All VNAF Board members provide their time and services voluntarily and receive no compensation.

Mrs. Frank D. Mayer
Ann C. Schaefer, Staff
Community Volunteer
Illinois Department of Human Resources
Ann Kiley Center
CroBern Management Partnership
Partner
Marie W. Harris
Consultant
Nancy Jones Emrich
Executive Vice President and General Manager
Rush University Medical Center
Community and Mental Health Nursing
Anne M. Davis, Board Chair
Program Officer
www.vnafoundation.net
Chicago, IL 60606
20 North Wacker Drive, Suite 3118
All VNAF Board members provide their time and services voluntarily and receive no compensation.

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Julia Muennich Cowell PhD, APRN–BC, FAAN,
Anne M. Davis,
Board of Directors
Program Assistant
Vice Chair
Treasurer
Executive Director
Secretary
Chair
MISSION

From 1890 to 1995, VNA employed its own nurses and other health professionals to provide healthcare to the underprivileged. Since 1996, VNAF operates exclusively as a grantmaking foundation, giving financial support to nonprofit organizations offering home- and community-based care to the underserved.

Our methods have changed, but our mission has not:
To support home- and community-based health services for the medically underserved in the Chicago metropolitan area.
Looking Forward by Looking Back

ANNE M. DAVIS, CHAIR

An anniversary is a time to look forward and to look back. This year marks the 10th anniversary of the Visiting Nurse Association of Chicago’s transition to the VNA Foundation. Ten years ago, the Board of Directors determined that the agency could carry out our mission better as a foundation rather than a care provider. Our mission to provide health care to patients no matter what their ability to pay still guides us, and as a foundation, we can allocate all our funds directly to those agencies that provide care in the homes and communities of those most in need.

Over the ten short years VNA has been a foundation, we have tried to distinguish ourselves by putting extra effort into our pre- and post-grant review processes to ensure the best possible use of our limited dollars. We believe that a thorough review process allows for the best choices and, ultimately, improved care for the medically underserved.

We have found that better care may result from the gift of a computer to permit medical records to be stored such that several different care providers may see the patient without losing continuity of care. Better care may come from providing funds for transportation, allowing patients to get more easily to a clinic, or the care provider to get to the patient. And often, better care comes from supporting or expanding nursing positions, so many of our grants are directed to this need.

We believe that the best use of our funds is to provide support to those agencies that are able to demonstrate the impact of their activities via outcome measures. We therefore require that, in return for our funds, grantees develop outcome objectives and give us biannual reports of their successes or failures in meeting those objectives. We can in this way determine whether our funds are making the impact we expected prior to awarding the grant.

We also believe that our relationship with an agency can be more beneficial if we do more than just write a grant check. For example, by linking several agencies who are doing similar work in different geographical parts of the metropolitan area, we have found that they can suggest to each other solutions to problems that they share. We have also helped agencies doing pioneering work, or excelling in the work they do, obtain funds from other foundations.
we put extra effort into our pre- and post-grant review processes to help ensure the best use of our limited dollars
According to American tradition, 25th anniversaries are celebrated by giving gifts of silver, and 50th anniversaries are recognized by gifts of gold. I’m not sure about the official means of acknowledging a 10th anniversary, but in the case of the VNA Foundation, it doesn’t really matter: after a decade of grantmaking, our experiences have been priceless.

We’ve had the privilege of working with hundreds of applicants and reviewing thousands of ideas. Over the last ten years, VNAF has awarded nearly 400 grants, totaling over $16,000,000, to nonprofit agencies serving the Chicago area’s medically underserved. For each grant, we tried to be a funder that was a true partner in the grantmaking process. VNAF is not a “spelling counts” foundation where applicants live or die by a single written submission. Rather, if applicants preferred, we discussed proposal ideas on the telephone before requiring the submission of a written letter of intent and always reviewed a letter of intent before requesting a full proposal. Similarly, whenever possible we tried to help grant applicants “think through” proposals or prioritize needs, suggest possible additional or alternative funding sources and share lessons learned from other grantees. We have never had the monetary resources of a large foundation, but have tried to offer added value in the form of ready accessibility, interchange and technical assistance.

The origin of this peer-structured, partnership-oriented philosophy lies with the VNA Foundation Board of Directors. Our board members do not receive compensation of any kind; they are motivated only by their commitment to improve the health of those without adequate resources. Since our first grant in 1996, at least one board member has accompanied VNAF staff on most pre-grant site visits, and their input, perspective and expertise have often proven to be invaluable contributors to the grantmaking process.

By treating grantseekers as partners and the application process as an open and reciprocal one, we have learned much and been fortunate to experience success in many areas of our grantmaking, communication and resource leveraging efforts, as detailed elsewhere in this report. We look forward to continuing our work and our growth. Please join us as we begin our second decade of commitment to providing support for programs that seek to enhance the health of the impoverished, working poor and other medically underserved families throughout the Chicago metropolitan area.
for each grant we tried to be a true partner in the grantmaking process
COMMITTED TO OPEN COMMUNICATION

The Wilmer Shields Rich Award for Excellence in Communications, sponsored by the Council on Foundations (COF) and won by VNAF this year (right), is the fourth such honor in six years. VNAF previously won Rich awards for its web site (2005, 2002) and annual report (2000). Besides these COF honors, VNAF’s 2004 annual report also won a national printing industry award, and our website has received additional recognition as well.

