

III

GRANT FUNDING REQUEST FOR COMMUNITY SERVICE ORGANIZATIONS

2021 FUNDING REQUEST/CERTIFICATION FORM

ORGANIZATION NAME: Connections to Care, Inc. PHONE: 907-255-2356
 ADDRESS: 1300 E. Hanagita ZIP: 99686
 CONTACT PERSON: Joan Heikens PHONE: 907-255-4325
 CONTACT PERSON E-MAIL: vscordinator@valdezak.net
 PROGRAM TITLE: Compassionate Care
 FUNDING REQUEST FOR 2020: \$ 8500

1. Non-Profit Corporation? Yes X No
 Date of incorporation: January 06, 2017 Federal Tax ID #: 814948474

2. Organization's estimated TOTAL 2021 operating budget: \$ 27,217

3. Historical Funding and Membership Information

	Total CSO Budget	City Funding	City % of Total	# of Members
2017	N/A			
2018	N/A			
2019	N/A			
2020	N/A			

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

Connections to Care, Inc. has not applied for grant funding from the City of Valdez in the past.

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 2021 budget, including revenues and expenditures. (label page 5)
- Copy of your organization's balance sheet and profit and loss as of 6/30/2020

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.

Sarah Plant Secretary
EXECUTIVE DIRECTOR (or equivalent) Secretary

Joan Heibens
PRESIDENT, BOARD OF DIRECTORS (or equivalent)

August 21, 2020
DATE

8/21/2020
DATE

(1)
**(Organization's Most Recent Fiscal Year-End Financial Statement
to include all fund balances on all organization's funds)**

(All Funds)

Connections to Care, Inc.

PROFIT AND LOSS

January - December 2019

	TOTAL
Revenue	
Direct Public Support	0.00
Corporate Contributions	15,000.00
Individ, Business Contributions	1,000.00
Total Direct Public Support	16,000.00
Indirect Public Support	0.00
United Way, CFC Contributions	35,000.00
Total Indirect Public Support	35,000.00
Total Revenue	\$51,000.00
GROSS PROFIT	\$51,000.00
Expenditures	
Business Expenses	0.00
Business Registration Fees	25.00
Total Business Expenses	25.00
Contractual Services	0.00
Accounting Fees	1,115.40
Contract Services	6,483.20
Outside Contract Fees	670.00
Total Contractual Services	8,268.60
Facilities and Equipment	660.08
Insurance	0.00
Auto Insurance	505.35
Liability, D and O	1,453.00
Total Insurance	1,958.35
Office Supplies	1,120.48
Operations	0.00
Advertising	3,376.00
Bank Fees	3.00
Supplies	4,570.47
Shipping and Handling	225.00
Total Supplies	4,795.47
Telephone, Telecommunications	120.95
Total Operations	8,295.42
Quickbooks Subscription	110.00
Training	90.00
Travel and Meetings	0.00
Travel	445.01
Total Travel and Meetings	445.01
Web Site Fees	71.88
Total Expenditures	\$21,044.82
NET OPERATING REVENUE	\$29,955.18
Other Expenditures	547.00
Depreciation Expense	\$547.00
Total Other Expenditures	\$ -547.00
NET OTHER REVENUE	\$29,408.18
NET REVENUE	

Connections to Care, Inc.

BALANCE SHEET

As of December 31, 2019

	TOTAL
ASSETS	
Current Assets	
Bank Accounts	31,397.54
Checking Account	6,775.64
Van Account	38,173.18
Total Checking Account	\$38,173.18
Total Bank Accounts	\$38,173.18
Total Current Assets	\$38,173.18
Fixed Assets	0.00
Assets bought in 2018	14,793.19
Furniture and Equipment	-547.00
Accumulated Depreciation	14,246.19
Total Furniture and Equipment	14,246.19
Total Assets bought in 2018	0.00
Assets bought in 2019	42,525.00
Van with Wheel Chair Lift	42,525.00
Total Assets bought in 2019	\$58,771.19
Total Fixed Assets	\$94,944.37
TOTAL ASSETS	
LIABILITIES AND EQUITY	
Liabilities	
Total Liabilities	
Equity	0.00
Opening Balance Equity	65,536.19
Unrestricted Net Assets	29,408.18
Net Revenue	\$94,944.37
Total Equity	\$94,944.37
TOTAL LIABILITIES AND EQUITY	

(2)

(Copy of Three Prior Fiscal Years' Balance Sheets)

Connections to Care, Inc.

