

**Cover Sheet- (One Page Maximum)**

Funder you are applying to: St. Francis Foundation of Santa Barbara  
Legal Name of Applicant Organization: St. Cecilia Society

Tax ID # 95-6047722

Contact Person & Title: Tish Gainey, President

Phone: 805-682-2911 Fax: \_\_\_\_\_ Contact Person's Email: tish244@cox.net

Program Name/Capital Request: General Support

Funds will pay for: Medical or dental needs of low-income residents of Santa Barbara County

Full Mailing Address: P.O. Box 50136, Santa Barbara, CA 93150

Location(s) if different from above: \_\_\_\_\_

Executive Director: N/A Email: \_\_\_\_\_

Fax: \_\_\_\_\_ Phone: \_\_\_\_\_

Website: \_\_\_\_\_

Tax-exempt Status: {Most funders require 501(c)(3) status. Check this requirement before applying}

X 501(c)(3) Granted  Other: \_\_\_\_\_ Tax ID Number: 95-6047722

**Type of Request:** Check with individual funders to determine the types of accepted grant requests.

**Note: Check all that apply.**

X General Support  Program Support  Seed Funding  Research  
 Capital  Endowment  Multi-Year  Collaborative

This Grant Request: \$25,000 Of Total Budget: \$104,225

Funds will be used from: January 1, 2012 To: December 31, 2012(date)  
(date)

Total Organizational Budget -Current Year: \$94,750 Agency fiscal year begins: January 1

Summarize the organization's mission statement (two to three sentences):

The St. Cecilia Society's sole purpose is to provide funds to help low-income residents of Santa Barbara County who need financial assistance in paying a medical or dental bill.

Summarize your grant request (two to three sentences):

The St. Cecilia Society is asking the St. Francis Foundation for \$25,000 to assist us in providing financial help to this underprivileged population. In the past year we have experienced a dramatic increase in both the number and amount of requests on behalf of individuals unable to pay a medical or dental bill.

**Proposal Authorization:** We certify that the information in this application is to the best of our knowledge true and accurate and is submitted with our Board of Directors'/Governing Body's full knowledge and endorsement:

Tish Gainey/President	/s/Tish Gainey		10/24/11
Name of Authorized Board/Governing Body Representative	Title	Signature	Date

Marianne Sprague/Board Member	/s/ Marianne Sprague		10/24/11
Name of Lead Staff Member (or 2nd Representative)	Title	Signature	Date

## Proposal Narrative

### **Directions and Formatting Instructions:**

**Limit your Proposal Narrative to four (4) pages maximum, with no less than 0.8" margins, 12 point font or larger.** Fill in each section using the specific questions below as **boldface headings** with your responses in normal text.

### **Background (One page or less)**

#### **1. Your organization's history and accomplishments.**

The St. Cecilia Society, a secular volunteer organization, is the oldest charity in Santa Barbara. It was founded in 1891 by women, all of whom were musicians, hence the name St. Cecilia, the patron saint of musicians. For more than 118 years, the St. Cecilia Society has raised funds to help residents of Santa Barbara County defray their hospital, dental or other unmet medical bills.

In its early years, the Society supported the patients of Cottage Hospital, but quickly branched out to help those who found themselves unable to pay not only a hospital bill but also any medical bill. An all-woman governing board continues to lead the organization. From its inception, we have been an all-volunteer agency comprised of: a working board of directors, member donors and no paid staff. We raise our money through memberships, donations, memorials and bequests. Having helped thousands of Santa Barbara residents over the years, the St. Cecilia Society enjoys an excellent reputation in the healthcare community and is recognized as filling a unique need in Santa Barbara by being one of the few agencies that provides assistance with smaller dental and medical bills.

