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

IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD
APR 04 2007
FILED

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

April 4, 2007
Date

INDEPENDENCE MENTAL HEALTH INSTITUTE
NON PROFIT REPORT
MARCH 2007
FY 07

DATE	REF #	FND	SOURCE	PURPOSE	DEPOSITS	WITHDR.
				BEGINNIG BALANCE	$22,609.14	
03/06/07	101094	SFV	INDEPENDENCE FOOD BANK	TREATS FOR WARDS	$0.00	$62.38
03/09/07	10020	UPF	MAINTENANCE	CHRISTMAS	$12.00	$0.00
03/13/07	10021	SFV	MERSERVEY AMERICAN LEGION AUX.	CANTEEN BOOKS	$20.00	$0.00
03/13/07	10022	SFV	AMERICAN LEGION AUX., STRAWBERRY PT.	PATIENT'S PARTIES	$25.00	$0.00
03/14/07	10023	SFV	AMVETS AUX., EVANSDALE	FRUIT	$50.00	$0.00
03/14/07	10024	SFV	CATHOLIC DAUGHTERS, JESUP	FRUIT	$25.00	$0.00
03/15/07	10025	PMWW	DORIS GRUETZMACHER	PATIENT'S USE	$200.00	$0.00
03/23/07	101096	UPF	PIZZA RANCH	PATIENT'S PIZZA PARTY	$0.00	$24.00
03/27/07	10026	SFV	DAVA, SIOUX CITY	VETERAN'S USE	$30.00	$0.00
03/28/07	101097	UPF	MC DONALD OPTICAL	PATIENT'S COPAY	$0.00	$2.00
03/28/07	101098	SFV	INDEPENDENCE FOOD BANK	TREATS FOR WARDS	$0.00	$51.48
03/28/07	101099	UPF	CAPITOL VENDING	CANTEEN BOOKS	$0.00	$58.00
03/28/07	101100	SFV	CAPITOL VENDING	CANTEEN BOOKS	$0.00	$17.00
				TOTAL	$382.00	$214.86
				ENDING BALANCE		$22,766.28

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

For month of : March

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	0	0	41			
b. Individual Volunteers – providing Indirect Service, i.e., clerical assistance, etc.	3	108	632			
c. Individuals in Groups Direct Service to clients/residents	6	48	673			
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.)	13	53	460			
TOTAL	22	209	1865	52	2	86

* new federal reporting requirement

Report completed by: Becky Van Daele, Volunteer Coordinator

04/04/2007 11:22 334-5205 MHI INDEP PURCHASING PAGE 05/06

CONTRIBUTIONS REPORT

Institution/Bureau Independence Mental Health

Region _____ County Buchanan

March 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
3/7/2007	Laura Van Daele 1374 Benson Ave Fairbank, Iowa 50629	Cookies, softballs, baseballs, magazines, and crossword puzzle books.	77.00		X	Patients Use
3/7/2007	Buchanan County American Legion Auxiliary Denise Barker Rowley, Iowa 52329	Stockings	150.00		X	Patients Use
3/14/2007	Marlene Mangrich 764 Steven Jesup, Iowa 50648	Cookies	40.00		X	Patients Use
3/14/2007	Loraine Atkins 625 River Forest Rd. Evansdale, Iowa 50707	Ice Cream Bars and quarters for Party	28.00		X	Patients Use
3/14/2007	#31 Loraine Atkins 625 River Forest Rd. Evansdale, Iowa 50707	Cookies	30.00		X	Patients Use

Total value of this page: $ 325.00

Total value of pages 1 thru 2: $ 716.00

CONTRIBUTIONS REPORT

Institution/Bureau Independence Mental Health

Region _____ County Buchanan

March 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
3/21/2007	Ada Marie Kerndt 1619 Old Hwy 9 Waukon, Iowa 52172	Tray Favors	29.00		X	Patients Use
3/2007	Please see attached list of itemized listings of cash		362.00			

Total value of this page: $ 391.00

Total value of pages 1 thru 2: $ 716.00