

GATEWAY

FOUNDATION, INC.

**AL/BH COMMISSION
REVIEW AND RATING SHEET**

Requesting Agency: GATEWAY FOUNDATION, INC.

Amount Requested: \$8,442

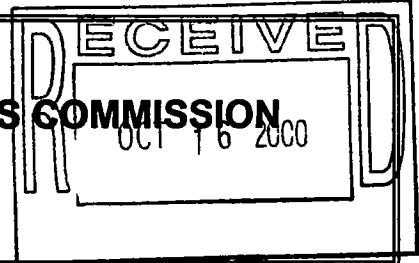
Agency Points	Application Preliminary Points:	Hearing Review Points:
Recommended Funding	Application Preliminary: \$	Hearing Review: \$
Recommended Funding	Application Preliminary: \$	Hearing Review: \$

Is this application complete? Yes _____ No _____ (If no, go on to next proposal.)

AGENCY/PROPOSAL OVERVIEW (Maximum points 40)	Application Preliminary Points	Hearing Review Points
1. Does agency demonstrate management/organizational stability?		
2. Does proposal support commission's mission?		
3. Does agency demonstrate fiscal stability?		
4. Does agency have a history of successful programs?		

FUNDING PRIORITIES (Maximum points 50)	Application Preliminary Points	Hearing Review Points
1. Does this proposal increase the self-sufficiency of needy city residents?		
2. Does this proposal fill a niche which may be under served by other service providers?		
3. Does this proposal have an innovative approach to meeting Commission's mission statement?		
4. Does this agency have community support (volunteers/in-kind contributions?)		
5. Does this proposal assist any identified under-served population?		

**CITY OF SACRAMENTO
ANN LAND/BERTHA HENSCHEL MEMORIAL FUNDS COMMISSION
915 I Street, Sacramento, CA 95814
2001 APPLICATION FORM**



I. AGENCY

Name: *GATEWAY FOUNDATION, INC.*

Address: *4049 MILLER WAY, SACRAMENTO, CA 95817*

Mailing Address (if different):

Executive Director: *SUSAN BLACKSHER*

II. AGENCY CONTACT

Name: *SUSAN BLACKSHER*

Title: *EXECUTIVE DIRECTOR*

Phone Number: *916. 451. 9312*

III. TOTAL AMOUNT REQUESTED: \$ *\$ 8,442.00*

IV. PROPOSED USE OF FUNDS REQUESTED

A. The amount requested will be applied to: (please choose one)

- New Program On-going Program One-time Project

B. The funds requested will be used to serve:

- Families Women Men Children

C. For quick reference, please check the following services you are requesting and indicate the dollar amount requested

Food \$ _____ Clothing \$ _____ Shelter \$ *8,442* Utilities \$ _____

Transportation \$ _____ Medication \$ _____ Wage/Stipend \$ _____

Other _____ \$ _____

Other _____ \$ _____

D. Will other funds supplement AL/BH funds request for this program?

YES



NO

Briefly explain:

E. Total number of clients to be served by AL/BH funds requested: 14

F. Hours AL/BH funded programs would be available to clients: 24 Hours

G. Geographic service area, within the City, for requested funds:

City of Sacramento

H. Please provide a brief description of the program/service for which you are requesting funds. Indicate how it addresses the AL/BH mission and funding priorities. Your description should be limited to a maximum of 2 pages. (Pages may be numbered 2a and 2b.)

Gateway Recovery Home provides recovery services for low income and indigent women in Sacramento who need recovery services for alcohol and or drug addiction. Gateway is a residential service and provides a home for 14 women at a time. We are requesting funds to replace our badly worn beds including 14 box springs and mattresses. We are also requesting funds to replace chairs in our family counseling room. The women stay at Gateway for approximately three months. During this time they complete a program to maintain their sobriety and often to re-unite with their children and families. At the same time groups are held for the family members each week. The meeting room is in the basement and we need to provide chairs to replace broken – donated chairs.

V. AGENCY DESCRIPTION

A. Mission Statement/Agency Goal:

Gateway Foundation, Inc. is dedication to providing quality residential recovery home services to women seeking recovery from the disease of addiction. In a supportive, caring and home-like environment, Gateway provides women with the opportunity to live a sober productive life. A Board of Directors and staff members who are experienced in recovery, transitional living and aftercare programs for women, support the residents. Another component of the program is educational and counseling services for the significant people in the women's lives.

B. Date Incorporated: 1965

C. Agency overview (briefly describe other services/programs your agency currently provides):

Gateway is a 14 bed residential program situated in a home over 70 years old, located in the south part of Sacramento. Its atmosphere is warm, homey, supportive, offering help – and hope – to the suffering female alcoholic/addict.

Gateway has been called a “house of love” by some of the women who have developed the skills to rebuild their lives. Fees are determined on the basis of ability to pay. The treatment program at Gateway is based on seven-week sessions. These sessions revolve, thus allowing residents to receive the information more than once.





VI. FINANCIAL INFORMATION

Please break down your organization's income sources for the past fiscal year as follows:

Income Sources	\$ Amount	% of Total Funding
Private/Corporate Donations	5033	3%
United Way	0	
SETA	0	
Federal Assistance	0	
State Assistance	0	
City/County Assistance (not Ann Land/Bertha Henschel funds)	103,498	67%
Grants		
Ann Land/Bertha Henschel Funds		
Other - CLIENT FEES	45,771	30%
TOTALS	\$154,302	100%

VII. ATTACHMENTS

Please attach the following items to the application form.

