

GRANT AGREEMENT

BY AND BETWEEN

PINELLAS COMMUNITY FOUNDATION

AND

CHANGING THE GAME FOR A NEW GENERATION INC

THIS GRANT AGREEMENT (hereinafter “**Agreement**”), effective upon the last date executed below, by and between **PINELLAS COMMUNITY FOUNDATION**, a public charitable foundation established by Trust Agreement Dated January 1, 1969, as may have been amended from time to time, whose address is 17755 US Highway 19 North, Suite 150, Clearwater Florida 33764, (hereinafter, “**AGENCY**”) and **CHANGING THE GAME FOR A NEW GENERATION INC**, whose address is 2822 W Virginia Ave Tampa, FL 33607 Hillsborough (hereinafter “**GRANTEE**”).

WITNESSETH:

WHEREAS, in response to the emergence of a novel coronavirus and the respiratory disease it causes (hereinafter, “**COVID-19**”), the World Health Organization (hereinafter, “**WHO**”) has officially characterized COVID-19 as a pandemic that constitutes a Public Health Emergency of International Concern; and

WHEREAS, on March 1, 2020, Governor Ron DeSantis issued Executive Order Number 20-51, declaring that appropriate measures to control the spread of COVID-19 in the State of Florida are necessary, and accordingly the State Surgeon General and State Health Officer declared that a Public Health Emergency exists in the State of Florida; and

WHEREAS, on March 9, 2020, Governor Ron DeSantis issued Executive Order Number 20-52 declaring a State of Emergency for the state of Florida in furtherance of efforts to respond to and mitigate the effects of COVID-19 throughout the state; and

WHEREAS, the Pinellas County Board of County Commissioners (hereinafter, “**Board**”) passed Resolution 20-60 to define, expand, and add critical programs and services to mitigate the devastating impacts of COVID-19 on Pinellas County residents; and

WHEREAS, nonprofit community partners have seen an increased demand for many services and assistance in response to impacts from COVID-19, particularly in the areas of food programs, homelessness, behavioral health, and legal assistance for evictions; and

WHEREAS, as a direct result of the COVID-19 Public Health Emergency, many individuals and families find themselves in precarious financial situations within Pinellas County, without expanded access to critical services leading to food insecurity, housing insecurity, and behavioral health challenges; and

WHEREAS, the threat to these vulnerable individuals and families constitutes a significant threat to public safety and welfare requiring rapid expansion of vital services to meet local needs; and

WHEREAS, **AGENCY** is a subrecipient of pass-thru funds awarded by the U.S. Treasury Department (hereinafter, “Treasury”) to Pinellas County (hereinafter, “County”) made available under section 601(a) of the Social Security Act as added by section 5001 of the CARES Act (hereinafter, “Coronavirus Relief Fund”); and

WHEREAS, the County in partnership with **AGENCY** wishes to quickly expand services in priority areas that mitigate COVID-19 related impacts within the community such as food

insecurity, housing insecurity, and access to behavioral health service through the Pinellas CARES Critical Service Expansion Program; and

WHEREAS, AGENCY has determined that **GRANTEE** has the experience and capacity to quickly administer and deliver awarded funds to assist in the goal of expanding services in one or more of the priority areas that mitigate COVID-19 related impacts within the community;

NOW THEREFORE, the parties hereto, mutually agree as follows:

1. Specific Grant Information:

This project shall be undertaken and accomplished in accordance with the terms and conditions specified herein and the Appendices named below, which are attached hereto and by reference incorporated herein:

a) Grantee's Name: **Changing the Game for a New Generation, Inc.**

b) Grantee's Contact and Notice Information:

Primary Contact Name: **Dr. Sybill Rosado**

Address: **2822 W Virginia Ave Tampa, FL 33607 Hillsborough**

Phone Number: **813-433-3976**

Grantee's Data Universal Numbering System (DUNS) number: **113347859**

c) Federal Award Identification Number: **Direct payment from the Department of the Treasury ('Treasury') pursuant to section 601(b) of the Social Security Act, as amended by section 5001 of the Coronavirus Aid, Relief, and Economic Security Act, Pub. L. No. 116-136, div. A, Title V (Mar. 27, 2020).**

d) Federal Award Date: **March 27, 2020**

e) Period of Grant Performance, Start and End Date: **November 19, 2020 - December 30, 2020**

g) Amount of Funds Awarded: **\$42,383.00** (hereinafter, “Awarded Funds”).

h) Name of Federal Awarding Agency, Pass-Through Entity, and Contact Information for Awarding Official of the Pass-Through Entity:

Federal Awarding Agency:

United States Department of Treasury

Pass-Through Entity:

Pinellas Community Foundation

Contact Information for Awarding Official of the Pass-Through Entity:

Duggan Cooley, CEO, Pinellas Community Foundation

17755 US Highway 19 N, Suite 150

Clearwater, FL 33764

i) CFDA Number and Name

CFDA Number (at time of disbursement): **21.019**

CFDA Name: **Coronavirus Relief Fund (CRF)**

j) Indirect Cost Rate for GRANTEE portion of the Federal Award: **0%**

2. Scope of Services:

The **GRANTEE** shall administer the Pinellas CARES Critical Service expansion Program funds awarded from the **AGENCY** consistent with the purpose identified in the **GRANTEE’s** application for award of funds (attached as Appendix 4) and which are consistent with the purpose of mitigating COVID-19 related impacts within the community, including food insecurity, housing insecurity and or behavioral health access for COVID-19 affected residents.

- a) **GRANTEE** shall administer funding in an amount up to **Forty-Two Thousand, Three Hundred and Eighty Three Dollars and 00/100 cents** for expanded local services with up to 0% or \$0.00 allowed for indirect costs.
- b) **GRANTEE** agrees to monitor and deliver these funds pursuant to the following requirements:
 - i. Compliance with all rules and guidelines of the CARES Act including certifications and/or attestations of compliance where appropriate.
 - ii. Compliance with Appendix 1 - CARES Act Guidance and Requirements.
 - iii. Compliance with Appendix 2 – Attestation.
 - iv. Basic weekly reporting of service numbers by type of service and expanded monthly reporting of services, trends, expenditures, and other programmatic information.
 - v. Maintenance of service level information as appropriate for reporting upon request by the **AGENCY**, including services provided, outcomes and accounting of expenditures.
 - vi. **GRANTEE** understands and agrees that it may be required to adapt and/or respond during hurricane-related emergencies to help meet expanded needs and challenges of COVID-19.
 - vii. **GRANTEE** understands that priority service areas may be adjusted by written notice of the **AGENCY**.

3. Term of Agreement.

The services of the **GRANTEE** shall commence upon execution and the agreement shall expire on December 30, 2020. The expiration date of this Agreement may be extended, by mutual

agreement of the parties in writing. This option shall be exercised only if all terms and conditions remain the same.

4. Compensation.

a) The **AGENCY** agrees to provide **GRANTEE** an amount not to exceed Forty-Two Thousand, Three Hundred and Eighty Three Dollars and 00/100 cents (\$42,383.00) as an award of the Pinellas CARES Nonprofit Partnership Fund for the services described in Section 2 of this Agreement. Up to Zero Dollars and 00/100 cents dollars (\$0.00) equivalent to 0% of the funding may be allowed for approved indirect costs in association with this program. The remainder of the funding will be for competitively awarded expansion of services as defined.

b) **GRANTEE** shall maintain a Budget Plan (Appendix 4) for anticipated direct costs which may be adjusted across budget categories as necessary to address direct costs incurred. Budget Plan modifications that do not result in an increase of funding, change the purpose of this Agreement, or otherwise amend the terms of this Agreement, shall be submitted in the format prescribed and provided by the **AGENCY** without the need to amend this Agreement. **GRANTEE** shall provide such changes to **AGENCY** in writing, and **AGENCY** will approve or deny such changes in writing.

c) The **AGENCY** shall determine which expenses in the Budget Plan (Appendix 4) may be paid as an advance to the **GRANTEE**, if any, and which expenses will be paid on a cost-reimbursement basis, with the **GRANTEE** to submit invoices with supporting documentation to justify the reimbursement of expenses. If any amount is paid as an advance payment to **GRANTEE**, the **GRANTEE** must provide sufficient documentation of usage of the funds for allowed purposes under this agreement in order to receive any future payments.

d) Any funds expended in violation of this Agreement or in violation of appropriate

Federal, State, and **AGENCY** requirements shall be refunded in full to the **AGENCY**. If this Agreement is still in force, future payments shall be withheld by the **AGENCY**.

5. Performance Measures.

The **GRANTEE** agrees to submit weekly reports on awards to **AGENCY** including name of **GRANTEE**, purpose of award, amount of award, and service numbers, as well as monthly expanded reports that demonstrate services delivered and service trends, and outcomes to **AGENCY**. The **AGENCY** reserves the right to request additional data elements, performance measures, or reports as necessary to ensure that the overall programmatic purpose is demonstrated, quantified, and achieved. This report shall be submitted to the **AGENCY** weekly or monthly, as defined and never later than five (5) business days if specifically requested by **AGENCY**. The report formats shall be prescribed and provided by the **AGENCY**.

6. Data Sharing.

The **GRANTEE** agrees to share data with the **AGENCY** as necessary for service validation, trend review, and performance monitoring.

7. Insurance.

GRANTEE will be required to maintain appropriate insurance to cover the Services funded for this Agreement. Before providing any funds under this Agreement, **AGENCY** will require that **GRANTEE** provide it with proof of insurance covering the Services funded and with policy limits and deductible deemed appropriate by **AGENCY**. Whether **GRANTEE** has acceptable insurance coverage with appropriate limits and deductible is within the sole discretion of the **AGENCY**. Said insurance must remain in full force and effect during the term of this Agreement and may be not changed without written approval of **AGENCY**. Failure to maintain the insurance approved by **AGENCY** or any changes to the approved insurance without approval of **AGENCY**

will result in termination of this Agreement.

8. Monitoring.

GRANTEE will work with **AGENCY** to meet the requirements of 2 C.F.R. § 200.328 (Monitoring and reporting program performance). This may include, but is not limited to, the following:

a) The monitoring requirements set forth in Appendix 3 – Minimum Monitoring Requirements.

b) **GRANTEE** will work with the **AGENCY** to establish policies and procedures as required.

c) **GRANTEE** will cooperate in site visits including, but not limited to, review of staff, fiscal and client records, programmatic documents, and will provide related information at any reasonable time.

d) **GRANTEE** will submit other reports and information in such formats and at such times as may be prescribed by the **AGENCY**.

e) All monitoring reports will be as detailed as may be reasonably requested by the **GRANTEE** and will be deemed incomplete if not satisfactory to the **AGENCY** as determined in its sole reasonable discretion. Reports will contain the information or be in the format as may be requested by the **AGENCY**.

9. Special Situations.

GRANTEE agrees to inform **AGENCY** within one (1) business day of any circumstances or events which may reasonably be considered to jeopardize its capability to continue to meet its obligations under the terms of this Agreement. Incidents may include, but are not limited to, those resulting in injury, media coverage or public reaction that may have an impact on the **AGENCY'S**

or **GRANTEE'S** ability to protect and serve its participants, or other significant effect on the **AGENCY** or **GRANTEE**. Incidents shall be reported to the designated **AGENCY** contact below by phone or email only. Incident report information shall not include any identifying information of the participant.

10. Amendment/Modification.

In addition to applicable federal, state and local statutes and regulations, this Agreement expresses the entire understanding of the parties concerning all matters covered herein. No addition to, or alteration of, the terms of this Agreement, whether by written or verbal understanding of the parties, their officers, agents or employees, shall be valid unless made in the form of a written amendment to this Agreement and formally approved by the parties.

11. Closeout

a) Upon termination in whole or in part, the parties hereto remain responsible for compliance with the requirements in 2 C.F.R. Part 200.343 (Closeout) and 2 C.F.R. Part 200.344 (Post-closeout adjustments and continuing responsibilities).

b) This Agreement will not terminate, unless terminated as provided in Section 11, until Closeout is completed consistent with requirements detailed in the Appendices attached hereto, and to the satisfaction of the **AGENCY**. Such requirements shall include but are not limited to submitting final reports and providing program deliverables and closeout information as requested by **AGENCY**, and/or the US Treasury Department or its authorized representatives, and reconciliation of program funding.

c) All invoices and requests for reimbursement shall be submitted within 30 days following the end of the project and budget period.

d) All un-spent funds must be reimbursed to the **AGENCY** by the **GRANTEE** by January 31, 2021.

e) This provision shall survive the expiration or termination of this Agreement.

12. Termination.

a) If the **GRANTEE** fails to fulfill or abide by any of the provisions of this Agreement, **GRANTEE** shall be considered in material breach of the Agreement. Where a material breach can be corrected, **GRANTEE** shall be given thirty (30) days to cure said breach. If **GRANTEE** fails to cure, or if the breach is of the nature that the harm caused cannot be undone, **AGENCY** may immediately terminate this Agreement, with cause, upon notice in writing to the **GRANTEE**.

b) In the event the **GRANTEE** uses any funds provided by this Agreement for any purpose or program other than authorized under this Agreement, the **GRANTEE** must repay such amount to the **AGENCY** and may in the **AGENCY'S** sole discretion, be deemed to have waived the right to additional funds under this Agreement.

c) In the event sufficient budgeted funds are not available for a new fiscal period or are otherwise encumbered, the **AGENCY** shall notify the **GRANTEE** of such occurrence and the Agreement shall terminate on the last day of the then current fiscal period without penalty or expense to the **AGENCY**.

d) The **AGENCY** or the United States Department of Treasury may terminate this agreement in accordance with 2 C.F.R. § 200.339 (Termination).

13. Assignment/Subcontracting.

a) This Agreement, and any rights or obligations hereunder, shall not be assigned, transferred or delegated to any other person or entity. Any purported assignment in violation of

this section shall be null and void.

b) The **GRANTEE** is fully responsible for completion of the Services required by this Agreement and for completion of all subcontractor work, if authorized as provided herein. The **GRANTEE** shall not subcontract any work under this Agreement to any subcontractor other than the subcontractors specified in the proposal and previously approved by the **AGENCY**, without the prior written consent of the **AGENCY**, which shall be determined by the **AGENCY** in its sole discretion.

14. Indemnification.

The **GRANTEE** agrees to indemnify, pay the cost of defense, including attorney's fees, and hold harmless the **AGENCY**, its officers, employees and agents from all damages, suits, actions or claims, including reasonable attorney's fees incurred by the **AGENCY**, of any character brought on account of any injuries or damages received or sustained by any person, persons, or property, or in any way relating to or arising from the Agreement; or on account of any act or omission, neglect or misconduct of **GRANTEE**; or by, or on account of, any claim or amounts recovered under the Workers' Compensation Law or of any other laws, regulations, ordinance, order or decree; or arising from or by reason of any actual or claimed trademark, patent or copyright infringement or litigation based thereon; except only such injury or damage as shall have been occasioned by the sole negligence of the **AGENCY**.

15. Business Practices.

a) The **GRANTEE** must utilize financial procedures in accordance with generally accepted accounting procedures and Florida Statutes, including adequate supporting documents, to account for the use of the funds provided by the **AGENCY**.

- b) The **GRANTEE** must retain all records (programmatic, property, personnel, and financial) relating to this Agreement for five (5) years after final payment is made.
- c) All **GRANTEE** records relating to this Agreement are subject to audit by the federal government or its representatives, or the **AGENCY** and its representatives.

16. Nondiscrimination.

a) The **GRANTEE** shall not discriminate against any applicant for employment or employee with respect to hire, tenure, terms, conditions or privileges of employment or any matter directly or indirectly related to employment or against any client because of age, sex, race, ethnicity, color, religion, national origin, disability, marital status, or sexual orientation.

b) The **GRANTEE** shall not discriminate against any person on the basis of age, sex, race, ethnicity, color, religion, national origin, disability, marital status or sexual orientation in admission, treatment, or participation in its programs, services and activities.

c) The **GRANTEE** shall, during the performance of this Agreement, comply with all applicable provisions of federal, state and local laws and regulations pertaining to prohibited discrimination.

17. Independent Contractor.

It is expressly understood and agreed by the parties that **GRANTEE** is at all times hereunder acting and performing as an independent contractor and not as an agent, servant, or employee of the **AGENCY**. No agent, employee, or servant of the **GRANTEE** shall be, or shall be deemed to be, the agent or servant of the **AGENCY**. None of the benefits provided by the **AGENCY** to their employees including, but not limited to, Worker's Compensation Insurance and Unemployment Insurance are available from **AGENCY** to the employees, agents, or servants of the **GRANTEE**

18. Additional Funding.

Funds from this Agreement may not be used as the matching portion for any federal grant except in the manner provided by Federal and State law and applicable Federal and State rules and regulations. The **GRANTEE** agrees to make all reasonable efforts to obtain funding from additional sources wherever said **GRANTEE** may qualify. Should this Agreement reflect a required match, documentation of said match is required to be provided to the **AGENCY**.

19. Governing Law.

The laws of the State of Florida shall govern this Agreement.

20. Conformity to the Law.

The **GRANTEE** shall comply with all federal, state and local laws and ordinances and any rules or regulations adopted thereunder, including but not limited to section 601(a) of the Social Security Act as added by section 5001 of the CARES Act and regulations applicable thereto.

21. Prior Agreement, Waiver, and Severability.

This Agreement supersedes any prior Agreements between the Parties and is the sole basis for agreement between the Parties. The waiver of either party of a violation or default of any provision of this Agreement shall not operate as, or be construed to be, a waiver of any subsequent violation or default hereof. If any provision, or any portion thereof, contained in this Agreement is held unconstitutional, invalid, or unenforceable, the remainder of this Agreement, or portion thereof, shall be deemed severable, shall not be affected, and shall remain in full force and effect.

22. Agreement Management.

Pinellas Community Foundation designates the following person(s) as the liaison for the

AGENCY:

Duggan Cooley, CEO
Pinellas Community Foundation
17755 US Highway 19 North, Suite 150
Clearwater FL 33764
727-531-0058

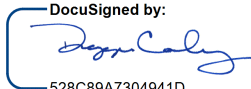
GRANTEE designates the following person(s) as the liaison for the **GRANTEE:**

Dr. Sybill Rosado, Executive Staff
Changing the Game for a New Generation, Inc.,
2822 W. Virginia Ave. Tampa, FL 33607
813-433-3976

SIGNATURE PAGE FOLLOWS

IN WITNESS WHEREOF, the parties hereto have caused this instrument to be executed on the day and year written below.

Pinellas Community Foundation

By: 
528C89A7304941D

Duggan Cooley
CEO

Date: 12/1/2020

GRANTEE: Changing the Game for a New Generation, Inc.

By: 
D30739E4D580495...

Dr. Sydel LeGrande, Director
sydellegrandemd@gmail.com

Date: 12/4/2020

GRANTEE: Changing the Game for a New Generation, Inc.

By: 
C632CDE9BB284D8...

Dr. Sybil Rosado, Executive Staff
sybilphd@gmail.com

Date: 12/4/2020

Schedule of Appendices

Appendix 1 – CARES Act Guidance and Requirements

Appendix 2 – Attestation

Appendix 3 – Minimum Monitoring Requirements

Appendix 4 – Application for Funding (including budget plan)

Appendix 1 - CARES Act Guidance and Requirements

- Coronavirus Relief Fund, Guidance for State, Territorial, Local,
and Tribal Governments
 - Coronavirus Relief Fund Frequently Asked Questions
 - Coronavirus Relief Fund Reporting and Record Retention
Requirements

Coronavirus Relief Fund
Guidance for State, Territorial, Local, and Tribal
Governments
Updated June 30, 2020

Coronavirus Relief Fund
Guidance for State, Territorial, Local, and Tribal Governments
Updated June 30, 2020¹

The purpose of this document is to provide guidance to recipients of the funding available under section 601(a) of the Social Security Act, as added by section 5001 of the Coronavirus Aid, Relief, and Economic Security Act (“CARES Act”). The CARES Act established the Coronavirus Relief Fund (the “Fund”) and appropriated \$150 billion to the Fund. Under the CARES Act, the Fund is to be used to make payments for specified uses to States and certain local governments; the District of Columbia and U.S. Territories (consisting of the Commonwealth of Puerto Rico, the United States Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands); and Tribal governments.

The CARES Act provides that payments from the Fund may only be used to cover costs that—

1. are necessary expenditures incurred due to the public health emergency with respect to the Coronavirus Disease 2019 (COVID-19);
2. were not accounted for in the budget most recently approved as of March 27, 2020 (the date of enactment of the CARES Act) for the State or government; and
3. were incurred during the period that begins on March 1, 2020, and ends on December 30, 2020.²

The guidance that follows sets forth the Department of the Treasury’s interpretation of these limitations on the permissible use of Fund payments.