VNAF has been committed to open communication since its first days as a grantmaker. It is our hope that our emphasis on the dissemination of practical information—and our belief in a transparent and teamwork-based approach to grantmaking—will be considered by other foundations as well.
we hope our **transparent and teamwork-based approach** will be considered by other foundations

Steve Gunderson, President and Chief Executive Officer of the Council on Foundations, presents VNAF Executive Director Rob DiLeonardi with a 2006 Wilmer Shields Rich Award for Excellence in Communications. VNAF won the recognition for its 2005 annual report. The award “recognizes and encourages excellence in communications by foundations” and “showcases the ways foundations and corporate giving programs use effective communications strategies and techniques to advance the goals of their grantmaking.”
Honoring the Current Generation of Community-Based Nurses: SUPER STAR NURSE AWARDS

Now in its fifth consecutive year, the VNA Foundation’s Super Star in Community Nursing Award is intended to acknowledge the service that Public Health/Community Health nurses provide, recognize the value of nursing in the community, help attract young people to the profession and contribute to efforts to decrease the nursing shortage.

The VNA Foundation Awards $25,000 to a “Super Star” Among Community Health Nurses

Catharine “Cat” Quinn, BSN, RNC, MPH was chosen as the VNA Foundation’s 2006 Super Star in Community Nursing Award recipient, the fifth to win the award since its inception in 2002.

The VNA Foundation also awarded one Super Star runner-up an unrestricted $5,000 cash award for her exceptional efforts in community nursing:

Patricia Littlejohn, RN,
Adolescent Medicine Program: CORE Center, Chicago

In addition, a finalist received $1,000 unrestricted cash award for her remarkable efforts:

Lorraine C. Schoenstadt, BSN, MS, RN, BC
Immunization Education Coordinator: Chicago Department of Public Health
ABOUT THE SUPERSTAR NURSES

Catharine “Cat” Quinn, BSN, RNC, MPH
Ms. Quinn doesn’t limit the “community” she serves to just Chicago or even the U.S. In fact, Cat Quinn sees her role as a nurse as a global one, with a passion for supporting needy communities not only in Chicago but all over the world. Her remarkable enthusiasm for her work, her varied experiences as a local community health practitioner, and her unique view of community nurse as advocate are just a few reasons why Quinn was recently chosen as winner of the award and recipient of a $25,000 unrestricted cash grant.

Ms. Quinn has been passionate about nursing since she first decided to dedicate her life’s work to helping the underserved at the young age of 16. In the mid 1980’s, she first volunteered with Travelers and Immigrants Aid (TIA) in Chicago, serving on a mobile health clinic run by nurses. She spent a summer visiting local communities and working with the homeless—specifically homeless teens. That experience crystallized Quinn’s career path and she immediately decided to devote her time to working with patients that don’t have any access to health, schools, homes or—in some cases—basic human rights. Her career choice has kept her traveling throughout Chicago and the globe providing much-needed community nursing services to the underserved. In 1995, Quinn worked at El Valor Corporation in Chicago as a bilingual nurse case manager for 250 local Head Start families and then went on to become the only Spanish-speaking nurse at CommunityHealth, a free clinic which serves the uninsured population in Chicago.

One of Quinn’s most memorable jobs was her role as the health educator and community nurse at the Lakeview Health Center in one of the city’s predominantly Hispanic neighborhoods. During the five years at the school-based health center, Quinn taught sex education classes, prenatal classes and mentored hundreds of young Latina women. Quinn was such a positive influence on the young women that she co-founded the Latina Girls Club at Lakeview High School, a project that was created by and for young Latina students. Still active today, the girls explore options for their future that enable understanding of their heritage, take control of their lives, and make informed choices for their futures. As a testament to Quinn’s support and mentoring, many of the club’s “graduates” have pursued nursing as a career.

Patricia Littlejohn, RN
Ms. Littlejohn spends her days fighting against the spread of HIV and AIDS in Chicago. As a primary care nurse in the adolescent medicine program at Chicago’s CORE Center on the city’s west side, Littlejohn coordinates its clinic serving predominantly African American and Hispanic children and young adults living with HIV and AIDS. Littlejohn’s job is often not an easy one—she works with gang members, drug users and other challenged youth to help them deal with their HIV or AIDS diagnosis and provide much-needed medical and emotional support. In addition to their HIV status, many of the youth visiting the CORE Center also suffer from multiple psychosocial issues including homelessness and housing instability, psychiatric disorders and substance abuse. Through it all, Littlejohn has become known for her nearly inexhaustible compassion and sincerity. She has earned the trust of her patients by helping them cope with life-threatening health issues, and to do so with dignity and self-confidence. She supports her young patients by educating them about contraception, abstinence, and the importance of adhering to their antiretroviral medication schedules. In addition, she works with other medical staff members to understand the unique medical needs of these youth by maintaining clinical information critical to their care including biological markers of disease progression, STD screens and PAP smears.

