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

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)

See Attached
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:

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:

I, 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

March 7, 2007
Date

INDEPENDENCE MENTAL HEALTH INSTITUTE
NON PROFIT REPORT
FEBRUARY 2007
FY 07

DATE	REF #	FND	SOURCE	PURPOSE	DEPOSITS	WITHDR.
				BEGINNIG BALANCE	$22,286.02	
02/01/07	10009	ADOL	LIONS CLUB, INDEPENDENCE	PATIENT'S USE	$83.00	$0.00
02/01/07	101085	SFV	MHI DIETARY, INDEPENDENCE	CHRISTMAS FRUIT	$0.00	$621.19
02/02/07	101086	UPF	PIZZA RANCH	PATIENT PIZZA PARTY	$0.00	$26.68
02/08/07	10011	UPF	ST. JOHN CATHOLIC CHURCH, INDEPENDENC	PATIENT'S USE	$880.11	$0.00
02/13/07	101088	UPF	WAL MART COMMUNITY	PATIENT'S LIBRARY	$0.00	$161.12
02/14/07	10012	SFV	AMERICAN LEGION AUX., MASON CITY	CHRISTMAS FRUIT	$50.00	$0.00
02/14/07	10013	SFV	AMERICAN LEGION AUX., MESERVEY	CHRISTMAS FRUIT	$68.00	$0.00
02/14/07	10014	SFV	AMVETS AUX., EVANSDALE	CHRISTMAS FRUIT	$50.00	$0.00
02/14/07	10015	UPF	AMVETS AUX., EVANSDALE	PATIENT'S CLOTHING	$100.00	$0.00
02/14/07	101089	SFV	BECKY VAN DAELE	VETERAN'S PARTY	$0.00	$20.00
02/20/07	10016	SFV	A.L.A., COLESBURG	FOOD BANK	$10.00	$0.00
02/20/07	101091	UPF	CAPITOL VENDING	CANTEEN BOOKS	$0.00	$46.00
02/20/07	101092	SFV	CAPITOL VENDING	CANTEEN BOOKS	$0.00	$2.00
02/27/07	10018	SFV	TTT CHAPTER DG, CEDAR FALLS	CANTEEN BOOKS	$15.00	$0.00
02/27/07	101093	UPF	PIZZA RANCH	PATIENT'S PIZZA PARTY	$0.00	$56.00
					$1,256.11	$932.99
						$22,609.14

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

For month of : February

2007

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

use this from for monthly reporting

submit report monthly (by end of following month)

to Sandy Knudsen RBA division

sknudse@dhs.state.ia.us

	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	7	41			
b. Individual Volunteers – providing Indirect Service, i.e., clerical assistance, etc.	2	52	524			
c. Individuals in Groups Direct Service to clients/residents	5	24	625			
d. Individuals in Groups Indirect Service i.e., clerical assistance, etc.	0	0	59			
e. Stipend Volunteers (i.e., Foster Grandparents, Promise Jobs, Green Thumb, etc.)	12	56	407			
TOTAL	21	139	1656	47	1	89

* new federal reporting requirement

Report completed by: Becky Van Daele, Volunteer Coordinator

CONTRIBUTIONS REPORT

Institution/Bureau Independence Mental Health

Region _____ County Buchanan

February 2007
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
2/14/2007	Judy Doyle 2077 Wapsie Acess Blvd Independence, Iowa 50644	Clothing	75.00		x	Patients Use
2/14/2007	Loraine Atkins 625 River Forest Rd. Evansdale, Iowa 50707	Cookies	30.00		X	Patients Use
2/14/2007	Bonnie Jones 302 Ion Rd. Harpers Ferry, Iowa 52146	Cookies	81.80		X	Patients Use
2/14/2007	Dorothy Langerman P.O. Box 425 Fayette, Iowa 52142	Cookies	65.00		X	Patients Use
2/20/2007	Laura Van Daele 1374 Benson Ave. Fairbank, Iow 50629	Cookies	24.00		X	Patients Use

Total value of this page: $ 275.80

Total value of pages 1 thru 2: $ 1627.91