

III

GRANT FUNDING REQUEST FOR COMMUNITY SERVICE ORGANIZATIONS

2020 FUNDING REQUEST/CERTIFICATION FORM

ORGANIZATION NAME: SWAN (Sound Wellness Alliance Network) PHONE: 907-834-1823
 ADDRESS: PO BOX 550, Valdez, AK ZIP: 99686
 CONTACT PERSON: Rhonda Wegner PHONE: 907-831-0003
 CONTACT PERSON E-MAIL: rhonda.wegner@providence.org
 PROGRAM TITLE: Valdez Community Health and Wellness Initiative
 FUNDING REQUEST FOR 2020: \$ 40,643

1. Non-Profit Corporation? Yes ☒ No ☐
 Date of incorporation: Mar. 23, 2017 Federal Tax ID #: 82-0942210

2. Organization's estimated TOTAL 2020 operating budget: \$ 78,500

3. Historical Funding and Membership Information

	Total CSO Budget	City Funding	City % of Total	# of Members
2016	NA			
2017	NA			
2018	NA			
2019	NA			

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

NA

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 2020 budget, including revenues and expenditures. (label page 5)
- Copy of your organization's balance sheet and profit and loss as of 6/30/2019

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)

8/23/19
DATE


PRESIDENT, BOARD OF DIRECTORS (or equivalent)

8-23-2019
DATE

Sound Wellness Alliance Network

PROFIT AND LOSS

January - December 2018

	TOTAL
Income	
Contributions	0.00
Contributions - Corporate	60,158.21
Total Contributions	60,158.21
Total Income	\$60,158.21
GROSS PROFIT	\$60,158.21
Expenses	
Advertising & Marketing	3,000.00
Contractors	47,048.33
Events Expense	13,352.20
Legal & Professional Services	1,460.00
Office Supplies & Software	199.04
Other Business Expenses	70.00
Program Support	9,707.95
Taxes & Licenses	600.00
Total Expenses	\$75,437.52
NET INCOME	\$ -15,279.31

Sound Wellness Alliance Network

BALANCE SHEET

As of December 31, 2018

	TOTAL
ASSETS	
Current Assets	
Bank Accounts	
WF Checking - x7953	94,856.57
Total Bank Accounts	\$94,856.57
Total Current Assets	\$94,856.57
TOTAL ASSETS	\$94,856.57
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Other Current Liabilities	
Board member reimbursements due	179.00
Contracted services payable	60,490.57
Total Other Current Liabilities	\$60,669.57
Total Current Liabilities	\$60,669.57
Total Liabilities	\$60,669.57
Equity	
Retained Earnings	49,466.31
Net Income	-15,279.31
Total Equity	\$34,187.00
TOTAL LIABILITIES AND EQUITY	\$94,856.57

Sound Wellness Alliance Network

BALANCE SHEET

As of December 31, 2017

	TOTAL
ASSETS	
Current Assets	
Bank Accounts	
WF Checking - x7953	100,025.00
Total Bank Accounts	\$100,025.00
Total Current Assets	\$100,025.00
TOTAL ASSETS	\$100,025.00
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Other Current Liabilities	
Contracted services payable	50,558.69
Total Other Current Liabilities	\$50,558.69
Total Current Liabilities	\$50,558.69
Total Liabilities	\$50,558.69
Equity	
Retained Earnings	0.00
Net Income	49,466.31
Total Equity	\$49,466.31
TOTAL LIABILITIES AND EQUITY	\$100,025.00

2019 SWAN OPERATING BUDGET

<i>Category</i>	<i>Allocated</i>
Healthier Valdez	\$ 5,000.00
Ski For Free "Gift"	\$ 5,000.00
Wellness Symposium & Helath Fair	\$ 10,000.00
Community Wellness Workshops & Events	\$ 850.00
Business Expenses	\$ 1,000.00
Marketing/Advertising	\$ 1,000.00
Salaries & Benefits	\$ 48,000.00
Insurance	\$ 5,000.00
Accountant	\$ 1,000.00
Grand Total	\$ 76,850.00

SWAN 2020 PROPOSED BUDGET	
<i>Category</i>	<i>Allocated</i>
Ski For Free	\$ 5,000.00
Wellness Symposium/Health Fair	\$ 8,000.00
Youth Media Camp & PSA	\$ 10,000.00
Community Wellness Workshops & Events	\$ 3,000.00
Business Expenses	\$ 1,000.00
Marketing & Advertising	\$ 1,000.00
Salaries & Benefits	\$ 48,000.00
Insurance	\$ 2,000.00
Accountant	\$ 500.00
Grand Total	\$ 78,500.00

PROGRAM INFORMATION

ORGANIZATION NAME: SWAN (Sound Wellness Alliance Network)

Program Title: Valdez Community Health and Wellness Initiative

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.)

