

WELLSPRING

WOMEN'S

CENTER

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

Requesting Agency: WELLSPRING WOMEN'S CENTER

Amount Requested: \$6,000

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: Wellspring Women's Center

Address: 3414 4th Ave., Sacramento, CA 95817

Mailing Address (if different): P.O. Box 5728, Sacramento CA 95817

Executive Director: Sister Esther O'Mara IBM

II. AGENCY CONTACT

Name: Sister Mercedes Braga SHF

Title: Staff Member

Phone Number: Center: ⁽⁹¹⁶⁾ 454-9688 Home: ⁽⁹¹⁶⁾ 485-6384

III. TOTAL AMOUNT REQUESTED: \$ 6000.00

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 \$ _____ Utilities \$ _____

Transportation \$ 6000.00 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: 300 +

F. Hours AL/BH funded programs would be available to clients: Mon.- Fri. 7:30 AM - 11:30 AM

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

Oak Park and surrounding areas.

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.)

This year we are requesting funding for transportation exclusively. The need is great: we have had many more requests for passes this year—at least a 20% increase by our guests.

Our guests do not live within walking distance of places that are necessary for their life's needs. These are, for example, medical and dental appointments for themselves and their children, job searching and job training, social welfare office appointments, attendance at various classes (e.g. parenting), court hearings, and often to visit their own children in foster care placement.

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	\$ 260,165.00	
United Way	\$ 9784.19	
SETA	_____	_____
Federal Assistance	_____	_____
State Assistance	_____	_____
City/County Assistance (not Ann Land/Bertha Henschel funds)	_____	_____
Grants	\$ 31,220.00	
Ann Land/Bertha Henschel Funds	\$ 5000.00	
Other	\$ 43,605.00	
TOTALS	\$ 354,474.21	

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.

Sister Mercedes Braga SHF
Name (please print)

Staff Member
Title

Sister Mercedes Braga
Signature

10-11-00
Date

ATTACHMENTS

BOARD OF DIRECTORS

ORGANIZATION CHART

NOT-FOR-PROFIT STATUS

RECOMMENDATION LETTERS

**WELLSPRING WOMEN'S CENTER
CORPORATE BOARD ROSTER - 2000**

Sister Catherine Connell, SSS,
Executive Director
3332 V Street
Sacramento, CA 95817
(916) 454-9688 (Wellspring)
(916) 455-1106 (home)
(916) 739-1178 (FAX)
e-mail: srcc1106@aol.com

Dolores Farrell
2778 19th Street
Sacramento, CA 95818
(916) 263-8181 (work)
(916) 448-5331 (home)
e-mail: dfarrell@dbw.ca.gov

Dana Pierce-Hedge
845 Santa Ynez Way
Sacramento, CA 95816
e-mail: dpierceh@dhs.ca.gov

Bev Lammerding
2308 West La Loma Drive
Rancho Cordova, CA 95670
(916) 362-1746 (home)

Charles C. Marks, C.P.A.
1600 Executive Court
Sacramento, CA 95864
(916) 483-8458 (work)

Dr. Bob La Perriere (Board Chair)
4020 Ramel Way
Sacramento, CA 95864
(916) 485-2226 (home)
(916) 481-4525 (voice)
(916) 761-7593 (car)
(916) 481-8229 (FAX)
e-mail: drbob@inreach.com

Keith McBride (Consultant)
400 Capitol Mall, Suite 1800
Sacramento, CA 95814
(916) 446-4469 (work)
(916) 446-4535 (FAX)

Sister Jane McKirchy, IBVM
(Recording Secretary)
9190 Sebastiani Way
Sacramento, CA 95829
(916) 454-9688 (Wellspring)
(916) 681-2016 (home)
e-mail: ibvmjmck@aol.com