BALANCE SHEET

As of December 31, 2017

	TOTAL
ASSETS	
Current Assets	
Bank Accounts	
Checking Account	23,454.55
Total Bank Accounts	\$23,454.55
Total Current Assets	\$23,454.55
TOTAL ASSETS	\$23,454.55
LIABILITIES AND EQUITY	
Liabilities	
Total Liabilities	
Equity	
Opening Balance Equity	0.00
Unrestricted Net Assets	0.00
Net Revenue	23,454.55
Total Equity	\$23,454.55
TOTAL LIABILITIES AND EQUITY	\$23,454.55

Connections to Care, Inc.

BALANCE SHEET

As of December 31, 2018

		TOTAL
ASSETS		
Current Assets		
Bank Accounts		
Checking Account		
Total Bank Accounts		50,743.00
Total Current Assets		\$50,743.00
Fixed Assets		
Assets bought in 2018		
Furniture and Equipment		0.00
Total Assets bought in 2018		14,793.19
Total Fixed Assets		14,793.19
TOTAL ASSETS		\$14,793.19
		\$65,536.19
LIABILITIES AND EQUITY		
Liabilities		
Total Liabilities		
Equity		
Opening Balance Equity		
Unrestricted Net Assets		0.00
Net Revenue		23,454.55
Total Equity		42,081.64
TOTAL LIABILITIES AND EQUITY		\$65,536.19

Connections to Care, Inc.

BALANCE SHEET

As of December 31, 2019

	TOTAL
ASSETS	
Current Assets	
Bank Accounts	
Checking Account	31,397.54
Van Account	6,775.64
Total Checking Account	38,173.18
Total Bank Accounts	\$38,173.18
Total Current Assets	\$38,173.18
Fixed Assets	
Assets bought in 2018	0.00
Furniture and Equipment	14,793.19
Accumulated Depreciation	-547.00
Total Furniture and Equipment	14,246.19
Total Assets bought in 2018	14,246.19
Assets bought in 2019	0.00
Van with Wheel Chair Lift	42,525.00
Total Assets bought in 2019	42,525.00
Total Fixed Assets	\$56,771.19
TOTAL ASSETS	\$94,944.37
LIABILITIES AND EQUITY	
Liabilities	
Total Liabilities	
Equity	
Opening Balance Equity	0.00
Unrestricted Net Assets	65,536.19
Net Revenue	29,408.18
Total Equity	\$94,944.37
TOTAL LIABILITIES AND EQUITY	\$94,944.37

(3)

(Organization's Current Operating Budget)

(All Funds)

	2019	2020		2021		
Personal						
Salaries/Wages		\$ 3,600.00	New employee for Sept 1 - Dec 30	\$ 10,400.00		
Workman's Comp		\$ 202.00		\$ 650.00		
Other:		\$ 828.00	Employer Tax Payments	\$ 2,392.00		
Contractual						
Dues/Subscriptions	\$ 110.00	\$ 260.00	QBO Subscription	\$ 300.00		
Contractual Services	\$ 7,154.00	\$ 512.00	Bookkeeper and Contracted Help	\$ 800.00		
Professional Fees/Services	\$ 1,115.00	\$ 476.00	Accountant	\$ 750.00		
Other:	\$ 28.00	\$ 3.00	Registration Fee, Bank Fee, Business Fees	\$ 100.00		
Other Services						
Communications/Postage	\$ 225.00	\$ 152.00		\$ 250.00		
Printing						
Advertising/Promotion	\$ 3,448.00	\$ 403.00	Advertising and Web Site Fees	\$ 2,575.00		
Travel/Transportation	\$ 445.00			\$ 600.00		
Other:		\$ 189.00	Fuel for van	\$ 600.00		
Commodities						
Office Supplies	\$ 1,120.00			\$ 650.00	phone for new employee	
Building Maintenance						
Operating Supplies	\$ 4,571.00	\$ 140.00		\$ 350.00		
Parts/Supplies - Equipment	\$ 660.00			\$ 500.00		
Other Charges						
Insurance	\$ 1,958.00	\$ 7,536.00	Board and Auto	\$ 4,500.00		
Training	\$ 90.00			\$ 300.00		
Capital Equipment	\$ 42,525.00					
Office Equipment				\$ 1,250.00	computer for new employee	
Other Expenses:	\$ 121.00	\$ 82.00	Telephone	\$ 250.00		
TOTAL	\$ 63,570.00	\$ 14,363.00		\$ 27,217.00		