The Community Health and Wellness Initiative is about encouraging individuals to make healthy lifestyle choices. SWAN focuses on 4 Pillars: eating well, moving more, being socially connected and standing mentally strong. The initiative aspires to create a network of cross-sector community partners collaborating to make living healthy easier, affordable and more accessible in our community.

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?

Health and wellness are powerfully influenced by where we live. Community access to safe places to play and exercise, nutritious food, healthy social connections and other wellness resources directly impacts life expectancy, mental health and incidence of chronic disease among our citizens. Through the Community Health and Wellness Initiative, SWAN is working with community partners to implement sustainable changes to improve these factors and make healthy living easier and more accessible in Valdez.

SWAN has been promoting health and wellness to the community of Valdez for the past 10 years, but as of March 2017 it established non-profit status which altered its financial structure, but in no way changed its vision of "Inspiring Valdez to live well".

SWAN utilizes national, state and local resources, including the Valdez Community Health Needs Assessment, which clearly speaks volumes in regards to the importance of health and wellness programs in our community. SWAN has also gained valuable insight from community members at its Annual Health and Wellness Symposium.

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

4. Estimated number of people to be served by this program? 3060
Provide formula for estimate:

Healthier Valdez Online Challenge 250, Ski For Free 500, Wellness Symposium 100, Nutrition Kitchen 50, Community Bike Ride 25, Walk for Child Abuse Awareness 50, Bike Safety Rodeo and Free Helmet & fitting 60, Public Outreach 2000, Media Youth Camp 25

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

All demographics within the Valdez community.

6. Is membership in your organization required for participation: Yes _____ No ^x _____
7. Fee to participant: Member \$ NA Non-Member \$ NA
8. Number of paid program staff: Full-time _____ Part-time 1 Temporary _____

ORGANIZATION NAME: SWAN (Sound Wellness Alliance Network)

Program Information (continued)

9. Volunteer Services Information:

Number of volunteers:	Actual 2017	NA
	Actual 2018	50
	Anticipated 2019	150
	Estimated 2020	200

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

Board members, wellness champions, family, friends, church groups, students, and SWAN program partners (City of Valdez, Valdez City Schools, Alyeska, PWSC, Providence Valdez Medical Center, Valdez Senior Center), etc.

Types of services provided by volunteers:

Promoting health and wellness events, distributing wellness information, coordinating events, set-up and take-down of events, etc.

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

Our home-base is located at Providence Valdez Medical Center. Events are city wide at various locations.

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

75% Eliminating the annual symposium luncheon, watering down existing programs and/or offering less programs.

50% Programming would be severely reduced.

25% SWAN would most likely still be dissolved.

0% SWAN will be dissolved.

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?

SWAN is committed to and in compliance with the Americans with Disabilities Act (ADA).

SWAN goes beyond the scope of the ADA and strives to accommodate individual needs during all events, activities and meetings.

ORGANIZATION NAME: SWAN (Sound Wellness Alliance Network)
Program Information (continued)

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

The Sound Wellness Alliance Network (SWAN) is a non-profit organization with a mission to affect real and sustainable change in the health and wellness of the citizens of Valdez. SWAN brings awareness, supports education, and delivers programming centered on individual and community well-being. SWAN initiatives and programs are developed through collaborative efforts of community partners representing Valdez Providence Medical Center, Alyeska, Prince William Sound College, Valdez City Schools, City of Valdez, The Valdez Senior Center, other organizations, and individual citizens. The work of SWAN is not always seen because it is a source of behind the scenes support for programs provided by other organization in the Valdez community. Eleven volunteers sit on the SWAN board of directors. Amongst them are several influential community leaders and individuals with a passion for wellness. They're a collection of driven, informative, and selfless individuals with a common vision; inspiring Valdez to live well.