#### **2. Your current programs and activities. Include the constituency you serve, with specific demographic information. How are they actively involved in your organization and/or how do they benefit from your organization's work?**

Our only program and purpose is to help low-income residents of Santa Barbara County who need assistance in paying a medical or dental bill. In the past few years, the St. Cecilia Society has benefited the community by assisting close to 100 persons each year to meet their one-time medical and dental needs. The population we serve is primarily the working poor, the unemployed, those who are either under-insured or with no insurance and low-income seniors with no supplemental insurance. Our cases have also included children, mentally or physically challenged individuals and the homeless. An overwhelming number of referrals come from South Santa Barbara County.

#### **3. Your organization's relationships – both formal and informal – with other organizations working to meet the same need. In what way does your work differ from that of other organizations?**

Referrals for financial help come to the Society's volunteer case investigator through social workers, healthcare providers, and medical and dental professionals throughout Santa Barbara County, including, but not limited to the Cancer Center of SB, Independent Living Resource Center, VNA/Hospice, Catholic Charities, Neighborhood Clinics, Parish Nurse, Guadalupe Free Clinic and Marian Medical Center. A few medical facilities, such as hospitals, provide charity care but it usually serves a very limited population, those with no income and no ability to pay. The St. Cecilia Society is the only all-volunteer agency in Santa Barbara County that will accept referrals from a variety of sources and pay bills from different healthcare providers; and one of a very few that will pay for dental work for adults or children who do not qualify for Medi-Cal or Denti-Cal.

Today, the organization finds itself almost overwhelmed by requests. As the costs of insurance and medical care have increased, the agency has seen a correlation in the inability of community members to meet these increases especially when an unexpected illness or accident occurs.

## **Funding Request**

### **1. Describe your program or the capital items requested, including:**

- **Whether the request is new, ongoing or for expansion**
- **What needs does this request address**
- **Target audience, including specific demographic information**

#### **For general support requests:**

- **Tell us *how* the funds will be used**
- **Why *are you* seeking general support at this time?**

This request is to aid the St. Cecilia Society in its ongoing effort to provide medical and dental assistance to low-income residents of our community. In the past year we have experienced a dramatic increase in requests for financial aid due to economic conditions, lack of adequate insurance coverage and Medi-Cal/Denti-Cal cutbacks. Two years ago, Denti-Cal eliminated its coverage for anyone over the age of 21. As a result of this cutback, referrals for dental care have significantly increased.

As an example, the number of requests as of the end of September 2011 for medical and dental assistance has increased by over 21% from the same time last year. In the past, a request for assistance in paying a dental bill was rare, but in just the first nine months of this year we have received 46 dental requests amounting to over \$121,000, substantially more than last year. Additionally, in November we have 20 requests pending totaling \$75,000. We pay for a dental evaluation on every referral to determine the extent of their need. Further, these dental cases are not for routine care, but for problems that could lead to more serious health conditions or a diminished quality of life. Many referrals are for dental care that is mandatory before beginning chemotherapy, or undergoing joint or organ replacement.

All funds from this request will be used exclusively to pay for medical or dental needs of low-income individuals. As an all-volunteer organization, we have no employees and extremely low overhead. 99% of the funds we raise go directly toward assisting clients. Funds are never paid directly to the client, but to the provider on behalf of the client. Further, it should be noted that prior to paying a bill, we negotiate a discount of the amount owed and, in the past six years, have been successful in obtaining discounts of between 15% to 50% - thereby significantly leveraging and stretching our funds.

A majority of our cases are referrals from social service agencies or healthcare providers and while a client must be a resident of Santa Barbara County, an overwhelming number reside in South County (90%). All are low-income and most have experienced an unexpected illness or accident. Among the types of expenses we consider are outpatient and hospital stays; physician and dental care; the costs of diagnostic testing; emergency room treatment; medications; hearing aids, specialized wheelchairs or other medical devices prescribed by a doctor.

