ORDINANCE NO. 659: COMPLIANCE CHECK LIST

DOCUMENTATION REQUIREMENTS FOR NON-PROFIT AGENCIES
These documents create the application for the funding request.
There is no formal application.

AGENCY NAME: Bigger Than us

REQUIRED DOCUMENTS	FILED YES	FILED NO
Most recent audit report		✓
Most recent financial statement		✓
Detailed expenditure statement to include detailed accounting for all previously received City funds (if applicable)		✓
Source and amount of funding received from all other sources (non-governmental agencies; membership fees and dues; private contributions)		✓
Client service information as applicable to City residents (may not apply in all cases)		
Proof of non-profit status (IRS determination)		✓
Proof of corporate status to include copies of by-laws and Articles of Incorporation		✓
Source and amount of funding received from other governmental agencies		✓
Names and addresses of all current board members of agency governing board	✓	
Additional documentation as may be required by the City for processing of funding request:		

Staff review comments:

- application is not filled out completely
- unable to open all attachments on email

Reviewed by: Amy Greening Date: 2-5-2024

S:\Boards and Commissions\Health and Human Services Commission\Check List per Ordinance 659.docx

City of Apache Junction

300 East Superstition Blvd □ Apache Junction, AZ 85119 □
www.apachejunctionaz.gov □ (480) 982-8002

HEALTH & HUMAN SERVICES COMMISSION

Request for Financial Assistance

The City of Apache Junction Health and Human Services accepts applications requesting financial assistance for the support of health and human service needs within the City of Apache Junction serving city residents. The following provides instructions and eligibility information regarding the request for non-profit funding.

Information on this program may be found at http://www.ajcity.net/995/Health-Human-Services-Commission.

The commission was formed under city code Article § 2-11.

This program is made possible under city code Article § 2-14 Request for Financial Assistance.

The city code is available at http://www.ajcity.net/614/Read-the-City-Code.

Application Due Date January 31, 2024

Per city code, the request for financial assistance must be submitted to the city clerk's office during the month of January to be considered for the following fiscal year. All funding is subject to the execution of an agreement with the city, the approval of a budget allocating funds to the program, and the city council's approval.

Applications can be submitted in person to the City Clerk's Office or via e-mail to HHSC@apachejunctionaz.gov.

Eligible Applicants 501 c(3)

A valid, non-profit organization as qualified by the Internal Revenue Service and as registered with the Arizona Secretary of State, Arizona Corporation Commission or other appropriate state office.

The applicant must provide a service or perform work on behalf of the city and its residents and demonstrate a presence within the community.

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HEALTH & HUMAN SERVICES COMMISSION

Request for Financial Assistance

Required Documentation per
Ordinance No. 659

1. Most recent audit report
2. Most recent financial statement
3. Detailed expenditure statement to include detailed accounting for all previously received City funds (if applicable)
4. Source and amount of funding received from all other sources (non-governmental agencies; membership fees and dues; private contributions)
5. Client service information as applicable to City residents (may not apply in all cases)
6. Proof of non-profit status (IRS determination)
7. Proof of corporate status to include copies of by-laws and Articles of Incorporation
8. Source and amount of funding received from other governmental agencies
9. Names and addresses of all current board members of agency governing board

Eligible Activities	Programs and services affording health, public health, and human services care to all people, especially, to individuals of underprivileged conditions.
Populations served	Elderly, handicapped, developmentally disabled, and other special populations.
Priority Projects	The Commission reserves the right to identify priority projects for funding.

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HEALTH & HUMAN SERVICES COMMISSION

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Organization Information

Provide background information on your agency to include services currently being provided.

Chris & I started "Bigger Than Us" as School Resource Officers after we learned the second way we are losing our youth is by suicide, second only to traffic collisons...And the number one way we are losing our First Responders is by suicide. Chris and I speak about First Responder Suicide, provide training for agencies and help bring professional youth speaker(s) to schools to combat this issue.

Provide target population and demographic information on your current clientele to include percentage located within the City of Apache Junction.

Our primary demographic population is: Youth & First Responders including but not limited to Military, Dispatchers, & Medical Professionals.

Provide an example of a previous project success similar to what is being proposed and/or one that was successful with Health and Human Services funding support. Include how it was determined to be successful.

