Revised 06/05

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A
DES MOINES, IA 50319
Fax: (515)281-4073
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
2303 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

October 3, 2007
Date

CONTRIBUTIONS REPORT

Institution/Bureau Independence Mental Health

Region _____ County Buchanan

September 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
9/5/2007	Ruth Diemer Box136 Fredericksburg, Iowa 50630	Spools and carpet rags	109.00		X	Creative Arts
9/12/2007	Loraine Atkins 625 River Forest Rd. Evansdale, Iowa 50707	Masking tape	20.00		X	Creative Arts
9/12/2007	Iola Bakker 101 S. Central Ave. Northwood, Iowa 50459	Tray favors	11.18		X	Patients Use
9/18/2007	Laura Van Daele 174 Cardinal Court S.W. Independence, Iowa 50644	cookies	40.00		X	Patients Use

Total value of this page: $ 180.18

Total value of pages 1 thru 2: $ 1076.08

CONTRIBUTIONS REPORT

Institution/Bureau Independence Mental Health

Region _____ County Buchanan

September 2007
Month/Year

Name of person completing report Becky Van Daele Volunteer Coordinator

DATE	CONTRIBUTOR (Name & Address if Available)	Contribution	$ Value	Check type Cash	In-Kind	Purpose – If Specified
9/18/2007	Cheryl Moore P.O. Box 172 Jesup, Iowa 50648	10 DVD"s	170.00		X	Patients Use
9/2007	Please see attached sheet for itemized listings of cash		725.90			

Total value of this page: $ 895.90

Total value of pages 1 thru 2: $ 1076.08

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

For month of : September

2007

use this from for monthly reporting

submit report monthly (by end of following month)

to Sandy Knudsen RBA division

sknudse@dhs.state.ia.us

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	0	0	18			
b. Individual Volunteers – providing Indirect Service, i.e., clerical assistance, etc.	3	113	200			
c. Individuals in Groups Direct Service to clients/residents	14	100	316			
d. Individuals in Groups Indirect Service i.e., clerical assistance, etc.	0	0	49			
e. Stipend Volunteers (i.e., Foster Grandparents, Promise Jobs, Green Thumb, etc.)	14	98	166			
TOTAL	31	311	749	45	3	69

* new federal reporting requirement

Report completed by: Becky Van Daele, Volunteer Coordinator

INDEPENDENCE MENTAL HEALTH INSTITUTE
NON PROFIT REVENUE AND EXPENDITURE REPORT
FY 08

DATE	REF #	FND	SOURCE	PURPOSE	DEPOSITS	WITHDR.
				BEGINNIG BALANCE	$23,181.28	
09/04/07	10066	CCUS	CLOSE CCU ACCT. IN PT'S FUND	PATIENT'S USE	$50.00	$0.00
09/04/07	10067	UPF	CLOSE MEN'S ACCT IN PT'S FUND	PATIENT'S USE	$2.89	$0.00
09/05/07	101161	SFV	FAREWAY	SPORTS DAY	$0.00	$148.09
09/06/07	101162	UPF	WILMA WELSH	PATIENT OUTING	$0.00	$40.00
09/07/07	101163	SFV	CAPITOL VENDING	SPORTS DAY	$0.00	$100.00
09/11/07	10068	SFV	AM. LEGION AUX., EDGEWOOD	TREATS FOR WARDS/FOOD BK	$25.00	$0.00
09/11/07	10069	SFV	AM. LEGION AUX., GARNAVILLA	TREATS FOR WARDS/FOOD BK	$25.00	$0.00
09/11/07	10070	UPF	SECURITY STATE BANK-INTEREST	PATIENT'S USE	$63.01	$0.00
09/11/07	101165	FDF	POSITIVE PROMOTIONS	FIRE ED. FOR PATIENS	$0.00	$72.65
09/12/07	10071	SFV	AMVETS AUX., EVANSDALE	TREATS FOR WARDS/FOOD BK	$25.00	$0.00
09/12/07	10072	SFV	AM. LEGION AUX., NORTHWOOD	TRAY FAVORS/ FOOD BANK	$20.00	$0.00
09/12/07	101166	SFV	BECKY VAN DAELE	QUARTERS FOR VET'S PARTY	$0.00	$20.00
09/13/07	101167	UPF	CAPITOL VENDING	CANTEEN BOOKS	$0.00	$42.00
09/13/07	101168	SFV	CAPITOL VENDING	CANTEEN BOOKS	$0.00	$14.00
09/18/07	101170	SFV	INDEPENDENCE FOOD BANK	PATIENT'S TREATS	$0.00	$25.56
09/24/07	5790	WSF	FAYETTE COUNTY	CONFERENCE	$50.00	$0.00
09/24/07	5791	WSF	FAYETTE COUNTY	CONFERENCE	$50.00	$0.00
09/24/07	5792	UPF	FIDELITY FIVE STAR CLUB	PATIENT'S USE	$50.00	$0.00
09/24/07	5793	WSF	PRAIRIE VIEW	CONFERENCE	$60.00	$0.00
09/25/07	5794	SFV	D.A.V.A., SIOUX CITY	VETERAN'S USE	$30.00	$0.00
09/25/07	5795	SFV	D.A.V.A., SIOUX CITY	VETERAN'S USE	$275.00	$0.00
				TOTAL	$725.90	$462.30
				ENDING BALANCE		$23,444.88