(4)

(Copy of Proposed 2021 Budget)

(All Funds)

	2019	2020	2021	
Personal				
Salaries/Wages		\$ 3,600.00	\$ 10,400.00	
Workman's Comp		\$ 202.00	\$ 650.00	
Other:		\$ 828.00	\$ 2,392.00	
Contractual				
Dues/Subscriptions	\$ 110.00	\$ 260.00	\$ 300.00	
Contractual Services	\$ 7,154.00	\$ 512.00	\$ 800.00	
Professional Fees/Services	\$ 1,115.00	\$ 476.00	\$ 750.00	
Other:	\$ 28.00	\$ 3.00	\$ 100.00	
Other Services				
Communications/Postage	\$ 225.00	\$ 152.00	\$ 250.00	
Printing				
Advertising/Promotion	\$ 3,448.00	\$ 403.00	\$ 2,575.00	
Travel/Transportation	\$ 445.00		\$ 600.00	
Other:		\$ 189.00	\$ 600.00	
Commodities				
Office Supplies	\$ 1,120.00		\$ 650.00	phone for new employee
Building Maintenance				
Operating Supplies	\$ 4,571.00	\$ 140.00	\$ 350.00	
Parts/Supplies - Equipment	\$ 660.00		\$ 500.00	
Other Charges				
Insurance	\$ 1,958.00	\$ 7,536.00	\$ 4,500.00	
Training	\$ 90.00		\$ 300.00	
Capital Equipment	\$ 42,525.00		\$ 1,250.00	computer for new employee
Office Equipment			\$ 250.00	
Other Expenses:	\$ 121.00	\$ 82.00		
TOTAL	\$ 63,570.00	\$ 14,383.00	\$ 27,217.00	

PROGRAM INFORMATION

ORGANIZATION NAME: Connections to Care, Inc.

Program Title: Compassionate Care

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.)

Community support is our ultimate goal in Compassionate Care. It enables us to constructively collaborate support of volunteers and other community entities, creating the capacity to meet individual, family and community needs. We aim to fill the gap of services in Valdez for hospice care and in-home care to enhance quality of life. We provide services that Medicaid does not due to clients not being eligible or simply because they need companionship. We help those in need of services who do not qualify for Medicaid, Medicare, or insurance. We focus on hospice care to assist those who wish to die at home, which is not available in Valdez. Compassionate Care values human dignity. It is doing the right thing for the right reason.

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?

Connections to Care connects those living with illness to pathways that enhance quality of life. We fill the gap of services in Valdez for hospice care and in-home care for those who cannot afford to pay and don't qualify for other services, therefore providing a much-needed program in Valdez. Connections to Care has been in existence since January 2017, based on months of planning with a large group consisting of medical doctors, other non-profit organizations, and two of our closest partners, Valdez Providence Hospital and the Valdez Senior Center who identified the need for our program and encouraged its beginning.

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

4. Estimated number of people to be served by this program? 267
Provide formula for estimate:

Equipment Loans 95 Home Visits 86 Transportation/Rides 42 = 223 (2020)
Services have increased by 20% each year, so we anticipate serving 267 individuals in 2021.

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

All demographics and individuals, regardless of age, who are in need of assistance.

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 _____ Part-time 1 Temporary _____

ORGANIZATION NAME: Connections to Care, Inc.

