

## 1. What is Discretionary Funding?

Discretionary funding is a duly-appropriated sum of money in the Town's expense budget allocated to an eligible not-for-profit organization by the Selectboard and approved at Town Meeting.

## 2. What Types of Organizations May Receive Discretionary Funds?

Discretionary funds may only be allocated to not-for-profit; community-based social services providers. In order to receive discretionary funds directly, an organization must be incorporated as a not-for-profit and registered with the State of Vermont, unless exempt and have a Federal Employer Identification Number (EIN).

## 3. What Types of Organizations May Not Receive Discretionary Funds?

For-profit entities may not receive discretionary funds, except when the primary non-profit contractor subcontracts with a for-profit entity as part of the delivery of services. Such subcontracts, however, must be only an ancillary part of the program to be funded, not the primary basis for the discretionary award, and must be approved by the contracting agency.

## 4. What are the Restrictions on the Use of Discretionary Funds?

All public funds, however awarded, must be used for a Town purpose. In general, a Town purpose is defined as an activity or service that is open to all members of the public, regardless of race, creed, gender, religious affiliation, etc., without restriction, and which does not promote a particular religion.

Programs and services provided by religious or religiously-affiliated organization must be able to demonstrate that the program is open to non-members, is not a religious program, and does not promote the religion.

Closed membership groups, which are those to which membership is restricted or subject to eligibility based upon prohibited factors, may generally not receive funding.

Groups that serve a particular population, for example, those age 65 and above in a particular community; are not considered a closed membership group, as long as the program is open and accessible to all seniors in the community. Similarly, tenant organizations in public housing may also receive funding, as long as they provide equal access to all residents of the public housing units they serve.

Funds may only be allocated for a public purpose and may not support political activities and private interests.

## 5. How to Apply for Discretionary Funding?

All organizations that wish to receive discretionary funding must submit a "Request for Special Appropriations" application to the Town Manager. The application elicits information about an organization's experience, qualifications, and integrity, and the project or service for which the organization is requesting support. The form is available on the Town website by clicking on BOARDS & MEETINGS > SELECTBOARD then scroll down to FY26 Budget and "FY26 Discretionary Funding Policy-for applicants" or by emailing Duncan Wardwell, Assistant to the Town Manager, at: [dwardwell@richmondvt.gov](mailto:dwardwell@richmondvt.gov).

Deadline for submission is the end of the day, October 7, 2024.

Town of Richmond

**Request for Special Appropriations**

**Request for Fiscal Year: 2026**

Organization's Name: H.O.P.E. Works

Address: 336 North Ave

City, State, Zip: Burlington, VT, 05401

Website address: hopeworksvt.org

**A. GENERAL INFORMATION**

1. Program Name: H.O.P.E. Works 24/7 Hotline

2. Contact Person/Title: Erika Linskey, Executive Director

Telephone Number: 802-793-2026

E-mail address: erika@hopeworksvt.org

3. Total number of individuals served in the last complete fiscal year by this program: 515

4. Total number of the above individuals who are Town residents: We do not ask survivors to disclose where they live for privacy reasons. It is fair to assume 5% of the survivors we serve are from Richmond.

5. Please, attach any documentation that supports this number.

Percent of people served who are Town residents: See above.

6. Amount of Request:     \$1000    

7. Total Program Budget: \$656,093 Percent of total program budget you are requesting from the Town of Richmond:     less than 1%    

8. Please state or attach the mission of your agency: See below.

8. Funding will be used to: \_\_\_\_\_  
    X     Maintain an existing program \_\_\_\_\_      Expand an Existing Program \_\_\_\_\_  
     Start a new program \_\_\_\_\_

9. Has your organization received funds from the Town in the past for this or a similar program? Not sure

If yes, please answer the following:

a. Does the amount of your request represent an increase over your previous appropriation? If yes, explain the reason(s) for the increase. n/a

\_\_\_\_\_  
\_\_\_\_\_

b. Were any conditions or restrictions placed on the funds by the Selectboard?n/a

c. If yes, describe how those conditions or restrictions have been met.

\_\_\_\_\_n\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **B. PROGRAM OVERVIEW**

1. Statement of Need: Identify the issue or need that the program will address (use statistical data to justify the need for the program). To what extent does this need, or problem exist in the Town of Richmond? H.O.P.E. Works supports those affected by sexual violence through crisis counseling, victim advocacy, and prevention education. We supported 515 survivors in FY24, of which 355 reported living in Chittenden County, and answered 2,003 hotline calls. On average, each service user follows up at least once. We provide free and confidential services as the sole anti-sexual violence organization in Chittenden County.