### **2. In a short paragraph, tell us your organization's or program's goals and specific outcomes for the grant period (i.e. behavior or attitudes changed, numbers served, capital projects completed, etc.). What activities and strategies will be used to achieve your stated outcomes?**

**Please indicate a timeline for the main objectives of your proposal.**

Our continued goal is to fully fund every application that meets our guidelines and criteria of demonstrated need. We do not actively look for cases to fund, but still the number of referrals coming to us increases each year. Last year (2010) we served 108 individuals. As of September 30, 2011, we have received referrals for 149 individuals and have already authorized funding of 92 clients. With adequate funds, we will hope to meet this continuing increase. As always we will continue to negotiate with every provider to significantly reduce and possibly share the cost of service or to eliminate the charge completely. One of our objectives in the next year is to increase the number of doctors and dentists that will provide assistance to this population at a reduced rate.

**3. How do you plan to evaluate the effectiveness or impact of the grant?**

We can only measure the impact and effectiveness of the grant by measuring the increase in the number of people we are able to help. In the past year we have had to decline cases brought to us simply because we do not have funds to assist all requests. From “soft measures”, such as thank-you notes or feedback from our referral sources, we know that we have made a significant impact in the lives of those we have helped and, if nothing else, the financial relief has given them some peace of mind.

**4. Summarize the skills and relevant experience of key staff/volunteers essential to your organization’s or the program’s success. If your organization is collaborating with other organizations, note which ones and in what ways.**

- *Tish Gainey, President:* long-time resident and former project director and editor for a company producing educational materials and children’s television programming. Over 30-years experience on non-profit, public and business sector boards; extensive background in board development, long-range planning and fund development.
- *Nikki Rickard, Case Investigator:* 40 years experience as a volunteer and board member for non-profits.
- *Ladeen Miller, Secretary:* has lived in Santa Barbara since 1980; serves on board of Santa Barbara-based family company; has experience with non-profits and educational organizations serving on boards as board chair, board co-chair and secretary.
- *Mary Garton, Treasurer:* 30 years working experience at Barclays Bank in New York and England; volunteer and board member of several Santa Barbara non-profit organizations.
- *Sallie Coughlin, Finance Chair:* 12 years as vice-president of marketing at Interpublic Advertising; 10 years as a partner in an equity trading firm. For the past 10 years, involved in several Santa Barbara non-profit organizations.
- *Marianne Sprague, Grant Writer:* M.S. in Special Education; teacher; over 30 years of board experience in education and non-profit organizations; numerous executive board positions including board chair, vice president, secretary and treasurer.

Because of the dramatic increase in requests for assistance with dental bills, we are currently collaborating with the Santa Barbara Neighborhood Dental Clinic to assess our dental cases in order to achieve the most cost effective treatments.

**5. If full funding is not available through this request, how will you proceed? Please explain.**

We will help those that we can, but we will simply not be able to fund all the eligible requests we receive. We will continue to rely on private contributions from our members and any additional

donations we might receive throughout the year. Every year we strive to increase the level of support we receive from our members.

In January of each year we hold our Annual Meeting and Tea which is underwritten by our board members. Members renew their dues at this time and are encouraged to bring friends to the Tea to learn more about the St. Cecilia Society. As a bare-bones organization, efforts have been focused on case investigation and screening clients needing assistance. Our members and donors appreciate the efficiency of our operation and the ease of giving support by merely writing a check. We will continue to work at broadening both our member and dollar support. However, because of the dramatic increase in requests we receive each month, the Board is considering putting requests in a queue and limiting the amount of money it will pay out each month.

**6. Is there any other pertinent information you feel we should know?**

It is sometimes difficult to imagine the situation of the people we help. They are among the most vulnerable in our community. For all, their access to healthcare has been compromised by their limited income. Many have been working their whole life to make ends meet and then disease strikes. They are the sole support for a family, the caretaker of a handicapped family member, the laborer who works seasonal jobs to put food on our tables, or the senior citizen living on a modest income with Medicare but without supplemental insurance. They are not the individuals admitted to the emergency room without an ability to pay, they are the people diagnosed with an illness, usually cancer, who cannot receive additional necessary treatment because they have an unpaid bill. The stories are unique, but most are nothing short of heartbreaking.