Necessary expenditures incurred due to the public health emergency

The requirement that expenditures be incurred “due to” the public health emergency means that expenditures must be used for actions taken to respond to the public health emergency. These may include expenditures incurred to allow the State, territorial, local, or Tribal government to respond directly to the emergency, such as by addressing medical or public health needs, as well as expenditures incurred to respond to second-order effects of the emergency, such as by providing economic support to those suffering from employment or business interruptions due to COVID-19-related business closures.

Funds may not be used to fill shortfalls in government revenue to cover expenditures that would not otherwise qualify under the statute. Although a broad range of uses is allowed, revenue replacement is not a permissible use of Fund payments.

The statute also specifies that expenditures using Fund payments must be “necessary.” The Department of the Treasury understands this term broadly to mean that the expenditure is reasonably necessary for its intended use in the reasonable judgment of the government officials responsible for spending Fund payments.

Costs not accounted for in the budget most recently approved as of March 27, 2020

The CARES Act also requires that payments be used only to cover costs that were not accounted for in the budget most recently approved as of March 27, 2020. A cost meets this requirement if either (a) the

¹ This version updates the guidance provided under “Costs incurred during the period that begins on March 1, 2020, and ends on December 30, 2020”.

² See Section 601(d) of the Social Security Act, as added by section 5001 of the CARES Act.

cost cannot lawfully be funded using a line item, allotment, or allocation within that budget *or* (b) the cost is for a substantially different use from any expected use of funds in such a line item, allotment, or allocation.

The “most recently approved” budget refers to the enacted budget for the relevant fiscal period for the particular government, without taking into account subsequent supplemental appropriations enacted or other budgetary adjustments made by that government in response to the COVID-19 public health emergency. A cost is not considered to have been accounted for in a budget merely because it could be met using a budgetary stabilization fund, rainy day fund, or similar reserve account.

Costs incurred during the period that begins on March 1, 2020, and ends on December 30, 2020

Finally, the CARES Act provides that payments from the Fund may only be used to cover costs that were incurred during the period that begins on March 1, 2020, and ends on December 30, 2020 (the “covered period”). Putting this requirement together with the other provisions discussed above, section 601(d) may be summarized as providing that a State, local, or tribal government may use payments from the Fund only to cover previously unbudgeted costs of necessary expenditures incurred due to the COVID-19 public health emergency during the covered period.

Initial guidance released on April 22, 2020, provided that the cost of an expenditure is incurred when the recipient has expended funds to cover the cost. Upon further consideration and informed by an understanding of State, local, and tribal government practices, Treasury is clarifying that for a cost to be considered to have been incurred, performance or delivery must occur during the covered period but payment of funds need not be made during that time (though it is generally expected that this will take place within 90 days of a cost being incurred). For instance, in the case of a lease of equipment or other property, irrespective of when payment occurs, the cost of a lease payment shall be considered to have been incurred for the period of the lease that is within the covered period, but not otherwise. Furthermore, in all cases it must be necessary that performance or delivery take place during the covered period. Thus the cost of a good or service received during the covered period will not be considered eligible under section 601(d) if there is no need for receipt until after the covered period has expired.

Goods delivered in the covered period need not be used during the covered period in all cases. For example, the cost of a good that must be delivered in December in order to be available for use in January could be covered using payments from the Fund. Additionally, the cost of goods purchased in bulk and delivered during the covered period may be covered using payments from the Fund if a portion of the goods is ordered for use in the covered period, the bulk purchase is consistent with the recipient’s usual procurement policies and practices, and it is impractical to track and record when the items were used. A recipient may use payments from the Fund to purchase a durable good that is to be used during the current period and in subsequent periods if the acquisition in the covered period was necessary due to the public health emergency.

Given that it is not always possible to estimate with precision when a good or service will be needed, the touchstone in assessing the determination of need for a good or service during the covered period will be reasonableness at the time delivery or performance was sought, *e.g.*, the time of entry into a procurement contract specifying a time for delivery. Similarly, in recognition of the likelihood of supply chain disruptions and increased demand for certain goods and services during the COVID-19 public health emergency, if a recipient enters into a contract requiring the delivery of goods or performance of services by December 30, 2020, the failure of a vendor to complete delivery or services by December 30, 2020, will not affect the ability of the recipient to use payments from the Fund to cover the cost of such goods or services if the delay is due to circumstances beyond the recipient’s control.

This guidance applies in a like manner to costs of subrecipients. Thus, a grant or loan, for example, provided by a recipient using payments from the Fund must be used by the subrecipient only to purchase (or reimburse a purchase of) goods or services for which receipt both is needed within the covered period and occurs within the covered period. The direct recipient of payments from the Fund is ultimately responsible for compliance with this limitation on use of payments from the Fund.

Nonexclusive examples of eligible expenditures

Eligible expenditures include, but are not limited to, payment for:

1. Medical expenses such as:
 - COVID-19-related expenses of public hospitals, clinics, and similar facilities.
 - Expenses of establishing temporary public medical facilities and other measures to increase COVID-19 treatment capacity, including related construction costs.
 - Costs of providing COVID-19 testing, including serological testing.
 - Emergency medical response expenses, including emergency medical transportation, related to COVID-19.
 - Expenses for establishing and operating public telemedicine capabilities for COVID-19-related treatment.
2. Public health expenses such as:
 - Expenses for communication and enforcement by State, territorial, local, and Tribal governments of public health orders related to COVID-19.
 - Expenses for acquisition and distribution of medical and protective supplies, including sanitizing products and personal protective equipment, for medical personnel, police officers, social workers, child protection services, and child welfare officers, direct service providers for older adults and individuals with disabilities in community settings, and other public health or safety workers in connection with the COVID-19 public health emergency.
 - Expenses for disinfection of public areas and other facilities, *e.g.*, nursing homes, in response to the COVID-19 public health emergency.
 - Expenses for technical assistance to local authorities or other entities on mitigation of COVID-19-related threats to public health and safety.
 - Expenses for public safety measures undertaken in response to COVID-19.
 - Expenses for quarantining individuals.
3. Payroll expenses for public safety, public health, health care, human services, and similar employees whose services are substantially dedicated to mitigating or responding to the COVID-19 public health emergency.
4. Expenses of actions to facilitate compliance with COVID-19-related public health measures, such as:
 - Expenses for food delivery to residents, including, for example, senior citizens and other vulnerable populations, to enable compliance with COVID-19 public health precautions.
 - Expenses to facilitate distance learning, including technological improvements, in connection with school closings to enable compliance with COVID-19 precautions.
 - Expenses to improve telework capabilities for public employees to enable compliance with COVID-19 public health precautions.

- Expenses of providing paid sick and paid family and medical leave to public employees to enable compliance with COVID-19 public health precautions.
 - COVID-19-related expenses of maintaining state prisons and county jails, including as relates to sanitation and improvement of social distancing measures, to enable compliance with COVID-19 public health precautions.
 - Expenses for care for homeless populations provided to mitigate COVID-19 effects and enable compliance with COVID-19 public health precautions.
5. Expenses associated with the provision of economic support in connection with the COVID-19 public health emergency, such as:
 - Expenditures related to the provision of grants to small businesses to reimburse the costs of business interruption caused by required closures.
 - Expenditures related to a State, territorial, local, or Tribal government payroll support program.
 - Unemployment insurance costs related to the COVID-19 public health emergency if such costs will not be reimbursed by the federal government pursuant to the CARES Act or otherwise.
 6. Any other COVID-19-related expenses reasonably necessary to the function of government that satisfy the Fund's eligibility criteria.

Nonexclusive examples of ineligible expenditures³

The following is a list of examples of costs that would *not* be eligible expenditures of payments from the Fund.

1. Expenses for the State share of Medicaid.⁴
2. Damages covered by insurance.
3. Payroll or benefits expenses for employees whose work duties are not substantially dedicated to mitigating or responding to the COVID-19 public health emergency.
4. Expenses that have been or will be reimbursed under any federal program, such as the reimbursement by the federal government pursuant to the CARES Act of contributions by States to State unemployment funds.
5. Reimbursement to donors for donated items or services.
6. Workforce bonuses other than hazard pay or overtime.
7. Severance pay.
8. Legal settlements.

³ In addition, pursuant to section 5001(b) of the CARES Act, payments from the Fund may not be expended for an elective abortion or on research in which a human embryo is destroyed, discarded, or knowingly subjected to risk of injury or death. The prohibition on payment for abortions does not apply to an abortion if the pregnancy is the result of an act of rape or incest; or in the case where a woman suffers from a physical disorder, physical injury, or physical illness, including a life-endangering physical condition caused by or arising from the pregnancy itself, that would, as certified by a physician, place the woman in danger of death unless an abortion is performed. Furthermore, no government which receives payments from the Fund may discriminate against a health care entity on the basis that the entity does not provide, pay for, provide coverage of, or refer for abortions.

⁴ See 42 C.F.R. § 433.51 and 45 C.F.R. § 75.306.

Coronavirus Relief Fund
Frequently Asked Questions
Updated as of July 8, 2020

**Coronavirus Relief Fund
Frequently Asked Questions
Updated as of July 8, 2020**

The following answers to frequently asked questions supplement Treasury’s Coronavirus Relief Fund (“Fund”) Guidance for State, Territorial, Local, and Tribal Governments, dated April 22, 2020, (“Guidance”).¹ Amounts paid from the Fund are subject to the restrictions outlined in the Guidance and set forth in section 601(d) of the Social Security Act, as added by section 5001 of the Coronavirus Aid, Relief, and Economic Security Act (“CARES Act”).

Eligible Expenditures

Are governments required to submit proposed expenditures to Treasury for approval?

No. Governments are responsible for making determinations as to what expenditures are necessary due to the public health emergency with respect to COVID-19 and do not need to submit any proposed expenditures to Treasury.

The Guidance says that funding can be used to meet payroll expenses for public safety, public health, health care, human services, and similar employees whose services are substantially dedicated to mitigating or responding to the COVID-19 public health emergency. How does a government determine whether payroll expenses for a given employee satisfy the “substantially dedicated” condition?

The Fund is designed to provide ready funding to address unforeseen financial needs and risks created by the COVID-19 public health emergency. For this reason, and as a matter of administrative convenience in light of the emergency nature of this program, a State, territorial, local, or Tribal government may presume that payroll costs for public health and public safety employees are payments for services substantially dedicated to mitigating or responding to the COVID-19 public health emergency, unless the chief executive (or equivalent) of the relevant government determines that specific circumstances indicate otherwise.

The Guidance says that a cost was not accounted for in the most recently approved budget if the cost is for a substantially different use from any expected use of funds in such a line item, allotment, or allocation. What would qualify as a “substantially different use” for purposes of the Fund eligibility?

Costs incurred for a “substantially different use” include, but are not necessarily limited to, costs of personnel and services that were budgeted for in the most recently approved budget but which, due entirely to the COVID-19 public health emergency, have been diverted to substantially different functions. This would include, for example, the costs of redeploying corrections facility staff to enable compliance with COVID-19 public health precautions through work such as enhanced sanitation or enforcing social distancing measures; the costs of redeploying police to support management and enforcement of stay-at-home orders; or the costs of diverting educational support staff or faculty to develop online learning capabilities, such as through providing information technology support that is not part of the staff or faculty’s ordinary responsibilities.

Note that a public function does not become a “substantially different use” merely because it is provided from a different location or through a different manner. For example, although developing online instruction capabilities may be a substantially different use of funds, online instruction itself is not a substantially different use of public funds than classroom instruction.

¹ The Guidance is available at <https://home.treasury.gov/system/files/136/Coronavirus-Relief-Fund-Guidance-for-State-Territorial-Local-and-Tribal-Governments.pdf>.

May a State receiving a payment transfer funds to a local government?

Yes, provided that the transfer qualifies as a necessary expenditure incurred due to the public health emergency and meets the other criteria of section 601(d) of the Social Security Act. Such funds would be subject to recoupment by the Treasury Department if they have not been used in a manner consistent with section 601(d) of the Social Security Act.

May a unit of local government receiving a Fund payment transfer funds to another unit of government?

Yes. For example, a county may transfer funds to a city, town, or school district within the county and a county or city may transfer funds to its State, provided that the transfer qualifies as a necessary expenditure incurred due to the public health emergency and meets the other criteria of section 601(d) of the Social Security Act outlined in the Guidance. For example, a transfer from a county to a constituent city would not be permissible if the funds were intended to be used simply to fill shortfalls in government revenue to cover expenditures that would not otherwise qualify as an eligible expenditure.

Is a Fund payment recipient required to transfer funds to a smaller, constituent unit of government within its borders?

No. For example, a county recipient is not required to transfer funds to smaller cities within the county's borders.

Are recipients required to use other federal funds or seek reimbursement under other federal programs before using Fund payments to satisfy eligible expenses?

No. Recipients may use Fund payments for any expenses eligible under section 601(d) of the Social Security Act outlined in the Guidance. Fund payments are not required to be used as the source of funding of last resort. However, as noted below, recipients may not use payments from the Fund to cover expenditures for which they will receive reimbursement.

Are there prohibitions on combining a transaction supported with Fund payments with other CARES Act funding or COVID-19 relief Federal funding?

Recipients will need to consider the applicable restrictions and limitations of such other sources of funding. In addition, expenses that have been or will be reimbursed under any federal program, such as the reimbursement by the federal government pursuant to the CARES Act of contributions by States to State unemployment funds, are not eligible uses of Fund payments.

Are States permitted to use Fund payments to support state unemployment insurance funds generally?

To the extent that the costs incurred by a state unemployment insurance fund are incurred due to the COVID-19 public health emergency, a State may use Fund payments to make payments to its respective state unemployment insurance fund, separate and apart from such State's obligation to the unemployment insurance fund as an employer. This will permit States to use Fund payments to prevent expenses related to the public health emergency from causing their state unemployment insurance funds to become insolvent.

Are recipients permitted to use Fund payments to pay for unemployment insurance costs incurred by the recipient as an employer?

Yes, Fund payments may be used for unemployment insurance costs incurred by the recipient as an employer (for example, as a reimbursing employer) related to the COVID-19 public health emergency if such costs will not be reimbursed by the federal government pursuant to the CARES Act or otherwise.

The Guidance states that the Fund may support a “broad range of uses” including payroll expenses for several classes of employees whose services are “substantially dedicated to mitigating or responding to the COVID-19 public health emergency.” What are some examples of types of covered employees?

The Guidance provides examples of broad classes of employees whose payroll expenses would be eligible expenses under the Fund. These classes of employees include public safety, public health, health care, human services, and similar employees whose services are substantially dedicated to mitigating or responding to the COVID-19 public health emergency. Payroll and benefit costs associated with public employees who could have been furloughed or otherwise laid off but who were instead repurposed to perform previously unbudgeted functions substantially dedicated to mitigating or responding to the COVID-19 public health emergency are also covered. Other eligible expenditures include payroll and benefit costs of educational support staff or faculty responsible for developing online learning capabilities necessary to continue educational instruction in response to COVID-19-related school closures. Please see the Guidance for a discussion of what is meant by an expense that was not accounted for in the budget most recently approved as of March 27, 2020.

In some cases, first responders and critical health care workers that contract COVID-19 are eligible for workers’ compensation coverage. Is the cost of this expanded workers compensation coverage eligible?

Increased workers compensation cost to the government due to the COVID-19 public health emergency incurred during the period beginning March 1, 2020, and ending December 30, 2020, is an eligible expense.

If a recipient would have decommissioned equipment or not renewed a lease on particular office space or equipment but decides to continue to use the equipment or to renew the lease in order to respond to the public health emergency, are the costs associated with continuing to operate the equipment or the ongoing lease payments eligible expenses?

Yes. To the extent the expenses were previously unbudgeted and are otherwise consistent with section 601(d) of the Social Security Act outlined in the Guidance, such expenses would be eligible.

May recipients provide stipends to employees for eligible expenses (for example, a stipend to employees to improve telework capabilities) rather than require employees to incur the eligible cost and submit for reimbursement?

Expenditures paid for with payments from the Fund must be limited to those that are necessary due to the public health emergency. As such, unless the government were to determine that providing assistance in the form of a stipend is an administrative necessity, the government should provide such assistance on a reimbursement basis to ensure as much as possible that funds are used to cover only eligible expenses.

May Fund payments be used for COVID-19 public health emergency recovery planning?

Yes. Expenses associated with conducting a recovery planning project or operating a recovery coordination office would be eligible, if the expenses otherwise meet the criteria set forth in section 601(d) of the Social Security Act outlined in the Guidance.

Are expenses associated with contact tracing eligible?

Yes, expenses associated with contract tracing are eligible.

To what extent may a government use Fund payments to support the operations of private hospitals?

Governments may use Fund payments to support public or private hospitals to the extent that the costs are necessary expenditures incurred due to the COVID-19 public health emergency, but the form such assistance would take may differ. In particular, financial assistance to private hospitals could take the form of a grant or a short-term loan.

May payments from the Fund be used to assist individuals with enrolling in a government benefit program for those who have been laid off due to COVID-19 and thereby lost health insurance?

Yes. To the extent that the relevant government official determines that these expenses are necessary and they meet the other requirements set forth in section 601(d) of the Social Security Act outlined in the Guidance, these expenses are eligible.

May recipients use Fund payments to facilitate livestock depopulation incurred by producers due to supply chain disruptions?

Yes, to the extent these efforts are deemed necessary for public health reasons or as a form of economic support as a result of the COVID-19 health emergency.

Would providing a consumer grant program to prevent eviction and assist in preventing homelessness be considered an eligible expense?

Yes, assuming that the recipient considers the grants to be a necessary expense incurred due to the COVID-19 public health emergency and the grants meet the other requirements for the use of Fund payments under section 601(d) of the Social Security Act outlined in the Guidance. As a general matter, providing assistance to recipients to enable them to meet property tax requirements would not be an eligible use of funds, but exceptions may be made in the case of assistance designed to prevent foreclosures.

May recipients create a “payroll support program” for public employees?

Use of payments from the Fund to cover payroll or benefits expenses of public employees are limited to those employees whose work duties are substantially dedicated to mitigating or responding to the COVID-19 public health emergency.

May recipients use Fund payments to cover employment and training programs for employees that have been furloughed due to the public health emergency?

Yes, this would be an eligible expense if the government determined that the costs of such employment and training programs would be necessary due to the public health emergency.

May recipients use Fund payments to provide emergency financial assistance to individuals and families directly impacted by a loss of income due to the COVID-19 public health emergency?

Yes, if a government determines such assistance to be a necessary expenditure. Such assistance could include, for example, a program to assist individuals with payment of overdue rent or mortgage payments to avoid eviction or foreclosure or unforeseen financial costs for funerals and other emergency individual needs. Such assistance should be structured in a manner to ensure as much as possible, within the realm of what is administratively feasible, that such assistance is necessary.

The Guidance provides that eligible expenditures may include expenditures related to the provision of grants to small businesses to reimburse the costs of business interruption caused by required closures. What is meant by a “small business,” and is the Guidance intended to refer only to expenditures to cover administrative expenses of such a grant program?

Governments have discretion to determine what payments are necessary. A program that is aimed at assisting small businesses with the costs of business interruption caused by required closures should be tailored to assist those businesses in need of such assistance. The amount of a grant to a small business to reimburse the costs of business interruption caused by required closures would also be an eligible expenditure under section 601(d) of the Social Security Act, as outlined in the Guidance.

The Guidance provides that expenses associated with the provision of economic support in connection with the public health emergency, such as expenditures related to the provision of grants to small businesses to reimburse the costs of business interruption caused by required closures, would constitute eligible expenditures of Fund payments. Would such expenditures be eligible in the absence of a stay-at-home order?

Fund payments may be used for economic support in the absence of a stay-at-home order if such expenditures are determined by the government to be necessary. This may include, for example, a grant program to benefit small businesses that close voluntarily to promote social distancing measures or that are affected by decreased customer demand as a result of the COVID-19 public health emergency.

May Fund payments be used to assist impacted property owners with the payment of their property taxes?

Fund payments may not be used for government revenue replacement, including the provision of assistance to meet tax obligations.

May Fund payments be used to replace foregone utility fees? If not, can Fund payments be used as a direct subsidy payment to all utility account holders?