Program Information (continued)

9. Volunteer Services Information:

Number of volunteers:	Actual 2018	13
	Actual 2019	20
	Anticipated 2020	24
	Estimated 2021	35

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

Professionals, Board members, individuals in the community, and community organizations and church groups.

Types of services provided by volunteers:

Volunteers provide: socialization and companionship to home-bound people; housekeeping; snow removal; wheelchair transportation for medical appointments; and errands and shopping. Volunteers provide education and equipment for hospice services; clients are referred and connected to available resources and benefits.

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

Valdez Senior Center, Inc. located at 1300 E. Hanagita, Valdez, AK.

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

75% Services and assistance to those in need would be reduced.

50% Services and assistance to those in need would be greatly reduced or eliminated.

25% Connections to Care would have to consider being dissolved.

0% Connections to Care would 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?

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

Connections to Care goes beyond the scope of the ADA and strives to accommodate individual needs.

ORGANIZATION NAME: **Connections to Care, Inc.**

Program Information (continued)

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

Connections to Care, Inc. was started to meet the need in Valdez for those in the community who need hospice care (which is not available in Valdez). In addition, we realized that some people go without services because they do not qualify for Medicaid. Medicare does not pay for caregivers to assist with bathing and/or housework, but will pay for skilled care from a Registered Nurse for a very limited scope of duties. Most insurance policies do not cover the provision of a care giver in the home.

Connections to Care, Inc.'s goal from the beginning has been to fill this need for those who need services but do not have provisions in place. We decided to call ourselves Connections to Care because we assist in connecting people with available resources and services.

We believe that by reaching out to the community, together we can provide assistance to people of any age suffering from an illness, injury or disease (temporary or chronic), that leaves them in a position of being unable to care for themselves.

Other services to assist people in unfortunate circumstances can include yard work, snow removal, meals, housekeeping, transportation, and escort services to Anchorage for medical treatment.

ORGANIZATION NAME: Connections to Care, Inc.**OPERATING EXPENSES OF PROPOSED PROGRAM**

(Budget Form #1)

<u>Program Expenses:</u>	<u>Budget</u>	<u>Breakdown</u>
PERSONAL SERVICES:	<u>\$ 12,792</u>	
Salaries/wages		<u>\$ 10,400</u>
Employee benefits		<u>\$ 2,392</u>
Other: _____		<u>\$ _____</u>
CONTRACTUAL SERVICES:	<u>\$ 1,950</u>	
Reproduction/copying		<u>\$ _____</u>
Equipment rental		<u>\$ _____</u>
Data processing		<u>\$ _____</u>
Dues/subscriptions		<u>\$ 300</u>
Contractual services		<u>\$ 800</u>
Professional fees & services		<u>\$ 750</u>
Other: <u>Registration fees, bank fees, business fees</u>		<u>\$ 100</u>
OTHER SERVICES:	<u>\$ 4,325</u>	
Volunteer services		<u>\$ _____</u>
Communications/postage		<u>\$ 250</u>
Printing		<u>\$ _____</u>
Advertising/promotion		<u>\$ 2,575</u>
Electricity		<u>\$ _____</u>
Heating		<u>\$ _____</u>
Travel/transportation		<u>\$ 600</u>
Other: <u>Telecom & phone for new employee</u>		<u>\$ 900</u>
COMMODITIES:	<u>\$ 850</u>	
Clothing		<u>\$ _____</u>
Office supplies		<u>\$ _____</u>
Building maintenance		<u>\$ _____</u>
Operating supplies		<u>\$ 350</u>
Parts & supplies - equipment		<u>\$ 500</u>
OTHER CHARGES/EXPENSES:	<u>\$ 7,300</u>	
Insurance		<u>\$ 5,150</u>
Contingencies		<u>\$ _____</u>
Training		<u>\$ 300</u>
Rent		<u>\$ _____</u>
Capital equipment		<u>\$ _____</u>
Office equipment		<u>\$ 1,250</u>
Other expenses: <u>Vehicle fuel</u>		<u>\$ 600</u>
TOTAL COST FOR OPERATION OF THIS PROGRAM:	<u>\$ 27,217</u>	

ORGANIZATION NAME: Connections to Care, Inc.