In 2017, when the Providence Community Benefits Strategic Investments Grant was dissolved, SWAN lost its sole source of funding. However, the group chose to establish themselves as a non-profit 501(C)(3) organization to ensure their hope for a healthier community was not forgotten.

Currently, the SWAN continues to provide and promote programing, events and activities that enhance the health and wellness of Valdez residents.

Here is just a sampling of SWAN's programing support in the past 5 years:
Ski For Free, Healthier You, Healthier Valdez, PSA: Reach Out, Seed Media Youth Media Camp, Valdez Run Series, Qaniq Challenge, Valdez Community Garden, Know Your Numbers, Climb Denali, Bike Safety Rodeo, HAWK Hiking Challenge, Bike to Work/School, Community Bike Ride, Community Walk for Child Abuse Awareness, 2019 Wellness Symposium, Nutrition Kitchen, Monthly Health & Wellness Newsletter, Summer Youth Sports Camp, VHS Library Pedal Cycles and Books, and SQORD Movement Tracking.

ORGANIZATION NAME: SWAN (Sound Wellness Alliance Network)

OPERATING EXPENSES OF PROPOSED PROGRAM

(Budget Form #1)

<u>Program Expenses:</u>	<u>Budget</u>	<u>Breakdown</u>
PERSONAL SERVICES:	\$ 48000	
Salaries/wages		\$ 33600
Employee benefits		\$ 14400
Other: _____		\$ _____
CONTRACTUAL SERVICES:	\$ 17940	
Reproduction/copying		\$ _____
Equipment rental		\$ _____
Data processing		\$ _____
Dues/subscriptions		\$ 1440
Contractual services		\$ 16000
Professional fees & services		\$ 500
Other: _____		\$ _____
OTHER SERVICES:	\$ 6000	
Volunteer services		\$ _____
Communications/postage		\$ _____
Printing		\$ _____
Advertising/promotion		\$ 1000
Electricity		\$ _____
Heating		\$ _____
Travel/transportation		\$ _____
Other: <u>Ski For Free financial support</u>		\$ 5000
COMMODITIES:	\$ 4000	
Clothing		\$ _____
Office supplies		\$ _____
Building maintenance		\$ _____
Operating supplies		\$ 4000
Parts & supplies - equipment		\$ _____
OTHER CHARGES/EXPENSES:	\$ 2000	
Insurance		\$ 2000
Contingencies		\$ _____
Training		\$ _____
Rent		\$ _____
Capital equipment		\$ _____
Office equipment		\$ _____
Other expenses: _____		\$ _____
TOTAL COST FOR OPERATION OF THIS PROGRAM:	\$ 77940	

ORGANIZATION NAME: SWAN (Sound Wellness Alliance Network)

FUNDING SOURCES FOR PROPOSED PROGRAM

(Budget Form #2)

This program budget covers the period of 1/1/20 to 12/31/20

<u>SOURCES OF PROGRAM FUNDING</u>	<u>GOAL AMOUNT</u>	<u>%</u>	<u>COMMITTED (Y/N)</u>
Parent Organization	\$ 3797	5	Y
Gifts and Contributions	\$ 1500	2	N
Membership Dues	\$ 0		
Fees & charges to participants	\$ 0		
Private sector grants (specify source and date of award)			
Valdez United Way	\$ 10000	12.8	N
Providence Hospital Advisory Comm.	\$ 20000	25.7	N
	\$		
Fundraisers (specify major fundraising events/programs)			
Wellness Symposium Silent Auction	\$ 2000	2.5	N
	\$		
	\$		
Subtotal of Financial Support for this program:	\$ 37297	48	
Supplemental Funding Requested from City of Valdez:	\$ 40643	52	
<u>TOTAL FUNDING FOR OPERATION OF THIS PROGRAM:</u>	\$ 77940	100%	

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: SWAN (Sound Wellness Alliance Network)

SCOPE OF SERVICES

Timeline OUTCOMES for 2020 (What do you plan to accomplish in 2020 - be specific)

Many factors influence health and well-being in a community, and many entities and individuals in the community have a role to play in responding to community health and wellness needs. SWAN will collectively work with a variety of community sectors making healthy choices more attainable.