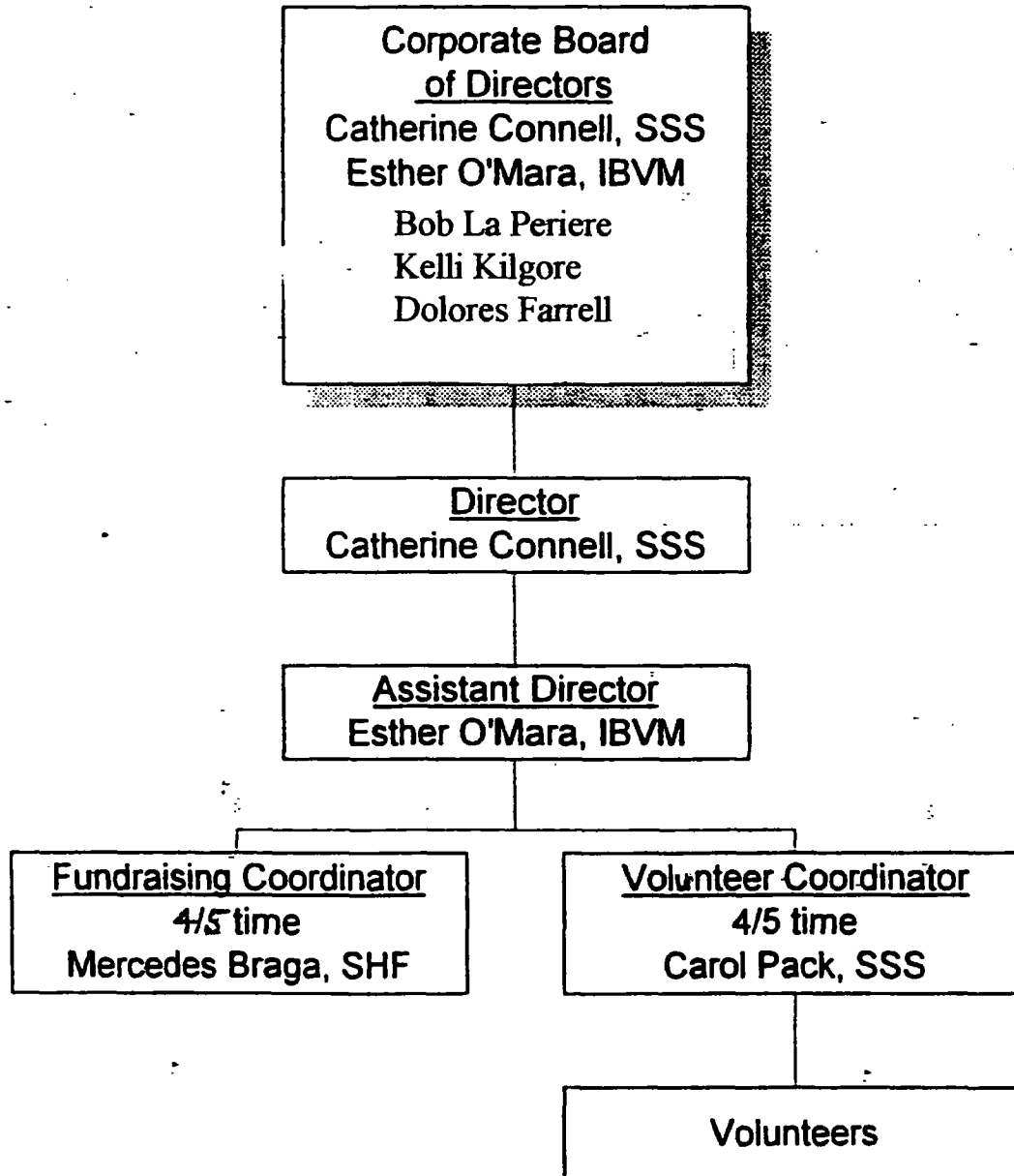
Sister Esther O'Mara, IBVM
Assistant Director
3606 Chadsworth Way
Sacramento, CA 95821
(916) 454-9688 (Wellspring)
(916) 485-6384 (home)
FAX: 485-6385
e-mail: eomara62@aol.com

Janice E. Sward
1056 44th Street
Sacramento, CA 95819
(916) 921-0771 (work)
(916) 456-1015 (home)
(916) 216-9797 (mobile phone)
e-mail: janices@cwo.com

COMMITTEE CHAIRS:

Mary Ann Greco (Special Events)
1520 Palos Verdes Court
El Dorado Hills, CA 95762
(916) 939-1963 (home)
(916) 933-3157 (FAX)
e-mail: mgreco50@aol.com

Wellspring Women's Center



JUL 11 1997

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

DEPARTMENT OF THE TREASURY

Date: JUL 11 1997

WELLSPRING WOMENS CENTER
C/O SISTER CATHERINE CONNELL
C/O KEITH W MCBRIDE
DIEPENBROCK LAW FIRM
400 CAPITOL MALL #1800
SACRAMENTO, CA 95814

Employer Identification Number:
91-1752615

DLN:
17053118113007

Contact Person:
EO CUSTOMER SERVICE

Contact Telephone Number:
(213) 894-2289

Accounting Period Ending:
December 31

Foundation Status Classification:
170(b)(1)(A)(vi)

Advance Ruling Period Begins:
December 6, 1995

Advance Ruling Period Ends:
December 31, 1999

Addendum Applies:
No

Dear Applicant:

Based on information you supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from federal income tax under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3).

Because you are a newly created organization, we are not now making a final determination of your foundation status under section 509(a) of the Code. However, we have determined that you can reasonably expect to be a publicly supported organization described in sections 509(a)(1) and 170(b)(1)(A)(vi).

Accordingly, during an advance ruling period you will be treated as a publicly supported organization, and not as a private foundation. This advance ruling period begins and ends on the dates shown above.

Within 90 days after the end of your advance ruling period, you must send us the information needed to determine whether you have met the requirements of the applicable support test during the advance ruling period. If you establish that you have been a publicly supported organization, we will classify you as a section 509(a)(1) or 509(a)(2) organization as long as you continue to meet the requirements of the applicable support test. If you do not meet the public support requirements during the advance ruling period, we will classify you as a private foundation for future periods. Also, if we classify you as a private foundation, we will treat you as a private foundation from your beginning date for purposes of section 507(d) and 4940.

Grantors and contributors may rely on our determination that you are not a private foundation until 90 days after the end of your advance ruling period. If you send us the required information within the 90 days, grantors and contributors may continue to rely on the advance determination until we make a final determination of your foundation status.

