)

13. Any other comments you would like to make about your program?

AVV continues to remain consistently busy with clients, activities and community events. Over the last 36 years, AVV has been providing services to victims of domestic violence and sexual assault. We are also advocating to reduce domestic violence, sexual assault, and child abuse in our community. Unfortunately, violence still happens behind closed doors. However, due to the hard work of AVV's staff and volunteers, the awareness campaigns, prevention and education efforts in our school, we are making an impact on students and to the community. More victims are disclosing and reporting these crimes and they are seeking the help that they haven't in the past. Our 24-hour crisis line is always busy, which means that these victims are reaching out. They talked about their victimization and what kind of help is available. They want to be emotionally, physically and mentally healthy. What this means for the community as a whole is that people are listening and learning that domestic violence is not a way of life and that help is available. The moment of silence is over.

AVV is striving to eliminate all domestic violence, sexual assault and child abuse in our community, and the best way to start is with the youth. The education and prevention piece is extremely important in this endeavor. Our future is with the children, and we need to protect and teach them that there is a different way of life, one that does not involve violence and abuse.

Our youth programs have continued to rise in numbers and are flourishing. The community, through awareness campaigns, are learning that AVV is not a frightening place and sending their children to our after-school programs and summer camps is the place where they learned positive skills, and healthy decision making through group activities.

On behalf of AVV Board of Directors, the staff and the clients we serve, we would like to give a profound thank you to the City of Valdez for your past and continued support and for your dedication to helping us complete our mission in ending domestic violence, sexual assault and child abuse.

ORGANIZATION NAME: Advocates for Victims of Violence, Inc.

OPERATING EXPENSES OF PROPOSED PROGRAM

(Budget Form #1)

<u>Program Expenses:</u>	<u>Budget</u>	<u>Breakdown</u>
PERSONAL SERVICES:	<u>\$ 66,253.00</u>	
Salaries/wages		\$ 58,481.00
Employee benefits		\$ 7,772.00
Other: _____		\$ _____
CONTRACTUAL SERVICES:	<u>\$ 19,200</u>	
Reproduction/copying		\$ 0
Equipment rental		\$ 3,600.00
Data processing		\$ _____
Dues/subscriptions		\$ 600.00
Contractual services		\$ 13,000.00
Professional fees & services		\$ 2,000.00
Other: _____		\$ _____
OTHER SERVICES:	<u>\$ 18,212.00</u>	
Volunteer services		\$ 0
Communications/postage		\$ 3,212.00
Printing		\$ 3,500.00
Advertising/promotion		\$ 4,500.00
Electricity		\$ 2,000.00
Heating		\$ 2,500.00
Travel/transportation		\$ 2,500.00
Other: _____		\$ _____
COMMODITIES:	<u>\$ 10,500.00</u>	
Clothing		\$ 0
Office supplies		\$ 1,200.00
Building maintenance		\$ 2,316.00
Operating supplies		\$ 5,984.00
Parts & supplies - equipment		\$ 1,000.00
OTHER CHARGES/EXPENSES:	<u>\$ 8,500.00</u>	
Insurance		\$ _____
Contingencies		\$ 8,500.00
Training		\$ _____
Rent		\$ _____
Capital equipment		\$ _____
Office equipment		\$ _____
Other expenses: _____		\$ _____
TOTAL COST FOR OPERATION OF THIS PROGRAM:	<u>\$ 122,665.00</u>	

ORGANIZATION NAME: Advocates for Victims of Violence, Inc.