-  List of your Board of Directors and Officers
-  Organizational chart or description of your organization's management structure
-  Verification of your not-for-profit status
-  Copy of your most recent scope of audit and any corrective actions or recommendations suggested by the auditing entity. (Do not submit the whole audit.) If you do not have an annual audit, a copy of your most recent CPA financial statement must be submitted.

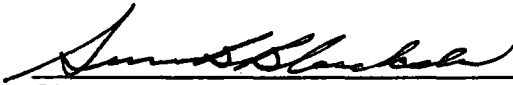
VIII. ASSURANCE AND CERTIFICATION

I, the undersigned, as a duly authorized representative of this agency, affirm that the information and statements contained within this proposal are to the best of my knowledge, truthful and accurate, and further I am authorized to submit this proposal from this agency to deliver services.

I certify that the Ann Land/Bertha Henschel funds will be used to provide services to City of Sacramento residents only.

Susan B Blacksher
Name (please print)

Acting Executive Director
Title


Signature

10-11-2005
Date

ATTACHMENTS

BOARD OF DIRECTORS

ORGANIZATION CHART

NOT-FOR-PROFIT STATUS

RECOMMENDATION LETTERS

WE CARE • SINCE 1967

Gateway Foundation, Inc.

4049 Miller Way • Sacramento, CA 95817

(916) 451-9312 • Fax (916) 451-4018

BOARD OF DIRECTORS

Pierre Del Prato
Pharmacist
(President)

11 Park Place
Sacramento, CA 95831

428-0827

James Griggs, MD
Physician (VP/Sec.)

4280 Patterson Drive #35
Diamond Springs, CA 95619

621-2540

(Mary Caniglia
Management Consultant
(Treasurer)

4001 "U" Street
Sacramento, CA 95817

929-1006

Leslie Parker
President of Gateswingers

2710 U Street
Sacramento, CA 95818

455-9535
444-6294(work)

*Non-voting member
09/99

Gateway Foundation, Inc.

Board of Directors

Executive Director

**House
Mother**

**Family
Counselor**

**Office
Manager**

Weekend and Night Managers

Address any reply to:

P.O. Box 36040, San Francisco, Calif. 94162

US Treasury Department

District Director Internal Revenue Service

Date:

March 26, 1968

In reply refer to:

L-178, Code 414 :RTW:Rm:7307



RECEIVED
MAR 27 1968

COOPER & BRODOVSKY

Gateway Foundation, Inc.
Suite 610, 901 H Street
Sacramento, California 95814

Purpose: Charitable
Address Inquiries and File Returns with District Director of Internal Revenue: San Francisco
Form 990-A Required: Yes No
Accounting Period Ending: December 31

SF-EO-68-191

Gentlemen:

On the basis of your stated purposes and the understanding that your operations will continue as evidenced to date or will conform to those proposed in your ruling application, we have concluded that you are exempt from Federal income tax as an organization described in section 501(c)(3) of the Internal Revenue Code. Any changes in operation from those described, or in your character or purposes, must be reported immediately to your District Director for consideration of their effect upon your exempt status. You must also report any change in your name or address.

You are not required to file Federal income tax returns so long as you retain an exempt status, unless you are subject to the tax on unrelated business income imposed by section 511 of the Code, in which event you are required to file Form 990-T. Our determination as to your liability for filing the annual information return, Form 990-A, is set forth above. That return, if required, must be filed on or before the 15th day of the fifth month after the close of your annual accounting period indicated above.

Contributions made to you are deductible by donors as provided in section 170 of the Code. Bequests, legacies, devises, transfers or gifts to or for your use are deductible for Federal estate and gift tax purposes under the provisions of section 2055, 2106 and 2522 of the Code.

You are not liable for the taxes imposed under the Federal Insurance Contributions Act (social security taxes) unless you file a waiver of exemption certificate as provided in such act. You are not liable for the tax imposed under the Federal Unemployment Tax Act. Inquiries about the waiver of exemption certificate for social security taxes should be addressed to this office, as should any questions concerning excise, employment or other Federal taxes.

This is a determination letter.

Very truly yours,

Joseph M. Cullen
District Director

**FINANCIAL
INFORMATION**

Gateway Foundation, Inc.
Statement of Revenues, Expenses and Changes in Net Assets-Unrestricted
For the Year Ended June 30, 1999

Revenues

Donations - cash	\$ 6,588
Donations - non-cash ✕	12,325
Resident fees	48,550
Sacramento County grant	82,554
Investment income	4,208
	<u>154,225</u>

Expenses

Depreciation	2,351
Education expenses	609
Employee benefits	6,614
Insurance	7,170
Miscellaneous	785
Office expense	551
Operating supplies	18,532
Payroll taxes	8,081
Professional fees	9,675
Purchases	8,444
Rehabilitation	879
Rent	2,045
Repairs and maintenance	5,517
Salaries	80,883
Telephone	3,737
Utilities	7,463
	<u>163,336</u>

Revenues over (under) expenses (9,111)

Unrestricted Net Assets, June 30 1998 135,939

Unrestricted Net Assets, June 30 1999 \$ 126,828

See accompanying notes and accountants' report.