Lorraine C. Schoenstadt, BSN, MS, RN, BC
Ms. Schoenstadt has spent her entire 21-year career supporting the city’s underserved as a public health nurse for the Chicago Department of Public Health. Her days have included in-home visits with low-income mothers and babies, providing care to drug exposed and/or chronically ill infants, offering immunization services to the uninsured and providing nursing support in local communities. In all of her roles, Schoenstadt has demonstrated vision, determination, enthusiasm and compassion for her staff and patients. As the current Education Coordinator for the Immunization Program, Schoenstadt is often asked to evaluate the quality of immunization services being provided in CDPH and non-CDPH clinical settings. She also has a long history of volunteering to provide nursing services in emergency situations. Schoenstadt has administered vaccines during the 1989-90 measles outbreak, volunteered to be vaccinated with and administered smallpox vaccines in 2002, and provided meningococcal vaccine during the 2003 outbreak. Schoenstadt also volunteers as a mentor for Rush University nursing students at various community health events supporting Chicago’s underserved communities.

Please visit the VNA Foundation website at www.vnafoundation.net for more information about the 2006 winners and to learn how to nominate a nurse for the 2007 award.
Promoting the Next Generation: VNAF ABSN Nursing Scholars

With its more than 100 years of nursing history and its strong commitment to the needs of the underserved, VNAF is always exploring ways to promote the careers of those nurses who choose to practice in community- and home-based care. Recently, after review and discussion of new ways in which we might encourage consideration of this career choice, we initiated the new VNA Foundation ABSN (Accelerated Bachelor of Science in Nursing) Scholars program.

Under the ABSN Scholars program, VNAF made grants to the Loyola University Neihoff School of Nursing and the Rush University College of Nursing. Faculty at each school then selected an outstanding post-baccalaureate student enrolled in the school’s accelerated BSN program, and the student was awarded a $28,000 tuition scholarship funded by the VNAF grant. In return, and per the terms of the scholarship, each recipient agreed to work for two years following graduation in a community- or home-based service agency in the metropolitan Chicago area.

Both students selected in this inaugural year of the Scholars program are ideal recipients who bring impressive histories of community commitment and academic dedication. We are extremely proud that they have been named as the first VNA Foundation ABSN Scholars.

Selected as the 2006 VNA Foundation ABSN Scholars are:

Mr. Arthur D. Hackett:
Rush University College of Nursing

Ms. Deborah K. Muhammad:
Loyola University Neihoff School of Nursing

both the students and the medically underserved benefit from the special grant
Doubling Our Dividends: A Special Tenth Anniversary Grant

The Chicago Area Schweitzer Fellows program of the Health and Medicine Policy Research Group has been funded several times by VNAF and has always seemed a particularly good fit with our funding guidelines. Under the program, high-ideals, high-energy graduate nursing students are given modest stipends to work in community-based health clinics and service sites in medically underserved areas. The agencies are often desperate for additional qualified help, and the students are given extra exposure to community-based care, frequently encouraging their further interest in this career choice.

The basic design of the program, under which both the students and the medically underserved benefit, makes it a “double duty” grant that pays dividends long after the grant cycle is over. In fact, more than once VNAF staff making site visits to an applicant agency have encountered former nursing fellows staffing the front lines. We feel this program embodies, at least as much as any other, the spirit, mission and commitment of our grantmaking.

For these reasons, the VNA Foundation board of directors selected the Schweitzer Fellows program as the recipient of a one-time, special grant to acknowledge the Foundation’s 10th year as a grantmaking organization. The Schweitzer program was awarded a grant of $50,000, to be used to increase the number of nursing fellows and to launch a small endowment for the program. We are delighted that we were able to focus on the milestone of our 10th anniversary via a grant that should pay dividends for both nurses, and the underserved, for years to come.
we all are often so consumed
by the everyday challenges of
meeting basic program goals,
that we don’t have the time to
communicate our successes
and failures so that others
might learn from them.
10 key lessons VNAF learned through our grantmaking experiences over the last decade
TOP
Looking Back to Move Forward: Sharing What We’ve Learned

One of the longstanding challenges within the nonprofit world relates to communication—or the lack thereof. We are often so consumed by the everyday challenges of meeting basic program goals, that we don’t have the time or resources to communicate adequately our successes and failures so that others might learn from them. Sometimes, foundations or service providers may work in isolation just a few miles away from each other, each unknowingly reinventing the wheel. Presented here are 10 key lessons VNAF learned through our grantmaking experiences over the last decade. It is our hope that they will be of help or interest to others.

