

Regional Funding

Fiscal Year 2022 - Partner Funding Application

New Freedom Clinic

Agency Total Budget

In the boxes below provide an overview of the administrative costs associated with your total agency budget.

Expenses

	FY 2018 Actual	FY 2019 Actual	FY 2020 Budgeted	FY 2020 Actual	FY 2021 Estimate	FY 2022 Budget
Salary				10,800.00	10,800.00	10,800.00
Benefits				0.00	0.00	0.00
Operating Expenses				32,460.00	37,900.00	39,590.00
Capital Expenses				0.00	0.00	0.00
Other Expenses				0.00	0.00	0.00
Total	0.00	0.00	0.00	43,260.00	48,700.00	50,390.00

Revenues

Please include revenue associated with your entire organization. This section represents the TOTAL revenue your organization is receiving. The revenue associated with specific programs will be listed within your program budgets this section represents total revenues. (For example if your organization requests funding for multiple programs the total amount requested from each locality or other entities goes within this section)

	FY 2018 Actual	FY 2019 Actual	FY 2020 Budgeted	FY 2020 Actual	FY 2021 Estimate	FY 2022 Budget
Caroline						
Fredericksburg						
King George						
Spotsylvania						10,000.00
Stafford						
United Way						
Grants					10,000.00	10,000.00
Client Fees						
Fundraising				31,400.00	29,000.00	31,900.00
Other (Click to itemize)	0.00	0.00	0.00	12,300.00	13,300.00	12,300.00

	FY 2018 Actual	FY 2019 Actual	FY 2020 Budgeted	FY 2020 Actual	FY 2021 Estimate	FY 2022 Budget
Total	0.00	0.00	0.00	43,700.00	52,300.00	64,200.00

Surplus / Deficit

	FY 2018 Actual	FY 2019 Actual	FY 2020 Budgeted	FY 2020 Actual	FY 2021 Estimate	FY 2022 Budget
Surplus or Deficit	0.00	0.00	0.00	440.00	3,600.00	

New Freedom Clinic

Agency Budget Narrative

Administrative Expenses

Provide an overview of the administrative costs for your agency.

Goulet Creative creates and maintains our website.

Eric Howlett is our attorney who is our liaison with IRS, and all legal entities.

If your agency is requesting an increase or decrease in administrative funding, please describe in detail the reasons for these changes.

This is New Freedom Clinic's first request for funding. Therefore we have no increase or decrease.

Please provide justification for and specific amounts of administrative costs that are defrayed by locality funds.

We have no locality funding.

Capital Expenses

Please provide an overview of the capital costs for your agency.

We have no capital expenses.

Please provide justification for and specific amounts of capital costs that are defrayed by locality funds.

We have no capital expenses. Fredericksburg Primary Care donates its facility for implant procedure. Fredericksburg Baptist Church donates its facility for counseling and meetings.

Salary & Benefit Expenses

Please provide an overview of any increases or decreases in general personnel expenses for your agency.

Salaries are in kind and do not require monetary expenditures from New Freedom Clinic.

Please provide a description of any changes to agency benefits structure or cost.

This does not apply, as there are no salaries due to donation of time.

Budget Issues

Provide any legislative initiatives or issues that may impact the agency for the upcoming year.

No initiatives to our knowledge.

If you are aware of "outside" funding sources that will expire or be reduced on a set cycle or date, please note those below and how you are planning for them.

NA

Please detail any identified agency needs or areas of concern that are currently not being addressed in your funding request.

There are none at this time.

New Freedom Clinic

Locality Information

Locality Notes

Please use the spaces below to provide any locality specific notes or statements that may be relevant to your application.

Caroline County

City of Fredericksburg

King George County

Spotsylvania County

New Freedom Clinic serves Spotsylvania County and surrounding areas.

Stafford County

New Freedom Clinic

Agency Information

General Information

Agency Name New Freedom Clinic
Physical Address 2500 Charles Street, Fredericksburg, VA, 22401, US
Mailing Address 10504 Ni River Drive; Spotsylvania VA 22553
Agency Phone Number (540) 538-6301
Federal Tax ID # 85-2774691
Web Address newfreedomclinic.org
Agency Email Address info4jerry@yahoo.com

Agency Mission Statement

To provide free medical interventions that interrupt the physical effects of opioids and break the cycle of addiction.