FUNDING SOURCES FOR PROPOSED PROGRAM
(Budget Form #2)

This program budget covers the period of January 1, 2021 to December 31, 2021

<u>SOURCES OF PROGRAM FUNDING</u>	<u>GOAL AMOUNT</u>	<u>%</u>	<u>COMMITTED (Y/N)</u>
Parent Organization	\$ <u>3,217</u>	<u>12</u>	<u>Y</u>
Gifts and Contributions	\$ <u>500</u>	<u>2</u>	<u>N</u>
Membership Dues	\$ _____	_____	_____
Fees & charges to participants	\$ _____	_____	_____
Private sector grants (specify source and date of award)			
United Way	\$ <u>5,000</u>	<u>18</u>	<u>N</u>
Providence	\$ <u>10,000</u>	<u>36</u>	<u>N</u>
	\$ _____	_____	_____
Fundraisers (specify major fundraising events/programs)			
	\$ _____	_____	_____
	\$ _____	_____	_____
	\$ _____	_____	_____
Subtotal of Financial Support for this program:	\$ <u>18,717</u>	<u>68</u>	
Supplemental Funding Requested from City of Valdez:	\$ <u>8,500</u>	<u>32</u>	
<u>TOTAL FUNDING FOR OPERATION OF THIS PROGRAM:</u>	\$ <u>27,217</u>	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: **Connections to Care, Inc.**

SCOPE OF SERVICES

Timeline **OUTCOMES for 2021** (What do you plan to accomplish in 2021 - be specific)

Connection to Care's goal for 2021 is to increase our volunteer pool and increase services to the community. We also plan to provide educational workshops regarding hospice care to the public and other organizations.

We will continue to provide in-home services, hospice services, and wheelchair accessible rides.

Connections to Care is currently pursuing the idea of hiring a program coordinator to coordinate our volunteer services and facilitate partnerships with other local organizations, while raising awareness of our mission and goals.

Community support for those who would benefit from our assistance and services is our ultimate goal in providing compassionate care. It enables us to constructively collaborate support of volunteers and other community entities, creating the capacity to meet individual, family, and community needs.

Attach additional pages if necessary

Definition: Outcome - End product or result accomplished.

Connections to Care, Inc.

PROFIT AND LOSS

January - June, 2020

	TOTAL
Revenue	
Direct Public Support	0.00
Individ, Business Contributions	1,200.00
Total Direct Public Support	1,200.00
Indirect Public Support	0.00
United Way, CFC Contributions	3,750.00
Total Indirect Public Support	3,750.00
Total Revenue	\$4,950.00
GROSS PROFIT	\$4,950.00
Expenditures	
Contractual Services	0.00
Accounting Fees	475.70
Contract Services	256.00
Total Contractual Services	731.70
Insurance	0.00
Auto Insurance	2,945.30
Liability, D and O	1,453.00
Total Insurance	4,398.30
Operations	0.00
Postage, Mailing Service	76.00
Supplies	70.40
Telephone, Telecommunications	6.80
Total Operations	153.20
Other Types of Expenses	0.00
Auto Fuel	35.43
Total Other Types of Expenses	35.43
Quickbooks Subscription	120.00
Web Site Fees	36.34
Total Expenditures	\$5,475.15
NET OPERATING REVENUE	\$ -525.15
NET REVENUE	\$ -525.15

Connections to Care, Inc.

BALANCE SHEET

As of June 30, 2020

	TOTAL
ASSETS	
Current Assets	
Bank Accounts	
Checking Account	32,653.21
Van Account	4,994.82
Total Checking Account	37,648.03
Total Bank Accounts	\$37,648.03
Total Current Assets	\$37,648.03
Fixed Assets	
Assets bought in 2018	0.00
Furniture and Equipment	14,793.19
Accumulated Depreciation	-547.00
Total Furniture and Equipment	14,246.19
Total Assets bought in 2018	14,246.19
Assets bought in 2019	0.00
Van with Wheel Chair Lift	42,525.00
Total Assets bought in 2019	42,525.00
Total Fixed Assets	\$56,771.19
TOTAL ASSETS	\$94,419.22
LIABILITIES AND EQUITY	
Liabilities	
Total Liabilities	
Equity	
Opening Balance Equity	0.00
Unrestricted Net Assets	94,944.37
Net Revenue	-525.15
Total Equity	\$94,419.22
TOTAL LIABILITIES AND EQUITY	\$94,419.22