Please see our web site, www.vnafoundation.net, for more information and examples.
Grantor & Grantee: Partners in Progress

Grantmaking in its best form is a collaboration between grantor and grantee. To us, grantseekers are valued allies and co-planners, and we believe that grantmaking is one of the best examples of the whole being greater than the sum of its parts. It is true that without the financial backing a grantmaker provides, projects may not be developed and programs not sustained. Similarly, however, even the most astute foundation board or staff needs its nonprofit partners to share their knowledge and vision. As programs are planned and new approaches developed, the expertise of those on the “front lines” is a key resource.
Many of our most successful grants over the last ten years had one point in common: they provided services on-site at a familiar and trusted location where the target population was already present or used to gathering. From school-based health centers to homeless shelters to a groundbreaking program delivering integrated health services to the chronically mentally ill, we found that new efforts were most likely to succeed when they drew upon pre-established ties between sites and clients. By capitalizing on such existing relationships, a major hurdle that often proved problematic in other scenarios—easy access to and acceptance by the population served by the grant—was cleared almost immediately.
Bus tokens and childcare services are hardly the stuff of a foundation board’s dreams, but they are examples of the kind of brutally practical needs that we now acknowledge as important pieces of the puzzle when considering funding new programs and services.

An upfront assessment of practical and logistical issues can be time well spent, and funding such needs a sound investment. Even the most innovative and promising program has little chance for impact if no one can get to it, and the best medical clinic in the state will not be utilized if it is only open during the hours that most employees must be at their own jobs. “Nuts and bolts” needs are easy to overlook, but if ignored can have a substantial negative impact on a project’s odds for success.
It Pays to Reinforce the Backbone

VNA Foundation proudly supports several free medical clinics in and around Chicago. These clinics, staffed primarily by volunteer physicians, nurses and other healthcare providers, offer badly needed health services to the working poor and impoverished. Although these programs could not exist without the extremely laudable and selfless efforts of those who donate their time, VNA has been able to demonstrate the enhancement of care that is made possible through the addition of a paid, full-time RN to manage these clinical settings. With an RN dedicated to basic coordination, oversight and follow-up duties at free clinics, referral appointments are more likely to be completed, test results tracked and health education goals achieved. The very purpose of clinics like these is to offer a better alternative than episodic, irregular, ER-type care. When the efforts of alternating volunteers are supplemented by the steady presence of a full-time case manager, that promise is more readily fulfilled.
Like most foundations, we hope that through our grantmaking we can help establish innovative new solutions to some of the challenges facing the medically underserved, and address and attack the root of problems. What we hear time and again from our grantees, however, is the importance of addressing immediate needs as well.

**For while innovations are being tested and novel approaches developed, medically underserved children still need basic care at school-based health centers, working poor families still require the variety of health services offered at free clinics, and the homebound elderly still rely on the vital treatment provided by a visiting nurse.** In addition, some programs, by their very nature, may never be self-supporting, and since many foundations are interested in funding only new programs or ideas, proven programs may have difficulty maintaining their funding streams after their novelty wanes. In our experience the most effective grantmaking allows for reactive and proactive, time-tested and pilot, and tradition as well as innovation.
The Best Help May Not Involve Grant Dollars

Although we know that the primary role of a foundation like VNAF will always be as grantmaker, we have become increasingly convinced of the value of another role a foundation can play—that of a convener, facilitating opportunities for grantees to share and compare issues and ideas with their peers and other funders.

VNAF has therefore initiated grantee networking forums, during which participants share common challenges and needs, and explore potential methods and solutions. For example, VNAF has co-sponsored discussions for health providers who care for homeless populations, and for those who lead and direct community health worker agencies. The healthcare providers have since developed their own professional group that meets quarterly to discuss common issues, and we are watching with interest as the community health worker leaders work toward similar goals. Relationships between foundations and nonprofits are commonly bridged by dollars, but we believe that it is also important to explore other ways to add value, strengthen relationships and capitalize on common vision.
Sometimes You Have to Take the Initiative

Over the past 10 years the VNAF has had success utilizing a Special Initiative structure to allow for extra focus—and grant dollars—to be directed to a subject area of particularly high need.

The Super Star in Community Nursing Award, in which a peer-nominated community health nurse receives a $25,000 award, was designed in part to address the nursing shortage by publicizing the work of these unsung heroes and making young people aware of this career choice. The Oral Health Initiative, which led to the opening of a new dental clinic which will see over 4,000 patient visits its first year, was undertaken after staff research identified the overwhelming need for oral health care among a wide variety of Chicago’s medically underserved. Other Special Initiatives include funding for improving the technology infrastructure at nonprofits, increasing enrollment in government-funded health insurance programs and providing scholarships to nursing students who will later work for at least two years in community-based nursing. In each case, the special concentration on these areas of need allowed us to achieve results more quickly, and of a more substantial nature, than would have been possible through a traditional grantmaking process.
Sharp reductions in emergency room visits due to asthma attacks, dramatic upturns in completed referrals from a free medical clinic, and increased birthweight for babies born to teen mothers: these are only some of the impressive outcomes reported to us by grantees over the last 10 years. Since the first grant in 1996, VNAF has required its grants to have measurable outcomes, or some objective measure of the grant’s effect. By doing so, we believe we maximize the impact of our grant dollars, and are able to share with other nonprofits and foundations impartial information about successful—or not so successful—approaches to assisting the medically underserved. Importantly, we have found that, because they can show objective measures of their impact, our grantees’ programs often become more attractive to future funders and are more easily duplicated in other neighborhoods. Our interests in measuring impact have recently evolved to include qualitative measures, and we look forward to developing further this aspect of the outcome measurement process. Requiring some type of outcome measures helps us—and our grantees—make a measurable difference.
Two is (Good) Company