Fund payments may not be used for government revenue replacement, including the replacement of unpaid utility fees. Fund payments may be used for subsidy payments to electricity account holders to the extent that the subsidy payments are deemed by the recipient to be necessary expenditures incurred due to the COVID-19 public health emergency and meet the other criteria of section 601(d) of the Social Security Act outlined in the Guidance. For example, if determined to be a necessary expenditure, a government could provide grants to individuals facing economic hardship to allow them to pay their utility fees and thereby continue to receive essential services.

Could Fund payments be used for capital improvement projects that broadly provide potential economic development in a community?

In general, no. If capital improvement projects are not necessary expenditures incurred due to the COVID-19 public health emergency, then Fund payments may not be used for such projects.

However, Fund payments may be used for the expenses of, for example, establishing temporary public medical facilities and other measures to increase COVID-19 treatment capacity or improve mitigation measures, including related construction costs.

The Guidance includes workforce bonuses as an example of ineligible expenses but provides that hazard pay would be eligible if otherwise determined to be a necessary expense. Is there a specific definition of “hazard pay”?

Hazard pay means additional pay for performing hazardous duty or work involving physical hardship, in each case that is related to COVID-19.

The Guidance provides that ineligible expenditures include “[p]ayroll or benefits expenses for employees whose work duties are not substantially dedicated to mitigating or responding to the COVID-19 public health emergency.” Is this intended to relate only to public employees?

Yes. This particular nonexclusive example of an ineligible expenditure relates to public employees. A recipient would not be permitted to pay for payroll or benefit expenses of private employees and any financial assistance (such as grants or short-term loans) to private employers are not subject to the restriction that the private employers’ employees must be substantially dedicated to mitigating or responding to the COVID-19 public health emergency.

May counties pre-pay with CARES Act funds for expenses such as a one or two-year facility lease, such as to house staff hired in response to COVID-19?

A government should not make prepayments on contracts using payments from the Fund to the extent that doing so would not be consistent with its ordinary course policies and procedures.

Must a stay-at-home order or other public health mandate be in effect in order for a government to provide assistance to small businesses using payments from the Fund?

No. The Guidance provides, as an example of an eligible use of payments from the Fund, expenditures related to the provision of grants to small businesses to reimburse the costs of business interruption caused by required closures. Such assistance may be provided using amounts received from the Fund in the absence of a requirement to close businesses if the relevant government determines that such expenditures are necessary in response to the public health emergency.

Should States receiving a payment transfer funds to local governments that did not receive payments directly from Treasury?

Yes, provided that the transferred funds are used by the local government for eligible expenditures under the statute. To facilitate prompt distribution of Title V funds, the CARES Act authorized Treasury to make direct payments to local governments with populations in excess of 500,000, in amounts equal to 45% of the local government's per capita share of the statewide allocation. This statutory structure was based on a recognition that it is more administratively feasible to rely on States, rather than the federal government, to manage the transfer of funds to smaller local governments. Consistent with the needs of all local governments for funding to address the public health emergency, States should transfer funds to local governments with populations of 500,000 or less, using as a benchmark the per capita allocation formula that governs payments to larger local governments. This approach will ensure equitable treatment among local governments of all sizes.

For example, a State received the minimum \$1.25 billion allocation and had one county with a population over 500,000 that received \$250 million directly. The State should distribute 45 percent of the \$1 billion it received, or \$450 million, to local governments within the State with a population of 500,000 or less.

May a State impose restrictions on transfers of funds to local governments?

Yes, to the extent that the restrictions facilitate the State's compliance with the requirements set forth in section 601(d) of the Social Security Act outlined in the Guidance and other applicable requirements such as the Single Audit Act, discussed below. Other restrictions are not permissible.

If a recipient must issue tax anticipation notes (TANs) to make up for tax due date deferrals or revenue shortfalls, are the expenses associated with the issuance eligible uses of Fund payments?

If a government determines that the issuance of TANs is necessary due to the COVID-19 public health emergency, the government may expend payments from the Fund on the interest expense payable on TANs by the borrower and unbudgeted administrative and transactional costs, such as necessary payments to advisors and underwriters, associated with the issuance of the TANs.

May recipients use Fund payments to expand rural broadband capacity to assist with distance learning and telework?

Such expenditures would only be permissible if they are necessary for the public health emergency. The cost of projects that would not be expected to increase capacity to a significant extent until the need for distance learning and telework have passed due to this public health emergency would not be necessary due to the public health emergency and thus would not be eligible uses of Fund payments.

Are costs associated with increased solid waste capacity an eligible use of payments from the Fund?

Yes, costs to address increase in solid waste as a result of the public health emergency, such as relates to the disposal of used personal protective equipment, would be an eligible expenditure.

May payments from the Fund be used to cover across-the-board hazard pay for employees working during a state of emergency?

No. The Guidance says that funding may be used to meet payroll expenses for public safety, public health, health care, human services, and similar employees whose services are substantially dedicated to mitigating or responding to the COVID-19 public health emergency. Hazard pay is a form of payroll expense and is subject to this limitation, so Fund payments may only be used to cover hazard pay for such individuals.

May Fund payments be used for expenditures related to the administration of Fund payments by a State, territorial, local, or Tribal government?

Yes, if the administrative expenses represent an increase over previously budgeted amounts and are limited to what is necessary. For example, a State may expend Fund payments on necessary administrative expenses incurred with respect to a new grant program established to disburse amounts received from the Fund.

May recipients use Fund payments to provide loans?

Yes, if the loans otherwise qualify as eligible expenditures under section 601(d) of the Social Security Act as implemented by the Guidance. Any amounts repaid by the borrower before December 30, 2020, must be either returned to Treasury upon receipt by the unit of government providing the loan or used for another expense that qualifies as an eligible expenditure under section 601(d) of the Social Security Act. Any amounts not repaid by the borrower until after December 30, 2020, must be returned to Treasury upon receipt by the unit of government lending the funds.

May Fund payments be used for expenditures necessary to prepare for a future COVID-19 outbreak?

Fund payments may be used only for expenditures necessary to address the current COVID-19 public health emergency. For example, a State may spend Fund payments to create a reserve of personal protective equipment or develop increased intensive care unit capacity to support regions in its jurisdiction not yet affected, but likely to be impacted by the current COVID-19 pandemic.

May funds be used to satisfy non-federal matching requirements under the Stafford Act?

Yes, payments from the Fund may be used to meet the non-federal matching requirements for Stafford Act assistance to the extent such matching requirements entail COVID-19-related costs that otherwise satisfy the Fund's eligibility criteria and the Stafford Act. Regardless of the use of Fund payments for such purposes, FEMA funding is still dependent on FEMA's determination of eligibility under the Stafford Act.

Must a State, local, or tribal government require applications to be submitted by businesses or individuals before providing assistance using payments from the Fund?

Governments have discretion to determine how to tailor assistance programs they establish in response to the COVID-19 public health emergency. However, such a program should be structured in such a manner as will ensure that such assistance is determined to be necessary in response to the COVID-19 public health emergency and otherwise satisfies the requirements of the CARES Act and other applicable law. For example, a per capita payment to residents of a particular jurisdiction without an assessment of individual need would not be an appropriate use of payments from the Fund.

May Fund payments be provided to non-profits for distribution to individuals in need of financial assistance, such as rent relief?

Yes, non-profits may be used to distribute assistance. Regardless of how the assistance is structured, the financial assistance provided would have to be related to COVID-19.

May recipients use Fund payments to remarket the recipient's convention facilities and tourism industry?

Yes, if the costs of such remarketing satisfy the requirements of the CARES Act. Expenses incurred to publicize the resumption of activities and steps taken to ensure a safe experience may be needed due to

the public health emergency. Expenses related to developing a long-term plan to reposition a recipient's convention and tourism industry and infrastructure would not be incurred due to the public health emergency and therefore may not be covered using payments from the Fund.

May a State provide assistance to farmers and meat processors to expand capacity, such to cover overtime for USDA meat inspectors?

If a State determines that expanding meat processing capacity, including by paying overtime to USDA meat inspectors, is a necessary expense incurred due to the public health emergency, such as if increased capacity is necessary to allow farmers and processors to donate meat to food banks, then such expenses are eligible expenses, provided that the expenses satisfy the other requirements set forth in section 601(d) of the Social Security Act outlined in the Guidance.

The guidance provides that funding may be used to meet payroll expenses for public safety, public health, health care, human services, and similar employees whose services are substantially dedicated to mitigating or responding to the COVID-19 public health emergency. May Fund payments be used to cover such an employee's entire payroll cost or just the portion of time spent on mitigating or responding to the COVID-19 public health emergency?

As a matter of administrative convenience, the entire payroll cost of an employee whose time is substantially dedicated to mitigating or responding to the COVID-19 public health emergency is eligible, provided that such payroll costs are incurred by December 30, 2020. An employer may also track time spent by employees related to COVID-19 and apply Fund payments on that basis but would need to do so consistently within the relevant agency or department.

May Fund payments be used to cover increased administrative leave costs of public employees who could not telework in the event of a stay at home order or a case of COVID-19 in the workplace?

The statute requires that payments be used only to cover costs that were not accounted for in the budget most recently approved as of March 27, 2020. As stated in the Guidance, a cost meets this requirement if either (a) the cost cannot lawfully be funded using a line item, allotment, or allocation within that budget or (b) the cost is for a substantially different use from any expected use of funds in such a line item, allotment, or allocation. If the cost of an employee was allocated to administrative leave to a greater extent than was expected, the cost of such administrative leave may be covered using payments from the Fund.

Questions Related to Administration of Fund Payments

Do governments have to return unspent funds to Treasury?

Yes. Section 601(f)(2) of the Social Security Act, as added by section 5001(a) of the CARES Act, provides for recoupment by the Department of the Treasury of amounts received from the Fund that have not been used in a manner consistent with section 601(d) of the Social Security Act. If a government has not used funds it has received to cover costs that were incurred by December 30, 2020, as required by the statute, those funds must be returned to the Department of the Treasury.

What records must be kept by governments receiving payment?

A government should keep records sufficient to demonstrate that the amount of Fund payments to the government has been used in accordance with section 601(d) of the Social Security Act.

May recipients deposit Fund payments into interest bearing accounts?

Yes, provided that if recipients separately invest amounts received from the Fund, they must use the interest earned or other proceeds of these investments only to cover expenditures incurred in accordance with section 601(d) of the Social Security Act and the Guidance on eligible expenses. If a government deposits Fund payments in a government's general account, it may use those funds to meet immediate cash management needs provided that the full amount of the payment is used to cover necessary expenditures. Fund payments are not subject to the Cash Management Improvement Act of 1990, as amended.

May governments retain assets purchased with payments from the Fund?

Yes, if the purchase of the asset was consistent with the limitations on the eligible use of funds provided by section 601(d) of the Social Security Act.

What rules apply to the proceeds of disposition or sale of assets acquired using payments from the Fund?

If such assets are disposed of prior to December 30, 2020, the proceeds would be subject to the restrictions on the eligible use of payments from the Fund provided by section 601(d) of the Social Security Act.

Are Fund payments to State, territorial, local, and tribal governments considered grants?

No. Fund payments made by Treasury to State, territorial, local, and Tribal governments are not considered to be grants but are "other financial assistance" under 2 C.F.R. § 200.40.

Are Fund payments considered federal financial assistance for purposes of the Single Audit Act?

Yes, Fund payments are considered to be federal financial assistance subject to the Single Audit Act (31 U.S.C. §§ 7501-7507) and the related provisions of the Uniform Guidance, 2 C.F.R. § 200.303 regarding internal controls, §§ 200.330 through 200.332 regarding subrecipient monitoring and management, and subpart F regarding audit requirements.

Are Fund payments subject to other requirements of the Uniform Guidance?

Fund payments are subject to the following requirements in the Uniform Guidance (2 C.F.R. Part 200): 2 C.F.R. § 200.303 regarding internal controls, 2 C.F.R. §§ 200.330 through 200.332 regarding subrecipient monitoring and management, and subpart F regarding audit requirements.

Is there a Catalog of Federal Domestic Assistance (CFDA) number assigned to the Fund?

Yes. The CFDA number assigned to the Fund is 21.019.

If a State transfers Fund payments to its political subdivisions, would the transferred funds count toward the subrecipients' total funding received from the federal government for purposes of the Single Audit Act?

Yes. The Fund payments to subrecipients would count toward the threshold of the Single Audit Act and 2 C.F.R. part 200, subpart F re: audit requirements. Subrecipients are subject to a single audit or program-

specific audit pursuant to 2 C.F.R. § 200.501(a) when the subrecipients spend \$750,000 or more in federal awards during their fiscal year.

Are recipients permitted to use payments from the Fund to cover the expenses of an audit conducted under the Single Audit Act?

Yes, such expenses would be eligible expenditures, subject to the limitations set forth in 2 C.F.R. § 200.425.

If a government has transferred funds to another entity, from which entity would the Treasury Department seek to recoup the funds if they have not been used in a manner consistent with section 601(d) of the Social Security Act?

The Treasury Department would seek to recoup the funds from the government that received the payment directly from the Treasury Department. State, territorial, local, and Tribal governments receiving funds from Treasury should ensure that funds transferred to other entities, whether pursuant to a grant program or otherwise, are used in accordance with section 601(d) of the Social Security Act as implemented in the Guidance.

Coronavirus Relief Fund Reporting and Record
Retention Requirements
July 2, 2020



OFFICE OF
INSPECTOR GENERAL

DEPARTMENT OF THE TREASURY
WASHINGTON, D.C. 20220

July 2, 2020

OIG-CA-20-021

MEMORANDUM FOR CORONAVIRUS RELIEF FUND RECIPIENTS

FROM: Richard K. Delmar /s/
 Deputy Inspector General

SUBJECT: Coronavirus Relief Fund Reporting and Record Retention
 Requirements

Title VI of the Social Security Act, as amended by Title V of Division A of the *Coronavirus Aid, Relief, and Economic Security Act* (Public Law 115-136), provides that the Department of the Treasury (Treasury) Office of Inspector General (OIG) is responsible for monitoring and oversight of the receipt, disbursement, and use of Coronavirus Relief Fund payments. Treasury OIG also has authority to recover funds in the event that it is determined a recipient of a Coronavirus Relief Fund payment failed to comply with requirements of subsection 601(d) of the Social Security Act, as amended, (42 U.S.C. 801(d)). Accordingly, we are providing recipient reporting and record retention requirements that are essential for the exercise of these responsibilities, including our conduct of audits and investigations.

Reporting Requirements and Timelines

Each prime recipient of Coronavirus Relief Fund payments¹ shall report Coronavirus Disease 2019 (COVID-19) related "costs incurred" during the "covered period"² (the period beginning on March 1, 2020 and ending on December 30, 2020), in the manner of and according to the timelines outlined in this memorandum. As described below, each prime recipient shall report interim and quarterly data and other recipient data according to these requirements. Treasury OIG is working on development of a portal with GrantSolutions³ that is expected to be operational on

¹ Prime recipients include all 50 States, Units of Local Governments, the District of Columbia, U.S. Territories, and Tribal Governments that received a direct payment from Treasury in accordance with Title V.

² Refer to Treasury's guidance dated June 30, 2020 for more information on costs incurred and the covered period.

³ A grant management service provider under the U.S. Department of Health and Human Services.

September 1, 2020, for recipients to report data on a quarterly basis. Until the GrantSolutions portal is operational, each prime recipient shall follow the interim reporting requirements. Treasury OIG will notify each prime recipient when GrantSolutions is operational or of any changes to the expected September 1, 2020 start date.

Interim Reporting for the period March 1 through June 30, 2020

By no later than July 17, 2020, each prime recipient is responsible for reporting costs incurred during the period March 1 through June 30, 2020. For this interim report, prime recipients need only report totals by the following broad categories:

- a. Amount transferred to other governments;
- b. Amount spent on payroll for public health and safety employees;
- c. Amount spent on budgeted personnel and services diverted to a substantially different use;
- d. Amount spent to improve telework capabilities of public employees;
- e. Amount spent on medical expenses;
- f. Amount spent on public health expenses;
- g. Amount spent to facilitate distance learning;
- h. Amount spent providing economic support;
- i. Amount spent on expenses associated with the issuance of tax anticipation notes; and
- j. Amount spent on items not listed above.

Recipients should consult Treasury's guidance and Frequently Asked Questions in reporting costs incurred during the period March 1 through June 30, 2020. The total of all categories must equal the total of all costs incurred during that period. A spreadsheet is attached for your use in providing the data. As discussed below, the prime recipient will be required to report information for the period March 1 through June 30, 2020 into GrantSolutions once it is operational.

Quarterly Reporting

Each prime recipient of Coronavirus Relief Fund payments shall report COVID-19 related costs into the GrantSolutions portal. Data required to be reported includes, but is not limited to, the following:

1. the total amount of payments from the Coronavirus Relief Fund received from Treasury;
2. the amount of funds received that were expended or obligated for each project or activity;
3. a detailed list of all projects or activities for which funds were expended or obligated, including:
 - a. the name of the project or activity;
 - b. a description of the project or activity; and

4. detailed information on any loans issued; contracts and grants awarded; transfers made to other government entities; and direct payments made by the recipient that are greater than \$50,000.

The prime recipient is responsible for reporting into the GrantSolutions portal information on uses of Coronavirus Relief Fund payments.

Recipient Portal Access: For future quarterly reporting, each prime recipient will have GrantSolutions portal access for three (3) individuals: two (2) designees (preparers) to input quarterly data and one (1) official authorized to certify that the data is true, accurate, and complete.⁴ **By no later than July 17, 2020**, please provide the name, title, email address, phone number, and postal address of these individuals so that portal access can be granted. After this information is received, guidance on the GrantSolutions portal access and data submission instructions will be issued separately.

Reporting timeline

By no later than September 21, 2020, recipients shall submit via the portal the first detailed quarterly report, which shall cover the period March 1 through June 30, 2020. Thereafter, quarterly reporting will be due no later than 10 days after each calendar quarter. For example, the period July 1 through September 30, 2020, must be reported no later than October 13, 2020 (Tuesday after the 10th day of October and the Columbus Day Holiday). Reporting shall end with either the calendar quarter after the COVID-19 related costs and expenditures have been liquidated and paid or the calendar quarter ending September 30, 2021, whichever comes first.

Record Retention Requirements

Recipients of Coronavirus Relief Fund payments shall maintain and make available to the Treasury OIG upon request all documents and financial records sufficient to establish compliance with subsection 601(d) of the Social Security Act, as amended, (42 U.S.C. 801(d)), which provides:

(d) USE OF FUNDS.—A State, Tribal government, and unit of local government shall use the funds provided under a payment made under this section to cover only those costs of the State, Tribal government, or unit of local government that—

1. are necessary expenditures incurred due to the public health emergency with respect to COVID-19;
2. were not accounted for in the budget most recently approved as of the date of enactment of this section for the State or government; and

⁴ The certifying official is an authorized representative of the recipient organization with the legal authority to give assurances, make commitments, enter into contracts, and execute such documents on behalf of the recipient.

3. were incurred⁵ during the period that begins on March 1, 2020, and ends on December 30, 2020.

Records to support compliance with subsection 601(d) may include, but are not limited to, copies of the following:

1. general ledger and subsidiary ledgers used to account for (a) the receipt of Coronavirus Relief Fund payments and (b) the disbursements from such payments to meet eligible expenses related to the public health emergency due to COVID-19;
2. budget records for 2019 and 2020;
3. payroll, time records, human resource records to support costs incurred for payroll expenses related to addressing the public health emergency due to COVID-19;
4. receipts of purchases made related to addressing the public health emergency due to COVID-19;
5. contracts and subcontracts entered into using Coronavirus Relief Fund payments and all documents related to such contracts;
6. grant agreements and grant subaward agreements entered into using Coronavirus Relief Fund payments and all documents related to such awards;
7. all documentation of reports, audits, and other monitoring of contractors, including subcontractors, and grant recipient and subrecipients;
8. all documentation supporting the performance outcomes of contracts, subcontracts, grant awards, and grant recipient subawards;
9. all internal and external email/electronic communications related to use of Coronavirus Relief Fund payments; and
10. all investigative files and inquiry reports involving Coronavirus Relief Fund payments.

Records shall be maintained for a period of five (5) years after final payment is made using Coronavirus Relief Fund monies. These record retention requirements are applicable to all prime recipients and their grantees and subgrant recipients, contractors, and other levels of government that received transfers of Coronavirus Relief Fund payments from prime recipients.

Thank you and we appreciate your assistance.

⁵ Refer to Treasury's guidance dated June 30, 2020 for more information on the definition of costs incurred.