Number of Years in Operation 1

Main Contact

Main Contact Jerry D Evans, phone: (540) 538-6301, email: info4jerry@yahoo.com
Job Title Board President

Localities Served

Please select any/all localities your agency serves.

Caroline
Fredericksburg
King George
Spotsylvania
Stafford

Collaborative Impact

Describe in detail how the community would be impacted if your agency were dissolved or merged with another partner agency.

New Freedom Clinic focuses on Spotsylvania and surrounding regions. According to Spotsylvania statistics the number of overdose fatalities increased by 85% from 2017 to 2018. County leaders state that "what we are doing is not working. We are prosecuting a huge number of people because they have an addiction."

Community Impact

Please provide at least 2 examples of how your services have impacted members of our community.

Example 1

New Freedom Clinic is allowing families to be families again. New Freedom Clinic's greatest accomplishment is changing the lives of many opioid addicted individuals. The individual's physical, mental, and emotional health has improved, as well as their families emotional and financial stability. To date, 90% of the individuals have not relapsed.

Example 2

There is no other non profit addressing this need. The nearest facility offering the Naltrexone Implant is in Richmond and would cost families a minimum of \$900-a cost not covered by insurance and too high for most families impacted by this addiction to afford.

Example 3 (Optional)

New Freedom Clinic - Implants

Program Overview

You may save your work at any time by clicking on the "Save My Work" link/icon at the bottom or top of the page.

When you have completed all questions on the form, select the "Save My Work and Mark as Completed" link/icon at the bottom or top of this page.

You may also SWITCH between forms in this application by using the SWITCH FORMS feature in the upper right corner. When switching forms, any updates to the existing form will automatically be saved.

General Information

Program Name Implants

Is this a new program? No

Program Contact

Name Jerry D Evans

Title President

Email info4jerry@yahoo.com

Phone (540) 538-6301

Program Purpose / Description

Provide an overview of this program

Provide implants to opioid addicted residents of Spotsylvania County.

Client Fees

Please describe the fees clients must pay for the services by this program.

Free for the clients and insurance does not cover the procedure.

Justification of Need

Please state clearly why this service should be provided to the citizens of the region and why the localities should consider this funding request.

It is costing the County funding to house people within the regional jail system. The cost of incarceration is tremendous. It is more cost effective to help individual be drug free and provide support so they can be successful. It is more cost effective to provide an opportunity to decrease the level of addiction for individuals. Further, it is a support for families who may not have access to insurance.

If this is a new program, be sure to include the benefits to the region for funding a new request.

See above for all the reasons.

Target Audience and Service Delivery

Describe the program's intended audience or client base and how those clients are served.

Individuals addicted to opioids.

If your program has specific entry or application criteria, please describe it here.

None.

New Freedom Clinic - Implants

Program Budget Narrative

Please indicate in detail reasons for increases or decreases in the amounts you are requesting.

None- new program

If an increase is being requested, please describe the impact not receiving an increase would have on the program.

None- new program

In particular, please describe in detail if any increase is sought for new positions or personnel.

None- new program

New Freedom Clinic - Implants

Program Specific Budget

Please provide your program specific budget below.

Expenses

	FY 2018 Actual	FY 2019 Actual	FY 2020 Budgeted	FY 2020 Actual	FY 2021 Estimate	FY 2022 Budget
Personnel						10,800.00
Benefits						
Operating Expenses						39,590.00
Capital Expenses						
Total	0.00	0.00	0.00	0.00	0.00	50,390.00

Revenues

This section represents revenue specifically associated with your program. Revenue that supports the implementation of your program and the services provided to the community.