FUNDING SOURCES FOR PROPOSED PROGRAM
(Budget Form #2)

This program budget covers the period of January 1, 2018 to Dec. 31, 2018

<u>SOURCES OF PROGRAM FUNDING</u>	<u>GOAL AMOUNT</u>	<u>%</u>	<u>COMMITTED (Y/N)</u>
Parent Organization	\$ <u>72,665.00</u>	<u>57.5</u>	<u>Yes</u>
Gifts and Contributions	\$ <u>2,000.00</u>	<u>1%</u>	<u>Yes</u>
Membership Dues	\$ _____	_____	_____
Fees & charges to participants	\$ _____	_____	_____
Private sector grants (specify source and date of award)	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
Fundraisers (specify major fundraising events/programs)			
Women of Distinction	\$ <u>2,000</u>	<u>1%</u>	<u>Yes</u>
Gaming	\$ <u>1,000</u>	<u>.5</u>	<u>Yes</u>
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
Subtotal of Financial Support for this program:	\$ <u>77,665.00</u>	<u>64%</u>	
Supplemental Funding Requested from City of Valdez:	\$ <u>45,000.00</u>	<u>37%</u>	
<u>TOTAL FUNDING FOR OPERATION OF THIS PROGRAM:</u>	\$ <u>122,665.00</u>	<u>100%</u>	

NOTE: Projected program financial support should meet or exceed projected program expenditures. If not, you must provide an explanation. If the financial support is projected to exceed the expenditures by a substantial amount, please provide an explanation as to why grant funds are being requested for this program.

ORGANIZATION NAME: _____

SCOPE OF SERVICES

Timeline OUTCOMES for 2018 (What do you plan to accomplish in 2018 - be specific)

Goal 1. Enhance Crisis Intervention to domestic violence, sexual assault, child abuse and other violent crime to victims in our service area.

Objective 1.1 provide information, advocacy, and other intervention and support services to victims in Valdez Area.

Key Activities:

- A. Youth Services Coordinator will provide daily one-on-one advocacy, working to identify clients needs.
- B. Youth Services Coordinator will work with clients to develop empowerment/action plans.
- C. Youth Services Coordinator will act as liason between cleint and other service providers when necessary sich as Office of Children's Services.
- D. Youth services Coordinator will provide referrals to services as necessary.
- E. Sexual Assault Response Team trainedm staff to accompany, provide support, and transport for clients who are victims of sexual assault to the medical hospital for forensic examination and to the Child Adocacy Center or Alaska Care for forensic interview.

Goal 2.1 Provide 75 personal support to 30 youth.

Key Activities:

- A. Executive Director will ensure that trained staff is available to provide on-call services to to youth including accompaniment to medical and law enforcement facilities.
- B. Youth Services Coordinator will provide one-on-one contact with youth.
- C. Youth Services Coordinator will ascertain history extent of abuse the youth has experienced.
- D. Youth Services Coordinator will develop a safety plan with each youth.

Attach additional pages if necessary

Definition: Outcome - End product or result accomplished.

SCOPE OF SERVICES

Timeline OUTCOME for 2018

Goal 2.2: Reduce the impact of domestic violence and sexual assault on children who have been exposed to these forms of violence.

Objective: In FY18: AVV will provide 150 individual advocacy services to 50 children.

Activities:

1. Youth Services Coordinator or designated staff will provide daily one-on-one contacts with children.
2. Youth Services Coordinator will ascertain history and extent of abuse the child has experienced and complete a needs assessment for the child.
3. Youth Services Coordinator or Advocate will complete the orientation process with each child.
4. Youth Services Coordinator will develop a safety plan with each child.
5. Youth Services Coordinator will ensure all staff is trained in mandated reporting.

Objective: In FY18: AVV will provide 140 age-appropriate support/education group contacts for 400 children.

Activities:

1. Youth Services Coordinator will facilitate weekly children's group Express Yourself to elementary-aged boys and girls in grades 3-5, resident and non-resident children will be encouraged to attend.
2. Youth Services Coordinator will facilitate a weekly girl's empowerment group, Girls Time, to girls in grades 3 – 5.
3. Youth Services Coordinator will facilitate True You to 6th & 7th grade girls on weekly basis for a period of 12 weeks.
4. Youth Services Coordinator will do presentations at the high school for Teen Violence Awareness Month.
5. Youth Services Coordinator will incorporate safety checks and planning into all groups.

Objective: In FY18: AVV will provide 4 youth summer camps to 50 children and teens.