Appendix 2 - Attestation

ATTESTATION

I, Dr. Sybil Rosado, Executive Staff, am the Title: Vice President of Name of Organization: Changing the Game for a New Generation, Inc, and I certify that:

1. I have the authority on behalf of Changing the Game for a New Generation, Inc (Organization) to sign this Attestation.
2. I understand that the Pinellas Community Foundation will rely on this attestation as a material representation in making a direct payment to this Organization.
3. Changing the Game for a New Generation, Inc (Organization) attests that proposed expenditures of this grant are appropriate and aligned with the awarded proposal, are for services related COVID-19 impacts to residents and/or the community on or after March 1, 2020, do not supplant existing services or budgets, and are not reimbursable by alternate means.
4. Changing the Game for a New Generation, Inc (Organization) attests it will only expend funds from this grant which are appropriate and aligned with the awarded proposal, are for services related COVID-19 impacts to residents and/or the community on or after March 1, 2020, and do not supplant existing services or budgets, and are not reimbursable by alternate means.

By: Dr. Sybil Rosado, Executive Staff (Printed Name)

Signature:  C832CDE9BB284D8...

Title: Vice President

Date: 12/4/2020

APPENDIX 3 – Minimum Monitoring Requirements

1. Site visit at onset of grant (could be virtual)
2. Site visit during grant program (could be virtual)
3. Mandatory training provided by PCF at onset of grant re: fiscal and accountability
4. Reimbursement only
5. Monthly report requesting reimbursement to include all invoice support, including detail timesheets and paystubs with allocation between payroll supporting this grant and others
6. Monthly budget to actual report
7. Obtain close-out report from grantee and reconcile to internal records

Appendix 4 – Application for Funding (including budget plan)

Changing the Game for a New Generation / Project I.A.M.

Pinellas CARES Nonprofit Partnership Fund

Changing the Game for a New Generation Inc.

Ms. Sydel Yvette LeGrande M.D.
2822 W Virginia Ave
Tampa, FL 33607

info@ctgforanewgeneration.com
O: 813-433-3976
M: 813-433-3976

Ms. Sydel Yvette LeGrande M.D.

1210 Boca Ciega Isle Dr
St Pete Beach, FL 33706

sydellegrandemd@gmail.com
O: 727-748-4426
M: 813-433-3976

Application Form

Introduction

As of 5 PM, 11/12/2020, Behavioral Health proposals for future programming will no longer be accepted. Under the Behavioral Health category, you may only apply for reimbursement of past expenses related to COVID-19.

NOTE: If your organization is awarded a grant, it is likely to be issued on a cost-reimbursement basis. This is determined at the contracting stage. Please consider this when developing your request and project start date.

The submission of an application is not a guarantee or commitment of funding. This application will be made public, in its entirety, including any attachments or uploads.

To see the rubric by which your organization's application will be scored, [click here](#).

Please answer these questions FIRST, as the application will show you the required sections and fields to complete based on your answers.

Priority Funding Areas*

Please select the priority area(s) most relevant to your request (see the PCF website for examples).

Behavioral Health

Reimbursement*

The Pinellas CARES Nonprofit Partnership Fund allows requests to ask for reimbursement of expenditures related to COVID-19 programming within the Priority Funding Areas that took place between March 1, 2020 and the time of application.

Will your organization be applying for this cost reimbursement?

No

Future Programming*

Will your organization be applying for funding for services to be delivered between the grant award decision and December 30, 2020?

As of 5 PM, 11/12/2020, you may no longer apply for future programming for Behavioral Health. You may only apply for reimbursement of already-rendered services related to COVID-19.

Yes

Project Name*

Changing the Game for a New Generation / Project I.A.M.

EIN*

81-3641562

DUNS Number*

Please provide your organization's DUNS number. This is the Data Universal Numbering System.

You can search for your DUNS number here: <https://www.dnb.com/duns-number/lookup.html>

If you do not have a DUNS number, you can apply for one here (it is free and may take 3-4 days for approval): <https://www.dnb.com/duns-number/get-a-duns.html>

This field is optional as to not stop a qualifying organization from applying. HOWEVER, a DUNS number *will* be required if your organization is approved for a grant. Your organization should apply for a DUNS number now if it does not yet have one.

113347859

Mission Statement*

Our mission is to intercede in the lives of children who have been exposed to adverse childhood experiences and historical trauma. We facilitate the transformation and restoration of segregated, marginalized poor black communities by educating and empowering the greatest change agents of a community, the children. Our goal is to help a community plagued by epigenetics to overcome this disadvantage with resiliency development programs that foster positive social and emotional intelligence.

Total Operating Expenditure*

What are your total annual operating expenses?

\$40,000.00

Amount Requested*

Please review the entire application and its fiscal requirements before determining the total amount your organization will be requesting. This amount

should include any reimbursements your organization is seeking for past COVID-19 programming.

Typical funding requests will range between \$25,000 and \$250,000. Amounts above and below are accepted, provided the request can be justified by community need.

Requests at the higher end, or above this range must have a significant and sustained impact on the vulnerable community being served. Your organization's capacity for spending a large amount of funds must also be justified.

\$42,383.00

If you are requesting more than \$250,000 or a large capital expenditure, please speak with PCF program staff to discuss the feasibility of your request **PRIOR TO submission**.

Priority Populations*

Please select the priority populations your programming will serve:

Note: Examples of "high-risk pandemic response jobs" include front-line workers, nurses, medical housekeeping staff, nonprofit employees, law-enforcement and medical first responders.

- Communities of color
- Children and/or the elderly
- Low-income families

Guiding Principles*

One of the guiding principles of this fund is that it will apply a lens of equity to ensure the needs of specified priority populations are met.

From the priority populations you have indicated above, please explain to what extent one or more these populations are involved in the creation, design, and impact of your organization (or this specific project).

This project draws upon leadership from communities of color and women. All lead staff and administrators in the program are women and people of color. The project's fundamental design and creation have been crafted by individuals from these priority populations and the organizational mission is to directly impact communities of color, children, and low-income families in Pinellas County. The targeted families in this project are all low-income families with children from communities of color. So these priority populations have been fully engaged in the creation, design, and intended impact of the program. All lead staff, and consultants are members of the priority populations that they endeavor to serve. Our entire organizational mission has been created and designed by women of color and it is specifically calculated to directly impact children, communities of color, and low-low income families. Our creation, design, and impact are all 100% driven by and for priority populations.

Length of time operating program/project*

Please briefly explain how long you have been operating the program or project for which you are requesting funds. **This funding is for expansion of existing programming or sustaining an existing expansion to meet community needs.**

Project I.A.M. has been a program since 2017. We served children in 2 Transformational Zone Schools in Pinellas. This proposal seeks to expand our counseling program to include the families of the children we traditionally serve because of COVID19.

Service Area*

In which areas of the county do you physically provide services?

South County (locations such as St. Petersburg, Lealman, Kenneth City)

Impact on Organization*

What has been the impact of the coronavirus/COVID-19 on the services of your organization? (Example: inability to provide enough food, unable to provide behavioral health sessions, lack of volunteerism, etc.)

COVID-19 has dramatically impacted our organization because it caused us to innovatively transform and expand our services to meet the needs of both children and their family members who are negatively impacted by this pandemic. Project I.A.M. which included mental and behavioral health support for children as an afterschool program on-site, is being expanded to include their family members. The fact that our schools were closed created a situation where our project was no longer able to be conducted because we lost direct access to our primary population of children of color from low-income families. We have not lost volunteers but we have suffered from an inability to provide the volunteers with access to children on school grounds. When the schools reopened, the required social distancing prevented outsiders from coming to the schools. As a result of this change brought on by COVID-19, we have been forced to find a physical location to house our program. This extension of Project I.A.M. provides students we previously saw at their schools with an opportunity to continue to participate in our mental and behavioral support services despite the fact that we have been excluded from their schools physically because of COVID. Extending Project I.A.M. services to family members will give us the opportunity to include the families of the children we serve and provide them with mental and behavioral health support directly related to the stressors they are experiencing because of COVID-19. We are striving to change the game for a new generation of digital learners who also are coping with the isolation and separation associated with mandated social distancing. We respect social distancing and the only way to continue service during COVID was for us to rent a building, renovate the building, and furnish it in order to continue our program. We had unable to provide mental health sessions because COVID prevented us from entering the schools and serving our participants.

Fiscal Accountability

Federal Fund Disclosure*

If your organization is awarded this grant, you may be considered a subrecipient of federal funding. THEREFORE, if you are deemed a subrecipient and your organization reaches a threshold of having spent more than \$750,000 in federal funding this fiscal year (this INCLUDES other federally funded programs), it will be subject to requirements of the Federal Single Audit Act. This will require your organization to comply with Federal Compliance Requirements and may necessitate additional expenses for your organization and you should prepare for this.

It is advisable that you contact a certified public accountant (CPA) or other professional for guidance.

Yes, my organization understands and assumes all liabilities/costs in regards to federal funding.

Audited Financial Statements*

Does your organization routinely contract to have an audit conducted of its financial statements?

No

Most Recently Filed IRS Form 990*

Please upload a copy of the organization's most recently filed IRS Form 990. **This is absolutely required.**

CTG 990 .pdf

Board-Approved Budget*

Please upload your most recently board-approved budget for this fiscal year in PDF format.

Budget CTG 2019-20.pdf

No Audited Financial Statements

Explanation for Lack of Audit*

Please briefly explain why your organization does not annually have an independent audit conducted. If you have any documentation, such as financials statements, or a letter from a CPA explaining the lack of an audit, you may upload it here in PDF format.

Our organization is a federally designated 501 3(c) that has been primarily funded through the generous donations of Dr. Sydel LeGrande, who is also the founder of Changing the Game for a New Generation. Her personal donations to the organization have only been supplemented by minor donations from outside sources. The board for Changing the Game For a New Generation has maintained accountability by holding yearly meetings with stakeholders and because of the small number of stakeholders transparency has been achieved by reporting on expenditures during these meetings. Diversifying the base of donors and applying for grants has made the Board vote to immediately begin yearly audits.

Expansion or Sustaining of Exact Programming Funded by Another Source

Existing Contract

If you are applying for funding to expand and/or sustain COVID-19 response programming that has already been funded by another source, please upload that contract here and provide a brief description of the funding source and relationship with the funder. Please note that any costs funded by another source are not allowed to be included in this application. Only the costs that are required to expand or sustain programs in excess of that funding will be considered for the purposes of this application.

N/A

Funding and Usage

Client Service Delivery*

Briefly describe the services to be delivered under the programming for which you are requesting funding. Please include when and where the services will occur, how the target population will access the services, and the length of time the services will be provided. **Please specify the zip codes of participants. If not available, specify the zip codes of service delivery points.**

We will deliver services via bi-weekly meetings from November 8, 2020-December 31, 2020. Families will be engaged via ZOOM for one meeting and then they will be invited to participate at our facility for optional weekly in-person socially distanced expressive arts therapy. The 90-minute zoom sessions will include parents and children. Breakout rooms will be utilized where children and adults are separated into groups that are led by child psychologists or LCSWs. Adult family members may also participate in individualized counseling sessions. Workshop topics are geared to support participants' positive mental and behavioral health, related to stressors exacerbated by COVID-19. Our program intentionally runs during the holidays as this is a time where self-reported depression increases. We are combating seasonal depression exacerbated by COVID. We use expressive arts therapy in our sessions to deliver behavioral health counseling to a population that is resistant to traditional mental health intervention methods. Our participants will be given the opportunity to interact in socially distanced groups with local artists who are adept at crafting activities to impact participants' behavioral health. Participants will be encouraged and inspired to produce expressive art that describes their emotions, concerns, and plans for their future and the future of their children. Our therapy modality endeavors to have participants see beyond COVID-19. It is critical for us to offer the possibility of real-time social interaction to our participants, which is still socially distanced, therefore we rented office space large enough to accommodate social distancing. Our primary service delivery point is located at 1626 18th Av S. St. Pete, FL 33712. For participants who need it, we will provide transportation to this location by van. Thus, we engage our participants both in their homes digitally and at our office weekly in person.

Communication/Outreach and Community Engagement Efforts*

In what ways is your organization marketing and communicating its available programming to the community it serves? How will you ensure that your target population is aware of your services and utilizes them?

This very project is designed for and from our prior community engagement. We have spoken to key leaders in education within the community to help us identify participants. Our organization recently had a Virtual Cocktail Hour where 50 community leaders and stakeholders heard and saw our overall plan for the community in the 33712 zip code where we have chosen to serve. We have 5000 flyers that will be hand-delivered to surrounding communities to recruit more participants. We have notified major churches, sororities, and fraternities that serve the same community of about our program. We have an active website and social media account where we engage the community and conduct outreach. Because we were prevented from entering the schools to access the children we traditionally serve we have had to reach out to the community to restore our client list. We expect our ten (10) families in our target population to grow to include twenty (20) families or sixty to seventy individuals (70). Our long-term goal is to expand our program and enroll one hundred (100) children and their families, which will impact three hundred individuals (300), in Project I.A.M. Family Connections where they and their families will be able to reap the benefits of our mental and behavioral support program.

Hurricane Preparedness*

If a hurricane-related emergency were to strike Pinellas County this year and cause an interruption in your organization's normal programming, how would you return to offering the programming, and continue to spend awarded funds from this grant?

There is an expectation that your programming will be able to continue in the event of a hurricane-related emergency.

If your organization has a COOP (Continuity of Operations Plan), you may upload it here instead of providing a text answer. You may redact sensitive information from your organization's COOP.

The majority of our engagement will be by video. The design parameters of our project are primarily dependent on the internet and electrical services. Therefore, as long as participants and our workers have access to these items we can continue our program. To aid in our socially distanced program delivery will use 20 digital devices to assist families with accessing our program and 5 devices for our counselors. Participants will be able to use these devices to connect with us even if they are forced to relocate. A large portion of the finances will be spent upon confirmation of our program and the expenditures are required to initiate the program, thus we are confident that we will be able to fulfill the proposed services in the allotted time period and spend all of the funds we have requested.

Evidence of Insurance Coverage*

Grantees of the Pinellas CARES Nonprofit Partnership Fund will be required to maintain appropriate insurance to cover the services proposed in this application. PCF will determine whether this coverage is appropriate.

Please upload evidence of insurance policies that cover the programming for which your organization is requesting funds.

If there is no insurance coverage for this programming, please provide an explanation as to why.

The insurance coverage has been requested. However, when companies have reviewed our address they have been apprehensive about providing us with reasonably priced policies as the building we are renting is in a place that is central to our target populations. Unfortunately, being near our target population, which is in close proximity to a community of color, has resulted in unexplained delays that have hindered our completion of this process. However, despite the increased rates, we expect to have coverage in place in a matter of days.

Insurance Requirement*

If you are awarded a contract for the Pinellas CARES Nonprofit Partnership Fund, you will be required to list Pinellas Community Foundation as an additional insured through your general liability insurance. If you would like to begin this process now, please contact your general liability insurance carrier.

Here is the information for your carrier:

Pinellas Community Foundation
17755 US Highway 19 N
Suite 150
Clearwater, FL 33764

727-531-0058

Please check the box below to indicate that you understand and will be able to comply with this requirement.

Yes, I understand this requirement.

The Budget Summary and Budget Narrative sections are absolutely critical to a successful application. Improperly completed forms will be returned to you to fix, and will delay a funding decision being made on your application. Please see the examples in each section. To avoid rejection of your organization's application, PCF HIGHLY recommends you watch this short, instructional video as well: [Budget Narrative/Summary Instructions](#)

Update as of 9/25/2020: Due to new U.S. Department of the Treasury guidance, the CARES Act does not cover *any* administrative or indirect costs. The Budget Narrative and Summary have been updated. CFO, CEO, and other types of "administrative" time must be documented as a **direct cost on an hourly basis** under Personnel or Contracted Services. The above webinar will be updated shortly.

If your organization is awarded a grant, it is likely to be issued on a cost-reimbursement basis. Please consider this when developing your budget narrative and summary.

Note about Hazard Pay: Hazard pay will not automatically be approved as a budget item. Hazard pay is only for hazardous duty or work involving physical hardship, in each case that is related to COVID-19. Much of the immediate hazards of COVID-19 can be mitigated by appropriate use of PPE and/or regular sanitizing of spaces. The threshold for approval of hazard pay is high. It is best that you inquire in advance of adding this to a budget in your grant application.

If you would like to use a unit of service cost as a basis for your budget, you **MUST** contact Pinellas Community Foundation program staff **FIRST** to discuss this possibility.

Budget Summary*

Please download the budget summary template [HERE](#) and complete it. **If you have selected multiple Priority Fund Areas, you should include ALL costs in this summary.**

Capital includes buildings, vehicles, equipment at \$3,000 or more per item. The purchase of capital must represent the lower cost option for the period during which the purchased asset would be used for COVID-response activities. Outright purchase must be less than the cost of renting or leasing OR if renting or leasing is not available.

CLICK HERE TO SEE AN EXAMPLE OF A PROPERLY COMPLETED BUDGET SUMMARY.

Please export as a PDF and upload it.

CARES-Partnership-Fund-Budget-pdf Summary-Grant CTG.pdf

Budget Narrative*

Please download the budget narrative template **HERE** and complete it.

The budget narrative needs to do more than define the expenses. It should clearly state what is going to be paid using CARES funds and then justify the expenses as a program expansion (or sustaining an already expanded program) as a result of COVID-19. Do not bold, underline, or italicize. Use dollar amounts that match your Budget Summary.

If you have selected multiple Priority Fund Areas, you should include ALL costs in this narrative.

CLICK HERE TO SEE AN EXAMPLE OF A PROPERLY COMPLETED BUDGET NARRATIVE.

Capital includes buildings, vehicles, equipment at \$3,000 or more per item. The purchase of capital must represent the lower cost option for the period during which the purchased asset would be used for COVID-response activities. Outright purchase must be less than the cost of renting or leasing OR if renting or leasing is not available.

Please export as a PDF and upload it.

CARES-Partnership-Budget-Narrative.pdf

Capital Requests

If you are requesting funding for capital expenses, please upload bids/estimates/rental agreements to match the expenses described in your budget summary and narrative.

Please upload in PDF format.

Logistical partner organizations (LPOs) are considered to be a critical part of service delivery strategy for this grant program, and using them is highly encouraged. Typical LPOs are:

- Grassroots organizations with small annual operating budgets (under \$50,000)
- Churches and other faith-based organizations
- Neighborhood associations
- Social organizations/collaboratives
- Resident councils in low-income house communities
- Neighborhood family centers
- Senior centers

Their essential role is to serve as outreach, information, referral and service delivery sites for food distribution, legal aid counseling to prevent evictions and behavioral health services, consistent with the three priority need areas in the grant specifications.

Are you going to use LPOs in this programming?*

Yes

Logistical Partner Organizations (LPOs)

LPO List*

Please upload a list with entity names and primary contact information for each LPO. If there is additional information to provide, do so in the text box below.

Kidzonomics LLC. Sheena Qualles
The Law Office of Sybil D. Rosado, Independent Contractor & Consultant Sybil Rosado: 803-466-0289
HUGS Therapy Services. Dr. Eugenia Agard DBH,LMHC,CCATP,CTMH
Digitized Social Research Solutions, Inc. Tony Kennedy: 803-718-5231

Role in Programming*

Please describe the role(s) of specified LPOs in the programming proposed in this application.

Kidzonomics LLC. Sheena Qualles-This LPO will provide us with educational information to children regarding financial literacy. 201-207-3507

The Law Office of Sybil D. Rosado, Independent Contractor & Consultant Sybil Rosado: 803-466-0289, This provider will be managing our grant funds and reporting requirements.

HUGS Therapy Services. Dr. Eugenia Agard DBH,LMHC,CCATP,CTMH This provider will be conducting counseling sessions with our participants. 407-791-1900

Digitized Social Research Solutions, Inc. Tony Kennedy: 803-718-5231 This provider will deliver cybersecurity and physical security seminars and training and assist our program with data collection and analysis. This company will also assist us in the completion of our weekly reporting.

Behavioral Health

As of 5 PM, 11/12/2020, Behavioral Health proposals for future programming will no longer be accepted. Under the Behavioral Health category, you may only apply for reimbursement of past expenses related to COVID-19. Do not fill this area out.

This grant will require weekly reporting on the following measures:

- Number of individuals receiving **COVID-19-related behavioral health services** by in person, telehealth, or telephone by zip code of participant or service delivery point (participant zip code is preferred)

This grant will require monthly reporting on the following measures:

- **Percentage of target met** of the projected number of people receiving **COVID-19-related behavioral health services** by in person, telehealth, or telephone.
- **Monthly Progress Rate** as defined by your measurement and methodology specified below

Affirmation of Reporting*

I affirm that my organization is capable of providing weekly and monthly reports on the above measures.