Although VNAF is proud of its distinct mission to enhance the health of Chicago’s medically underserved, we also recognize the benefits of collaboration with other funders. We’ve been very fortunate over the past decade to work in partnership with many of our local peer healthcare foundations, and have four times partnered with the nation’s largest health philanthropy, the Robert Wood Johnson Foundation (RWJF). RWJF’s Local Initiative Funding Partners program collaborates with local grantmakers to support innovative, community-based projects to improve health and healthcare for vulnerable populations. RWJF matches, dollar-for-dollar, grants provided by local grantmakers. Through the Local Initiative Funding Partners Program, VNAF was able to leverage over $2 million for four of our grantees, funding levels that never would have been possible had we not worked in collaboration with RWJF.
It’s Worth the Risk: Foundations Should be Trailblazers

In our current economy rife with overnight business mergers and see-sawing stock markets, it might seem hard to count private foundations among the risk-takers. We believe that the better foundations, however, are just that: willing to take chances on innovative programs, grassroots agencies, and new models of service delivery to address societal ills. In fact, private foundations are uniquely positioned to take risk. We don’t have to rely on tax dollars, individual largess or business profit to fund worthy needs. Instead, we are blessed with the relative stability of endowment earnings to fuel our programming. If, after careful evaluation, we feel that an inventive program or little agency with a big idea has a chance to succeed, we’ll give it the funding necessary to see it blossom—or die on the vine. Over the last ten years we’ve been blessed with far more successes than failures, but believe we learn equally from both. By recognizing that risk-taking is part of good grantmaking, we hope to continue to maximize the impact of our limited grant dollars and improve the health of those we are committed to assist.
**2006 Grants: The Common Thread**

Although diverse in amount, target population and purpose, all the grants listed on the following pages represent VNAF’s best attempt to put our experience to work, leverage our dollars and capitalize on opportunity. Our FY ’06 grants were a mixture of old and new, conventional and unconventional, and independence and collaboration. We funded free clinics, mobile health units, school-based health centers and a variety of other programs and purposes. Several grants were to time-proven programs to which our continued support was critical, and despite a seeming emphasis in some funding circles on novelty above all else, we list these programs with pride. Other grants were made to pioneering projects on which we are taking a calculated risk, and for which we hold out much hope.

Whatever the differences in our grants, they are inexorably bound by a vital common thread: they represent our most sincere and thorough effort to make a meaningful difference in the lives of the medically disenfranchised populations we seek to assist.

*Please see our website, [www.vnafoundation.net](http://www.vnafoundation.net), for a complete list of the nearly 400 grants, totaling more than $16 million, VNA has made since its transition to a foundation in 1996. Our website also contains more detailed information on many of these grants, as well as links to grantee websites, in the “About Our Grantees” section.*
our grants are bound by a vital common thread: they represent our most sincere and thorough effort to make a meaningful difference in the lives of the medically disenfranchised
### 2006 GRANTS LIST