2. Program Summary:

a. Identify the target/recipients of program services. Specify the number of Town residents your program will serve during the fiscal year and explain the basis upon which this number is calculated. Indicate any eligibility requirements your program has with respect to age, gender, income or residence. H.O.P.E. Works supports any survivor of sexual violence and any other person affected by sexual violence (a family member, partner, or friend of a survivor) as well as provides prevention education to local campuses. We strive to support survivors and those affected by sexual violence regardless of age, gender, income, or residence. Based on survivor demographics from the past 2 years, it can be assumed that in the next year at least 5% of the survivors we support will be Richmond residents.

b. Identify what is to be accomplished or what change will occur from participating in the program. How will people be better off as a result of participating in the program? Describe the steps you take to make the project known to the public, and make the program accessible and inclusive? Service users are able to receive crisis counseling at any time, as well as advocacy during medical and legal processes. Support groups, housing referrals, and grocery gift cards also support survivors; these services empower survivors to heal from their trauma. H.O.P.E. Works tables at local college campuses and hosts events, such as yoga classes and Sexual Violence Awareness Month "Take Back the Night" marches, which are open to the public. Our staff have attended SafeSpace trainings in 2024 to further our goal of inclusivity.

3. Program Funding:

a. Identify how Town funds, specifically, will be used (i.e., funds will provide "X" amount of units of service.) Town funds that we receive will be used to sustain our 24/7 hotline. This hotline connects survivors and other service users to crisis counseling as well as referrals to other resources, such as housing or economic resources. The hotline provides a confidential space for people affected by sexual violence to speak freely. H.O.P.E. Works staff and volunteers received 2,003 hotline calls in fiscal year 2024, a 4% increase from FY2023.

b. List the other agencies to whom you are submitting a request for funds for this program and the amount requested. How would this program be modified should revenues be lost? H.O.P.E. Works requests annual town funding from most towns in Chittenden County, with request amounts ranging from \$200 to \$10,000. Without this funding, we would not be able to provide a 24-hour, 7-days-a-week hotline, restricting the amount of survivors we are able to reach and support.

## **C. ORGANIZATIONAL CAPACITY**

1. Describe your agency's capability to provide the program including its history, previous experience providing this service, management structure and staff expertise. H.O.P.E. Works was founded in 1974 and the hotline has existed ever since. In the past 3 years alone we have supported 1,721 survivors. There are currently 4 full-time advocates and any volunteer or staff member who answers hotline calls completes crisis-counseling training.

2. How will you assess whether/how program participants are better off? Describe how you will assess program outcomes. Your description should include: what (what kind of data), how (method/tool for collecting the data), from whom (source of data) and when (timing of data collection). H.O.P.E. Works has been tracking statistics for 50 years. Through our intake forms that we fill out following each call and service visit, we record the number of hotline calls and number of service users per year. We also provide on campus hours at UVM and Champlain College and track the number of service users on campuses. When survivors provide demographics, we record that as well. Our services are confidential so we do not release data that may breach privacy.

3. Summarize or attach program and or service assessments conducted in the past two years. \_n/a\_\_\_\_\_

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4. Does your organization have a strategic plan and a strategic planning process in place? \_n/a\_\_\_\_\_ - If yes, please attach your plan.  
The strategic plan should include a mission statement, goals, steps to achieve the goals, and measures that assess the accomplishments of the goals.

5. What is the authorized size of your board of directors? 9  
How many meetings were held by the board last year? \_11\_\_\_\_\_

I, the undersigned, confirm the information contained herein is accurate and can be verified as such. I understand and agree that if the requested funds are approved, the disbursement of funds are subject to all conditions established by the Richmond Selectboard.

Signature of  
Applicant \_\_\_\_\_ Date 10/25/24 \_\_\_\_\_

Erika Linskey, Executive Director  
Print Name of Applicant and Title

H.O.P.E. Works Mission Statement:

H.O.P.E. Works is dedicated to ending all forms of sexual violence. We are committed to serving the Chittenden County community through the continued provision of our services and to being a leading voice in the State of Vermont for meaningful change in law and society. We provide crisis counseling and advocacy for those whose lives have been affected by sexual violence. Our education outreach work strives to change attitudes and beliefs that perpetuate and condone the cycle of violence. We constantly seek to expand our efforts to meet the needs of an increasingly diverse community and welcome all to our agency. Support for our mission is actively sought through fundraising, development, and the dedicated efforts of our volunteers.