Yes

Measurement - Behavioral Health*

The Pinellas CARES Nonprofit Partnership Fund understands that behavioral health involves several dimensions of clinical need and organizational infrastructure.

For the purpose of this grant, applicants are asked to select **ONE** robust measure of progress that can be validly measured on a monthly basis. Please describe the instrument that you are going to use and how the results are interpreted to indicate progress.

We selected the Beck Anxiety Inventory (BAI) for adults and kids b/c of its simple administration, repeatability, discrimination between symptoms of anxiety and depression, ability to highlight the connection between mind and body for those seeking help to reduce their anxiety, and proven validity across languages, cultures, and age ranges. BAI consists of 21 self-reported items (4-point scale) used to assess the intensity of physical and cognitive anxiety symptoms during the past week. Scores may range from 0-63: minimal anxiety levels 0-7, mild anxiety 8-15, moderate anxiety 16-25, and severe anxiety 26-63. The BAI can be given to the same patient in subsequent sessions to track the progression or improvement of the anxiety. Items are scored as 0,1,2, or 3. The reliability coefficient is 0.92. The test-retest reliability is 0.75. Correlations of the BAI from self-report and clinician-rated scales were all significant.

Comment: *Final (Approved By Dr. BMR) Measurement as provided by the applicant has been added administratively into the application above. Original response submitted with application is as follows and will be saved under this admin comment:*

Our Project has selected the Beck Anxiety Inventory (BAI) for adults and children. This instrument consists of 21 self-reported items (four-point scale) used to assess the intensity of physical and cognitive anxiety symptoms during the past week. Scores may range from 0 to 63: minimal anxiety levels (0-7), mild anxiety (8-15), moderate anxiety (16-25), and severe anxiety (26-63). For each item, the patient is asked to report how he or she has felt during the past week. The BAI can be given to the same patient in subsequent sessions to track the progression or improvement of the anxiety. Items are scored as 0, 1, 2, or 3. The score range is 0-63. A 0-7 is considered minimal, 8-15 is mild, 16-25 is moderate, and 26-63 is severe. The reliability coefficient is 0.92. The test-retest reliability is 0.75. Correlations of the BAI from self-report and clinician-rated scales were all significant. We seek to reduce scores by an average of 10 points in 70 percent of our participants.

Methodology*

Please state how you will define and document a **monthly** Progress Rate for all clients in the program based on the selected behavior change measure(s) specified above.

Monthly Projected Progress Rate (%): Using the definition of progress described above, project the percentage of progress achieved on a monthly basis.

The BAI will be used to assess and establish a baseline anxiety level, as a diagnostic aid, to detect the effectiveness of treatment as it progresses, and as a post-treatment outcome measure. Our instrument will assist us with defining and documenting the participant's experiences with COVID related anxiety. We are relying on research that indicates many anxiety therapies are relatively short-term and according to the American Psychological Association, many people improve their anxiety significantly within 8 to 10 therapy sessions. We have scheduled 8 sessions of therapy (2 types of contact per week) for each month of our program. Moreover, the Beck inventory is well suited to measure changes in reported anxiety over a monthly, or even on a weekly basis. Ultimately, we seek to reduce Beck Anxiety inventory scores by an average of 4 points in 40 percent of our participants for the program month of December, 2020.

Comment: *Final (Approved By Dr. BMR) Methodology as provided by the applicant has been added administratively into the application above. Original response submitted with application is as follows and will be saved under this admin comment:*

Project I.A.M. Family Connection is a trauma-informed family support program that has infused trauma awareness, knowledge, and skills into our organization, culture, practices, and policies. Using the best available science, to maximize physical and psychological safety, we facilitate the recovery of the child and family and support their ability to thrive. We will conduct our BAI assessment upon program inception, at the midpoint, and finally at the end of our program delivery. This methodology ensures multiple data points to assess behavioral changes in our target populations. Our instrument will assist us with defining and documenting the participant's experiences with COVID related anxiety. Our project provides a culturally responsive assessment and treatment program for mental health symptoms related to COVID. Our methodology also addresses isolation which is a common stressor that impacts mental and behavioral health. Moreover, we engage in efforts to strengthen the resilience and protective factors of children and families impacted by the trauma associated with COVID-19. Monthly we expect a 5% improvement in the scores our participants obtain on the BAI assessment.

Number of Clients Served During Grant Period - Behavioral Health*

This grant period ends on December 30, 2020. Please estimate the number of clients that will be served for **behavioral health** by the end of the grant period.

50

Estimated Percentage of Progress - Grant Period*

Please estimate % of progress on the proposed measure during the grant period.

100

September Projections - Number Served - Behavioral Health*

Please estimate the number of individuals to be served by this funding for **behavioral health** in **September 2020**.

0

September Projections - Progress Rate - Behavioral Health*

Please project an estimated progress rate for your clients **for September 2020**. This is the percentage of clients that show improvement according to tool(s) you specified in the "Measurement" section above.

0

October Projections - Number Served - Behavioral Health*

Please estimate the number of individuals to be served by this funding for **behavioral health** in **October 2020**.

0

October Projections - Progress Rate - Behavioral Health*

Please project an estimated progress rate for your clients based **for October 2020**. This is the percentage of clients that show improvement according to tool(s) you specified in the "Measurement" section above.

0

November Projections - Number Served - Behavioral Health*

Please estimate the number of individuals to be served by this funding for **behavioral health** in **November 2020**.

50

November Projections - Progress Rate - Behavioral Health*

Please project an estimated progress rate for your clients based **for November 2020**. This is the percentage of clients that show improvement according to tool(s) you specified in the "Measurement" section above.

50

December Projections - Number Served - Behavioral Health*

Please estimate the number of individuals to be served by this funding for **behavioral health** in **December 2020**.

50

December Projections - Progress Rate - Behavioral Health*

Please project an estimated progress rate for your clients based **for December 2020**. This is the percentage of clients that show improvement according to tool(s) you specified in the "Measurement" section above.

70

Funder Involvement

Which of the funders have provided a grant to your organization within the last three years?*

None of the above

Other Funding Sources

If your organization has submitted applications to other funders or has received funding in response to coronavirus/COVID-19 from another funder, please briefly describe below:

n/a

Corrective Action*

Is your organization currently under a corrective action agreement with any funder (including but not limited to those listed above)? If yes, please explain in detail, including the status of the corrective action. If no, state **No**.

No

Confirmation

Signature and Affirmation*

By submitting this application, I hereby swear that executive leadership is aware of this request for funding, and if this funding is approved, my organization will be able to use these funds in the manner described in the application.

Please type your name as an electronic signature and the date on which you are submitting this application.

Sydel LeGrande

Sydel LeGrande

Changing the Game for a New Generation Inc.

File Attachment Summary

Applicant File Uploads

- CTG 990 .pdf
- Budget CTG 2019-20.pdf
- CARES-Partnership-Fund-Budget-pdf Summary-Grant CTG.pdf
- CARES-Partnership-Budget-Narrative.pdf

K & K BUSINESS SOLUTIONS, INC
P.O. BOX 680745
ORLANDO, FL 32868
321-231-0761

May 1, 2018

Changing The Game for a New Generation,
114 Braelock Drive
Ocoee, FL 34761

Dear Client:

Your 2017 Federal Return of Organization Exempt from Income Tax will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879-EO - IRS e-file Signature Authorization. No tax is payable with the filing of this return.

Please be sure to call us if you have any questions.

Sincerely,

Andrea Knudsen

2017

Federal Exempt Organization Tax Summary (EZ)

Page 1

Changing The Game for a New Generation,

81-3641562

FORM 990-EZ REVENUE

Contributions, gifts, and grants.....	30,655
Total revenue.....	30,655

EXPENSES

Professional fees/pymt to contractors.....	4,150
Other expenses.....	23,304
Total expenses.....	27,454

NET ASSETS OR FUND BALANCES

Excess or (deficit) for the year.....	3,201
Net assets/fund bal. at beg. of year.....	0
Net assets/fund bal. at end of year.....	3,201

Form **8879-EO**

**IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2017, or fiscal year beginning _____, 2017, and ending _____, 20____

2017

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879EO for the latest information.**

Name of exempt organization

Employer identification number

Changing The Game for a New Generation,

81-3641562

Name and title of officer

Sydel Legrande

President

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a,** or **5a,** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b,** or **5b,** whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1 a Form 990 check here	▶ <input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1 b _____
2 a Form 990-EZ check here	▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2 b <u>30,655.</u>
3 a Form 1120-POL check here	▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3 b _____
4 a Form 990-PF check here	▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4 b _____
5 a Form 8868 check here	▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5 b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize K & K Business Solutions, Inc to enter my PIN 33843 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ 5/01/2018

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN 59811969589
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ Andrea Knudsen Date ▶ _____

**ERO Must Retain This Form – See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

BAA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2017)

Form **990-EZ**

Short Form
Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
 (except private foundations)

OMB No. 1545-1150

2017

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning _____, 2017, and ending _____,

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C **Changing The Game for a New Generation,**
 114 Braelock Drive
 Ocoee, FL 34761

D Employer identification number
 81-3641562

E Telephone number
 813-433-3976

F Group Exemption Number..... ▶

G Accounting Method: Cash Accrual Other (specify) ▶ _____

H Check if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶ N/A

J Tax-exempt status (check only one) – 501(c)(3) 501(c) () ◀(insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other _____

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 30,655.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)		Check if the organization used Schedule O to respond to any question in this Part I. <input checked="" type="checkbox"/>	
REVENUE	1 Contributions, gifts, grants, and similar amounts received.....	1	30,655.
	2 Program service revenue including government fees and contracts.....	2	
	3 Membership dues and assessments.....	3	
	4 Investment income.....	4	
	5 a Gross amount from sale of assets other than inventory.....	5 a	
	b Less: cost or other basis and sales expenses.....	5 b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a).....	5 c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)....	6 a	
b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000).....	6 b		
c Less: direct expenses from gaming and fundraising events.....	6 c		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c).....	6 d		
7 a Gross sales of inventory, less returns and allowances.....	7 a		
b Less: cost of goods sold.....	7 b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a).....	7 c		
8 Other revenue (describe in Schedule O).....	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8..... ▶	9	30,655.	
EXPENSES	10 Grants and similar amounts paid (list in Schedule O).....	10	
	11 Benefits paid to or for members.....	11	
	12 Salaries, other compensation, and employee benefits.....	12	
	13 Professional fees and other payments to independent contractors.....	13	4,150.
	14 Occupancy, rent, utilities, and maintenance.....	14	
	15 Printing, publications, postage, and shipping.....	15	
	16 Other expenses (describe in Schedule O)..... See Schedule O	16	23,304.
17 Total expenses. Add lines 10 through 16..... ▶	17	27,454.	
18 Excess or (deficit) for the year (Subtract line 17 from line 9).....	18	3,201.	
ASSETS	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return).....	19	0.
	20 Other changes in net assets or fund balances (explain in Schedule O).....	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20..... ▶	21	3,201.

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2017)

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II.

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	22	3,201.
23 Land and buildings	23	
24 Other assets (describe in Schedule O)	24	
25 Total assets	0. 25	3,201.
26 Total liabilities (describe in Schedule O)	0. 26	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	0. 27	3,201.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III.

Expenses

(Required for section 501 (c)(3) and 501 (c)(4) organizations; optional for others.)

What is the organization's primary exempt purpose? See Schedule O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 <u>See Schedule O</u>		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28 a	27,453.
29 -----		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29 a	
30 -----		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30 a	
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31 a	
32 Total program service expenses (add lines 28a through 31a)	32	27,453.

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated – see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Sydel Legrande President	0	0.	0.	0.
Tiana M Marshall Vice President	0	0.	0.	0.
Daniel Smith Secretary	0	0.	0.	0.
Alexis Lewis Director	0	0.	0.	0.
Cheryl Webb Director	0	0.	0.	0.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V.

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O.		X
34 Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O		
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III		X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N		X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37 a 0.		
b Did the organization file Form 1120-POL for this year?		X
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved.	38 b N/A	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39 a N/A	
b Gross receipts, included on line 9, for public use of club facilities	39 b N/A	
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0.		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 b	X
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. ▶ 0.		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization. ▶ 0.		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40 e	X
41 List the states with which a copy of this return is filed ▶ <u>None</u>		

42 a The organization's books are in care of ▶ Sydel Le Grande Telephone no. ▶ 813-433-3976
 Located at ▶ 114 Braelock Drive Ocoee Fl ZIP + 4 ▶ 34761

	Yes	No
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42 b	X
If 'Yes,' enter the name of the foreign country: ▶ _____		
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
c At any time during the calendar year, did the organization maintain an office outside the United States?	42 c	X
If 'Yes,' enter the name of the foreign country: ▶ _____		

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here N/A and enter the amount of tax-exempt interest received or accrued during the tax year. ▶ **43** N/A

	Yes	No
44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 a	X
b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 b	X
c Did the organization receive any payments for indoor tanning services during the year?	44 c	X
d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.	44 d	
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45 a	X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45 b	X

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I. Yes No
46

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI.

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II. Yes No
47

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. 48

49a Did the organization make any transfers to an exempt non-charitable related organization? 49a

b If 'Yes,' was the related organization a section 527 organization? 49b

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				

f Total number of other employees paid over \$100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over \$100,000 ▶

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A. ▶ Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here Signature of officer: Sydel Legrande Date: _____
 Type or print name and title: President

Paid Preparer Use Only Print/Type preparer's name: Andrea Knudsen Preparer's signature: Andrea Knudsen Date: _____
 Check if self-employed PTIN: P01499189
 Firm's name ▶ K & K Business Solutions, Inc
 Firm's address ▶ P.O. Box 680745 Firm's EIN ▶ 59-3417453
Orlando, FL 32868 Phone no. 321-231-0761

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization Changing The Game for a New Generation,	Employer identification number 81-3641562
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations: _____
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)).	14	%
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	%
16a 33-1/3% support test—2017. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b 33-1/3% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ▶ <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons.						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**.

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)).	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17.	18	%

19a 33-1/3% support tests—2017. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization.

b 33-1/3% support tests—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization.

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI .		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI .		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? <i>If 'Yes' to a, b, or c, provide detail in Part VI.</i>	11c	

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>	2	

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>	1	

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	2	
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard.</i>	3	

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If 'Yes,' describe in Part VI the role played by the organization in this regard.</i>	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8	
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

BAA

Schedule A (Form 990 or 990-EZ) 2017

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D – Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required – explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

BAA

Schedule A (Form 990 or 990-EZ) 2017

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2017

Department of the Treasury
Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Name of the organization

Employer identification number

Changing The Game for a New Generation,

81-3641562

Form 990-EZ, Part I, Line 16
Other Expenses

.....	\$	22,913.
Insurance.....		184.
Payments of Travel or Entertainment for Public Officials.....		207.
	Total \$	<u>23,304.</u>

Form 990-EZ, Part III - Organization's Primary Exempt Purpose

TO SEE IMPOVERISHED, SEGREGATED CRIME FILLED COMMUNITIES TRANSFORMED FROM THE INSIDE OUT. TO SEE AN END TO GUN VIOLENCE WITHIN BLACK COMMUNITIES WHERE THE CAUSALTYIES OF THIS STREET WARFARE INCLUDE THE CHILDREN LEFT BEHIND. WE BELIEVE THAT THE MOST POWERFUL CHANGE AGENTS ARE THE CHILDREN OF THESE COMMUNITIES. IT IS THE CHARGE OF THIS INITIATIVE TO EMBRACE INSPIRE, ENCOURAGE, EQUIP, EDUCATE AND MOTIVATE THE CHILDREN OF THESE AT RISKCOMMUNITIES. OUR PRIMARY GOAL IS TO SEE THE CYCLE OF HATE STOP. IT IS OUR BELIEF THAT THROUGH THE POWER OF GOD OUR CHILDREN WILL CHANGE THE GAME FOR A NEW GENERATION

Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

TO SEE IMPOVERISHED, SEGREGATED CRIME FILLED COMMUNITIES TRANSFORMED FROM THE INSIDE OUT. TO SEE AN END TO GUN VIOLENCE WITHIN BLACK COMMUNITIES WHERE THE CAUSALTYIES OF THIS STREET WARFARE INCLUDE THE CHILDREN LEFT BEHIND. WE BELIEVE THAT THE MOST POWERFUL CHANGE AGENTS ARE THE CHILDREN OF THESE COMMUNITIES. IT IS THE CHARGE OF THIS INITIATIVE TO EMBRACE INSPIRE, ENCOURAGE, EQUIP, EDUCATE AND MOTIVATE THE CHILDREN OF THESE AT RISKCOMMUNITIES. OUR PRIMARY GOAL IS TO SEE THE CYCLE OF HATE STOP. IT IS OUR BELIEF THAT THROUGH THE POWER OF GOD OUR CHILDREN WILL CHANGE THE GAME FOR A NEW GENERATION

Confirmation

[Home](#) | [Security Profile](#) | [Logout](#)

Your Form 990-N(e-Postcard) has been submitted to the IRS

- **Organization Name:** CHANGING THE GAME FOR A NEW GENERATION INC
- **EIN:** 813641562
- **Tax Year:** 2018
- **Tax Year Start Date:** 01-01-2018
- **Tax Year End Date:** 12-31-2018
- **Submission ID:** 10065520191222865137
- **Filing Status Date:** 05-02-2019
- **Filing Status:** Pending

MANAGE FORM 990-N SUBMISSIONS

Confirmation

[Home](#) | [Security Profile](#) | [Logout](#)

Your Form 990-N(e-Postcard) has been submitted to the IRS

- **Organization Name:** CHANGING THE GAME FOR A NEW GENERATION INC
- **EIN:** 813641562
- **Tax Year:** 2019
- **Tax Year Start Date:** 01-01-2019
- **Tax Year End Date:** 12-31-2019
- **Submission ID:** 10065520201973894072
- **Filing Status Date:** 07-15-2020
- **Filing Status:** Pending

MANAGE FORM 990-N SUBMISSIONS

CHANGING THE GAME - YEAR 2019-20 BUDGET

Changing The Game Proposed Expenses	Project Budget	GALA TICKETS	DONATIONS
GALA			
Fundraising/PR	1,200		
Marketing & Promotions	1,500		
Venue/Catering	13,200		
Decorations	500		
Fees (entertainment)	1,500		
Transportation/Limos	1,200		
toys (un-sponsored children)	1,500		
Misc. Supplies	250.00		
Total Gala Income	20,145.00	3040.00	-17,105
Total Gala Expenses	\$20,850.00		<u>-\$714.00</u>
Project I.A.M.			
Fund raising /PR	2,400.00		
Contracted Specialized Services:			
Curriculum Development Specialist/Trainer	\$10000.00		
Evaluator	\$12,000.00		
General Instructor (2)	\$25000.00		
Expressive Art Instructors (4)	\$27,000.00		
Health Coordinator	\$10,000-IK		
Equipment	\$2000		
Travel and Meetings	\$3,000		
Instructional Supplies and Materials	\$7,500		
Purchased Services	\$12000		
Training	\$3000		
Total Project I.A.M. Expenses	<u>\$113900</u>		<u>-41,5000</u>
All amounts rounded to the nearest dollar			
Total Changing The Game Year 2019-20 Budget Request: <u>\$72,400.00</u>			

Pinellas Community Foundation
Pinellas CARES Nonprofit Partnership Fund Grant Application

**DO NOT ADD ANY LINE ITEMS TO THIS BUDGET SUMMARY. IF YOU ARE UNSURE OF
WHERE A COST BELONGS, PLEASE CONTACT PCF STAFF.**

Organization Name: Changing the Game for a New Generation Academy

Project Name: Project I. A.M. COVID-19 Family Care Connection

FROM (date): November 8, 2020 TO (date): December 31, 2020

Budget Category/Line Item	Program Budget - Total	Pinellas CARES Grant
Personnel (<i>salaries, wages, benefits, payroll taxes, time allocation on the project for all personnel involved in program</i>)	\$84,000	\$0
Equipment (<i>computers, furniture, etc., less than \$3,000 per item</i>)	\$2,000	\$11,767.00
Supplies (<i>office materials, program related purchases, program necessities to deliver services, etc.</i>)	\$7,500	\$8,091.00
Occupancy (<i>property rent, mortgage, utilities, telephone, internet, etc. assigned as program expenses</i>)	\$0	\$3,497
Local Travel (<i>mileage, tolls, parking for regular local travel, rental/leasing cost of transportation</i>)	\$3,000	\$0.00
Training (<i>staff development, conferences, long distance travel</i>)	\$3,000	\$0
Design, Printing, Marketing & Postage (<i>for direct program related services only</i>)	\$2,400	\$0.00
Capital (<i>Buildings, vehicles, equipment \$3,000 or more per item. The purchase of capital must represent the lower cost option for the period during which the purchased asset would be used for COVID-response activities</i>)	\$0	\$0
Purchased Services (<i>consultants, legal, accounting services, logistical partner costs, technology enhancements, computer software licensing/agreements</i>)	\$12,000	\$19,028
TOTAL	113900	42383

Pinellas Community Foundation
Pinellas CARES Nonprofit Partnership Fund Application
BUDGET NARRATIVE FORM

BRIEF INSTRUCTIONAL VIDEO – CLICK LINK - <https://youtu.be/s5kkksaQkCg>

If you are applying under multiple funding areas, please indicate which funding area (food, behavioral health, and/or eviction mitigation through legal aid) each cost belongs to.