<table>
<thead>
<tr>
<th>Organization</th>
<th>Grant Amount</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABSN Nursing Scholarships</td>
<td>$56,000</td>
<td>To support scholarships for two nursing students enrolled in the Accelerated Bachelor of Science in Nursing programs at Rush University College of Nursing and Loyola University Neihoff School of Nursing.</td>
</tr>
<tr>
<td>American Indian Center</td>
<td>$45,000</td>
<td>To support a community health nurse to provide outreach, screening and referrals.</td>
</tr>
<tr>
<td>American Lung Association of Metropolitan Chicago</td>
<td>$30,000</td>
<td>To provide flu and pneumonia vaccinations to the medically underserved.</td>
</tr>
<tr>
<td>Asian Human Services</td>
<td>$55,000</td>
<td>To hire a nurse for a program to improve children’s health.</td>
</tr>
<tr>
<td>Breakthrough Urban Ministries</td>
<td>$34,115</td>
<td>For healthcare services to homeless women and families in East Garfield Park.</td>
</tr>
<tr>
<td>Centro de Salud Esperanza</td>
<td>$72,285</td>
<td>For the salary and benefits of an RN at a healthcare center for the medically underserved on Chicago’s southwest side.</td>
</tr>
<tr>
<td>Chicago Abused Women Coalition</td>
<td>$40,000</td>
<td>To provide direct services to victims of domestic violence and domestic violence screening and referral training for providers.</td>
</tr>
<tr>
<td>Chicago Christian Industrial League</td>
<td>$50,000</td>
<td>For nurses to provide health services to homeless men, women and children in its transitional living program.</td>
</tr>
<tr>
<td>Chicago Communities in Schools</td>
<td>$40,000</td>
<td>To facilitate the delivery of health-related services in 114 Chicago public schools.</td>
</tr>
<tr>
<td>Chicago Youth Programs</td>
<td>$22,500</td>
<td>To develop two volunteer health clinics and to coordinate them with a peer-led prevention program.</td>
</tr>
<tr>
<td>Children's Memorial Hospital</td>
<td>$9,795</td>
<td>To train school nurses to provide care for technology dependent children.</td>
</tr>
<tr>
<td>Connections for the Homeless</td>
<td>$61,870</td>
<td>For the salary of a nurse and medical supplies at a shelter for homeless adults.</td>
</tr>
<tr>
<td>Donors Forum of Chicago</td>
<td>$3,415</td>
<td>For general operating support.</td>
</tr>
<tr>
<td>DuPage Community Clinic</td>
<td>$70,000</td>
<td>Toward nurse salaries and patient data management at a free clinic in DuPage County.</td>
</tr>
<tr>
<td>Erie Family Health Center</td>
<td>$41,666</td>
<td>To support the oral health pilot program at Erie Helping Hands, part of the Oral Health Special Initiative.</td>
</tr>
<tr>
<td>Erie Family Health Center</td>
<td>$70,000</td>
<td>To provide bilingural health education and medication management for people with diabetes and heart disease.</td>
</tr>
<tr>
<td>Evanston Township High School Health Center</td>
<td>$25,000</td>
<td>For a program to extend primary care services to high-risk, often uninsured students in the elementary schools that feed into Evanston Township High School.</td>
</tr>
<tr>
<td>Greater DuPage MYM, Inc.</td>
<td>$25,000</td>
<td>To provide doula services to pregnant teens in DuPage County.</td>
</tr>
<tr>
<td>Health and Medicine Policy Research Group</td>
<td>$36,000</td>
<td>To fund six Albert Schweitzer Nursing fellows to work in medically underserved areas.</td>
</tr>
<tr>
<td>Health and Medicine Policy Research Group</td>
<td>$50,000</td>
<td>Special anniversary grant to fund one or more additional Albert Schweitzer Nursing fellows every year for approximately five years, and to help build an endowment for the program (pg. 13).</td>
</tr>
<tr>
<td>HealthReach</td>
<td>$40,000</td>
<td>Toward an RN Clinic Coordinator and a Medical Assistant at this free clinic in Lake County.</td>
</tr>
<tr>
<td>Hospice of Northeastern Illinois</td>
<td>$50,000</td>
<td>For specialized, nurse-driven palliative and hospice care to children with life-threatening or terminal illnesses whose families have no means to pay for their care.</td>
</tr>
<tr>
<td>Housing Opportunities for Women</td>
<td>$15,000</td>
<td>For a Patient Navigator who will help meet the health needs of those in the agency’s supportive housing program.</td>
</tr>
<tr>
<td>Howard Area Community Center</td>
<td>$38,074</td>
<td>In support of a nurse salary at this agency serving low income families in Rogers Park.</td>
</tr>
<tr>
<td>Illinois College of Optometry</td>
<td>$10,000</td>
<td>To provide comprehensive eye care, and to link those with vision problems to primary health care.</td>
</tr>
<tr>
<td>Illinois Maternal &amp; Child Health Coalition</td>
<td>$20,000</td>
<td>To evaluate school-based health centers.</td>
</tr>
<tr>
<td>Interfaith Council for the Homeless</td>
<td>$20,000</td>
<td>Toward the salary of a nurse practitioner to provide health services to women and families in supportive housing.</td>
</tr>
<tr>
<td>Interfaith House</td>
<td>$50,000</td>
<td>To provide care for homeless people after they have been released from a hospital or ER.</td>
</tr>
</tbody>
</table>
Juvenile Protective Association $50,000
For parenting and mental health services to medically underserved families with Non-Organic Failure to Thrive (FTT) infants.

Lakeview Shelter $40,000
For a Family Nurse Practitioner to staff a clinic at this shelter for people who are homeless.

Lawndale Christian Health Center $40,000
Toward the salaries of nurses who provide care to patients with cardiovascular disease as part of the agency’s chronic disease management program.

Loyola University Chicago $50,000
Toward the salary of a nurse practitioner at this school-based health center serving low income teens.

Maine Township High School District 207 Educational Foundation $55,000
To improve the health of students at Maine East High School.

National Kidney Foundation $20,000
For a nurse to staff the Kidney Mobile that travels to underserved communities and screens people for kidney disease.

North Shore Senior Center $20,000
To educate elderly immigrants about healthy lifestyles and the appropriate use of healthcare facilities.

Oak Park-River Forest Infant Welfare Clinic $25,600
For increased patient service hours at this clinic for low income children.

The Pillars Community Services $45,000
For health services for women and children at the agency’s domestic violence shelter.

Pilsen Homeless Services $15,000
To support healthcare services and nursing outreach.

Planned Parenthood Chicago Area $25,000
Funding for the advanced practice nurses who conduct colposcopy services.

The Research and Education Foundation of the Michael Reese Medical Staff $20,420
To provide comprehensive women’s healthcare and family planning services to low-income women.

Residents for Effective Shelter Transition $15,000
To support the RESTCare Clinic and accompanying health related social services.

Respond Now $20,000
Toward its prescription voucher program for medically underserved.

Rush-Presbyterian-St. Luke’s Medical Center $18,723
Salary toward nurse practitioner services provided at Interfaith House.