SWAN has identified and will continue to focus on its 4 pillars of well-being:

1. Eat Well...Good nutrition is an important part of leading a healthy lifestyle. SWAN will continue to offer, support and promote our local community garden, nutrition kitchen, school lunch program and encourage restaurants to offer healthy choices.
2. Move More...Physical activity is wonderful medicine. It decreases depression and anxiety, and all causes of death as well as increasing weight loss, energy and quality of life. SWAN will continue to offer, support and promote activities that encourage us to move more and have fun while doing it.
3. Live Socially Connected... Research shows that connecting with people around you makes you healthier and boosts your lifespan. Specifically, studies show that having a strong social network helps cut stress levels that can harm your immune system, coronary arteries and gut function, plus it elevates stress-busting hormones. SWAN will continue to offer, support and promote a variety of social activities that allows you to connect with others.
4. Stand Mentally Strong...Building mental strength will enable you to enjoy life to its fullest while allowing you to turn challenges into opportunities for growth. SWAN will continue to offer, support activities that promote mental strength.

SWAN embraces the challenge of making our community a healthier place to live by offering, supporting and promoting healthy choices. They understand the endless obstacles, but truly believe every step in the right direction is worth the time and effort.

Attach additional pages if necessary

Definition: Outcome - End product or result accomplished.

Sound Wellness Alliance Network

BALANCE SHEET

As of June 30, 2019

	TOTAL
ASSETS	
Current Assets	
Bank Accounts	
WF Checking - x7953	143,568.26
Total Bank Accounts	\$143,568.26
Total Current Assets	\$143,568.26
TOTAL ASSETS	\$143,568.26
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Other Current Liabilities	
Board member reimbursements due	299.00
Contracted services payable	84,630.84
Total Other Current Liabilities	\$84,929.84
Total Current Liabilities	\$84,929.84
Total Liabilities	\$84,929.84
Equity	
Retained Earnings	34,187.00
Net Income	24,451.42
Total Equity	\$58,638.42
TOTAL LIABILITIES AND EQUITY	\$143,568.26

Sound Wellness Alliance Network

PROFIT AND LOSS

January - June, 2019

	TOTAL
Income	
Contributions	0.00
Contributions - Corporate	50,000.00
Total Contributions	50,000.00
Total Income	\$50,000.00
GROSS PROFIT	\$50,000.00
Expenses	
Advertising & Marketing	162.00
Contractors	23,274.39
Dues & subscriptions	300.00
Minor equipment expense	207.84
Office Supplies & Software	120.00
Other Business Expenses	192.09
Program Support	1,288.31
Shipping, Freight & Delivery	3.95
Total Expenses	\$25,548.58
NET INCOME	\$24,451.42

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: **JUL 26 2019**

SOUND WELLNESS ALLIANCE NETWORK
PO BOX 550
VALDEZ, AK 99636

Employer Identification Number:
82-0942210
DLN:
17053197312018
Contact Person:
NICOLE L STRINKO ID# 17299
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
170(b)(1)(A)(vi)
Form 990/990-EZ/990-N Required:
Yes
Effective Date of Exemption:
March 23, 2017
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

This supersedes our letter dated February 21, 2019, which we issued with an incorrect name. We updated our records to show your correct name as listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities,

Letter 947

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SOUND WELLNESS ALLIANCE NETWORK

which describes your recordkeeping, reporting, and disclosure requirements.

We sent a copy of this letter to your representative as indicated in your power of attorney.

Sincerely,

Stephen a. martin

Director, Exempt Organizations
Rulings and Agreements



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/22/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Shattuck and Grummett Insurance 301 Seward St. Juneau AK 99801		CONTACT NAME: Jack Grummett PHONE (A/C, No, Ext): (907) 586-2414 E-MAIL ADDRESS: jack@sginc.com FAX (A/C, No): (907) 586-3770	
INSURED Sound Wellness Alliance Network PO Box 550 Valdez AK 99686		INSURER(S) AFFORDING COVERAGE INSURER A: Great American Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES**CERTIFICATE NUMBER:** 19/20 GL**REVISION NUMBER:**

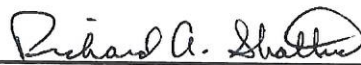
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		GLP321815600	08/19/2019	08/19/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Accountants Professional \$
	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A					PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

This Certificate is a representation of the named insured's coverage as of the date shown. Shattuck & Grummett Insurance makes no representation that these coverages comply with or fully satisfy any insurance or indemnity requirements in any contract, written, oral, or implied.

CERTIFICATE HOLDER**CANCELLATION**

City of Valdez PO Box 307 Valdez AK 99686	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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