	FY 2018 Actual	FY 2019 Actual	FY 2020 Budgeted	FY 2020 Actual	FY 2021 Estimate	FY 2022 Budget
Caroline						
Fredericksburg						
King George						
Spotsylvania						10,000.00
Stafford						
United Way						
Grants						
Client Fees						
Fundraising						
Other (Click to itemize)	0.00	0.00	0.00	0.00	0.00	0.00
Total	0.00	0.00	0.00	0.00	0.00	10,000.00

Surplus / Deficit

	FY 2018 Actual	FY 2019 Actual	FY 2020 Budgeted	FY 2020 Actual	FY 2021 Estimate	FY 2022 Budget
Surplus or Deficit	0.00	0.00	0.00	0.00	0.00	

New Freedom Clinic - Implants

Collaborative Impact

Efforts and Partnerships

Describe in detail examples of collaborative efforts and key partnerships between your program and the other programs or agencies in the area.

Newly established organization that is beginning to work in the community to address the opioid epidemic.

Collaborative Impact

Describe in detail how the community would be impacted if your program were dissolved or merged with another partner agency.

Not applicable as this is a new program.

New Freedom Clinic - Implants

Number of Individuals Served

Localities

Please provide the actual numbers of individuals served in this program during FY2017, FY2018, and FY 2019, the estimated numbers of individuals served in FY2020 and the projected numbers of individuals served in FY2021.

Locality	FY2017 (Actual)	FY2018 (Actual)	FY 2019 (Actual)	FY 2020 (Actual)	FY 2021 Projected	FY 2022 Estimate
Fredericksburg City	0	0	0	0	0	0
Caroline County	0	0	0	0	0	0
King George County	0	0	0	0	0	0
Spotsylvania County	0	0	0	0	30	50
Stafford County	0	0	0	0	0	0
Other Localities	0	0	0	0	0	0
Total	0	0	0	0	30	50

New Freedom Clinic - Implants

[View Diagram](#) Goals and Objectives

Goals

Goal:

To increase community awareness of the Naltrexone Impact and to increase the awareness of the legal profession of the benefits of the implants.

Objectives

Objectives		2018 Year End	2019 Baseline	2019 Year End	2020 Baseline	2020 Year End	2021 Baseline
Complete the establishment of website for connection to the community.	Total # Clients Served			0			0
	Total # Clients Achieved/Successful			0			0
	% Achieved / Successful	0	0	0	0	0	0
Develop and complete printed materials to disperse within community with a focus on legal connections.	Total # Clients Served			0			0
	Total # Clients Achieved/Successful			0			0
	% Achieved / Successful	0	0	0	0	0	0

Explanation & Overview

If your outcomes are significantly less than your stated objectives, please note any reasons why this might be the case

Updates for FY2018

Please note any changes you plan to make to the program, or the stated goals and objectives, given the data you have reported

N/A

If you are restating the goals or objectives for the prior calendar year, please include those here

Goal:

To provide implants for 17 individuals currently addicted to opioids. Individuals are selected through community networks such as churches and community organizations.

Objectives		2018 Year End	2019 Baseline	2019 Year End	2020 Baseline	2020 Year End	2021 Baseline
To improve the lives of 17 individuals by reducing the addition to opioids.	Total # Clients Served			0			30
	Total # Clients Achieved/Successful			0			20
	% Achieved / Successful	0	0	0	0	0	66.67
To break the cycle of addiction.	Total # Clients Served			0			0
	Total # Clients Achieved/Successful			0			0
	% Achieved / Successful	0	0	0	0	0	0

Explanation & Overview

If your outcomes are significantly less than your stated objectives, please note any reasons why this might be the case

Updates for FY2018

Please note any changes you plan to make to the program, or the stated goals and objectives, given the data you have reported

N/A

If you are restating the goals or objectives for the prior calendar year, please include those here

Through my work with over 1400 churches through the Baptist General Association, the New Freedom Clinic will be a great resource to share with pastors and churches to help those in their congregations and communities that might be impacted with the opioid addiction life crisis.

Sincerely,

A handwritten signature in black ink that reads "Susan McBride". The signature is written in a cursive style with a large, prominent "S" and "M".

Dr. Susan McBride
BGAV Congregational Field Staff Coordinator
Baptist General Association of Virginia
Cell 804.921.3472

**Streamlined Application for Recognition of Exemption
 Under Section 501(c)(3) of the Internal Revenue Code**

Note: If exempt status is approved, this application will be open for public inspection.