Saint Xavier University $50,000
For an additional Family Nurse Practitioner to work in a nurse-managed and operated health center on the far south side.

South Suburban PADS $26,000
Toward nursing staff that provide care at nine homeless shelters in the southern suburbs.

Suburban Primary Health Care Council $39,809
In support of its program that allows the uninsured to receive care from local primary care physicians at minimal charge.

Super Star Nurse Award $33,000
To recognize an outstanding community/public health nurse and four award finalists.

Swedish Covenant Hospital $61,928
To support a program at Roosevelt High School to prevent pregnancy, improve the health of students who are pregnant and to reduce repeat pregnancies among students.

Teen Living Programs $60,000
To partially fund a comprehensive health program offering medical care, health education and psychiatric services to homeless youth.

Thresholds $30,000
To provide health promotion services and acute and chronic illness management to people with severe and persistent mental illness.

Tri City Health Partnership $20,000
To expand the operations of this free clinic in Kane county.

University of Chicago $40,551
To pay the salary and benefits of a doula to work with at-risk teen mothers on Chicago’s south side.

Well Child Center $26,000
To add a second dental chair/office in order to provide services to 40% more children.

Young Women’s Leadership Charter School of Chicago $63,000
For a Family Nurse Practitioner at a school-based health center serving girls in middle and high school.

Total: 54 grants $1,988,931
Oral health is an undisputed and nearly unrivaled need among the disadvantaged. As many as 34% of residents in some areas of Chicago are unable to access necessary dental care, and poor oral health has been proven to substantially impact everything from learning in children to chronic disease control in adults. The VNA Foundation became especially aware of the extent of oral health needs in early 2004, and, as it has other times over the past 10 years when identifying an exceptional need, VNAF then developed a Special Initiative process to address it.

In March 2004 the VNAF Board of Directors approved the planning of an Oral Health Initiative (OHI) with Erie Family Health Center. The OHI was envisioned as a collaborative grantmaking effort to fund the build-out and start-up operations of a dental facility at the Erie Helping Hands Health Center, and eventually, the construction of a large new regional facility in Erie’s Humboldt Park office. In November 2004, EFHC hired, with VNAF support, a Director of Oral Health directly responsible for helping to grow and implement the project.

Pilot at Erie Helping Hands
Next, a fortuitous turn of events allowed EFHC to pilot oral health services within its system more quickly than initially planned. In late 2004, EFHC assumed management of the Helping Hands Health Center. Shortly thereafter, Helping Hands relocated to new clinic space within the Albany Park neighborhood—space that could readily be rehabbed and equipped to support five dental suites.

To raise funding for this rehab and pilot, EFHC received a substantial multi-year award from the Illinois Department of Public Health and began working closely with the Health Resources and Services Administration, the federal agency which funds federally qualified health centers. Moreover, and to our delight, several local health foundations responded to VNAF’s request for collaborative support, and provided EFHC with grants for its existing pediatric dental program as well as its oral health services at Erie Helping Hands.
Full Services Initiated
Oral health services began at Helping Hands in November 2005, and at least 4,200 oral health visits will be provided for 1,680 unduplicated patients in the first year of operation. Services focus on children, pregnant women and diabetic adults, and oral health education and anticipatory guidance are a part of routine pediatric and prenatal office visits. To work with its Director of Oral Health, EFHC hired to care for its patients a DDS dental director, two dental assistants, a patient support specialist, and a health promoter.

VNAF Grant Will Help Ensure Continued Progress
In FY ’06 the VNA Foundation Board of Directors approved financial support to the OHI of up to $125,000 over the next three years, to help ensure the continued implementation and growth of oral health services. We are delighted to see the OHI move from concept to fruition so quickly. We appreciate greatly the support of our foundation, nonprofit and government partners.
EXTRA GRANTS AWARDED IN HONOR OF VISITING NURSES

The VNA Foundation was able to provide some extra assistance to the medically underserved in fiscal year 2006 as a result of two generous bequests made in honor of community- and home-based nursing.

The donors originally named a visiting nurse agency that had served Chicago’s southwest side and neighboring suburban communities as a beneficiary of their living trusts. Since the creation of the trusts, however, the agency closed its doors. Because of the similarity between VNAF’s charitable purpose and the charitable purpose of the defunct agency, last year representatives of the donors’ trusts, the Illinois Attorney General’s office and the court chose VNA Foundation to receive the bequests in lieu of the defunct agency.

To honor the donors’ intentions and the work of the visiting nurses, VNAF agreed to use the funds exclusively for direct grants. So, in addition to the other grants awarded in fiscal year 2006, VNAF was able to award $110,400 to nonprofit agencies that offer home- and community-based care specifically to the medically underserved in the southwest side of Chicago and Suburban Cook County. VNAF was excited to fulfill the spirit of these bequests and proud to have the opportunity to support visiting nurses and the patients they serve.
generous bequests allowed VNAF to provide extra assistance
Ten years of providing **financial support** to Chicagoland’s medically underserved.
# Statement of Financial Position