Activities:

1. Youth Services Coordinator will coordinate and facilitate 1 week-long River Run overnight Summer camp to 15 youth, aged 13 - 17.
2. Youth Services Coordinator will coordinate and facilitate 3 week-long Outdoor Adventure day camps to children in age groups, 1st & 2nd, 3rd-5th, 6th-8th grades.
3. Youth Services Coordinator will recruit volunteers and ensure staff/volunteers are trained in mandated reporting and have received proper background checks

Insurance Requirements

WORKERS COMPENSATION & EMPLOYERS LIABILITY INSURANCE POLICY
16I WS 06696

Item 1 Insured:	Producer:
Advocates for Victims of Violence, Inc. P.O. Box 524 Valdez, AK 99686-0524	USI Northwest 3800 Centerpoint Drive Suite 540 Anchorage, AK 99503

Federal Employer Tax Identification No.: 920083034	Risk Identification No.: 540007543
Other workplaces not shown above: See WC 99 06 02, Other Workplaces Endorsement	Form of business organization: Non-profit corporation

Item 2 Policy period: From 09/01/16 to 09/01/17 at 12:01 A.M. standard time at your mailing address shown above

- Item 3 A. Workers Compensation Insurance:** Part One of the policy applies to the Workers Compensation law of the state(s) listed here: Alaska
- B. Employers Liability Insurance:** Part Two of the policy applies to work in each state listed in Item 3A. The limits of our liability under Part Two are:
- | | |
|---------------------------|--------------------------|
| Bodily injury by accident | \$ 100,000 each accident |
| Bodily injury by disease | \$ 500,000 policy limit |
| Bodily injury by disease | \$ 100,000 each employee |
- C. Other states insurance:** Part Three of the policy applies to the states, if any, listed here: None
- D. Endorsements and schedules:** See WC 99 06 22, Table of Contents

Item 4 Premium: The premium for this policy shall be determined by our rules, classifications, rates and rating plans. All information required below is subject to verification and change by audit.

Classifications	Code	Estimated Annual Remuneration	Rate Per \$100	Estimated Annual Premium
Alaska - State Act				
Group Homes - All Employees & Salespersons, Drivers	8842	300,600	4.470	13,437
Experience Modification (.91)	9898			[1,209]
Estimated Premium Discount	0063			[208]
Terrorism	9740	300,600	.017	51
Alaska Insurance Guaranty Association Surcharge (.0200)	0986			241
Minimum Premium				\$335
Deposit Premium		\$12,312	Estimated Annual Premium	\$12,312

Premium audit frequency: Annual

Countersigned by Bernie Raven (Authorized Representative)

WC 00 00 01A (07 11)

Workers Compensation Information Page

TABLE OF CONTENTS

Form Title	Form Number	Endorsement Number
<u>Insurance Policy</u>		
Workers Compensation Information Page	WC 00 00 01A (07 11)	
Table of Contents	WC 99 06 22 (10 99)	
Other Workplaces Endorsement	WC 99 06 02 (03 95)	1
Workers Compensation and Employers Liability Insurance Policy	WC 00 00 00C (01 15)	
Alaska Notice of Installment Option Endorsement	WC 54 06 01A (01 13)	2
Alaska Limitation Endorsement - Rule 82 Attorney Fees - Form A	WC 99 03 09 (04 05)	3
Premium Discount Endorsement	WC 00 04 06A (08 95)	4
Notification of Change in Ownership Endorsement	WC 00 04 14 (07 90)	5
Premium Due Date Endorsement	WC 00 04 19 (01 01)	6
Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement	WC 00 04 22B (01 15)	7
Alaska Cancellation and Nonrenewal Endorsement	WC 54 06 02 (04 95)	8
<u>Additional Information and Notices</u>		
Employer Information	ANIC 168 (09 14)	
Rule 82 Coverage Limitation Notice A - Part Two, Employers Liability Insurance	PN WC 179 (04 05)	
Alaska Policyholder Notice - Access to Manual Information	Form 54-2 (03 13)	
Premium Installment Notice	PN 218 (07 12)	
Consumer Privacy Statement	PN 184 (07 01)	

