Revised 06/05

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A
DES MOINES, IA 50319
Fax: (515)281-3701
www.iowa.gov/ethics

Reset Form

IA ETHICS AND CAMPAIGN DISCLOSURE BOARD
SEP - 7 2006

FORM-GBG

Gift, Bequest, or Grant information received by a department or accepted by the Governor on behalf of the state

For office use only
Indexed _____
Audited _____
Checked _____
Computer _____

Iowa Code section 8.7 requires all gifts, bequests, and grants given to any department of the state of Iowa or received by the Governor on behalf of the state be reported to the Iowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is required to be filed within 20 days of receipt of the gift, bequest, or grant.

DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:

Independence Mental Health Institute
Name of Department or Office
Business Office
Mailing Address
2277 Iowa Ave
City, State, Zip Code
Independence, Iowa 50644
Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Linda Evers
Name
Mailing Address (if different from above)
City, State, Zip (if different from above)
Email Address
Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

Name
Mailing Address
City, State, Zip Code
Area Code & Telephone Number
Email Address (optional)

$
Date of Gift, Bequest, or Grant
Amount/Value*

*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".

Provide a description of the gift, bequest, or grant and purpose thereof:

Please see attached

Criteria to use this form:

Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

Linda Evers affirm that the gift, bequest, or grant reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Linda Evers
Signature

September 7, 2006
Date

NON-PROFIT
INDEPENDENCE MHI
AUGUST 2006
FY 07

REF	DATE	FND	SOURCE	PURPOSE	DEPOSITS	WITHDR.
				BEGINNIG BALANCE	$20,426.77	
9850	08/01/06	SFV	AMERICAN LEGION AUX , ORCHARD	FOOD BANK	$25.00	$0.00
9851	08/04/06	SFV	WWI AUX., ELKADER	VETERAN'S USE	$10.00	$0.00
101013	08/08/06	SFV	BECKY VAN DAELE	VETERAN'S PARTY	$0.00	$20.00
9852	08/09/06	SFV	AMERICAN LEGION AUX., WESTGATE	CANTEEN BOOKS	$5.00	$0.00
9853	08/09/06	SFV	AMVETS AUX., EVANSDALE	SPORTS DAY	$250.00	$0.00
101014	08/11/06	UPF	CAPITOL VENDING	CANTEEN BOOKS	$0.00	$60.00
101015	08/11/06	SFV	CAPITOL VENDING	VETERAN'S PARTY	$0.00	$7.00
101016	08/11/06	SFV	INDEPENDENCE FOOD BANK	TREATS FOR WARDS	$0.00	$34.48
101017	08/17/06	WSF	CNE-NET	CONTINUING EDUCATION	$0.00	$100.00
9855	08/25/06	UPF	TIM MAIN	EQUIPMENT	$20.00	$0.00
101019	08/28/06	WSF	INDEPENDENCE POST OFFICE	STAMPS FOR CONFERENCE	$0.00	$195.00
101020	08/29/06	UPF	WAL-MART COMMUNITY	PATIENT LIBRARY	$0.00	$110.99
101021	08/29/06	UPF	CAPITOL VENDING	CANTEEN BOOKS	$0.00	$15.00
				TOTAL	$310.00	$542.47
				ENDING BALANCE		$20,194.30

Monthly Volunteer Report for: Independence Mental Health Institute, Independence, Iowa 50644

For month of : August

use this from for monthly reporting

submit report monthly (by end of following month)

to Sandy Knudsen RBA division

sknudse@dhs.state.ia.us

	2006
1. # of Individuals registered as DHS Volunteers	70
2. # of Groups registered as DHS Volunteer Groups	9

	3. Total # Volunteers Active This Month	4 Total # Hours Active This Month	5. Cumulative Hours to Date	6. # Clients Served – Adults 18 to 59	7. # Clients Served – Adults 60 or older	8. # Clients Served – Children 0 to 17*
a. Individual Volunteers - providing direct Service to clients/residents	2	16	30			
b. Individual Volunteers – providing Indirect Service, i.e., clerical assistance, etc.	2	57	133			
c. Individuals in Groups Direct Service to clients/residents	15	60	270			
d Individuals in Groups Indirect Service i.e., clerical assistance, etc.	0	0	0			
e. Stipend Volunteers (i.e., Foster Grandparents, Promise Jobs, Green Thumb, etc.)	11	53	98			
TOTAL	**28**	**186**	**531**	**60**	**1**	**94**

* new federal reporting requirement

Report completed by: Becky Van Daele, Volunteer Coordinator

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CONTRIBUTIONS REPORT

Institution/Bureau Independence Mental Health

Region _____ County Buchanan

August 2006
Month/Year

Name of person completing report Becky Van Daele Title Volunteer Coordinator

DATE	CONTRIBUTOR (Name & Address if Available)	Contribution	$ Value	Check type Cash	In-Kind	Purpose – If Specified
8/9/06	Laura Van Daele 1374 Benson Ave Fairbank, Iowa 50629	Cookies	18.00		x	Patients Use
8/9/06	Lorraine Atkins 625 River Forest Rd. Evansdale, Iowa 50707	Cookies	30.00		x	Patients Use
8/9/06	Cindy Waters 1586 260th St. Independence, Iowa 50644	Clothing, shoes and misc	450.00		x	Patients Use
8/15/06	Iola Bakken 1023 Central Ave. Northwood, Iowa 50459	Old nylons	3.00		x	Creative Arts
8/15/06	Marlis Kratz 43860 Dogwood Ave. Saint Ansgar, Iowa 50472	Personal kits and postage	55.02		x	Patients Us

Total value of this page: $ 556.02

Total value of pages 1 thru 2 : $ 1060.52

09/07/2006 10:32 334-5205 MHI INDEP PURCHASING PAGE 06/06

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Name of person completing report Becky Van Daele Title Volunteer Coordinator

DATE	CONTRIBUTOR (Name & Address if Available)	Contribution	$ Value	Check type Cash	In-Kind	Purpose – If Specified
8/21/2006	Miraim Eick 1216 11/2 St. S.W. Dyersville, Iowa 52040	Books, magazines, and crafts.	50.00		X	Patients Use
8/22/2006	Pat Rogers 3256 Orchard Rd. Orchard, Iowa 50460	Tray favors and candy	33.50		X	Patients Use
8/29/2006	Laura Van Daele 1374 Benson Ave. Fairbank, Iowa 50629	Cookies and crossword puzzle book	6.00		X	Patients Use
8/30/2006	Denise Barker MHI Staff	Clothing and gloves	100.00		X	Patients Use
8/2006	Please see attached sheet for itemized items		310.00			

Total value of this page: $ 504.50

Total value of pages 1 thru 2: $ 1060.52