



2021-2022 COMMUNITY HEALTH CONTRACT (CHC) Q2 GRANT IMPACT REPORT

Organization Name Be Well Therapy Inc.
Program Name Be Well Yoga for Cancer Recovery
Person submitting the impact report Lisa Scolman Administrative Assistant

Ages: List the percentages of your program participants' ages who received services during this reporting time frame.

| | Percentage served | Total Number Served |
|--------------------------|-------------------|---------------------|
| Children (infants to 12) | 0 | |
| Young Adults (13-18) | 0 | |
| Adults (18-60) | 85 | |
| Seniors (60+) | 15 | |
| Unknown | | |

Gender: List the percentages of your program participants' gender identification who received services during this reporting time frame.

| | Percentage served | Total Number Served |
|------------|-------------------|---------------------|
| Female | 99 | |
| Male | 1 | |
| Non-binary | | |
| Unknown | | |

Income: List the percentages of your program participants' income limit category of those who received services during this reporting timeframe (2019 HUD – AMI Incomelimits:4person family).

| | Percentage Served | Total Number Served |
|---|-------------------|---------------------|
| Extremely Low-Income (ceiling of \$32,100) | 15 | |
| Very Low (50%0 Income (ceiling of \$53,500) | 60 | |
| Low (80%) Income (ceiling of \$85,600) | 25 | |
| | | |

| | Percentage Served | Total Number Served |
|---------------------------|-------------------|---------------------|
| Higher than listed limits | 0 | |
| Unknown | | |

How many District residents directly benefited (participant/client) from this program: 18

GOALS & OBJECTIVES

Goal 1 & Objectives: From your application, please provide your measurable outcomes for each of your stated objectives.

GOAL 1: To improve the health and well being of cancer survivors by providing Yoga and mindfulness practices that compliment traditional therapies thereby providing optimal physical and mental healing for the recovering patient as well as to their caregivers and support structure.

Our 1st objective will be to increase the number of program participants in our FRHD Yoga and Mindfulness for Cancer Recovery classes to greater than the number enrolled and participating pre-Covid.

OUTCOME: Our in person classes still have still not grown to preCOVID numbers, especially with the holiday and Omnicron variant. Our in person class varies from 2-5 attendees per class. We continue to offer the zoom classes.

Goal 2 & Objectives: From your application, please provide your measurable outcomes for each of your stated objectives.

GOAL 2: Our second objective will be to provide one on one socially distanced sessions for those survivors who have been unable to attend our virtual classes due to a lack of internet or who do not yet feel comfortable attending public classes once resumed. We will target holding 2-3 private sessions per month.

OUTCOME: Private sessions have proved to be more important with the rise of Omnicron we have hosted 1-2/week. We hope to continue to grow these until people feel more comfortable to attend the in person classes.

PARTICIPANT SUCCESS STORY

Participant Success Story:

Tom was a student at live classes at Fallbrook Regional Wellness Center and then at Sage Yoga. He states he fel more relaxed, balanced and stronger.

Participant Success Story:

From: Tom
 Sent: Monday, January 11, 2022 11:25 AM
 To: Patricia Gomez Bustamante
 Subject: Re: Well Fallbrook Classes

I took three yoga classes at the Fallbrook Regional Wellness Center and then five at Sage Yoga last year. I appreciated their efforts to help me and the Community of Fallbrook. I enjoyed the class given by Patty Gomez, of Be Well, and I felt felt relaxed, balanced and happier after attending her yoga classes. We worked together on our strength, balance and flexibility.

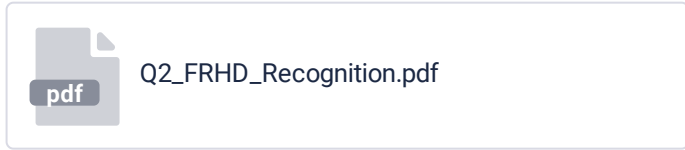
Tom Rossi

ACKNOWLEDGEMENT

Please describe how the Fallbrook Regional Health District's investment in this program was acknowledged during this reporting timeframe.

On Facebook and Instagram, FRHD investment was acknowledged with the introduction of new teacher, Angie who has taken over the Fallbrook class.

Acknowledgment example: please upload an example of one method in which the District was acknowledged.