This narrative is to explain the costs in the Pinellas CARES Grant Column of the Budget Summary

Organization Name: Changing the Game for a New Generation

Project Name: Project I AM COVID-19 Family Care Connection

FROM (month/year): November 2020

TO (month/year): December 2020

ALL DESCRIPTIONS BELOW SHOULD BE CLEAR AS TO HOW REQUESTED FUNDS BY AREA RELATE TO ADDITIONAL COSTS THAT WOULD NOT HAVE BEEN INCURRED OR PLANNED IF NOT FOR COVID-19

Personnel (salaries, wages, benefits, payroll taxes, time allocation, and a brief description of the responsibilities on the project for all personnel involved in program)

N/A: There are no employees associated with this Project. The project relies on the utilization of 1099 contract professionals. There are no payroll expenses associated with this project.

Equipment (computers, phone, furniture, etc., less than \$3,000 per item)

1. 10 Amazon 8 plus Fire Tablets \$1176.90

\$1176.90 for ten (10) Fire Tablets from Amazon to loan children and thereby support digital access for the children in the participant families. Originally our program was located in transformation zone schools in Pinellas County. Both Lakewood and Maximo Elementary schools provided our program with access to over 100 students collectively on their property. Because of COVID-19 we were unable to access our students and we had to change our program delivery methods. This has meant that we had to rent a physical location for our program, and we have also had to create digital access to our program. Extending our program to a digital platform has meant that we need to ensure the children and the families we serve have adequate access to the required and necessary equipment and technology capabilities, to participate in (8) 1.5 hour sessions of group counseling, (8) 2 hour sessions of expressive arts, and (10) 1 hours sessions of lifestyle support which are the deliverables we plan to provide to the participants to assist them with mitigating the negative effects of the COVID-19 pandemic on their mental and behavioral health. We have found that students from our target communities do not have adequate access to technology and that they are often limited in the amount of data they can use on their personal devices. Because we had to move our program online with ZOOM meetings being able to loan a table to children who need it will enable our project to be better able to deliver one on one counseling sessions and allow participants to engage in individual chat sessions with other participants, thereby encouraging the type of social interaction that helps combat depression. All of these digital connections are geared towards supporting the mental and behavioral health of our participants. We need to purchase 10 of these items to provide to the children in the families we will serve to ensure they have access to the Zoom program and other digital platforms that

will be deployed to conduct assessments and program delivery. The purchase will allow our children to participate in each of the sessions that we have created due to COVID-19 constraints on gathering. In order for a child to borrow a tablet from our program the parent will be required to sign an agreement acknowledging that the tablet should be well cared for and promptly returned at the completion of the Project I.A.M. program. The total cost for the devices is \$1176.90 = (10) 8-inch HD Plus fire tablets @ \$117.69 @ Amazon. Screenshot of item below:

amazon prime Deliver to Sydell St Pete B... 33706

fire tablets plus

Alexa's Birthday Deals Amazon Devices starting at \$17.99.

All-new fire HD 8 PLUS

32/64 GB storage | 12-hour battery + wireless charging | 3 GB RAM

prime video | NETFLIX | Disney+ | amazon music | Spotify | zoom | kindle | audible

All-new Fire HD 8 Plus tablet, HD display, 32 GB, our best 8" tablet for portable entertainment, Slate

Brand: Amazon | 7,160 ratings | 1000+ answered questions

Amazon's Choice for "fire tablets plus"

Best Deal

Price: **\$109.99** + prime FREE One-Day

Best price

Save up to 5% with business pricing. Sign up for free Amazon Business account

Style: **Fire HD 8 Plus**

Fire HD 8 Plus | Fire HD 8 Plus + Wireless Charging Dock

Digital Storage Capacity: **32 GB** | 64 GB

Offer Type: **Ad-Supported**

Ad-Supported | Without Ads

Color: **Slate**

The ad-supported option (also known as Special Offers) displays sponsored screensavers on your device's lockscreen.

- 8" HD display, 2X the storage (32 or 64 GB of internal storage and up to 1 TB with microSD card) + 3 GB RAM.
- All-day battery life & wireless charging - Up to 12 hours of reading, browsing the web, watching videos, and listening to music.

Share

\$109.99

prime FREE One-Day

FREE delivery: **Tomorrow**

Order within 3 hrs and 40 mins

Details

In Stock.

Qty: 1

Add to Cart

Buy Now

Secure transaction

Ships from Amazon.com Services LLC

Sold by Amazon.com Services LLC

Save 20% with Trade-In

This is a gift

Link to my Amazon account to simplify setup. Why is this important?

Deliver to Sydell - St Pete Beach 33706

Add Additional Items

- Wireless Charging Dock \$39.99
- Amazon Standing Case: Charcoal Black \$29.99
- Screen Protector - Anti Glare: Anti-Glare \$12.99

Place your order

By placing your order, you agree to Amazon's [privacy notice and conditions of use](#).

You also agree to all of the terms found [here](#).

Order Summary

Items:	\$109.99
Shipping & handling:	\$0.00
Total before tax:	\$109.99
Estimated tax to be collected:	\$7.70
Order total:	\$117.69

How are shipping costs calculated?

Prime shipping benefits have been applied to your order.

Change

Change

and

2. 10 Amazon 8 plus Fire Tablet Cover and Stand \$97.10

\$97.10 (PCF) cost covers (10) Fire Tablets covers with a stand from Amazon for the children in the participant families. The tablet cover and stand will ensure the children in the families we serve have the ability to participate in the meetings and stand the device in a way that facilitates them being viewed by the counselor. This also protects the device and enhances the ability to access the technology capabilities embedded in the device. This purchase will assist our program participants with completing the (8) 1.5 hour sessions of group counseling, (8) 2 hour sessions of expressive arts, and (10) 1 hours sessions of lifestyle support which are the deliverables we plan to provide to the children to assist them with mitigating the negative effects of the COVID-19 pandemic on their mental and behavioral health. These tablet covers and stands will also enable our project to deliver one on one counseling sessions and allow them to engage in individual chat sessions with other participants. All of these digital connections are geared towards supporting the mental and behavioral health of our participants. We need to purchase 10 of these items to provide to the children in the families we will serve to ensure they have access to the Zoom program and other digital platforms that will be deployed to conduct assessments and program delivery. The purchase will allow our children to participate in each of the sessions that we have created due to COVID-19 constraints on gathering. In order for a child to borrow a tablet cover from our program the parent will be required to sign an agreement acknowledging that the tablet cover should be well cared for and promptly returned at the completion of the Project I.A.M. program. The total cost for the tablet cover and stand is \$97.10 = (10) 8-inch HD Plus fire tablets cover plus stand @ \$9.71 @ Amazon. Screenshot of item below:

MoKo Case Compatible with All-New Kindle Fire HD 8 Tablet and Fire HD 8 Plus Tablet (10th Generation, 2020 Release), Smart Shell Stand Cover with Translucent Frosted Back, Black

Visit the MoKo Store
 ★★★★★ 593 ratings | 14 answered questions

10% off Lowest price in 30 days

4 Price Changes

Was: \$9.99
 Price: **\$8.99** ✓prime FREE One-Day & FREE Returns
 You Save: \$1.00 (10%)

Best price **S+**

Returnable until Jan 31, 2021

Color: **Black**

\$10.99 ✓prime	\$8.99 ✓prime	\$15.99 ✓prime	\$15.99 ✓prime
\$16.99 ✓prime	\$16.99 ✓prime	\$16.99 ✓prime	\$16.99 ✓prime

- Automatically wakes or puts All-New Kindle Fire HD 8 Tablet and Fire HD 8 Plus Tablet (10th Generation, 2020 Release) to sleep when the lid is opened and closed. Easy access to all features and controls.
- Premium PU leather exterior and microfiber interior. Slim and lightweight

\$8.99
 ✓prime FREE One-Day & FREE Returns

FREE delivery: Tomorrow
 Order within 11 hrs and 33 mins
 Details

In Stock.
 Qty: 1

Add to Cart
Buy Now

Secure transaction
 Ships from Amazon
 Sold by Know White

Add gift options


Deliver to Sybil - Columbia 29204

Add to List
Add to Baby Registry
Add to Registry & Gifting



3. 10 Amazon 8 plus Fire Tablet screen protectors \$53.90


\$59.30 (PCF) cost covers (10) Fire Tablets screen protectors from Amazon for the children in the participant families. The tablet screen protector will ensure the children in the families we serve have the ability to participate in the meetings and stand the device in a way that facilitates them being viewed by the counselor. This protector prevents the device screen from being inadvertently broken and ensures the participant can continue to use the device to access the technology capabilities embedded in the device. This purchase will assist them with participating in (8) 1.5 hour sessions of group counseling, (8) 2 hour sessions of expressive arts, and (10) 1 hours sessions of lifestyle support which are the deliverables we plan to provide to the children to assist them with mitigating the negative effects of the COVID-19 pandemic on their mental and behavioral health. These tablet covers and stands will also enable our project to deliver one on one counseling sessions, and individual chat session with other participants. All of these digital connections are geared supporting the mental and behavioral health of our participants. We need to purchase 10 of these items to provide to the children in the families we will serve to ensure they maintain access to the Zoom program and other digital platforms that will be deployed to conduct assessments and program delivery. The purchase will help our children to participate in each of the sessions that we have created due to COVID-19 constraints on gathering. The total cost for the devices is \$59.30 = (10) 8-inch HD Plus fire tablets screen protectors @ \$11.86 for a package of two @ Amazon. Screenshot of item below:



Select **FREE Amazon Day Delivery** below to have orders delivered together in fewer boxes on a single day.

Delivery date: Nov. 5, 2020

Items shipped from Amazon.com



[2 pack] OMOTON Screen Protector for All-New Fire HD 8/Fire HD 8 Plus/Fire HD 8 Kids (10th Generation - 2020 Released), Tempered Glass/High Definition / 9H Hardness

\$10.98 ✓prime

Qty: 1 ▾

Sold by: OM_Mall

[Add gift options](#)

S Best price

Choose your Prime delivery option:

Thursday, Nov. 5
FREE Prime Delivery

Saturday, Nov. 7
FREE Amazon Day Delivery

Get your orders together in fewer boxes and deliveries each Saturday. ([Change preference](#))

Some orders are currently arriving before the selected day.

Place your order

Order total: \$11.86

By placing your order, you agree to Amazon's [privacy notice and conditions of use.](#)

*Why has sales tax been applied? [See tax and seller information.](#)

Need help? Check our [Help pages](#) or [contact us](#).

4. 10 Lenovo Laptops \$2483.80

\$2483.80 (PCF) cost covers (10) Lenovo IdeaPad 14-inch AMD A6 series laptops to loan to the adults who need them in the participant families. Originally our program was located in transformation zone schools in Pinellas County. Both Lakewood and Maximo Elementary schools provided our program with access to over 100 students collectively on their property. Because of COVID-19 we were unable to access our students and we had to change our program delivery methods. This has meant that we had to rent a physical location for our program, and we have also had to create digital access to our program. Extending our program to a digital platform has meant that we need to ensure the adults in the families we serve have the required and necessary equipment and technology capabilities, to participate in (8) 1.5 hour sessions of group counseling, (8) 2 hour sessions of expressive arts, and (10) 1 hours sessions of lifestyle support which are the deliverables we plan to provide to the parents to assist them with mitigating the negative effects of the COVID-19 pandemic on their mental and behavioral health. These laptops will also enable our project to deliver one on one counseling sessions and foster individual chat sessions with other participants. All of these digital connections are geared towards supporting the mental and behavioral health of our participants. We need to purchase 10 of these items to provide to the adults in the families we will serve to ensure they have access to the Zoom program and other digital platforms that will be deployed to conduct assessments and program delivery. In order for an adult to borrow a tablet from our program they will be required to sign an agreement acknowledging that the laptop should be well cared for and promptly returned at the completion of the Project I.A.M. program. The purchase will allow our adults to participate in each of the sessions that we have created due to COVID-19 constraints on gathering. The total cost for the devices is \$2483.80 = (10) 14-inch Lenovo IdeaPad laptop computers @ \$248.39 @ Bestbuy.com. Screenshot of item below:

EE

EE

Shipping
Get it by Thu, Nov 5

 **Lenovo - IdeaPad 1 14" Laptop - AMD A6-Series - 4GB** **\$229.99**
Qty 1
[Remove](#)

[Send a gift message](#)

Digital Delivery

 **Trend Micro Internet Security (3-Device) (6 Month)** **FREE**
Qty 1
[Remove](#)

Item Subtotal **\$229.99**
Shipping **FREE**
Estimated Sales Tax **\$18.40**
[+ Apply a Best Buy Tax Exempt Account Number](#)

Total \$248.39

Potential Delays

Most orders arrive on time. However, due to increased shipping volume, some orders are arriving later than our estimates.

5. 10 laptop bags \$202.90

\$ 202.90 covers (10) Laptop Bags from Amazon to loan to the Adults in the participant families. The laptop bag will be used to ensure the laptop is protected and it will help the families we serve maintain their ability to participate in the meetings. This purchase will assist them with participating in (8) 1.5 hour sessions of group counseling, (8) 2 hour sessions of expressive arts, and (10) 1 hours sessions of lifestyle support which are the deliverables we plan to provide to the children to assist them with mitigating the negative effects of the COVID-19 pandemic on their mental and behavioral health All of these digital connections are geared towards supporting the mental and behavioral health of our participants. The equipment we loan the adults will need to be protected and this bag will assist with that protection. The total cost for the devices is \$202.90 = (10) WindTook 15.6-inch Business Laptop Backpack laptop bags @ \$20.29 @ Amazon. Screenshot of item below:

Enter code

Estimated tax to be collected: \$1.50

Order total: \$20.29

How are shipping costs calculated?
Prime shipping benefits have been applied to your order.

5 Review items and shipping

Before you place your order:

Shop with Points allows customers to pay for Amazon.com purchases using credit card rewards. To see if you have rewards available or to change the rewards amount for this purchase, please change your [payment method](#).

Select **FREE Amazon Day Delivery** below to have orders delivered together in fewer boxes on a single day.

Delivery date: Nov. 14, 2020 If you order in the next 19 hours and 57 minutes (Details)
Items shipped from Amazon.com



WindTook 15.6inch Business Laptop Backpack with USB Charging Port for Women Men,School College Travel Backpack
\$18.79 ✓prime
Qty: 1 ▾
Sold by: WindTook Travel

Choose your Prime delivery option:


Saturday, Nov. 14
FREE Prime Delivery

Saturday, Nov. 21
FREE Amazon Day Delivery
Get your orders together in fewer boxes and deliveries. ([Change preference](#))
Some orders are currently arriving before the selected day.

Order total: \$20.29


6. 20 Noise Cancelling Headsets \$291.10

\$291.10 covers (10) Runmus Noise Cancelling headsets with microphones from Amazon for the children in the participant families. The headset will ensure the children in the families we serve have the ability to participate in the meetings and encourage them to focus on the speakers. This headset microphone also cancels out the surrounding noise to encourage attention and focus on the meeting they are participating in and not their surroundings. It is also helpful if the child and the parent are in the same home and they do not have a way to physically separate during meetings. This purchase will assist them with participating in (8) 1.5 hour sessions of group counseling, (8) 2 hour sessions of expressive arts, and (10) 1 hours sessions of lifestyle support which are the deliverables we plan to provide to the children to assist them with mitigating the negative effects of the COVID-19 pandemic on their mental and behavioral health. These microphones will also facilitate the delivery of our one-on-one counseling sessions, and individual chat sessions with other participants. All of these digital connections are geared towards supporting the mental and behavioral health of our participants. We need to purchase 10 of these items to provide to the children in the families we will serve to ensure they maintain access to the Zoom program and other digital platforms that will be deployed to conduct assessments and program delivery. The purchase will help our children to participate in each of the sessions that we have created due to COVID-19 constraints on gathering. The total cost for the devices is \$291.10 = (10) Runmus Noise Cancelling microphone headsets @ \$29.11 each @ Amazon. Screenshot of item below:



Select **FREE Amazon Day Delivery** below to have orders delivered together in fewer boxes on a single day.

Delivery date: Nov. 6, 2020 If you order in the next 15 hours and 18 minutes [\(Details\)](#)
 Items shipped from Amazon.com



RUNMUS Gaming Headset Xbox One Headset with 7.1 Surround Sound, PS4 Headset with Noise Canceling Mic & LED Light, Compatible with PC, PS4, Xbox One Controller(Adapter Not Included)

\$26.95 ✓prime

Qty: 1 ▾

Sold by: RUNMUS Direct

[Add gift options](#)

Choose your Prime delivery option:

Friday, Nov. 6
 FREE Prime Delivery

Saturday, Nov. 7
 FREE Amazon Day Delivery
 Get your orders together in fewer boxes and deliveries each Saturday. [\(Change preference\)](#)
 Some orders are currently arriving before the selected day.


Place your order

Order total: \$29.11

By placing your order, you agree to Amazon's [privacy notice](#) and conditions of use.

7. 5 iPad Tablets \$3306.30

\$3306.30 cost covers (5) Apple iPad devices to be loaned to our consultants during the group sessions. We need these items because previously we did not have healthcare providers conducting sessions that were confidential with our participants. Now with the expansion of our program that includes this personalized mental healthcare component we need iPad tablets that can secure the protected health information (PHI) we collect on our participants and the iPad is the only device that will run the assessment software in a mobile format. This purchase will also be utilized to ensure our consultants have seamless access to the online sessions. By loaning these digital devices to the consultants we will be able to ensure that they are prepared to deliver the project objectives to our participants and assist them with mitigating their negative mental and behavioral health issues. The counselors will need these tablets to serve the families in our target population and lead the (8) 1.5 hour sessions of group counseling, (8) 2 hour sessions of expressive arts, and (10) 1 hour sessions of lifestyle support which are the deliverables we plan to provide to the parents to assist them with mitigating the negative effects of the COVID-19 pandemic on their mental and behavioral health. These tablets will also enable our counselors to deliver one on one counseling sessions and foster individual chat sessions with other participants. This use of a dedicated device will also ensure digital privacy and allow our counselors to maintain the protected health information (PHI) of our participants and ensure privacy and confidentiality. Additionally, the assessment software that will be utilized runs from this platform. We will have our consultants sign for the tablets to check them out for use and we will also have them sign contracts stating that they will return the equipment at the end of the program. This purchase from Apple.com will allow our consultants to assess our participants and maintain their privacy for each of the counseling sessions that we will provide due to COVID-19 constraints on gathering. The total cost for the devices is \$3306.30 = (5) 10.9-inch iPad Tablets @ \$661.26 @ Amazon.com. Screenshot of item below:



10.9-inch iPad Air Wi-Fi 64GB - Silver 1 ▼ **\$549.00**

Pay 0% APR for 12 months: \$45.75/mo. [Remove](#)

AppleCare+ for iPad Air 10.9 inch **\$69.00**

Pay 0% APR for 12 months: \$5.75/mo. [Remove](#)

Automatically registered with your Apple hardware.

[Add free engraving](#) [Add](#)

[Add a gift message](#) [Add](#)

[Order today, delivers:](#) Nov 16 - Nov 19 - Free Delivery options for: [33307](#) ▼

[Pick up, in-store:](#) Unavailable for pickup at Apple Coconut Point [Show more stores](#)

Subtotal	\$618.00
Shipping	FREE
? Estimated tax for: 33307 ▼	\$43.26

Total **\$661.26**

[Get 3% Daily Cash with Apple Card >](#)

How would you like to check out?