Do not enter Social Security numbers on this form as it will be made public.
 Information about Form 1023-EZ and its separate instructions is at www.irs.gov/form1023

Check this box to attest that you have completed the Form 1023-EZ Eligibility Worksheet in the current instructions, are eligible to apply for exemption using Form 1023-EZ, and have read and understand the requirements to be exempt under section 501(c)(3).

Have your annual gross receipts exceeded \$50,000 in any of the past 3 years and/or do you project that your annual gross receipts will exceed \$50,000 in any of the next 3 years? If yes, stop. Do not file Form 1023-EZ. See Instructions. Yes * No

Do you have total assets the fair market value of which is in excess of \$250,000? If yes, stop. Do not file Form 1023-EZ. See Instructions. Yes * No

Part I Identification of Applicant

1a Full Name of Organization NEW FREEDOM CLINIC		b Care Of Name (if applicable)	
c Address (number, street, and room/suite). If a P.O. box, see instructions. 2500 CHARLES STREET		d City FREDERICKSBURG	e State VA
		f Zip code + 4 22401-0000	
2 Employer Identification Number 85-2774691	3 Month Tax Year Ends (MM) 12	4 Person to Contact if More Information is Needed JERRY EVANS	
5 Contact Telephone Number 540-538-6301		6 Fax Number (optional)	7 User Fee Submitted \$275.00
8 List the names, titles, and mailing addresses of your officers, directors, and/or trustees. (If you have more than five, see instructions.)			
First Name: JERRY		Last Name: EVANS	
Title: PRESIDENT/TREASURER/DIRECTOR			
Street Address: 2500 CHARLES ST		City: FREDERICKSBURG	State: VA Zip code + 4: 22401-0000
First Name: ELIZABETH LANE		Last Name: SIEBERT	
Title: SECRETARY			
Street Address: 2500 CHARLES STREET		City: FREDERICKSBURG	State: VA Zip code + 4: 22401-0000
First Name: JOSEPH		Last Name: FERGUSON	
Title: DIRECTOR			
Street Address: 2500 CHARLES STREET		City: FREDERICKSBURG	State: VA Zip code + 4: 22401-0000
First Name: LARRY		Last Name: HAUN	
Title: DIRECTOR			
Street Address: 2500 CHARLES STREET		City: FREDERICKSBURG	State: VA Zip code + 4: 22401-0000
First Name:		Last Name:	
Title:			
Street Address:		City:	State: Zip code + 4:
9a Organization's Website (if available):			
b Organization's Email (optional):			

Part II Organizational Structure

- 1** To file this form, you must be a corporation, an unincorporated association, or a trust. **Select the box** for the type of organization.
 - Corporation
 - Unincorporated association
 - Trust
- 2** **Check this box** to attest that you have the organizing document necessary for the organizational structure indicated above. (See the instructions for an explanation of **necessary organizing documents**.)
- 3** Date incorporated if a corporation, or formed if other than a corporation (MMDDYYYY): 07032020
- 4** State of Incorporation or other formation: Virginia
- 5** Section 501(c)(3) requires that your organizing document must limit your purposes to one or more exempt purposes within section 501(c)(3).
 - Check this box** to attest that your organizing document contains this limitation.
- 6** Section 501(c)(3) requires that your organizing document must not expressly empower you to engage, otherwise than as an insubstantial part of your activities, in activities that in themselves are not in furtherance of one or more exempt purposes.
 - Check this box** to attest that your organizing document does not expressly empower you to engage, otherwise than as an insubstantial part of your activities, in activities that in themselves are not in furtherance of one or more exempt purposes.
- 7** Section 501(c)(3) requires that your organizing document must provide that upon dissolution, your remaining assets be used exclusively for section 501(c)(3) exempt purposes. Depending on your entity type and the state in which you are formed, this requirement may be satisfied by operation of state law.
 - Check this box** to attest that your organizing document contains the dissolution provision required under section 501(c)(3) or that you do not need an express dissolution provision in your organizing document because you rely on the operation of state law in the state in which you are formed for your dissolution provision.