Chris and I started the City's (Second largest city in our county) first ever Youth Academy, First Anti-Bully & Anti Suicide Campaign that successfully brought in a Nationally known speaker (Marc Mero "Thinkpoz.org) to 7schools in our district. This resulted in Chris & I being able to help approximately 100 or more students who had suicidal ideations that had not yet come forward for help.

We continue to speak, train, educate and sponsor First Responders & Military Personnel around the United States. We have helped approximately 140 members seek professional treatment.

provide a detailed description of current partnerships within the community include the name of the project/activity and how your agency partnered to make it successful.

Chris and I have sponsored the First Responder softball game between Apache Junction Police and Fire department.

We have also recently assisted with the Apache Junction Cadet program.

We are also in the process of providing Mental Wellness training for the First Responders in Apache Junction & surrounding agencies.

Does your agency have adequate capacity to complete the project being requested? **Yes**

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HEALTH & HUMAN SERVICES COMMISSION

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Is the execution of this project dependent upon new staff funded through this program? **No**

Are your board members listed on your website? **Yes**

Does your website include your mission and vision statements? **Yes**

Do you have a strategic plan? **Yes**

Are you listed on the www.211Arizona.org website? **Yes**

Have you participated in a Project Connect event in the past? **No**

Have you participated in a Health and Wellness Expo in the past? **Yes, yearly, not in the city of Apache Junction.**

Have you participated in the Apache Junction Community Resource Center in the past? **No**

Provide your 501c3 Identification number and renewal date.*
Federal IRS Non-Profit 501c3 EIN # [redacted]
Arizona Non-Profit 501c3 Entity ID #[redacted] exp. Date 01/25/2025

Do you have current By Laws signed by the Board of Directors? **Yes**

Do you have current Articles of Incorporation signed by the Board of Directors?* **Yes**

Are you filed with the Arizona Secretary of State or Arizona Corporation Commission?* **Yes**

*These items shall be submitted every five years to be held on file at the city. Should any document change or be updated, a new copy shall be submitted to the city within 10 working days.

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HEALTH & HUMAN SERVICES COMMISSION

Request for Financial Assistance

Problem Statement

What is the nature and extent of the problem to which you are trying to address?

We are addressing suicide prevention and mental health awareness in our youth and First Responders.

To whom is this happening?

Teens/youth and to our First Responders.

Why is this happening? What are the reasons or causes for the problem?

Childhood and work related traumas that are going untreated. Often these traumas are being passed on or not addressed due to fear or not having the knowledge of proper resources/therapy.

How do you know this is a problem? Provide statistics that support your claim. If available, please use statistics collected from your agency data and/or local documentation.

Chris and I were both School Resource Officers and lost several students to suicide. According to the CDC (Center for Disease Control) Teen suicide is the second leading cause of death amongst teens, second only to traffic collisions.

First Responder Suicide is the Leading Cause of Death for our Police and Fire departments…Bluehelp.org

I (Jeremy) personally lost my mentor, friend and fellow co-worker to suicide. I had no clue he was even hurting at the time and needed help.

Both Chris and I have completed an In Patient PTSD treatment facility and have personally met hundreds of First Responders that are suffering from suicidal ideation all over the country.

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HEALTH & HUMAN SERVICES COMMISSION

Request for Financial Assistance

What will happen if the problem is not addressed?

Our youth and First Responders will continue to suffer and take their own lives. Not knowing there is help available.

What are the gaps between what exists and the solution?

The major gap we have discovered is that those suffering are afraid to reach out and ask for help due to the social stigma(s) associated with suicide and the feelings of having no hope to change.
Often those suffering, are not aware of how a professional skilled therapist can help.

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Is there local documentation which identifies this as a problem?

Yes, ...CDC has statistics on youth suicide.

Bluehelp.org tracks First Responder suicide and has current statistics on this issue.

Militaryverteranproject.org has updated information on Military Veteran suicide.

Has the city or the commission identified this as a problem?

Yes, ...Youth & First Responder Suicide is an issue that affects all States, Cities and Towns throughout the nation.

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HEALTH & HUMAN SERVICES COMMISSION

Request for Financial Assistance

Project Proposal

What is the proposed project to address the problem identified above? Please address the who, what, when, where, why, and how.

We plan to bring in a Nationally Known speaker to the schools to combat the issues of bullying & youth suicide.

Chris and I plan on providing training for First Responders and will continue educating
First Responders.