8. Otter box Defender for iPad \$286.15

\$286.15 (PCF) costs for five (5) Otter box defenders for the iPad are needed to ensure the iPad are not broken or inadvertently damaged. This cover prevents the iPad from incurring damage from falls or water and allows the device to be carried into counseling sessions. The counselor can also use the stand that is connected with the cover to prop the device up for Zoom meetings. We will have the consultants sign for these items indicating that they will return the device along with the cover in good condition at the end of the program. See Amazon price attached: individually: \$57.23

Select FREE Amazon Day Delivery below to have orders delivered together in fewer boxes on a single day.

Delivery date: Nov. 6, 2020 If you order in the next 16 hours and 10 minutes (Details)
Items shipped from Amazon.com

 **OtterBox DEFENDER SERIES Case for iPad Pro 10.5" & iPad Air (3rd Generation) - Retail Packaging - BLACK**
\$52.99 ✓prime
Qty: 1 ▾
Sold by: Amazon.com Services LLC
[Add gift options](#)


Choose your Prime delivery option:
 Tomorrow, Nov. 6
FREE One-Day Delivery
 Saturday, Nov. 7
FREE Amazon Day Delivery
Get your orders together in fewer boxes and deliveries each Saturday. ([Change preference](#))
Some orders are currently arriving before the selected day.

your order.

[Place your order](#) **Order total: \$57.23**
By placing your order, you agree to Amazon's [privacy notice](#) and [conditions of use](#).

Need help? Check our [Help pages](#) or [contact us](#)

For an item sold by Amazon.com: When you click the "Place your order" button, we'll send you an email message acknowledging receipt of your order. Your contract to purchase an item will not be complete until we send you an email notifying you that the item has been shipped.

[Important information about sales tax you may owe in your state](#)

9. **Glass Desk Partitions \$3261.40**

\$3261.40 for (20) desk partitions. Due to COVID-19 we were forced to acquire a physical space for our program. In our space we would like program participants to be able to gather in safety and participate in activities in small groups. Offering this type of small group interaction is critical to the mental and behavioral health of our participants. It is our belief that our participants are suffering from isolation and lack of social interaction and these partitions will help provide participants with a place where they can engage in group counseling activities and still be protected from COVID-19 by employing proper social distancing within our space. The participants can interact, complete group therapy activities, and still maintain distance and safety without the constraints of a face mask. Previously we did not need to obtain these items because we were based in the schools, now with the expansion of our program we need these types of things to provide safety for our participants. The total cost for 20 partitions is \$2427.40.

⚠ Delivery option updated

Your delivery options have changed based on your updated purchase selections. Please review before placing your order.

Delivery date: Nov. 8, 2020 if you order in the next 5 hours and 46 minutes (Details)
Items shipped from Amazon.com



Protective Sneeze Guard for Office, Plexiglass Shield for Counters, Barrier Against Virus Spread Board for Restaurant, Desk Divider, Taiwan Made (24"x24"x24") (Four-Person)

\$150.99 ✓prime

10

Sold by: AXL Global

Add a gift receipt

and see other gift options

Choose your Prime delivery option:

Sunday, Nov. 8

FREE Prime Delivery

Saturday, Nov. 14

FREE Amazon Day Delivery

Get your orders together in fewer boxes and deliveries each Saturday. ([Change preference](#))
Some orders are currently arriving before the selected day.

Estimated tax to be collected: \$120.80

Order total: \$1,630.70

How are shipping costs calculated?

Prime shipping benefits have been applied to your order.

Place your order

Order total: \$1,630.70

By placing your order, you agree to Amazon's [privacy notice](#) and [conditions of use](#).

*Why has sales tax been applied? See [tax and seller information](#).

Need help? Check our [Help pages](#) or [contact us](#)


For an item sold by Amazon.com: When you click the "Place your order" button, we'll send you an email message acknowledging receipt of your order. Your contract to purchase an item will not be complete until we send you an email notifying you that the item has been shipped.



10. Wi-Fi Router and Access Point \$608.03

\$608.03 In order to provide internet service to multiple participants in a safe environment, at the speeds required to maintain a stable Zoom connection we need upgrade our Wi-Fi Router and add an Access point to our system. Previously our program was based inside of transformation zone schools and run as a part of their after-school programs, so we did not need to have our own WIFI equipment. However, COVID-19 has forced us to move our program to our dedicated space in the targeted community where we can continue to serve our participants. In this space we can easily serve a few participants on our WIFI connection, however in order to have those participants stream video services like ZOOM simultaneously we will need to increase our WIFI bandwidth and upgrade to a commercial router. We are also aware that not all of our participants have high speed WIFI in their homes. If participants do not have high speed WIFI service in their homes, we would like to be able to offer the participants a safe, clean, and appropriately distances environment where they can participate in our program. Therefore, we need to upgrade our rental space with an adequate WIFI router and Access point that will support multiple participants being online at once. Our program is primarily delivered online and this purchase will ensure that participants will be able to access our program. Prior to COVID we did not need this service, nor did we have need of a physical location. However, as a response to the pandemic both of these items have become critical components in our program delivery. The area where we will have our program is considered a technology desert and many places where our participants previously access to WIFI had are no longer available to them in close proximity.

Estimated delivery: Nov. 19, 2020 - Nov. 27, 2020
Items shipped from Amazon.com




Ubiquiti Networks Unifi 802.11ac Dual-Radio PRO Access Point (UAP-AC-PRO-US), Single,White
\$136.99 Prime FREE Delivery
Qty: 1

Sold by: Amazon.com Services LLC
[Add gift options](#)

Choose your Prime delivery option:

Thursday, Nov. 19 - Friday, Nov. 27
FREE Prime Delivery

Estimated delivery: Nov. 18, 2020 - Nov. 20, 2020
Items shipped from Deal Targets



Cisco RV345P VPN Router with 16 Gigabit Ethernet (GbE) Ports with PoE plus Dual WAN, Limited Lifetime Protection (RV345P-K9-NA)
\$402.13
Qty: 1

Sold by: Deal Targets
Not eligible for Amazon Prime ([Learn more](#))
Gift options not available.

Choose a delivery option:

Wednesday, Nov. 18 - Friday, Nov. 20
\$23.87 - Standard Shipping

Order total: \$608.03
By placing your order, you agree to Amazon's [privacy notice](#) and [conditions of use](#).

Order Summary

Items (2):	\$539.12
Shipping & handling:	\$23.87
Total before tax:	\$562.99
Estimated tax to be collected:*	\$45.04
Order total:	\$608.03

[How are shipping costs calculated?](#)
Prime shipping benefits have been applied to your order. ([Why aren't all my items eligible?](#))

*Why has sales tax been applied? See tax and seller information.

Need help? Check our [Help pages](#) or [contact us](#)

Supplies (office materials, program related purchases, program necessities to deliver services, etc.)

11. Weekly Family Bonding Activity for Participants \$5440.00

In order to increase family cohesiveness and bonding during COVID-19 our program will lead virtual cooking events for our participants. We have allocated \$5440 to provide our participating families with two-month subscriptions to a home food box delivery service. The participants will be enrolled in the food delivery program for the program duration and then they will participate with the program consultants and their family members to cook the weekly meal simultaneously while they are on a group ZOOM meeting. This activity supplements our behavioral and mental health counseling by providing families a way to work together thereby strengthening their social bonds and promoting internal resiliency. COVID has caused many families to become very isolated and this activity will also encourage distanced social interaction with the other program participants. Each week participant families will be provided with a meal to cook together and they will be able to follow our counselor and ask questions as they complete the bonding activity. Each family will receive 8 food deliveries 10x 68x 8=\$5440. We would obtain these meal deliveries from EveryPlate. The weekly delivery price is \$68 per family. See below:

Got a discount code?

APPLY

Dinner for 4 (3 recipes/week) Edit	\$59.88
Standard Shipping	\$8.99
Total	\$68.87

NEXT

12. PPE equipment Total \$1076.02

- A. **Dispensers \$591.48**
- B. **Masks \$168.47**
- C. **Gloves \$199.78**
- D. **Thermometer \$32.12**
- E. **Sanitizer Manual \$43.18**
- F. **Sanitize Automatic \$40.99**

A. \$ 591.48 for sanitizer and PPE dispensers. In order to facilitate our in-person meeting and activities we need to obtain PPE equipment including masks, soap, and hand sanitizer and dispenser stations. To begin with we would like to obtain 2 stationary sanitizer stations at a cost of (\$98.95). One stationary sanitizer station will be equipped with products small enough for children and the other station will be equipped with adult supplies. We also need 2 touchless automatic standing hand sanitizer stations at a cost of (\$178.88) each, to be placed at the entrance and exits of our facility. One stationary sanitizer station will be equipped with products small enough for children and the other station will be equipped with adult supplies. The total cost for these stationary and automatic hand sanitizer dispensers is \$591.48. We would have these items available for our participants to use when they come to in-person activities. We would obtain these items from Amazon, see screenshot below:

Shop with Points allows customers to pay for Amazon.com purchases using credit card rewards. To see if you have rewards available or to change the rewards amount for this purchase, please change your [payment method](#).

Choose **FREE Amazon Day** delivery for fewer boxes and a **\$2 digital credit**.

Delivery date: Nov. 14, 2020 If you order in the next 11 hours and 14 minutes ([Details](#))
Items shipped from Amazon.com

Touchless Automatic Hand Sanitizer & Dispenser - Designed by SLD-WORLD USA Company. Stainless Steel Sanitizing Station Stand for Hotel, Restaurant and Shop. Contactless 1000 ml Refillable Kit. /Black
\$178.88 prime

Qty: 2 v

Sold by: SOLIDARITY Inc
[Add a gift receipt](#)
and see other gift options

Choose your Prime delivery option:

Saturday, Nov. 14
FREE Prime Delivery

Saturday, Nov. 21
FREE Amazon Day Delivery

Get your orders together in fewer boxes and deliveries. ([Change preference](#))
Some orders are currently arriving before the selected day.
Get a \$2 reward for select digital items. One reward per purchase. [Details](#)

Sanitizing Station Dispenser Stand for Masks, Gloves, and Sanitizer Hand Gel, Business, Gym, Office, and Classroom Sanitation, Wall Mounted Organizer with PPE Notice Sign
\$98.95 prime

Qty: 2 v

Sold by: shop happy
[See order summary for discounts applied](#)
[Add a gift receipt](#)
and see other gift options

Place your order

By placing your order, you agree to Amazon's [privacy notice and conditions of use](#).

Order Summary

Items (4):	\$555.66
Shipping & handling:	\$0.00
Your Coupon Savings:	-\$8.00
Total before tax:	\$547.66
Estimated tax to be collected:	\$43.82
Order total:	\$591.48

Qualifying offers:

- Your Coupon Savings

[How are shipping costs calculated?](#)

Prime shipping benefits have been applied to your order.

Place your order

By placing your order, you agree to Amazon's [privacy notice and conditions of use](#).

Order total: \$591.48

By placing your order, you agree to Amazon's [privacy notice and conditions of use](#).

B. \$168.47 for Disposable Facemask.

We need to obtain 1000 bulk blue facemasks with adjustable loops that can fit both adults and children to stock the stations over the course of our program, at a cost of \$168.47. We estimate that this will cover approximately fifty people visiting the facility weekly over the course of the eight-week project and possibly changing their masks once during a program. (50 participants x8 visits x2 changes=800 masks). The total costs for the masks are \$168.47. We would have these items available for our participants to use when they come to in-person activities. We would obtain these items from Amazon, see screenshot below:

3 Review items and shipping

Before you place your order:

Shop with Points allows customers to pay for Amazon.com purchases using credit card rewards. To see if you have rewards available or to change the rewards amount for this purchase, please change your payment method.

Order total: \$168.47

[How are shipping costs calculated?](#)
[Why didn't I qualify for Prime Shipping?](#)

Estimated delivery: Nov. 13, 2020 - Nov. 18, 2020

Items shipped from Bags2Basics



2000 PCS Bulk Blue Face Masks (40 Boxes, 50pcs/Box), Non Woven Thick 3-Layers Breathable Facial Masks with Adjustable Earloop, Mouth and Nose Cover

\$155.99

Qty: 1

Sold by: Bags2Basics

Not eligible for Amazon Prime [\(Learn more\)](#)

Gift options not available.

Best price

Choose a delivery option:

Friday, Nov. 13 - Wednesday, Nov. 18
FREE Expedited Shipping

Place your order

Order total: \$168.47

By placing your order, you agree to Amazon's privacy notice and conditions of use.

C. \$199.78 for 2000 disposable gloves.

We would also like to stock vinyl gloves in small size for children and large size for adults. We would obtain 1000 of each of these sizes to stock the dispensers at our facility. Estimated usage and need: (50 participants x8 visits x2 glove changes = 1600 gloves). 1000 large gloves that are needed to stock our stations cost, and 1000 small gloves cost.

We would have these items available for our participants to use when they come to in-person activities.

D. \$32.12 Digital No Touch Thermometer

IN order to protect our participants who come to our facility for services we will be checking the temperature of each person who enters the building. This is in accordance with the current guidelines that suggest this be completed to prevent the spread of COVID-19. Therefore, we need a digital no touch thermometer that can be obtained from Amazon. See below:

3 Review items and shipping

Before you place your order:

Shop with Points allows customers to pay for Amazon.com purchases using credit card rewards. To see if you have rewards available or to change the rewards amount for this purchase, please change your [payment method](#).

Select **FREE Amazon Day Delivery** below to have orders delivered together in fewer boxes on a single day.

Delivery date: Nov. 13, 2020 If you order in the next 18 hours and 47 minutes ([Details](#))
Items shipped from Amazon.com



Infrared Forehead Thermometer, Non-Contact Forehead Thermometer for Adults, Kids, Baby, Accurate Instant Readings No Touch Infrared Thermometer with 3 in 1 Digital LCD Display for Face, Ear, Body
\$29.74 ✓prime

Qty: 1

Sold by: Hotodeal Official Store

Add gift options

Choose your Prime delivery option:

Tomorrow, Nov. 13
FREE One-Day Delivery

Saturday, Nov. 14
FREE Amazon Day Delivery
Get your orders together in fewer boxes and deliveries. ([Change preference](#))
Some orders are currently arriving before the selected day.

Place your order

Order total: \$32.12

By placing your order, you agree to Amazon's [privacy notice and conditions of use](#).

By placing your order, you agree to Amazon's [privacy notice and conditions of use](#).

Order Summary

Items:	\$29.74
Shipping & handling:	\$0.00
Total before tax:	\$29.74
Estimated tax to be collected:	\$2.38

Order total: \$32.12

[How are shipping costs calculated?](#)

Prime shipping benefits have been applied to your order.

Items shipped from Amazon.com



Basic Medical Clear Vinyl Exam Gloves - Latex-Free & Powder-Free - VGPF-3001(Case of 1,000), Small
\$89.99 ✓prime

Qty: 1

Sold by: Amazon.com Services LLC

Add gift options

Item arrives in packaging that shows what's inside. To hide it, choose Ship in Amazon packaging.

Ship in Amazon packaging

Best price

Choose your Prime delivery option:

Friday, Nov. 13
FREE Prime Delivery

Saturday, Nov. 14
FREE Amazon Day Delivery
Get your orders together in fewer boxes and deliveries. ([Change preference](#))
Some orders are currently arriving before the selected day.

Items (2):	\$184.98
Shipping & handling:	\$0.00
Total before tax:	\$184.98
Estimated tax to be collected*:	\$14.80

Order total: \$199.78

[How are shipping costs calculated?](#)

Prime shipping benefits have been applied to your order.

Delivery date: Nov. 17, 2020 If you order in the next 11 hours and 48 minutes ([Details](#))
Items shipped from GORILLA SUPPLY®



1000 Gorilla Supply Heavy Duty Vinyl Gloves Large 10 of 100 Powder Free 4mil Disposable
\$94.99 ✓prime

Qty: 1

Sold by: GORILLA SUPPLY®

Gift options not available.

Best price

Choose your Prime delivery option:

Tuesday, Nov. 17
FREE Prime Delivery

Place your order

Order total: \$199.78

By placing your order, you agree to Amazon's [privacy notice and conditions of use](#).

E. 8 bottles of Hand Sanitizer \$43.18

\$43.18 for 8 bottles of hand sanitizer, to be used by participants over the course of the program. We estimated the need for one bottle of sanitizer per week for the sanitizing station. We would have these items available for our participants to use when they come to in-person activities.

We would obtain this product from Amazon. See image below:

3 Review items and shipping**Before you place your order:**

Shop with Points allows customers to pay for Amazon.com purchases using credit card rewards. To see if you have rewards available or to change the rewards amount for this purchase, please change your [payment method](#).



Choose FREE Amazon Day delivery for fewer boxes and a **\$1 digital credit**.

Delivery date: Nov. 14, 2020 If you order in the next 19 hours and 32 minutes ([Details](#))

Items shipped from Amazon.com



Cleace Advanced 75% Alcohol Sanitizer Gel, 4 large bottles, 16.9 oz each (67.6 oz total)

\$19.99 ✓prime

Qty: 2

Sold by: Caresour Official Store

Subscribe & Save:

Save up to 5% on future auto-deliveries

Delivery every: 1 month (most common)

[Add a gift receipt](#)

and see other gift options

Choose your Prime delivery option:

Saturday, Nov. 14

FREE Prime Delivery

Saturday, Nov. 21

FREE Amazon Day Delivery

Get your orders together in fewer boxes and deliveries. ([Change preference](#))

Some orders are currently arriving before the selected day.

Get a \$1 reward for select digital items. One reward per purchase. [Details](#)

[Place your order](#)

Order total: \$43.18

By placing your order, you agree to Amazon's [privacy notice](#) and [conditions of use](#).

Items (2):	\$39.98
Shipping & handling:	\$0.00
Total before tax:	\$39.98
Estimated tax to be collected:	\$3.20

Order total: \$43.18

How are shipping costs calculated?

Prime shipping benefits have been applied to your order.


F. Liquid Sanitizer for Automatic Dispenser \$40.99

\$40.99 would be used to obtain sanitizer for the automatic dispenser for the entrance and exit. In order to ensure our participants safety we would like to provide access to this equipment for participants who visit our facility. Prior to COVID none of this would have been necessary, however in the midst of the pandemic, these types of products have become essential to preventing the spread of disease. We are working with a population that tends to have family members who are at a higher risk of contracting the virus and having a negative outcome. Thus it is critical that we enforce safe interaction procedures with our program participants. We have children and adults in our program and thus the liquid sanitizer dispenser will assist us with preventing the spread of the virus by not requiring that we touch the container in order to obtain soap. We have estimated that we would use two gallons of hand sanitizer on the 50 participants who would visit the business weekly over the eight-week program period. We would obtain this product from Amazon. See image below:


3 Review items and shipping

Before you place your order:

Shop with Points allows customers to pay for Amazon.com purchases using credit card rewards. To see if you have rewards available or to change the rewards amount for this purchase, please change your payment method.

 **Select FREE Amazon Day Delivery below to have orders delivered together in fewer boxes on a single day.**

Delivery date: Nov. 14, 2020 If you order in the next 8 hours and 27 minutes (Details)
Items shipped from Amazon.com



Jermee Moisturizing Hand Sanitizer Gel, 70% Alcohol - Kills 99.99% Germs, Enhanced with Vitamin E and Aloe Vera - Crystal Clear Gel, Refreshing Scent, Made in USA - 64 oz with Pump 2 Pack
\$37.95 ✓prime

Qty: 1 ▾

Sold by: Shop Wise USA

Choose your Prime delivery option:

Saturday, Nov. 14
FREE Prime Delivery

Saturday, Nov. 21
FREE Amazon Day Delivery
Get your orders together in fewer boxes and deliveries. (Change preference)
Some orders are currently arriving before the selected day.

Order total: \$40.99
By placing your order, you agree to Amazon's [privacy notice and conditions of use.](#)

Order Summary

Items:	\$37.95
Shipping & handling:	\$0.00
Total before tax:	\$37.95
Estimated tax to be collected:	\$3.04
Order total:	\$40.99

How are shipping costs calculated?
Prime shipping benefits have been applied to your order.