Letter 1045 (DO/CG)

FINANCIAL

INFORMATION

Profit & Loss Statement

10/1/99 Through 9/30/00

Category Description	10/1/99- 9/30/00
INCOME	
Diocesan Stewardship Fund	4,400.00
Discretionary Grant Income:	
Ann Land Grant	5,000.00
Lang Family Grant	5,000.00
Sierra Health Foundation	11,220.00
The UPS Foundation	15,000.00
TOTAL Discretionary Grant Income	36,220.00
Education	0.00
Education fund:	
Tuition Prmts	500.00
TOTAL Education fund	500.00
Fundraising Income:	
Ben & Jerry	300.00
Bridge 2000	1,748.00
Cookbooks	50.00
Dinner 2000	41,375.00
Dinner 99	32,335.00
Give Something Back	875.47
Golf Tournament 2000	24,951.00
Kentucky Derby	10,850.00
Macy's 2000	300.00
Macy's 99	4,031.17
McGeorge Law School 2000	4,750.00
Phantom Tea 2000	1,592.50
Raley's Golf Classic	2,600.00
White Elephant 99	1,403.75
TOTAL Fundraising Income	127,161.89
General Donations	121,564.54
Guest Enrichment Class Income:	
MCS	8,400.00
SBS	1,300.00
TOTAL Guest Enrichment Class Income	9,700.00
Memorials	3,300.00
Payroll Tax Refund - California	2,190.14
Pledges	7,640.00
Property Tax Refund	4,684.16
Transfer From Paine Webber	31,971.00
United States Treasury	358.29
United Way Fund Income:	
United Way DD	56.04
United Way Fund Income-Other	9,728.15
TOTAL United Way Fund Income	9,784.19
TOTAL INCOME	359,474.21
EXPENSES	
Advertising	5,448.00
Corporate Expen:	
Filing Fees	50.00
TOTAL Corporate Expen	50.00
Facility:	
Capitol Improvements	12,799.00

Profit & Loss Statement

10/1/99 Through 9/30/00

Category Description	10/1/99- 9/30/00
Janitorial:	
Cleaning Supplies	311.45
Janitorial-Other	11,100.00
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TOTAL Janitorial	11,411.45
Mortgage	11,499.96
Other	94.08
Pest Control	910.00
Prop Tax	999.07
Property Insurance	3,960.00
Repairs&Maint	682.09
Utilities:	
PG&E	1,695.77
SMUD	2,787.65
Trash,Sewage,Water,Lawn	2,392.19
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TOTAL Utilities	6,875.61
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TOTAL Facility	49,231.26
Fundraising Expenses:	
Bank Of America	115.00
Dinner 1999	735.12
Dinner 2000	173.27
Golf 2000	13,881.57
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TOTAL Fundraising Expenses	14,904.96
Grant Expenditures:	
Ann Land Grant:	
Bus Tickets	4,938.50
Rain Slickers - Guests	1,109.77
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TOTAL Ann Land Grant	6,048.27
Herman Miller	10,404.34
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TOTAL Grant Expenditures	16,452.61
Guest Program Expenses:	
Breakfast Counter Supplies	1,662.42
Children's Area	636.08
Education	521.69
Equipment	907.63
Food	138.55
Guest Cultural Celebrations	100.00
Holiday Events:	
Christmas Dinner	95.50
Christmas Store	187.90
Mother's Day	188.61
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TOTAL Holiday Events	472.01
Photography	2,001.42
Volunteers	2,637.50
Wellspring Guest Aid	1,659.00
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TOTAL Guest Program Expenses	10,736.30
Human Resources:	
Employer Taxes	8,648.17
Franchise Tax Board	117.78
Health Benefits	22,508.00
IRS	424.78
Other Benefits:	
Meals	386.56
Other Benefits-Other	245.55

Profit & Loss Statement

10/1/99 Through 9/30/00

Category Description	10/1/99- 9/30/00
TOTAL Other Benefits	632.11
Staff Taxes	2,073.01
TOTAL Human Resources	34,401.85
Operation Expenses:	
Bank Charges	144.41
Copy Maintenance Agreement	403.35
Marketing Promotion	72.71
Newsletter:	
Labels	20.79
Newsletter Postage	1,112.62
Newsletter Printing	1,139.18
TOTAL Newsletter	2,272.59
Office Supplies	1,395.76
Postage	948.85
Professional Printing	1,716.11
Telephone	2,371.36
TOTAL Operation Expenses	9,325.14
Payroll Expense:	
ADP Services	393.65
California Tax	-90.42
Federal Tax	-1,594.53
Federal Unemployment Taxes	7,712.66
Gross Wages:	
Subsidized Guest Enrichment Fund	4,515.50
Gross Wages-Other	145,896.38
TOTAL Gross Wages	150,411.88
Miscellaenous	-202.60
SDI	-154.91
Social Security	-2,273.63
TOTAL Payroll Expense	154,202.10
Uncategorized Expenses	0.00
TOTAL EXPENSES	294,752.22
TOTAL INCOME - EXPENSES	64,721.99