We will also continue providing financial sponsorship for those wanting to seek Treatment for mental health.

Is this a best practice or has it been proven successful in other places?

Yes, the National Speaker we work with confidentially provides us with a list of youth struggling w/suicide. We then provide this to a trained counselor that can work with them.

Is this a new or continuing project?

This is an ongoing and continuing effort.

Why is this a need to be addressed?

This is the Second leading way we are losing our youth, and the number One way We are losing our First Responders.

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Who will you serve with this project?

The Military/veterans, youth and First Responders of Apache Junction.

How and will you sustain this project after the agreement has ended?

We will continue what we are doing...ie : Speaking, training and providing financial
Assistance for mental wellness.

Are there any community partners on this project? If so, please list.

Apache Junction Police & Fire departments and the school district via the School Resource Officer program.

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HEALTH & HUMAN SERVICES COMMISSION

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Please complete the chart below to answer the following questions for each component of your project.

Approach: What are you going to do?

Inputs/Resources: What resources do you have to complete the project?

Activities: What specific actions will take place?

Outputs: What is the direct product of the activities?

Outcomes: What is the benefit or change as a result of the project?

Goals: What is the overall goal of the project?

Project Component	Approach	Input	Activities	Outputs	Outcomes	Goals
Youth Suicide	School Assembly	National speaker	assembly	awareness	lives saved	educate & help others
1st Responder	Train/Speak	our 501c3	Confrences, Training	healthy 1st responders	same	same

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HEALTH & HUMAN SERVICES COMMISSION

Request for Financial Assistance

Financial Information

What is your Tax ID number?	[redacted]
What is your Arizona Tax Privilege License number?	[redacted]
Does your agency have internal financial controls in place to track, report, and account for all funds which promotes transparency? **Yes**	
Is a certified public accountant responsible for your daily financials? **Yes**	
Is a certified public accountant responsible for creating your monthly financial statements? Please provide most recent report. Na	
Is a certified public accountant responsible for your filing your taxes? **Yes**	
When was your last 990 reported? **2023**	
Where can it be found? **w/packet attached to this form**	
Have you had an audit completed and when?* **Na, never audited**	
Do you have an annual agency budget? Please provide. **Na, varies/dependent upon who needs help.**	
Who is responsible for creating your annual budget? **Both Chris and I. Budget contigent on needs of others.**	

*These items may be submitted every five years to be held on file at the city. Should any document change or be updated, a new copy shall be submitted to the city within 10 working days.

Provide a list of your annual fundraisers and average amount raised.

Yearly golf tournament 30k-40k per year, speaking engagements (dependant on agency budgets.)

Golf tournaments, speaking engagements/training...we have no membership dues, private donations vary month to Month.

Provide a list of your funding sources and the average amount received, including membership dues and private contributions.

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HEALTH & HUMAN SERVICES COMMISSION

Request for Financial Assistance

Project Budget

Please provide a detailed budget by quarter for each itemized expense. **Na...our budget varies from month to month and is dependent on donations/speaking engagements and who needs financial assistance for treatment.**

		Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
1						$
2						$
3						$
4						$
5						$
6						$
7						$
8						$
9						$
10						$
	Total	$	$	$	$	$

What percentage of the project budget is being requested? **Na**

What percentage of your budget is the requested funding? **Na**

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HEALTH & HUMAN SERVICES COMMISSION

Request for Financial Assistance

Narrative

Please provide a detailed budget narrative for each itemized expense.

1	Na
2	
3	
4	
5	
6	
7	
8	
9	
10	

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HEALTH & HUMAN SERVICES COMMISSION

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Project Evaluation

How will you determine your project was successful in reaching your goals and what methods will you use?

Via feedback from those we have helped. And by how many First Responders that Seek professional help.

Project a minimum of two SMART Objectives by completing the chart below.

	Direction of change	What is changing	Target population	Degree of change	Timeframe	Measure
	reduce bullying &	lower school	Middle School,	cut in half		via SRO stats
1	suicide 1st Responder	incidents seeking treatment	High School	bullying/suicide lower suicide	1-2 months yearly	no deaths via
2	suicide		1st Responders	rates		suicide
3						
4						

Completed applications and documents can be submitted in person to the City Clerk's Office or via e-mail to Jennifer Pena (jpena@apachejunctionaz.gov) and to Evie McKinney (mckinney@apachejunctionaz.gov).