Philadelphia Indemnity Insurance Company

COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS

Policy Number: PHPK1523612

Agent # 20910

☒ See Supplemental Schedule

LIMITS OF INSURANCE

\$	1,000,000	General Aggregate Limit (Other Than Products – Completed Operations)
\$	1,000,000	Products/Completed Operations Aggregate Limit
\$	1,000,000	Personal and Advertising Injury Limit (Any One Person or Organization)
\$	1,000,000	Each Occurrence Limit
\$	100,000	Rented To You Limit (Any One Premises)
\$	5,000	Medical Expense Limit (Any One Person)

FORM OF BUSINESS: CORPORATION

Business Description: Non Profit Organization

Location of All Premises You Own, Rent or Occupy: **SEE SCHEDULE ATTACHED**

AUDIT PERIOD, ANNUAL, UNLESS OTHERWISE STATED: This policy is not subject to premium audit.

Classifications	Code No.	Premium Basis	Rates		Advance Premiums	
			Prem./ Ops.	Prod./ Comp. Ops	Prem./ Ops.	Prod./ Comp. Ops.
SEE SCHEDULE ATTACHED						
TOTAL PREMIUM FOR THIS COVERAGE PART:					\$ 3,110.00	\$

RETROACTIVE DATE (CG 00 02 ONLY)

This insurance does not apply to "Bodily Injury", "Property Damage", or "Personal and Advertising Injury" which occurs before the retroactive date, if any, shown below.

Retroactive Date: NONE

FORM (S) AND ENDORSEMENT (S) APPLICABLE TO THIS COVERAGE PART: Refer To Forms Schedule

Countersignature Date

Authorized Representative



PHILADELPHIA
INSURANCE COMPANIES

A Member of the Tokio Marine Group

One Bala Plaza, Suite 100
Bala Cynwyd, Pennsylvania 19004
610.617.7900 Fax 610.617.7940
PHLY.com

Philadelphia Indemnity Insurance Company
COMMON POLICY DECLARATIONS

Policy Number: PHPK1523612

Named Insured and Mailing Address:

Advocates For Victims Of Violence
PO Box 524
Valdez, AK 99686-0524

Producer: 20910

Kibble & Prentice Holding Company dba US
3800 Centerpoint Dr Ste 540
Anchorage, AK 99503

Policy Period From: 09/01/2016 **To:** 09/01/2017

(907)297-7313

at 12:01 A.M. Standard Time at your mailing
address shown above.

Business Description: Non Profit Organization

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS
POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS
INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

	PREMIUM
Commercial Property Coverage Part	1,814.00
Commercial General Liability Coverage Part	3,110.00
Commercial Crime Coverage Part	229.00
Commercial Inland Marine Coverage Part	
Commercial Auto Coverage Part	1,131.00
Businessowners	
Workers Compensation	

Total \$ 6,284.00

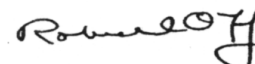
Total Includes Federal Terrorism Risk Insurance Act Coverage **19.00**

FORM (S) AND ENDORSEMENT (S) MADE A PART OF THIS POLICY AT THE TIME OF ISSUE
Refer To Forms Schedule

*Omits applicable Forms and Endorsements if shown in specific Coverage Part/Coverage Form Declarations

CPD- PIIC (06/14)


Secretary


President and CEO

BUSINESS AUTO DECLARATIONS**ITEM ONE**

Company Name: Philadelphia Indemnity Insurance Company
Producer Name: Kibble & Prentice Holding Company dba US
Named Insured And Mailing Address: Advocates For Victims Of Violence PO Box 524 Valdez, AK 99686-0524
Policy Period
From: 09/01/2016
To: 09/01/2017 At 12:01 AM Standard Time at your mailing address shown above
Previous Policy Number: PHPK1369341
Form Of Business: CORPORATION