BUDGET

Please upload a copy of the program budget you submitted with the application, with an additional column demonstrating the current utilization of grant funds.

| FRHD CHC GRANT BUDGET REPORTING FORM | | | | | | | |
|--|--|-------------------|---------------------|----------------|----------------|----------------|----------------|
| Agency Name | PROGRAM NAME | | | | | | |
| Be Well Therapy Inc | Mind/Body Wellness for Cancer Recovery | | | | | | |
| Not all line items will correspond with your program budget, if the item does not fully align either leave it blank or group it in the best category possible. However, be sure your program budget is fully itemized. | | | | | | | |
| A | INDIRECT EXPENSES: | PROGRAM COST | REQUESTED FROM FRHD | AMOUNT USED Q1 | AMOUNT USED Q2 | AMOUNT USED Q3 | AMOUNT USED Q4 |
| A1 | Administrative Support | \$ 27,089.01 | \$ 2,167.12 | \$ 200.00 | \$ 200.00 | | |
| A2 | General Insurance, licenses, and permits | \$ 1,125.00 | \$ - | | | | |
| A3 | Accounting & audit expenses | \$ 1,900.00 | \$ - | | | | |
| A4 | Consultant/Contractor/Professional Fees | \$ 2,091.00 | \$ - | | | | |
| A5 | Physical Assets (Rent, Facility Costs) | \$ - | \$ - | | | | |
| A6 | Utilities | \$ - | \$ - | | | | |
| A7 | IT & Internet | \$ 600.00 | \$ - | | | | |
| A8 | Marketing & Communications | \$ 1,500.00 | \$ - | | | | |
| A9 | Office Supplies | \$ 600.00 | \$ - | | | | |
| A10 | Training & Education | \$ 950.00 | \$ - | | | | |
| A11 | Other, specify | \$ - | \$ - | | | | |
| TOTAL INDIRECT EXPENSE | | \$35,855.01 | \$2,167.12 | \$200.00 | \$200.00 | \$0.00 | \$0.00 |
| B | PERSONNEL EXPENSES - PROGRAM SPECIFIC | PROGRAM COST | REQUESTED FROM FRHD | AMOUNT USED Q1 | AMOUNT USED Q2 | AMOUNT USED Q3 | AMOUNT USED Q4 |
| B1 | Teacher Salary - FRHD program | \$ 7,280.00 | \$ 6,552.00 | \$ 1,030.00 | \$ 1,030.00 | | |
| B2 | Teacher Assistant Salary FRHD Program | \$ 5,200.00 | \$ 4,680.00 | | | | |
| B3 | Teacher Private - FRHD program | \$ 3,200.00 | \$ 4,680.00 | | \$ 120.00 | | |
| B4 | Salary Yrpe Teachers/Non FRHD | \$ 16,826.00 | \$ - | | | | |
| B5 | Payroll Expenses (MC, taxes) | \$ 4,086.00 | \$ - | | | | |
| B6 | Benefits | \$ - | \$ - | | | | |
| B7 | Fundraiser contributions/event expense | \$ - | \$ - | | | | |
| TOTAL PERSONNEL EXPENSE | | \$36,572.57 | \$12,312.00 | \$1,030.00 | \$1,150.00 | \$0.00 | \$0.00 |
| C | DIRECT PROGRAM EXPENSES | PROGRAM COST | REQUESTED FROM FRHD | AMOUNT USED Q1 | AMOUNT USED Q2 | AMOUNT USED Q3 | AMOUNT USED Q4 |
| C1 | Equipment | \$ - | \$ - | | | | |
| C2 | Program/Project Supplies | \$ 500.00 | \$ 300.00 | | | | |
| C3 | Printing/Duplicating | \$ 2,250.00 | \$ 1,800.00 | | | | |
| C4 | Travel/Mileage | \$ 300.00 | \$ - | | | | |
| C5 | Program Specific Insurance | \$ - | \$ - | | | | |
| C6 | Direct program accounting expenses | \$ 400.00 | \$ 320.00 | | | | |
| C7 | Fundraiser contributions/event expense | \$ 20,000.00 | \$ - | | | | |
| C8 | 0 | \$ - | \$ - | | | | |
| C9 | 0 | \$ - | \$ - | | | | |
| C10 | 0 | \$ - | \$ - | | | | |
| C11 | 0 | \$ - | \$ - | | | | |
| C12 | 0 | \$ - | \$ - | | | | |
| TOTAL OTHER EXPENSES | | \$23,450.00 | \$2,420.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| | | w | z | \$1,230.00 | \$1,350.00 | | |
| D | TOTALS | PROGRAM COST | FRHD Funds Expended | | | | |
| | | Awarded \$8221.71 | \$95,877.58 | \$2,588.00 | | | |

Please explain any significant differences in budget or services during this quarter. What if any changes were made to address programming challenges.

There were no differences in budget or services during this quarter.

Please sign your form: