



Project W: 2022 Executive Summary

Name of organization: African Family Health Organization (AFAHO)

Focus Area: Health

Type of grant requested: Program

Organization background and information:

AFAHO's founder is an immigrant woman from Senegal, West Africa who created the organization after she lost a friend who was also an immigrant from West Africa living in Philadelphia. This friend got sick, but due to the fear of her immigration status, she was afraid to seek out medical care at area hospitals and ended up hemorrhaging to death alone in her apartment in Southwest Philadelphia. After this tragedy, the founder was moved to create a safe haven for members of her community where they could seek help and assistance absent of fear. She initially advocated with the Philadelphia Department of Health to ensure access to medical care for the target population at City Health Centers and from there, the organization has evolved to meet the ever-emerging needs of the community. Knowing that Delaware County is home to a significant number of African and Caribbean immigrants and refugees, the organization opened a satellite location in Upper Darby in 2017 to respond to the growing demand for services in Delaware County. For more than 12 years, AFAHO has provided a range of individual and family-based health, human/social and educational services to greater Philadelphia's under served and hard to reach African and Caribbean community members. Today, the organization serves nearly 1,500 unduplicated members of the target population annually.

Summary of grant request/proposal

The African Family Health Organization (AFAHO) is an ethnic, community-based organization that provides health, human and educational services to African and Caribbean immigrants and refugees (ACIR) in Philadelphia and Delaware counties. AFAHO works to strengthen community health culture and facilitate social integration through the utilization of a unique peer support model that uses shared language, cultural expertise, advocacy, and system navigation. The focus of this grant is to provide rent and utilities and overhead for 3 women living in an Upper Darby housing unit for a period of 6-24 months, under the program titled "African Family Health Organization: Rehabilitative Environment & Care Leading to the Achievement of Impactful Moment (RECLAIM)". These women are from the immigrant/refugee community and victims of domestic violence. The initiative is helping these women achieve adequate language, self-sufficiency skills to secure a job.

Why your committee chose this organization/grant request

Members of the Health Committee were compelled by the urgent need to provide necessary housing for women that are trying to escape domestic violence and/or immigrant/refugee assistance. Our funds would directly impact women in Delaware County which is central to Project W's mission.

Link to organization's website: <https://afaho.org> [AFAHO | African Family Health Organization](https://afaho.org)



Summary of Follow-up/Site visit

Please limit the summary to two pages if possible. Please email this summary no later than April 18th to your grant committee chair.

Date: Friday, April 8

Committee Members conducting site visit: Nimrit Kang, Kristin Motley

Name of Organization: African Family Health Organization - Site Visit

Organization Representatives: Oni Richards

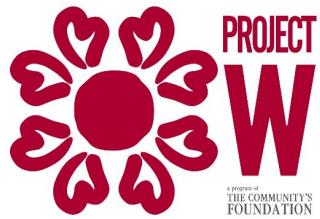
Overview of the organization (what do they do? how are they proposing to use the grant money?): The African Family Health Organization (AFAHO) is an ethnic, community-based organization that provides health, human and educational services to African and Caribbean immigrants and refugees (ACIR) in Philadelphia and Delaware counties. AFAHO works to strengthen community health culture and facilitate social integration through the utilization of a unique peer support model that uses shared language, cultural expertise, advocacy, and system navigation. The focus of this grant is to provide rent and utilities and overhead for 3 women living in an Upper Darby housing unit for a period of 6-24 months. These women are from the immigrant/refugee community and victims of domestic violence. The initiative is helping these women achieve adequate language, self-sufficiency skills to secure a job.

Committee members' questions and answers:

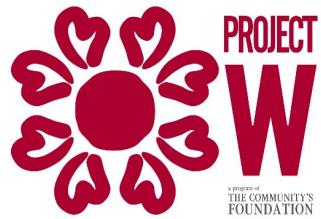
Question	Nimrit's Notes	Kristin's Notes
What does up to 3 women mean? Could it be only one?	18 women in need of help- place in Upper Darby can host 3 women. Primarily for undocumented women who cannot get space/apt on their own. Will start there and use funding to help women pay for their own apartments: 2 year period of housing; earned revenue program is supporting these women (have other health issues)	The 3 women current there are being supported via their earned revenue program. They get support from a 340B program.



Have they already secured the housing?	Yes- currently using the place in Upper Darby	
How are women referred and admitted to the RECLAIM Program? What are the eligibility criteria?	Victim of domestic violence in the target population- immigrants and refugees within philadelphia/delaware county- Case managers/intake forms to identify the victims	Domestic violence is confirmed by intake form and case manager interview. Police report is not always available. These are women with whom they are already working.
How are RECLAIM transitional housing in a communal unit sourced? Are the housing units physically located in Delaware County? Does the program currently partner with any organizations that provide housing support?	No other organizations- Upper Darby so yes in Delaware county Do work with Lutheran which also works with DV	
How many women have been served in a typical year? How many are turned away because of limited resources?	2021- 900 women and girls 18 women in the Reclaim program	
Is a site already secured for the \$1500/mo rental budgeted? Is it owned by the organization? Is the site in Delaware county? Given that other sources of money are being pursued are more sites available at this rate	Renting it right now- 3 year lease and in year 1. Yes, rent would be similar All 18 women need housing - shelters are not working out because of COVID/cultural/language issues. Some are still living with the partner and are not able to leave because of the unavailability of housing.	



<p>should more money be granted?</p> <p>How many years has this been hoped for by the organization before creating this now and for how many women? In other words, how large a need do you think there is on average per year for housing?</p>		
<p>How else will you measure the impact of this project (# of women housed, # of referrals, type of referrals, etc)?</p>	<p>Partner with JUGS (workforce development) to train these women in literacy to get them work ready. The objective is to get them to be independent and self-sufficient. Success is a woman has a job, able to rent an apt, speak english- Intake forms, attendance for classes, tracking milestones; Year 1 of the pilot and too early to have evidence of success</p>	
<p>How will you overcome the challenges mentioned?</p>	<p>Women might go back to the initial situations; roommate dynamics/tensions; too early Mediation, housing manager-regular/weekly meetings, early intervention.</p>	
<p>Can you further expand your timeline by month or quarter?</p>	<p>Every month certain hours of ESL and meetings with case managers</p>	
<p>Why are overhead expenses, like telephone and internet costs included in this request for program support? Indirect costs include rent, but it's already accounted for in G (other).</p>	<p>Transitional is for the actual space, and overhead is for program administrators G is all related to the direct allocation for the apartment/telephone/printer and H is for the program administration African H has food pantry and Delta sorority is providing personal hygiene items</p>	



Same with copier lease vs printing		
Where the women who have gone through this program are now and how helpful they felt this program was for them.		
It is listed that they will have accommodations for up to three women for a period of 6 months to 2 years. What are the parameters or monitoring they would do to decide how long the woman will need their services and how they came about this timeframe.	How she is able to meet the milestones- english language proficiency, securing employment, legal assistance for documentation If undocumented, then get legal representation; if nothing can be done, then trying to figure out the options- group housing, etc.	
How do women apply/obtain a spot in the home?	Case manager input to determine priorities	
Are women with children able to apply for the transitional housing?	Cannot be a woman with children	
What does the housing these women will be receiving look like?	Row house, 3 bedrooms, LR/DR/Kitchen-first floor- office/workshops	
How is this organization run?	Governed by BOD; Oni is executive director- 3 operations, health, social (DB program), finance; next level case managers/community;	



	Oni started as a volunteer with 2014- initially working with the founder	
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Additional comments/thoughts: The evidence of the success of this program is limited as this is the Year 1 of the pilot. However, there appears to be significant thought and framework around key performance indicators and milestones.

Rehabilitative Environment & Care Leading to the Achievement of Impactful Moment (RECLAIM)

Organization Name : African Family Health Organization (AFAHO)

Organization website, if available: : www.afaho.org

State your organization's mission: : The African Family Health Organization (AFAHO) is an ethnic, community-based organization that provides health, human and educational services to African and Caribbean immigrants and refugees (ACIR) in Philadelphia and Delaware counties. We work to strengthen community health culture and facilitate social integration through the utilization of a unique peer support model that uses shared language, cultural expertise, advocacy, and system navigation knowledge to help individuals and families overcome social determinants, build community connections, and gain information and resources needed to thrive, improve health and educational outcomes, promote integration and support self-sufficiency. Through numerous programs and initiatives, AFAHO seeks to serve as a cultural and linguistic bridge between our clients and the larger provider community, both assessing and addressing the needs of our clients within a societal landscape of cultural, geographic, linguistic, economic and other barriers that make it difficult for many to flourish.

Briefly describe how the grant funds will be used in two to three sentences: : These funds will be used to support the transitional housing project we have for women who have been victims of domestic violence in Delaware County. This transitional housing (located in Delaware county) will offer accommodation for up to 3 women for a period of 6 months - 2 years and this grant will help us in ensuring they have the resources and support to help them move to independence and self-sufficiency via AFAHO's case management and access to trainings, English As A Second Language classes, workforce development and employment assistance. We will also provide health education, screenings and linkage to medical care for women in the program.

Focus - 1st Choice : Family

Focus - 2nd Choice : Health

Type of Grant Requested: : Program

Program Name, (if general operating, please state "General Operating"): : Rehabilitative Environment & Care Leading to the Achievement of Impactful Moment (RECLAIM)

If you are awarded the top grant of \$30,000 how would you like the funds to be distributed? : 1/2 per year over 2 years

Proposal Narrative :

Please provide organizational background and Information. : AFAHO's founder is an immigrant woman from Senegal, West Africa who created the organization after she lost a friend who was also an immigrant from West Africa living in Philadelphia. This friend got sick, but due to the fear of her immigration status, she was afraid to seek out medical care at area hospitals and ended up hemorrhaging to death alone in her apartment in Southwest Philadelphia. After this tragedy, the founder was moved to create a safe haven for members of her community where they could seek help and assistance absent of fear. She initially advocated with the Philadelphia Department of Health to ensure access to medical care for the target population at City Health Centers and from there, the organization has evolved to meet the ever-emerging needs of the community. Knowing that Delaware County is home to a significant number of African and Caribbean immigrants and refugees, the organization opened a satellite location in Upper Darby in 2017 to respond to the growing demand for services in Delaware County. For more than 12 years, AFAHO has provided a range of individual and family-based health, human/social and educational services to greater Philadelphia's under served and hard to reach African and Caribbean community members. Today, the organization serves nearly 1,500 unduplicated members of the target population annually.

List your organization's overall goals and objectives and give a brief summary of your organization's history, successes and challenges. : AFAHO has been providing culturally and linguistically sensitive health, human, and educational services to African and Caribbean immigrants and refugees (ACIRs) since 2005. This expertise is implemented by AFAHO's qualified staff who come from the same backgrounds as clients and speak fluently the five most commonly spoken languages of ACIRs—French, Swahili, Mandingo, Sudanese Arabic, and Haitian Creole. Thus, AFAHO is uniquely qualified to service the target population in the greater Philadelphia area, where such linguistic and cultural proficiency is a rarity. AFAHO has had many successes over the years

including the development (with community input) of a culturally and linguistically appropriate sexual and reproductive health program that has increased participation of youth in the community (and improved parents consent for their children's; participation due to their inclusion in the development of the program) in order to prevent teen pregnancy, build self-confidence, reduce the transmission of sexually transmitted infections and improve decision making abilities for both youth and adults. Due to our awareness, support and advocacy efforts, maternal and infant mortality is nearly absent among our clients (we have had two cases of infant mortality and zero cases of maternal mortality in the last 2 years), AFAHO also developed an innovative medical and social support program for women and girls impacted by Female Genital Cutting (FGC) via a partnership with Drexel Women's Care Center that provided services to nearly 350 women and girls. Most importantly, we were able to educate and inform mothers about the harm of FGC (with a focus on the medical harm of FGC) to prevent cutting of their daughters. Girls in the program have now become outspoken advocates against FGC both here and in their home countries (via social media). Challenges have mostly been due to the health, economic and social impact of the COVID-19 and systemic inequity pandemics that have left our target community more vulnerable and fragile, necessitating the search for additional resources to meet the immediate needs of the community while still implementing regular programming.

Describe your current programs, activities, service statistics, especially as it pertains to the number of underserved women with a focus on the needs in Delaware County. : AFAHO has successfully built a suite of programs including: Maternal Child Health; Adolescent Sexual Health and Teen Pregnancy Prevention; STD Prevention, Testing & Linkage to Treatment including HIV & Hepatitis B; Female Genital Cutting; Family Planning; Nutrition Education and Physical Activity; Chronic Disease; Behavioral Health; Domestic Violence; ESL; Financial & Adult Literacy and Youth After-School Programming. Since the COVID-19 pandemic, we have included direct mutual aid to support the food and housing needs of our target community and worked to address vaccine equity for our African and Caribbean immigrants and refugees in Philadelphia and Delaware counties by offering vaccine clinics at our office. In 2021, AFAHO served 243 women in Delaware county via a mix of program offerings.

How does your organization demonstrate its commitment to diversity, equity, inclusion and access? : 89% of AFAHO's staff are members of the African and Caribbean immigrant and refugee community and 42% of our staff were former clients of the organization and have a deep understanding of the needs of those they serve. 78% of our staff identify as female, which is reflective of the client population where 68% of clients identify as female. Together, AFAHO's staff speak 12 different languages. AFAHO's Executive Director and 68% of program managers are all African immigrants. Lastly, 86% of AFAHO's Board is also composed of African and Caribbean immigrants. Our staff, management and Board are clearly reflective of the community we serve as we are the community and we aim for other diversity among our staff, board and volunteers as well. All programs at AFAHO are developed from the community and are constantly monitored with community input.

Identify the need to be addressed providing evidence of size/severity with this grant. : For a variety of reasons, victims of domestic violence from the African and Caribbean immigrant and refugee (ACIR) community are especially vulnerable. They are at extraordinary risk to be isolated by an abuser. AFAHO has experience with many victims who not only lack financial autonomy, but also rarely—if ever—leave the home unaccompanied. As such, they may lack the most fundamental of life skills (e.g. how to access public transportation, their legal rights, or even navigating beyond a limited area). Furthermore, there exist strong-held cultural beliefs in victim's cultures about divorce or single parenthood, which greatly dissuade victims from reporting their abuser or seeking to leave them. In some instances, abuse, stalking, and sexual violence are “normalized,” either directly or through a code of silence. This leads victims to seek mediation, rather than to leave their partner. When victims do ultimately leave, they may lack familial or community support, increasing the emotional toll, dangers they face, and the likelihood they return to an abuser. Many organizations do not possess knowledge of these internal barriers faced by ACIRs. They also only offer services in English and Spanish, not the primary languages of ACIRs. These internal and external factors make it nearly impossible for survivors to successfully leave their abusers and establish independent lives. It is RECLAIM's goal is to enable ACIR victims of domestic violence to free themselves from all forms of abuse, recover from their traumas, have healthy relationships, and become empowered through gainful employment and/or education. As well, due to cultural norms in African and Caribbean cultures, many victims initially seek mediation following incidences of intimate partner abuse. In these communities, divorce and single parenthood are highly stigmatized and abuse may be normalized to varying degrees. Organizations, law enforcement, and advocacy groups tend to struggle with the cultural nuance of these circumstances and do not support mediation. AFAHO has found that mediation is oftentimes the first step towards a victim seeking freedom from their abuser, and this AFAHO organizes mediations with religious and community leaders alongside providing education and support.

Explain your objectives for the grant request. : Funding for this program will enable AFAHO to address the specific needs, including cultural and linguistic barriers, of the most at-risk ACIRs experiencing violence in Delaware County. Funding will enable AFAHO to provide transitional housing services and voluntary supportive services that are targeted towards ACIRs who will otherwise remain isolated and in danger. In AFAHO's experience, ACIRs who are victims of violence are oftentimes highly dependent on their abusers. Overcoming this oftentimes requires long-term input from service providers. AFAHO is one of the only organizations in Delaware County which possesses the linguistic and cultural expertise necessary to help this population. AFAHO is also the only organization in Delaware county with a program specific to the needs of ACIRs facing domestic violence. Without AFAHO, these survivors face nearly insurmountable challenges to gaining independence and safety, and will likely be left stranded in danger situations. AFAHO will offer transitional housing in a communal unit. The Housing Supervisor will be on-call 24/7 to help clients with their needs and manage the property. Survivors are not required to pay rent during their stay in AFAHO's transitional housing. The program will assist survivors in moving toward economic empowerment and autonomy within a framework of voluntary services. Supportive services will be available through one (1) Social Services Manager and two (2) Case Managers. Case Managers will utilize the results of intakes and assessments to discuss optional supportive services offered through RECLAIM with participants. Based on the survivor's capabilities and interests, Case Managers will work with them to develop an Individual Service Plan (ISP) that includes steps towards achieving client-determined goals and may include supportive services for those who qualify and are interested. AFAHO's survivor-centered, trauma-informed standard of care is present throughout the provision of all RECLAIM services from the eligibility screening to post-program follow-up. Survivors are empowered, with counseling and support from AFAHO's staff, to forge a self-determined path and make informed decisions throughout their RECLAIM experience. Depending on each individual survivor's personality, upbringing, and lived experiences, they will need varying degrees of support throughout their time in RECLAIM and/or in different areas. Just as each survivor differs, so will their program experience, and staff utilize their training and experience to introduce graduated levels of support, moving clients towards autonomous decision making in a time frame that is both comfortable and sustainable for the client.

How does this grant specifically align with Project W's mission? : Project W is a women's giving circle committed to enhancing and improving the quality of life for women in Delaware County and this project is specifically aligned with that because we will be working to improve the lives of women in Delaware county.

How do you plan to accomplish these goals? : RECLAIM's approach to addressing needs of the target population fall into two main categories: securing the victim's physical safety (in the housing) and providing services that address both the internal and external barriers preventing them from economic empowerment and autonomy. Some victims do not want separation from the abusive partner due to cultural factors and instead seek mediation. AFAHO provides linkages to resources for those services separately from RECLAIM. For those who decide that separation is the best/necessary option, AFAHO provides them with the option of moving into the RECLAIM transitional housing unit, as available, and plans a safe transition. Once established in our transitional housing unit, the client and Case Manager explore barriers faced to reaching independence, develop an individual service plan (ISP) that includes goals, a timeline for achieving each goal, and actions or activities to overcome barriers. Internal barriers, such as a lack of fundamental life skills and cultural pressures to refrain from divorce or separation, are diminished through: referrals to community resources and mediation with family and community members; support groups; safe, private quarters that allow them to remain in alignment with their cultural and religious practices; and assistance in building basic life skills, such as facilitation on how to use public transportation or how to shop for groceries. External barriers, such as lack of English proficiency, job-related soft skills, or knowledge about how to navigate U.S. systems, are addressed by providing: counseling referrals; 1-on-1 telephone counseling; virtual and in-person DV support groups; referrals to resources (immigration, legal, trusted community resources for mediation); financial literacy education; assistance finding and securing long-term, stable housing; adult literacy classes; assistance with applying for public benefits; assistance with securing ID and licenses; English as a Second Language (ESL) classes; Vocational English Language Training (VELT) classes; acculturation workshops; interviewing, résumé writing, workforce foundation skills, and job readiness and retention workshops; computer literacy classes; and job placement assistance. Most services are offered in-person and via phone or Zoom, as needed, with disability provisions available (e.g. translated Zoom captions for the hearing impaired). In these ways, RECLAIM's approach will address safety concerns barriers preventing victims from leaving abusive and dangerous situations.

Who will be responsible and what is their relevant experience? : The RECLAIM Program will be administered by AFAHO's staff, the Executive Director, Onika Richards, will head the program and oversee the activities, financials, and reporting. There will be two (2) Case Managers, Affisath Anjorin and Sylvia Birikorang (MSW), who will help survivors access internal organizational support and external government programs. Caitlin O'Donnell, MSW, Social Services Manager, will oversee the case managers, prepare reports,

and monitor progress towards goals. AFAHO has been providing culturally and linguistically sensitive health, human, and educational services to African and Caribbean immigrants and refugees (ACIRs) since 2005. This expertise is implemented by AFAHO's qualified staff who come from the same backgrounds as clients and speak fluently the five most commonly spoken languages of ACIRs.

How will you measure the impact of the grant request? : AFAHO has developed specific outputs (see table below) and outcomes for transitional housing, case management, and social services. Outcomes include that survivors will: feel more involved and in control of their lives; become stably housed; have increased capacity to navigate and interact with U.S. systems, customs, and cultural norms; develop personal strengths and coping skills; feel they are better able to make decisions; understand their rights; develop social supports in the community; gain financial independence; remain free from violence or other forms of abuse; and have consistent income. AFAHO utilizes Apricot, a cloud-based digital system, in order to streamline and better secure its case management, paperwork, data collection, and reporting processes. Apricot offers a secure and versatile solution for—among others—case and outcomes management.

Please indicate the number of women impacted by the grant request. : Over 2 years, we hope to serve 3-6 women in this program over a 2 year period.

What challenges do you anticipate? : The only challenges we anticipate include not having sufficient housing to meet the demand.

What will you do if you receive more or less funding than you have requested in this application? : If we receive more money, we will be able to provide more comprehensive services to women in the program, if we receive less, we might have to scale down our service offerings. We are also seeking other sources of funding to support this important work.

What is the anticipated timeline for implementing the grant request? : Once funding is received, the programming will start and last for 2 years.

Detailed Budget of Grant Proposal - Please upload a PDF : RECLAIM PROGRAM BUDGET.xlsx

Total Program Budget, if requesting program or capacity building: : \$106,175

Total Organizational Budget: : \$1,500,000

Please attach Most Recent IRS Form 990 and/or Audited Financial Statements : AFAHO 12-31-19 final fs.pdf

Fiscal Year End: : 2022-12-31

Are there volunteer opportunities available for our Project W members? If so, please describe how we can help - the number of volunteers, the nature of the project, etc. : Since this is transitional housing program, we would need to determine the best and safest way for volunteers to be involved.

Have you received a grant from Project W in the past? : No

Project W is a program of The Community's Foundation. TCF supports many charitable organizations through our various grant programs. Please visit www.TCFhelps.org for more information. Have you received funding through any grant programs at TCF in the last three years? If yes, how much and when? : We received \$1,000 from TCF to support our food distribution.

List of five largest funders in the last fiscal year and grant amount, if applicable. : Philadelphia Health Partnership William Penn Foundation Sam Fels Fund Douty Foundation OVC

Current List of Board Members and their affiliations : Dr. Emmanuel Koku - Drexel University Dr. Mary Osirim - Bryn Mawr College Ms. Rachelle Martinez Dr. Camille Ragin - Fox Chase Cancer Center Dr. Chike Dounbeni - University of Pennsylvania Mr. Moctar Diallo - Djagoss LLC

IRS 501(c)(3) Nonprofit? : Yes

IRS Designation / Fiscal Agreement : AFAHO 501c3.pdf

****Federal ID #:**** : 73-1670436

AGREEMENT

I certify, to the best of my knowledge, that all information included in this proposal is correct. The tax-exempt status of this organization is still in effect. If a grant is awarded to this organization, the proceeds of that grant will not be distributed or used to benefit any organization or individual supporting or engaged in unlawful activities.

Date : 2022-02-11

Signature of Executive Director : Oni Richards

Total Review Score : 0.00

Average Review Score :

Created by : nate@wizehive.com

Record ID # : 35471473

Last change : 2022-02-11T22:49:09+0000

**AFRICAN FAMILY
HEALTH ORGANIZATION**

FINANCIAL STATEMENTS

FOR THE YEARS ENDED

DECEMBER 31, 2019 AND 2018

TOGETHER WITH

**INDEPENDENT ACCOUNTANT'S
REVIEW REPORT**

AFRICAN FAMILY HEALTH ORGANIZATION

DECEMBER 31, 2019 AND 2018

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Independent Accountant's Review Report

To: The Board of Directors
African Family Health Organization
Philadelphia, Pennsylvania

Report on the Financial Statements

We have reviewed the accompanying financial statements of the ***African Family Health Organization*** (a non-profit organization) which comprise the statements of financial position as of December 31, 2019 and 2018, and the related statements of activities, functional expenses and cash flows for the years then ended, and the related notes to the financial statements. A review includes applying analytical procedures to management's financial data and making inquiries of management. A review is substantially less in scope than an audit, the objective of which is the expression of an opinion regarding the financial statements as a whole. Accordingly, we do not express such an opinion.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement whether due to fraud or error.

Accountant's Responsibility

Our responsibility is to conduct a review engagement in accordance with ***Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the AICPA***. Those standards require us to perform procedures to obtain limited assurance as a basis for reporting whether we are aware of any material modifications that should be made to the financial statements for them to be in accordance with accounting principles generally accepted in the United States of America. We believe that the results of our procedures provide a reasonable basis for our conclusion.

Accountant's Conclusion

Based on our review, we are not aware of any material modifications that should be made to the accompanying financial statements in order for them to be in accordance with accounting principles generally accepted in the United States of America.

Renzii, Bernaedi, Seay & Co

Cherry Hill, NJ
July 30, 2020

**AFRICAN FAMILY HEALTH ORGANIZATION
STATEMENTS OF FINANCIAL POSITION
DECEMBER 31,**

<u>ASSETS</u>	<u>2019</u>	<u>2018</u>
Current assets		
Cash	\$ 285,072	\$ 20,216
Accounts receivable	150,523	92,779
Grants receivable	86,619	212,609
Prepaid expenses	<u>4,729</u>	-
Total current assets	<u>526,943</u>	<u>325,604</u>
Property and equipment, net	<u>108,809</u>	<u>135,150</u>
Other assets		
Security deposits	<u>1,050</u>	<u>9,050</u>
Total assets	<u>\$ 636,802</u>	<u>\$ 469,804</u>
 <u>LIABILITIES AND NET ASSETS</u>		
Current liabilities		
Accounts payable and accrued expenses	<u>\$ 6,305</u>	<u>\$ 5,052</u>
Total liabilities	<u>6,305</u>	<u>5,052</u>
Net assets		
Without donor restrictions	353,810	211,881
With donor restrictions	<u>276,687</u>	<u>252,871</u>
Total net assets	<u>630,497</u>	<u>464,752</u>
Total liabilities and net assets	<u>\$ 636,802</u>	<u>\$ 469,804</u>

See independent accountant's review report and accompanying notes.

AFRICAN FAMILY HEALTH ORGANIZATION
STATEMENT OF ACTIVITIES
FOR THE YEAR ENDED DECEMBER 31, 2019

<u>REVENUE AND SUPPORT</u>	Without Donor Restrictions	With Donor Restrictions	Total
Grants			
Foundations	\$ 20,950	\$ 263,226	\$ 284,176
Government	-	3,000	3,000
Contributions	3,767	-	3,767
Miscellaneous	15,134	-	15,134
Program service fees	528,029	-	528,029
Net assets released from restrictions:			
Satisfaction of program restrictions	<u>242,410</u>	<u>(242,410)</u>	<u>-</u>
Total revenue and support	<u>810,290</u>	<u>23,816</u>	<u>834,106</u>
 <u>EXPENSES</u>			
Program services			
Health services	<u>544,771</u>	<u>-</u>	<u>544,771</u>
Total program services	<u>544,771</u>	<u>-</u>	<u>544,771</u>
Supporting services			
Management and general	<u>99,021</u>	<u>-</u>	<u>99,021</u>
Fundraising and development	<u>24,569</u>	<u>-</u>	<u>24,569</u>
Total supporting services	<u>123,590</u>	<u>-</u>	<u>123,590</u>
Total expenses	<u>668,361</u>	<u>-</u>	<u>668,361</u>
Changes in net assets	141,929	23,816	165,745
Net assets, beginning of year	<u>211,881</u>	<u>252,871</u>	<u>464,752</u>
Net assets, end of year	<u>\$ 353,810</u>	<u>\$ 276,687</u>	<u>\$ 630,497</u>

See independent accountant's review report and accompanying notes.

AFRICAN FAMILY HEALTH ORGANIZATION
STATEMENT OF ACTIVITIES
FOR THE YEAR ENDED DECEMBER 31, 2018

<u>REVENUE AND SUPPORT</u>	Without Donor Restrictions	With Donor Restrictions	Total
Grants			
Foundations	\$ 42,200	\$ 462,126	\$ 504,326
Corporate	-	15,565	15,565
Contributions	744	-	744
Government contracts	-	4,781	4,781
Program service fees	342,947	-	342,947
 Net assets released from restrictions:			
Satisfaction of program restrictions	338,826	(338,826)	-
 Total revenue and support	<u>724,717</u>	<u>143,646</u>	<u>868,363</u>
 <u>EXPENSES</u>			
 Program services			
Health services	<u>591,370</u>	<u>-</u>	<u>591,370</u>
 Total program services	<u>591,370</u>	<u>-</u>	<u>591,370</u>
 Supporting services			
Management and general	91,691	-	91,691
Fundraising and development	<u>28,205</u>	<u>-</u>	<u>28,205</u>
 Total supporting services	<u>119,896</u>	<u>-</u>	<u>119,896</u>
 Total expenses	<u>711,266</u>	<u>-</u>	<u>711,266</u>
 Changes in net assets	13,451	143,646	157,097
 Net assets, beginning of year	<u>198,430</u>	<u>109,225</u>	<u>307,655</u>
 Net assets, end of year	<u>\$ 211,881</u>	<u>\$ 252,871</u>	<u>\$ 464,752</u>

See independent accountant's review report and accompanying notes.

**AFRICAN FAMILY HEALTH ORGANIZATION
STATEMENT OF FUNCTIONAL EXPENSES
FOR THE YEAR ENDED DECEMBER 31, 2019**

	<u>Program Services</u>		<u>Supporting Services</u>		<u>Total</u>
	<u>Health Services</u>	<u>Management and General</u>	<u>Fundraising and Development</u>		
Personnel expenses					
Salaries	\$ 287,043	\$ 33,769	\$ 16,884	\$ 337,696	
Payroll taxes	22,412	2,636	1,319	26,367	
Benefits	43,584	5,129	2,563	51,276	
Total personnel expenses	353,039	41,534	20,766	415,339	
Operating expenses					
Conferences and meetings	6,452	759	379	7,590	
Depreciation	22,391	2,635	1,315	26,341	
Insurance	9,999	1,176	588	11,763	
Miscellaneous	-	9,028	-	9,028	
Occupancy	17,757	2,089	1,044	20,890	
Office expense	6,564	345	-	6,909	
Professional services	-	10,564	-	10,564	
Program services	120,465	-	-	120,465	
Telephone	8,104	953	477	9,534	
Travel	-	29,938	-	29,938	
Total operating expenses	191,732	57,487	3,803	253,022	
Total expenses	<u>\$ 544,771</u>	<u>\$ 99,021</u>	<u>\$ 24,569</u>	<u>\$ 668,361</u>	

See independent accountant's review report and accompanying notes.

**AFRICAN FAMILY HEALTH ORGANIZATION
STATEMENT OF FUNCTIONAL EXPENSES
FOR THE YEAR ENDED DECEMBER 31, 2018**

	<u>Program Services</u>		<u>Supporting Services</u>		<u>Total</u>
	<u>Health Services</u>	<u>Management and General</u>	<u>Fundraising and Development</u>		
Personnel expenses					
Salaries	\$ 296,606	\$ 34,894	\$ 17,447	\$ 348,947	
Payroll taxes	22,690	2,669	1,335	26,694	
Benefits	<u>52,294</u>	<u>6,154</u>	<u>3,075</u>	<u>61,523</u>	
Total personnel expenses	371,590	43,717	21,857	437,164	
Operating expenses					
Conferences and meetings	4,958	583	291	5,832	
Depreciation	22,176	2,610	1,302	26,088	
Insurance	9,152	1,076	538	10,766	
Miscellaneous	-	6,984	-	6,984	
Occupancy	64,379	7,574	3,787	75,740	
Office expense	3,994	210	-	4,204	
Professional services	-	11,716	-	11,716	
Program services	103,363	-	-	103,363	
Telephone	7,302	859	430	8,591	
Travel	-	16,362	-	16,362	
Vehicle lease expense	<u>4,456</u>	<u>-</u>	<u>-</u>	<u>4,456</u>	
Total operating expenses	219,780	47,974	6,348	274,102	
Total expenses	<u>\$ 591,370</u>	<u>\$ 91,691</u>	<u>\$ 28,205</u>	<u>\$ 711,266</u>	

See independent accountant's review report and accompanying notes.

**AFRICAN FAMILY HEALTH ORGANIZATION
STATEMENTS OF CASH FLOWS
FOR THE YEARS ENDED DECEMBER 31,**

<u>CASH FLOWS FROM OPERATING ACTIVITIES</u>	2019	2018
Changes in net assets	\$ 165,745	\$ 157,097
Adjustments to reconcile change in net assets to cash provided by operating activities		
Depreciation	26,341	26,088
(Increase) decrease in:		
Accounts receivable	(57,744)	(65,036)
Grants receivable	125,990	(206,857)
Prepaid expenses	(4,729)	-
Other assets	-	6,924
Security deposits	8,000	-
Prepaid rent	-	54,500
Increase (decrease) in:		
Accounts payable	<u>1,253</u>	<u>669</u>
Net cash provided by (used in) operating activities	<u>264,856</u>	<u>(26,615)</u>
<u>CASH FLOWS FROM INVESTING ACTIVITIES</u>		
Furniture and equipment	-	(1,717)
Net cash (used in) investing activities	<u>-</u>	<u>(1,717)</u>
Net increase (decrease) in cash	264,856	(28,332)
Cash, beginning of year	<u>20,216</u>	<u>48,548</u>
Cash, end of year	<u>\$ 285,072</u>	<u>\$ 20,216</u>

See independent accountant's review report and accompanying notes.

**AFRICAN FAMILY HEALTH ORGANIZATION
NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2019 AND 2018**

1. PROGRAMS AND ACTIVITIES

The ***African Family Health Organization*** ("AFAHO") is a non-profit organization organized under the laws of the Commonwealth of Pennsylvania who works to address an unmet need among members of the African and Caribbean immigrant and refugee communities in the greater Philadelphia area who experience difficulties accessing health and human services due to cultural, geographic, linguistic, and other barriers. AFAHO assists, serves and empowers members of these communities in order to improve their access to these services.

In pursuit of this mission, AFAHO provides direct services to nearly 800 members of these communities and reaches another 1,000 through community outreach and education with a small staff of committed individuals.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The significant accounting policies followed are described below.

Basis of Presentation

The financial statements of AFAHO have been prepared on the accrual basis of accounting in accordance with U.S. generally accepted accounting principles which require AFAHO to report information regarding its financial position and activities according to the following net asset classifications:

Net assets without donor restrictions

Net assets that are not subject to donor-imposed restrictions may be expended for any purpose in performing the primary objectives of AFAHO. These net assets may be used at the discretion of AFAHO's management and the Board of Directors.

Net assets with donor restrictions

Net assets subject to stipulations imposed by donors, and grantors. Some donor restrictions are temporary in nature; those restrictions will be met by actions of AFAHO or by the passage of time.

Contributions and Revenue

All contributions are considered to be available for unrestricted use unless specifically restricted by the donor. Amounts received that are designated for future periods or restricted by the donor for specific purposes are reported as net assets with donor restrictions and increases that net asset class. When a restriction expires, net assets with restrictions are reclassified to net assets without restrictions and reported in the statement of activities as net assets released from restrictions. In such cases where a restriction has been satisfied in the same period as the funds are received, all amounts are reported as unrestricted.

All of AFAHO's expenses, including expenses relating to assets previously included among the net assets without restrictions class of accounts, are decreases in net assets without restrictions.

**AFRICAN FAMILY HEALTH ORGANIZATION
NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2019 AND 2018**

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONT'D)

Program Service Fees

Beginning in 2016, AFAHO began a 340b program. AFAHO entered into an agreement with a local pharmacy where AFAHO will connect clients to the pharmacy for their medication and in return, AFAHO receives program income in addition to providing supportive services to the clients. AFAHO is eligible to receive 340b funds due to already receiving Title 10 funding from another grantor for the family planning program.

Property and Equipment

Assets that have been purchased are recorded at cost. Donated assets are recorded at their estimated fair value at the date of receipt. In the absence of donor stipulations regarding how long the contributed assets must be used, AFAHO has adopted a policy of implying a time restriction on contributions of such assets that expires over the assets' useful lives. As a result, all contributions of property and equipment, and of assets contributed to acquire property and equipment, are recorded as restricted support.

Property and equipment are depreciated using the straight-line method over the estimated useful lives of the assets, ranging from five to ten years.

Use of Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Allocation of Functional Expenses

The costs of providing AFAHO's programs and other supporting services have been summarized on a functional basis in the statement of functional expense. Accordingly, the expenses directly related to each function are combined with allocations of certain joint operating costs which have been allocated primarily based upon time spent and other estimates made by management.

Income Taxes

AFAHO is exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code.

Management has adopted the accounting standard, "Accounting for Uncertainty in Income Taxes." This standard clarifies the accounting and reporting for uncertainties in income tax positions taken or expected to be taken in filings with taxing jurisdictions, using minimum recognition and measurement thresholds.

Management has reviewed tax positions taken in filings with federal and state jurisdictions and believes those positions would be sustained should the filings be examined by the relevant taxing authority. These tax filings are subject to examination, generally for three years after they are filed.

**AFRICAN FAMILY HEALTH ORGANIZATION
NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2019 AND 2018**

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONT'D)

Income Taxes (Cont'd)

Should settlement of an examination or other event result in a change in management's evaluation of a tax position taken or expected to be taken in filings that have not been closed by statute or examination, any interest and penalties related to the unrecognized tax benefit as a result of the uncertain tax position would be included in interest expense and administrative expenses, respectively.

Cash and Cash Equivalents

For purposes of the statement of cash flows, AFAHO considers all short-term debt securities purchased with a maturity of three months or less to be cash equivalents. AFAHO had no cash equivalents for the years ended December 31, 2019 and 2018.

Security Deposits

The security deposits represent deposits made on leased office space.

Change in Accounting Principle

In June 2018, the FASB issued ASU 2018-08, Not-for-Profit Entities (Topic 958); *Clarifying the Scope and the Accounting Guidance for Contributions Received and Contributions made*. The amendments in the Update provide a more robust framework for determining whether a transaction should be accounted for as a contribution or as an exchange transaction. The ASU will also help an entity evaluate whether contributions are considered to be conditional or unconditional. This standard will be effective for the fiscal year ending December 31, 2019 and later. AFAHO implemented ASU 2018-08 and has adjusted their financial statements accordingly.

Recently Issued Accounting Standard Updates Not Presently Effective

In February 2016, the FASB issued ASU 2016-02, Leases. The standard requires all leases with lease terms over 12 months to be capitalized as a right-of-use asset and lease liability on the statement of financial position at the date of the lease commencement. Leases will be classified as either financing or operating. This distinction will be relevant for the pattern of expense recognition in the statement of activities. This standard will be effective for the fiscal year ending December 31, 2021 and later. AFAHO is currently in the process of evaluating the impact of adoption of this ASU on their financial statements.

**AFRICAN FAMILY HEALTH ORGANIZATION
NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2019 AND 2018**

3. LIQUIDITY AND AVAILABILITY

AFAHO's financial assets available within one year for general expenditure are as follows:

	<u>2019</u>	<u>2018</u>
Cash	\$ 285,072	\$ 20,216
Accounts receivable	150,523	92,779
Grants receivable	<u>86,619</u>	<u>212,609</u>
 Total financial assets	 522,214	 325,604
 Donor-imposed restrictions:		
Restricted funds	<u>(276,687)</u>	<u>(252,871)</u>
 Financial assets available to meet cash needs		
For general expenditures within one year	<u>\$ 245,527</u>	<u>\$ 72,733</u>

AFAHO manages its liquidity by operating within a prudent range of financial soundness and stability and maintaining adequate liquid assets to fund near-term operating needs. During the years ended December 31, 2019 and 2018, AFAHO has been able to meet cash needs for general expenditures within each respective year.

In addition to these available financial assets, a significant portion of AFAHO's annual expenditures will be funded by current year operating revenues.

4. PROPERTY AND EQUIPMENT

Property and equipment consisted of the following at December 31:

	<u>2019</u>	<u>2018</u>
Vehicles	\$ 59,839	\$ 59,839
Building improvements	103,995	103,995
Furniture and equipment	<u>16,709</u>	<u>16,709</u>
 180,543	180,543	180,543
 Less: accumulated depreciation	<u>(71,734)</u>	<u>(45,393)</u>
 Property and equipment, net	<u>\$ 108,809</u>	<u>\$ 135,150</u>

There was \$26,341 and \$26,088 of depreciation expense for the years ended December 31, 2019 and 2018, respectively.

**AFRICAN FAMILY HEALTH ORGANIZATION
NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2019 AND 2018**

5. COMMITMENTS

AFAHO entered into a six-month lease that will expire in June 2020. Monthly payments are \$1,565, which include cleaning services. AFAHO is responsible for utilities under the terms of this agreement.

Upon expiration of the above lease, AFAHO will enter into a five-year lease starting in July 2020. A security deposit of \$5,000 is required. First two months are rent fee. Starting in September 2020, monthly payments are \$5,000. The monthly rental payments will increase by three percent each year starting in June 2021.

Future minimum commitments for leased office space are as follows:

2020	\$ 29,390
2021	61,050
2022	62,882
2023	64,768
2024	66,711
Thereafter	<u>33,934</u>
 Total	 <u>\$ 318,735</u>

6. NET ASSETS WITH DONOR RESTRICTIONS

Net assets with donor restrictions at December 31 are as follows:

	<u>2019</u>	<u>2018</u>
Health services	\$ 189,279	\$ 202,871
Time	<u>87,408</u>	<u>50,000</u>
 Total	 <u>\$ 276,687</u>	 <u>\$ 252,871</u>

7. SUBSEQUENT EVENTS

In preparing these financial statements, management of AFAHO has evaluated events and transactions for potential recognition or disclosure through July 30, 2020, the date the financial statements were available to be issued.

In May 2020, through the CARES Act, AFAHO applied for and received \$74,685 of funding through the Paycheck Protection Program with the intention of having that loan forgiven.

Name of Organization:	African Family Health Organization (AFAHO)		
Name of Project:	RECLAIM		
A. PERSONNEL			
Instructions: List every job position being supported with HRSA funding. Include annual salary, number of months on project and percentage of effort. The program costs will automatically calculate			
Name/Title	Annual Salary	% of Effort/Month	Cost to Program
Oni Richards/ Executive Director	\$75,000	5.00%	\$3,750
Cait O'Donnell/ Manager, Health & Social Services	\$60,000	7.00%	\$4,200
Sylvia Birikorang	\$43,000	60.00%	\$25,800
Affissath Anjorin	\$43,000	60.00%	\$25,800
Subtotal Personnel			\$59,550
B. FRINGE BENEFIT RATES			
Instructions: Provide calculation for fringe benefit rate for each employee on project. The program costs will automatically calculate			
.	Cost to Program	Cost to Program	Cost to Program
Oni Richards/ Executive Director	\$3,750	25%	\$938
Cait O'Donnell/ Manager, Health & Social Services	\$4,200	25%	\$1,050
Sylvia Birikorang	\$25,800	25%	\$6,450
Affissath Anjorin	\$25,800	25%	\$6,450
Subtotal Benefits			\$14,888
C. TRAVEL			
Line Item	Justification	Cost to Program	Cost to Program
Staff & Client Travel	parking and mileage reimbursement and Client	\$1,080	\$1,080
Subtotal Travel			
D. EQUIPMENT			
Line Item	Justification	Cost to Program	Cost to Program
n/a		\$0	\$0
E. SUPPLIES			
Line Item	Justification	Cost to Program	Cost to Program

Office Supplies @ \$35/month	Paper, Pens, Folders, Ink etc	\$210
Program Supplies	All Program Supplies	\$850
Subtotal Supplies		\$1,060
F. CONTRACTUAL		
Line Item	Justification	Cost to Program
Subtotal Contractual		\$0
G. OTHER		
Line Item	Justification	Cost to Program
Printing	Printing (black and white and color) of program	\$145
Telephone & Internet	Telephone & Internet Costs	\$1,800
Transitional Housing Costs (rent, utilities, maintenance, security etc)		\$18,000
Subtotal Other		\$19,945
H. INDIRECT COSTS		
Line Item	Justification	Cost to Program
10% Indirect Rate	Rent, Utilities, Accounting, Legal, Security, Copier Lease, Computers etc	\$9,652
DIRECT PROGRAM COSTS	\$96,523	
F&A / INDIRECT COST	\$9,652	
TOTAL PROGRAM COSTS	\$106,175	