**Applicant name: St. Cecilia Society**

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**Program or Capital Budget**

Note: This form is not required for general support grant requests.

Organization Name: \_\_\_\_\_

Program Name/Capital Request: \_\_\_\_\_

Budget dates for grant period: \_\_\_\_\_

Typically, total program income equals pending income+ secured income.

NOTE: \_\_\_\_\_

**INCOME**

*Possible categories: Government grants, foundation grants, individuals, business support, events, fees for service, etc.*

Source	Total Program (\$)	Pending (\$)	Secured (\$)	Notes
<b>TOTAL INCOME</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

List the In-Kind (non-cash) contributions:

**EXPENSES**

*Possible categories: Salaries, professional fees, rent and utilities, travel, publicity/outreach, events, capital items, etc.*

Item	Total Program (\$)	This Request (\$)	Notes
<b>TOTAL EXPENSES</b>	<b>\$0.00</b>	<b>\$0.00</b>	



**Organization Financial Summary**

**Note:** Check with each funder to see if this form is required.

Organization Name: St. Cecilia Society

Fiscal Year Dates January 1-December 31

**INCOME**

*Possible categories: Government grants, foundation grants, individuals, business support, events, fees for service, etc.*

Source	Prior Year's Actual (\$) [12/31/10]	Projected Annual Budget (\$) 2011	YTD Actual (\$) [9/30/11]
Membership	30,245	30,500	30,230
Donations/Memorials	19,320	36,000	35,383
Grants	0	27,000	26,000
Interests/Dividends	1,590	1,250	1067
<b>TOTAL INCOME</b>	<b>51,155</b>	<b>94,750</b>	<b>92,680</b>

List the In-Kind (non-cash) contributions:

**EXPENSES**

*Possible categories: Salaries, professional fees, rent and utilities, travel, publicity/outreach, events, etc.*

Item	Prior Year's Actual (\$) 12/31/10	Annual Budget (\$) 2011	YTD Actual (\$) [9/30/11]
Payments on behalf of clients	89,364	93,750	61,047
Grants	0	0	0
Administrative	1631	1000	861
<b>TOTAL EXPENSE</b>	<b>90,996</b>	<b>94,750</b>	<b>61,908</b>
<b>NET PROFIT OR LOSS</b>	<b>(39,841)</b>	<b>0</b>	<b>30,772</b>
Total Capital Expenses	\$668	\$0	0

*i.e., computers, vehicles, building improvements, etc.*

Explanatory notes:

**Organization Balance Sheet Summary**

**Note:** Check with each funder to see if this form is required.

<b>ASSETS</b>	<b>MOST CURRENT (\$) [9/30/11] (date)</b>	<b>PRIOR YEAR CLOSE (\$) [2010] (date)</b>
<b>Current Assets</b>		
Cash and Equivalents	298,646	268,411
Accounts Receivable		
Prepaid Expenses		
Inventory		
Grants/Pledges Receivable		
Other		
<b>Fixed Assets (Net)</b>		
Property		
Buildings		
Equipment	1,583	1,583
<b>Investments</b>		
Endowments		
Other		
<b>TOTAL ASSETS</b>	<b>\$300,229</b>	<b>\$269,994</b>
<b>LIABILITIES</b>		
<b>Current Liabilities</b>		
Accounts Payable		
Accrued Expenses		
Long Term Debt (Current Portion)		
Short Term Debt		
Other		
<b>Long Term Debt (over a year)</b>		
Loan		
Other		\$0.00
<b>TOTAL LIABILITIES</b>	<b>\$0.00</b>	<b>\$0.00</b>
Net Assets	\$300,229	\$269,994
Unrestricted		\$0.00
Temporarily Restricted		00.00
Permanently Restricted		\$0.00
<b>TOTAL LIABILITIES AND NET ASSETS</b>	<b>\$300,229</b>	<b>\$269,994</b>