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

Premium Shown Is Payable At Inception: \$
Audit Period (if applicable): <input type="checkbox"/> Annually <input type="checkbox"/> Semiannually <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly
Endorsements Attached To This Policy
SEE SCHEDULE

BUSINESS AUTO SCHEDULE

POLICY NUMBER: PHPK1523612

SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	DESCRIPTION								TERRITORY		
	Year Model; Trade Name; Body Type Serial Number (S); Vehicle Identification Number (VIN)								Town or City & Zip where the Covered Auto will be principally garaged		
1	2011 FORD ECONOLINE E350 SUPER, 1FBSS3BL9BDA23899								103 Valdez, AK 99686		
Covered Auto No.	CLASSIFICATION								PURCHASED		
	Radius of Operation	Business Use s = service r = retail c = comm.	Size GVW, CGW or Vehicle Seating Capacity	Age Group	Primary Rating Factor		Sec. Rating Factor		Code	Original Cost New	Stated Amount
					Liab.	Phy. Dam.	Liab.	Phy. Dam.			
1	LOCAL		15	6	0.500	1.200	-0.15		6552	33,370	
Total Premium											
Covered Auto No.	LIABILITY		AUTO. MED.		MEDICAL EXPENSE AND INCOME LOSS BENEFITS (VA ONLY)						
	Limit (in thousands)	Premium	Limit	Premium	Limit Stated in Each Med. Exp. And Inc. Loss Ben. End. For Each Person	Premium					
1	1,000	548.00	5,000	17.00							
Total Premium		548.00		17.00							
Covered Auto No.	PERSONAL INJURY PROTECTION		P.P.I. (Mich. Only)		UNINSURED/UNDERINSURED						
	Limit stated in each P.I.P. end.	Premium	Limit stated in each P.P.I. end.	Premium	Limit (in thousands)	Premium	UM	UIM			
1					1,000	80.00	X	X			
Total Premium						80.00					

ITEM TWO**Schedule Of Coverages And Covered Autos**

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the Covered Autos section of the Business Auto Coverage Form next to the name of the coverage.

Coverages	Covered Autos	Limit	Premium
Covered Autos Liability	07, 08, 09	\$ 1,000,000 CSL	\$ 780.00
Personal Injury Protection (Or Equivalent No-fault Coverage)		Separately Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible	\$
Added Personal Injury Protection (Or Equivalent Added No-fault Coverage)		Separately Stated In Each Added Personal Injury Protection Endorsement	\$
Property Protection Insurance (Michigan Only)		Separately Stated In The Property Protection Insurance Endorsement Minus \$ Deductible For Each Accident	\$
Auto Medical Payments	07	\$ 5,000 Each Insured	\$ 17.00
Medical Expense And Income Loss Benefits (Virginia Only)		Separately Stated In The Medical Expense And Income Loss Benefits Endorsement	\$
Uninsured Motorists	07	\$ 1,000,000 CSL	\$ 80.00
Underinsured Motorists (When Not Included In Uninsured Motorists Coverage)	07	\$ 1,000,000 CSL	\$ INCL

ITEM TWO

Schedule Of Coverages And Covered Autos (Cont'd)

Coverages	Covered Autos	Limit	Premium
Physical Damage Comprehensive Coverage	07	Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$ SCHEDULE Deductible For Each Covered Auto, But No Deductible Applies To Loss Caused By Fire Or Lightning See Item Four for Hired or Borrowed Autos.	\$ 94.00
Physical Damage Specified Causes Of Loss Coverage		Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$ 25 Deductible For Each Covered Auto For Loss Caused By Mischief Or Vandalism See Item Four for Hired or Borrowed Autos.	\$
Physical Damage Collision Coverage	07	Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$ SCHEDULE Deductible For Each Covered Auto See Item Four for Hired or Borrowed Autos.	\$ 158.00
Physical Damage Towing And Labor		\$ For Each Disablement Of A Private Passenger Auto	\$
Terrorism	All	Per Coverage Endorsement	\$ 2.00
Premium For Endorsements			\$
Estimated Total Premium*			\$ 1,131.00
*This policy may be subject to final audit.			