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

DEPARTMENT OF THE TREASURY

Date: **DEC 29 2017**

CONNECTIONS TO CARE INC
PO BOX 3523
VALDEZ, AK 99686-3523

Employer Identification Number:
81-4948474
DLN:
26053735001967
Contact Person:
CUSTOMER SERVICE ID# 31954
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
March 31
Public Charity Status:
170(b)(1)(A)(vi)
Form 990/990-EZ/990-N Required:
Yes
Effective Date of Exemption:
January 6, 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.

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, which describes your recordkeeping, reporting, and disclosure requirements.

CONNECTIONS TO CARE INC

Sincerely,

Stephen A. Martin

Director, Exempt Organizations
Rulings and Agreements



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/13/2020

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 Connections To Care, Inc. P.O. Box 3523 Valdez AK 99686	INSURER(S) AFFORDING COVERAGE INSURER A: Pacific International Underwriters INSURER B: Employers INSURER C: Philadelphia Insurance Companies INSURER D: INSURER E: INSURER F:

COVERAGES**CERTIFICATE NUMBER:** 19/20 AU 20/21 D&O/WC**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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:					EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/OP AGG \$ OTHER \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		70APS091115	12/20/2019	12/20/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Uninsured motorist \$ 1,000,000 COMBINED SINGLE LIMIT EACH OCCURRENCE \$ AGGREGATE \$ OTHER \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$					<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	EIG4566179-00	06/10/2020	06/10/2021	E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
C	Directors & Officers / Employment Practices Liability		PHSD1512728	03/08/2020	03/08/2021	D&O Aggregate Limit \$1,000,000 EPLI Aggregate Limit \$1,000,000

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

ADDITIONAL COVERAGES

Ref #	Description Underinsured motorist combined single limit	Coverage Code UNCSL	Form No.	Edition Date
Limit 1 Included	Limit 2	Limit 3	Deductible Amount	Deductible Type
Premium				

Ref #	Description Medical payments	Coverage Code MEDPM	Form No.	Edition Date
Limit 1 5,000	Limit 2	Limit 3	Deductible Amount	Deductible Type
Premium				

Ref #	Description AK Rented Vehicle Property Damage	Coverage Code	Form No.	Edition Date
Limit 1 25,000	Limit 2	Limit 3	Deductible Amount	Deductible Type
Premium				

Ref #	Description AK Rented Vehicle Liability	Coverage Code	Form No.	Edition Date
Limit 1 50,000	Limit 2 100,000	Limit 3	Deductible Amount	Deductible Type
Premium				

Ref #	Description Alaska Guaranty Assessment	Coverage Code AKASS	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Premium \$1.00				

Ref #	Description Balance To Minimum	Coverage Code BALA	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Premium \$181.00				

Ref #	Description Terrorism Coverage	Coverage Code TERO	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Premium \$1.00				

Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Premium				

Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Premium				

Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Premium				

Alaska Entity #10048480

State of Alaska
Department of Commerce, Community, and Economic Development
Corporations, Business, and Professional Licensing

Certificate of Incorporation

The undersigned, as Commissioner of Commerce, Community, and Economic Development of the State of Alaska, hereby certifies that a duly signed and verified filing pursuant to the provisions of Alaska Statutes has been received in this office and has been found to conform to law.

ACCORDINGLY, the undersigned, as Commissioner of Commerce, Community, and Economic Development, and by virtue of the authority vested in me by law, hereby issues this certificate to

Connections to Care Inc.



IN TESTIMONY WHEREOF, I execute the certificate
and affix the Great Seal of the State of Alaska
effective January 06, 2017.

A handwritten signature in cursive script, appearing to read "Chris Hladick".

Chris Hladick
Commissioner