<table>
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<tr>
<th></th>
<th>6/30/06</th>
<th>6/30/05</th>
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<tbody>
<tr>
<td><strong>Assets</strong></td>
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<td>Investments</td>
<td>49,254,828</td>
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<td>Cash</td>
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<td>Other</td>
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<td><strong>Liabilities and Fund Balance</strong></td>
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<td>Accounts Payable</td>
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<tr>
<td>Fund Balance</td>
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<tr>
<td><strong>Total Liabilities and Fund Balance</strong></td>
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<td>46,619,584</td>
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<tr>
<td><strong>Revenues and Expenses</strong></td>
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<td><strong>Revenues</strong></td>
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<td>Investment Gains</td>
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<td>Contributions Income</td>
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<td><strong>Operating Expenses</strong></td>
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<td>General and Administrative</td>
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<td>Investment Management Fees</td>
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<td><strong>Total Operating Expenses</strong></td>
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<td>Excess of Revenues Before Other Items</td>
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<td><strong>Other Income Expenses</strong></td>
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<td>Program Grants Paid</td>
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<td>Projected Excise Tax</td>
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<td>Excess Revenues</td>
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GUIDELINES FOR GRANT APPLICATIONS

The grantmaking goal of the VNA Foundation is to support home- and community-based healthcare and health services for the medically underserved in Cook and the collar counties, with a focus on Chicago.

I. To meet this goal, capital, program and general operating grants will be considered which are in support of, but not limited to, the following purposes:
   • Home healthcare services
   • Community- and school-based services
   • Primary care and chronic disease management
   • Health education and early intervention

II. Priority will be given to programs in which care is provided by nurses.

III. All grants must:
   • Have measurable goals and objectives.
   • Benefit the medically underserved.
   • Be submitted by an organization exempt from income tax under sec. 501 (c)(3), and designated as a public charity under section 509(a)(1) or 509(a)(2), of the Internal Revenue Code.
   
VNA Foundation does not provide grants to section 509(a)(3) “supporting organizations.”

Please attach to each letter of intent (or other initial communication with the foundation) your most recent IRS Determination Letter stating your status as a 501(c)(3) organization with a 509(a)(1) or 509(a)(2) designation.

APPLICATION PROCEDURES:

1. Review carefully the Guidelines for Grant Applicants listed at left to determine your eligibility for consideration.

2. If you wish to apply, contact the VNA Foundation office or visit us on the web at www.vnafoundation.net to learn current submission deadlines.

3. Send four copies of a letter of intent of 2-3 pages which briefly describes the project or purpose for which you seek funding, including: the overall goal, the specific outcome measures demonstrating the impact of the grant (beyond just volume measures), a work plan of how the objectives are to be achieved, the identity of the key staff, the specific amount to be requested, the total time frame, and your most recent IRS Determination Letter stating your status as a 501(c)(3) organization with further designation as 509(a)(1) or 509(a)(2) public charity. Facsimiles and emails are not accepted.

4. Based upon review of this letter, you will either be asked to submit two complete copies of a full proposal (including a completed Chicago Area Grant Application Form, 5-7 page narrative, budget with narrative, and attachments) or be advised to look elsewhere for funding.

5. Address the letter of intent to: Robert N. DiLeonardi, Executive Director
   VNA Foundation
   20 North Wacker Drive, Suite 3118
   Chicago, IL 60606
   (312) 214-1521
All VNA Board members provide their time and services voluntarily and receive no compensation.

J. Lynn Claypool, MD, FACS, ARNP, GCPC, FACOG, Vice Chair
President and Chief Executive Officer
Northwestern Memorial Hospital

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President and Chief Executive Officer
Northwestern Memorial Hospital

Ann C. Schaefer, Honorary Chair

Claudia A. Baier, Staff Community Volunteer

Robert N. DiLeonardi, Facility Director

Katherine H. Miller, Division of Developmental Disabilities
Illinois Department of Human Resources
Ann Kiley Center

Sue McWilliams, CroBern Management Partnership Partner

Dian Langenhorst, Community Volunteer

Marie W. Harris, President LilFest LLC

Nancy Jones Emrich, Executive Vice President and General Manager Edelman

Janet Cabot, Senior Vice President, General Manager Tribune Interactive

Tribune Interactive
Senior Vice President/General Manager

Brigid E. Kenney, Community and Mental Health Nursing Professor and Chair Rush University Medical Center

Community Volunteer

Anne M. Davis, Board of Directors Chair

VNA Foundation

20 North Wacker Drive, Suite 3118
Chicago, IL 60606
(312) 214-1521
www.vnafoundation.net

Visit the VNA Foundation website at www.vnafoundation.net for more information.
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Mrs. John H. McDermott
Mrs. Frank D. Mayer
Mrs. Carl A. Hedblom
Honorary Board
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Claudia A. Baier,
Robert N. DiLeonardi,
Staff
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Marie W. Harris
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President
Edelman
Executive Vice President and General Manager
Janet Cabot,
Tribune Interactive
Senior Vice President/General Manager
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Rush University Medical Center
Community and Mental Health Nursing
Professor and Chair
Julia Muennich Cowell PhD, APRN–BC, FAAN,
Anne M. Davis,
Board of Directors
Secretary
Program Assistant
Treasurer
Executive Director
Vice Chair