



United Way
of Monroe County

AGENCY APPLICATION
2010-2011 Grant Process

SECTION 1

Applying Partner Agency ___ Monroe Co. Meals on Wheels Inc. _____

Address (Main Office) ___ 9 North 9th St. _____

Phone ___ (570) 424-8794 _____ Fax ___ (570) 424-8756 _____

Executive Director (Chief Professional Officer) ___ Kathryn L. Mikels _____

E-Mail Address ___ mcmow@ptd.net _____ Website ___ www.monroemeals.com _____

Agency Board President ___ Jill Ann Gunther _____ Term of Service ___ Jan. 1, 2011 _____

Address ___ ESSABank, 200 Palmer St., Stroudsburg, PA 18360 _____

Phone ___ (570) 421-0531 _____ Fax ___ (570)424-8756 _____

E-Mail Address ___ jgunther@essabank.com _____

Give a summary (25 word) description of the agency's mission (use SECA description if applicable)

MCMOW delivers meals to the homebound who are physically or mentally unable to shop for and or prepare meals for themselves

Complete Agency Financial Form (see attached template)

Submit all other documents requested (see attached list)

SIGNATURES (Required with Application)

I (signed below) certify that the information presented, both narratives and financials, are presented truthfully and to the best of the agency's abilities.

Executive Director or CEO

Board President

Board Treasurer

APPLICATIONS ARE DUE: 4:30 p.m. FRIDAY FEBRUARY 12, 2010

REQUIRED AGENCY DOCUMENTS

2010-2011 Grant Process

**The following materials are
ONLY FOR AGENCIES THAT DID NOT PARTICIPATE IN SECA**

- 1) Provide a current listing of the Board of Directors with names, addresses, and phone numbers.
- 2) Provide a copy of your IRS Tax Determination Letter.
- 3) Provide a copy of your **current** certificate of registration from the Department of State, Bureau of Charitable Organizations.
- 4) Please provide a copy of your IRS 990 and a justification of administrative and fundraising expenses over 25% (if applicable). Your IRS 990 **must** cover the same fiscal period as your audit/financial statements.
- 5) Provide agency's **most recent** annual report.
- 6) Provide one agency or program promotional piece such as brochure, newsletter, flyer, etc.
- 7) Provide a copy of your **most recent** financial audit.

**THE FOLLOWING MATERIALS ARE REQUIRED BY ALL
APPLYING AGENCIES**

- A. Give examples of how the organization identifies itself as a United Way partner agency. Please provide samples if applicable such as letterhead or brochure, etc.
- B. Provide some organizational structure showing various programs and lead volunteer/staff.
- C. Provide a schedule of Board meetings for the past year. Also, please have the past year's Board minutes available at the upcoming site visit.

**PLEASE SUBMIT APPLICATION & FINANCIAL MATERIALS
ELECTRONICALLY TO monica@unitedwaymonroe.org**

APPLICATIONS ARE DUE: 4:30 p.m. FRIDAY FEBRUARY 12, 2010

PROGRAM APPLICATION

2010-2011 Grant Process

SECTION 2

(If you are seeking funding for more than one program, complete a separate program application for each)

Program Name Home-Delivered Meals

Address (Program Location) 9 N. 9th St., Stroudsburg, PA

Phone (570) 424-8794 Fax (570) 424-8756

Primary Contact for Program Kathryn Mikels

E-Mail Address mcmow@ptd.net Website www.monroemeals.com

Name the targeted community concern addressed through this program (i.e. youth delinquency)
Basic Needs (Nutrition)

Provide a brief written summary of the program seeking funding in 2010-11

Using meals supplied by a contractual agreement with Burnley workshop, Monroe County Meals on Wheels volunteers deliver two meals (1 hot and 1 cold) five days a week. We can also provide weekend meals by delivering two frozen meals on Thursdays and 2 extra cold lunch bags on Friday. We are asking for funding to pay for meals for those who are unable to pay for their own meals.

What is the target population(s)? Give supporting demographic need information and source.

Our target population is the homebound who are physically or mentally unable to shop for or prepare meals for themselves. There are no age limitations; 6% of our clients are under age 60. People whose incomes are less than \$15,000 per year qualify for a sliding fee scale, which is determined by our caseworker. We do not deliver meals to people simply because they have little money—there must be a true mental or physical need—but if that need is there and they have little money, then MOW will provide meals at a reduced or no cost to that client.

Describe how the program improves the lives of the targeted population

Poor nutrition can be both a cause and a consequence of poor health and poverty. Poor nutrition and health are related in a vicious cycle. Because of this relationship, health and nutrition will only decline further until one or more factors in the cycle are removed. Home-delivered meal programs improve recipients' lives by providing nutrition to increase food security and help avoid hunger and minimize medical treatments. People who have poor nutrition have longer hospital stays and longer recuperation periods than those who have good nutrition. A South Carolina study found that home-delivered meal clients had fewer emergency room visits and in-patient hospitalizations than seniors who did not receive the meals (AARP.org). Some meals are delivered to clients who are recuperating from surgery or are undergoing chemotherapy and who do not have the strength to cook for themselves.

Beyond the actual meal, the visits by the volunteers help assuage loneliness and depression, which are big problems for seniors, many of whom live alone. The meal deliverers become eyes and ears in case anything else needs to be addressed with the client or the home.

Comments from clients on our most recent survey help tell how receiving meals helps them:

“It is the only hot meal I get.”

“I am getting stronger and I'm able to walk with my cane. . . .”

“I am in a wheelchair very hard to cook.”

“I'm eating properly, lost weight [sic], and feel better.”

“I feel much more healthier.”

“They have helped me maintain a regular diet. I would not be able to purchase food at grocery store prices at present and cook the variety and nutritious meals I get now.”

Complete Program Outcome Worksheet (**attach using UWMC template**)

Complete Program Financial Form (**attach using UWMC template**)