13. Expressive Art Kits \$1575.95

\$1575.95 (20) US Art Supply 163-piece Premium Painting and Drawing Set and Supplies with Easel from Amazon for the participants and (1) Meeden 148-Piece Deluxe Artist Paint set for the consultant leader. Our program expansion has required us to creatively approach behavioral health counseling for a population who is often resistant to accepting or seeking mental health intervention. Our innovative program has embedded mental health counseling and activities into expressive art sessions. Prior to COVID-19 we were provided with access to art supplies at the schools. We no longer have access to these materials and, now that we are expanding our therapy to family members because of COVID-19 we need additional supplies in this area. The participant art kit will enable the participants to engage in expressive art therapy classes and actually practice painting and drawing techniques that are related to relaxation and positive visualization exercises. The Expressive Art therapy is incorporated into the program and the participants are exposed to techniques in the visual arts that aid in developing healthy connections with other people, fighting depression, and teaching participants ways to express their emotions without words. These are critical objectives in combating the mental and behavioral health issues that have developed due to COVID-19. This purchase is needed so that participants can complete the 2-hour sessions of expressive arts which are part of the deliverables we plan to provide to the participants to assist them with mitigating the negative effects of the COVID-19 pandemic on their mental and behavioral health. The consultant leader set is provided so that they can demonstrate the techniques for self-expression and relaxation to the students either in person or virtually. The total cost for the kits is \$1575.95 and this will cover (20) US Art Supply 163-piece Premium Painting and Drawing Set and Supplies with Easel and from Amazon @ \$72.32 each and (1) Meeden 148-piece Deluxe Artist Painting Set @129.55 each from Amazon

Screenshot

below:

Delivery date: Nov. 7, 2020 If you order in the next 23 hours and 2 minutes (Details)
Items shipped from Amazon.com



US Art Supply 163 Piece-Premium Mega Wood Box Art, Painting & Drawing Set That Contains All The Additional Supplies You Need to get Started and The Bonus Wooden Drawing Easel with Drawer.

\$66.96 ✓prime

Qty: 1 ▼

Sold by: TCP Global Corp

Add gift options

Best price

Choose your Prime delivery option:

Saturday, Nov. 7
FREE Prime Delivery

Saturday, Nov. 7
FREE Amazon Day Delivery

Get your orders together in fewer boxes and deliveries each Saturday. ([Change preference](#))
Some orders are currently arriving before the selected day.

your order.

Place your order

Order total: \$72.32

By placing your order, you agree to Amazon's [privacy notice](#) and [conditions of use](#).

*Why has sales tax been applied? See [tax and seller information](#).

Need help? Check our [Help pages](#) or [contact us](#)

For an item sold by Amazon.com: When you click the "Place your order" button, we'll send you an email message acknowledging receipt of your order. Your contract to purchase an item will not be complete until we send you an email notifying you that the item has been shipped.

Important information about sales tax you may owe in your state

You may return new, unopened merchandise in original condition within 30 days of delivery. Exceptions and restrictions apply. See Amazon.com's

Select FREE Amazon Day Delivery below to have orders delivered together in fewer boxes on a single day.

Prime shipping benefits have been applied to your order.

Delivery date: Nov. 8, 2020 If you order in the next 12 hours and 40 minutes (Details)
Items shipped from Amazon.com



MEEDEN 148-Piece Deluxe Artist Painting Set with Aluminum and Solid Beech Wood Easel, Paint, Stretched Canvas and Accessories, Great Gift for Artists, Beginner & Adults

\$119.95 ✓prime

Qty: 1 ▼

Sold by: MEEDEN ART

Add gift options

Best price

Choose your Prime delivery option:

Sunday, Nov. 8
FREE Prime Delivery

Saturday, Nov. 14
FREE Amazon Day Delivery

Get your orders together in fewer boxes and deliveries each Saturday. ([Change preference](#))
Some orders are currently arriving before the selected day.

Place your order

Order total: \$129.55

By placing your order, you agree to Amazon's [privacy notice](#) and [conditions of use](#).

*Why has sales tax been applied? See [tax and seller information](#).

Occupancy (property rent, mortgage, utilities, telephone, internet, etc. assigned as program expenses)

14. Rent \$3333. for 2 months.

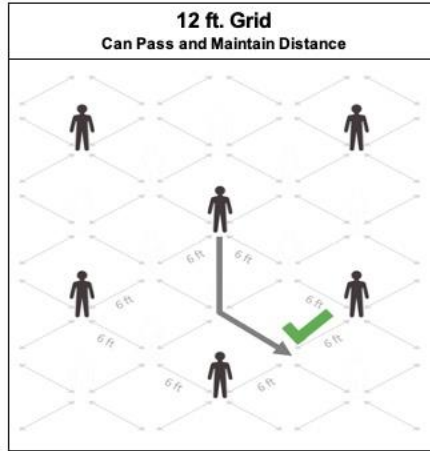
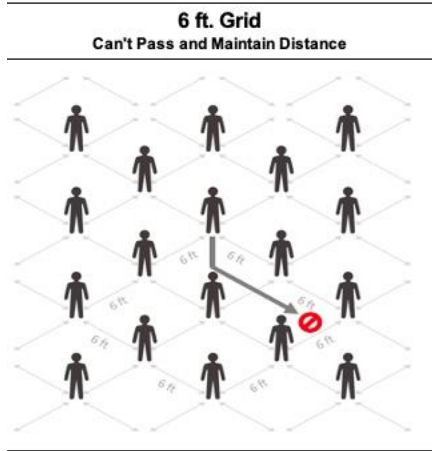
\$3333.00 covers (2) month's rent at: 1626 18th Ave South St. Petersburg, FL 33712 the rent is paid to the Affordable Realty and Property Management Company. We have negotiated with the landlord to simply pay the prorated real estate taxes in lieu of rent for the months of September thru December instead of the regular rent amount. The normal amount for these months would be \$5,000 per month, however for the three months of September-December the landlord has agreed to charge us \$1666.00 per month. This prorated amount is Originally our program was located in two transformation zone schools in Pinellas County. Both Lakewood and Maximo Elementary schools provided our program with access to over 100 students collectively on their property to complete our afterschool mental and behavioral health project. Because of COVID-19 we were unable to access our students and we had to change our program delivery methods. This has meant that we had to rent a physical location for our program and create a digital component to deploy our program. Now we use two methods to engage our participants, digital and in person. We offer in person activities because this is a critical procedure for combating the mental and behavioral health issues that have developed due to COVID-19. When obtaining a building for our program we had to consider the required size for social distancing when selecting an office. The operational space in our building is 8000 square feet and capacity calculators indicate that this means that we can serve 36 participants simultaneously if they are appropriately spaced (See Social Distancing Calculator output below). Based on the CDC guidelines our online activities create the lowest risk for our participants, and we can limit the risk by having smaller in-person gatherings in which individuals remain spaced at least 6 feet apart, wear masks, do not share objects, and come from the same local area. Developing the Family Connection expansion for Project I.A.M. has created the requirement that our project have a space that we can offer to participants for meetings that have appropriate social distancing. In order to meet this need the non-profit has acquired this location to deliver this expanded project to the target population. By offering the ability for participants to meet in a facility that is prepared for social distancing we are able to further combat the social isolation associated with COVID-19. This rental is essential in providing a safe space that is central to the neighborhood where participants can receive services from the project. The total cost of rent per month is \$3333.00.

COVID-19 SOCIAL DISTANCING CALCULATOR

Updated 6.8.2020

IMPORTANT NOTICE: This calculator is provided to assist you in planning social distancing for your employees and customers. **However, the results given by this calculator do not relieve you of your obligation to follow all applicable Public Health Orders as they apply to your space.** The configuration of any given space (aisles, racks, etc.) may result in a lower actual capacity limit. It is up to each business to ensure compliance with all portions of current orders. You may find information about more specific business sector requirements using the links below.

In order to maintain at least 6 feet of separation from each other when taking into account the unpredictable dynamics of each person's movement, this calculator uses a 12 foot grid distribution.



Enter the total square footage of the space*

Estimate the percent of floor space occupied by items such as furniture, equipment, displays, etc.

Maximum number of people that the space can accommodate with adequate 6 feet social distancing.**
For offices, personal services, restaurants (indoors), and retail, the lower of this figure and 50% capacity applies.

8,000	sq. ft.
35	%
36	

15. Utilities \$800.00 for 2 mos.

\$ 800 (2) month's utilities at the building that we have been required to rent for the project. The expressive arts classes that are a part of our program are delivered online and in person. These components of our program were crafted to respond to the needs of people and particularly children who are suffering from negative effects related to isolation during the pandemic. Project I.A.M. was originally housed inside of schools and therefore the program had no need to rent space. Developing the Family Connection program as an extension of Project I.A.M. has created the requirement that our project have a space that we can offer to participants for meetings that have appropriate social distancing. In order to meet this need the non-profit has acquired this location to deliver this project to the target population. By offering the ability for participants to meet in a facility that is prepared for social distancing we are able to further combat the social isolation associated with COVID-19. This is another critical objective for combating the mental and behavioral health issues that have developed due to COVID-19. This rental is essential in providing a safe space that is central to the neighborhood where participants can receive services from the project. The total cost of utilities per month is \$400.

16. Cable-WIFI

\$250 per month for high speed business WIFI

Our project has socially distanced activities at our location also utilize ZOOM and this means that participants need to access the WIFI simultaneously. We need to upgrade our WIFI to the highest bandwidth available in order to ensure a seamless experience for our participants when they are participating online inside of our building. Our participants are given the opportunity to engage in distanced interaction that will be led by counselors who may be located offsite. Moreover, some participants may have limited access to data on their phones and they do not have high speed WIFI in their homes. Providing the participants with access to high speed WIFI ensures their ability to participate in sessions.

spectrum Information | LT# 68893

message

ohn Woodrick <john@clearconnectco.com>
o: "sybilphd@gmail.com" <sybilphd@gmail.com>
ic: ClearConnect RPM <CCRPM@clearconnectco.com>

Hello,

Thank you for chatting with me today, below is the information we discussed

- **INTERNET**
 - 200/10MBPS = \$64.99/MO (SAVE \$15/MO When Bundled)
 - 600/35MBPS = \$114.99/MO (SAVE \$20/MO When Bundled)
 - 940/35MBPS = \$249.99/MO (WHERE AVAILABLE, \$199 INSTALLATION)
 - ADD WIFI = +\$6.99/MO
 - ADD STATIC IP = +\$14.99/MO / ADD 5 STATIC IPs = +\$24.99/MO
 - ADD LTE Battery Back – Up Internet +\$20/MO
- **PHONE**
 - \$29.99/MO PER LINE (Save \$10/MO When Bundled)
- **TV**
 - BASIC CABLE = \$34.99/MO (Save \$10/MO When Bundled)
 - TV Essential (Streaming Only) \$19.99/MO
 - PREMIERE PACKAGE = \$64.99/MO (Save \$20/MO When Bundled)
 - \$7.99/MO PER TV
 - \$13.50 /MO FCC Broadcast Fee
- **INSTALLATION** = \$99 (Currently Waived and First Month Free) - Month to month contract no early termination fee

Best,

Local Travel (mileage, tolls, parking for regular local travel, rental/leasing cost of transportation)

Design, Printing, Marketing & Postage (for direct program related services only)

There is no postage for the marketing of the program, we have opted for digital marketing via constant contact software which is included below. We have also relied on our incentive as a way to market our program.

Capital (buildings, vehicles, equipment \$5,000 or more per item. The purchase of capital must represent the lower cost option for the period during which the purchased asset would be used for COVID-response activities)

We do not plan to purchase any items that would be considered capital.

Purchased Services (consultants, legal, accounting services, logistical partner costs, technology enhancements, computer software licensing/agreements)

*In order to achieve the program's goals and objectives and respond to the **mental and behavioral health** issues associated with the COVID-19 pandemic and its associated consequences it is anticipated that the following **expansion in our staffing will be needed:***

17. Part Time Project Coordinator 80 hours at \$15.00 per hour=\$1200.

This consultant will be in charge of coordinating the clients and other consultants, they will be preparing the Zoom connections, facilitate the scheduling of individualized sessions with participants and various consultants, collect project data, and collate information from the other consultants and create the required weekly reports about client contacts and interactions. All of these tasks are directly associated with our organizational transformation that is occurring due to COVID-19. The organization never needed this position previously and it has been created to address the continuity required for the overall management of the project. Over the course of the 8-week project we expect that the coordinator will need to spend approximately 10 hours per week completing tasks that will lead to the completion of our project goals and objectives. This means that our project coordinator shall be engaged at a rate of 40 hours per month for two months. The 80 project hours shall be contracted at \$15.00 per hour. This results in a need for \$1200.00 as a consultant fee for the 80 contract hours to engage a project coordinator.

18. Project Learning Coach 60 hours at \$12 per hour =\$720

This consultant will assist with managing the zoom calls while the counselors are working with the participants and discussing the topics for the different weeks. This consultant is required to help transition the participants and consultants and monitor their interactions online. The learning coaches also help compile program data that will be passed on to the project coordinator for reporting purposes. They manage discussions and assist the psychologist in maximizing their discussion time. This position was created in response to COVID-19 and the new expansion we have created for our program. The utilization of Zoom has meant that we needed to have online support during meetings to assist the leaders with delivering the project in a timely fashion.

19. Part-time Medical Director 32 hours at \$31.00 per hour=\$992.00.

Fundamental component to our project is mental health and counseling. However, many people will also be experiencing anxiety associated with concerns about their physical health. In order to alleviate these concerns we will employ a medical director who will be able to evaluate participants, check their COVID-19 status in house and provide participants with treatment for the flu symptoms that will manifest during the winter months. COVID-19 created the need for this position because another facet of this consultant's work will be to discuss with participants the ways to avoid catching the virus. The target population has traditionally been apprehensive about following medical advice and this consultant will assist the project with beginning to teach the community that has been the hardest hit by COVID-19 how to reduce the spread of the virus. Finally, many of the mental health issues related to isolation and depression manifest themselves as physical maladies. Having a medical director on hand to evaluate these issues will help our

project to identify and reduce mental health issues that participants may not have even recognized as being rooted in depression or anxiety. They may approach the medical director with chest pain, assuming they are having heart trouble, only to learn that they are experiencing anxiety symptoms. This position will help our project accurately identify the basis for participants' feelings and mental health issues, by ruling out physical causes, or identifying physical maladies as psychologically based issues. Our medical director will act as the coordinator of care for all of our participants and supervise all of our mental health care consultants. Over the course of the 8-week project we expect that the Medical Consultant will need to spend approximately 4 hours per week completing tasks that will help lead to the completion of our project goals and objectives. This means that our Medical Director shall be engaged at a rate of 16 hours per month for two months, which is a total of 32 hours. However, the consultant has agreed to work for 32 hours and only be paid for 16 hours. Thus the 32 project hours shall be contracted at a dramatically reduced rate of \$31.00 per hour. This results in a need for \$992.00 as a consultant fee for the 32 contract hours to engage a part-time Medical Director.

20. Mental Health Consultants (2 Psychologist) 84 hours @ \$40.00 per hour=\$3360.

The cornerstone of our project is to provide mental health support, counseling, and guidance to our participants. Psychologists help clients overcome a range of problems including depression, addiction, anxiety, mental illness and learning disabilities. COVID-19 has extremely exacerbated all of these issues, particularly for the group members in our target populations. Our project will provide a unique outlet for members of a community that has traditionally rejected mental health care. By combining our mental health care project with expressive arts we plan to help participants who may not even realize they need help, or that they are being helped by our sessions. The psychologist role in our project is also critical as participants will have the opportunity to go beyond group meetings and schedule an individual session with our providers. The dual nature of the service being provided by our psychologist created a need for this line item to have two contract rates. The Mental Health Consultant (Psychologist) will be engaged to lead 8 group sessions of therapy combined with expressive art. The time commitment to facilitate these group sessions is 4 hours per week or 16 hours per month. Therefore, the rate for group sessions will be set at \$40 per hour. $32 \times \$40 = \1280 contract fee for group counseling. However, each mental health consultant will be available to meet individually with up to five participants once per month. There will be five additional hours per month that the psychologist will be contracted for with our project to provide individualized counseling sessions. The rate of payment for the individual counseling sessions shall be set at \$40.00 per hour. $10 \times \$40.00 = \400.00 . Therefore, the total compensation to each of our two mental health consultants individually will be \$1680 for 42 hours of work, which then averages out to \$40 per hour.

21. Mental Health Consultant (LCSW1) 42 hours @\$24.00 per hour=\$1008.

The cornerstone of our project is to provide mental health support, counseling, and guidance to our participants. The Licensed Clinical Social Worker (LCSW1) will be geared at helping some of our most vulnerable participants in the k-2nd grade age range. As the leader of a children's group within our targeted population this consultant will help our psychologist and medical director to identify a range of problems unique to children. This consultant will help our psychologist and medical director to identify a range of problems including depression, addiction, anxiety, mental illness and learning disabilities. The LCSW1 will help us address issues uniquely brought about during COVID-19 that only children are experiencing. The lack of socialization among children has

been directly linked to delayed social development, depression, and anxiety. COVID-19 has extremely exacerbated all of these issues, particularly for the youngest group members in our target populations. By separating our children into groups by age, the counselors will be better able to address their concerns and fears as it relates to their lived experiences with age appropriate therapy modalities. Our project will provide a unique outlet for members of a community that has traditionally rejected mental health care. By combining our mental health care project with expressive arts we plan to help participants who may not even realize they need help, or that they are being helped by our sessions. The (LCSW1) in our project is also critical as participants will have the opportunity to go beyond group meetings and schedule an individual session with our providers. The dual nature of the service being provided by these consultants also created a need for this line item to have two contract rates. The Mental Health Consultant will be engaged to lead 8 group sessions of therapy combined with expressive art. The time commitment to produce these group sessions is 4 hours per week or 16 hours per month. Therefore, the rate for group counseling sessions will be set at \$24.00 per hour. $32 \text{ hours} \times \$24 = \$768$ contract fee for LCSW positions. However, each mental health consultant will be available to meet individually with up to five participants once per month. There will be five hours per month that the LCSW1 will be contracted for with our project to provide individualized counseling sessions. The rate of payment for the individual counseling sessions with the LCSW shall be set at \$24.00 per hour. $10 \times \$24.00 = \240.00 . Therefore the total compensation to our LCSW- mental health consultant will be \$1008.00 for 42 hours of work, which then averages out to \$24 per hour.

22. Mental Health Consultant (LCSW2) 42 hours @\$24.00 per hour= \$1008.

The cornerstone of our project is to provide mental health support, counseling, and guidance to our participants. LCSW2 will be geared at helping children who are in the 3-5th grade age range. As the leader of a children's group within our targeted population this consultant will help our psychologist and medical director to identify a range of problems unique to children. The LSW2 will help us address issues uniquely brought about during COVID-19 that only children are experiencing. The lack of socialization among children has been directly linked to delayed social development, depression, and anxiety. COVID-19 has extremely exacerbated all of these issues, particularly for these young group members in our target populations. Our project will provide a unique outlet for members of a community that has traditionally rejected mental health care. By combining our mental health care project with expressive arts we plan to help participants who may not even realize they need or want help, or that they are being helped mentally by our sessions. The Licensed Social Worker (LCSW2) in our project is also critical as participants will have the opportunity to go beyond group meetings and schedule an individual session with our providers. The dual nature of the service being provided by these consultants also created a need for this line item to have two contract rates. The Mental Health Consultant will be engaged to lead 8 group sessions of therapy combined with expressive art. The time commitment to produce these group sessions is 4 hours per week or 16 hours per month. Therefore, the rate for group counseling sessions will be set at \$24.00 per hour. $32 \text{ hours} \times \$24 = \$768$ contract fee for LCSW positions. However, each mental health consultant will be available to meet individually with up to five participants once per month. There will be five hours per month that the LCSW1 will be contracted for with our project to provide individualized counseling sessions. The rate of payment for the individual counseling sessions with the LCSW shall be set at \$24.00 per hour. 10

x \$24.00=\$240.00. Therefore the total compensation to our LCSW- mental health consultant will be \$1008.00 for 42 hours of work, which then averages out to \$24 per hour.

23. Part Time Financial Officer 16 hours @ 35.00 per hour=\$560.

This project also requires a part-time Financial Officer who will devote 2 hours per week and 8 hours per month for this project. This person will also assist the project coordinator in completing the required weekly financial accounting for both components of our project. The rate for this consultant will be \$35.00 per hour. This consultant will be contracted for 16 hours and the total compensation for the project will be \$560.

24. Expressive Arts Therapy Consultants: 30 hours @ \$30.00=\$900 x 8 artists=\$7200.00.

Expressive Arts Therapy Consultant Music (3)
Expressive Arts Consultant Dance (2)
Expressive Arts Consultant Theatre/performance (2)
Expressive Arts Consultant Visual Arts (1)

Our program has created a unique symbiotic approach to group therapy and counseling during the age of COVID-19. By merging expressive arts therapy and traditional group therapy we are geared to reach a target population who would traditionally reject counseling services and activities. The Expressive arts is a technique that is used to combine psychology and the creative process to promote growth and healing. This multi-arts or intermodal approach to therapy draws upon the creative process to encourage participants to create and initiate change in their individual lives. We intentionally employ this intermodal approach to our group and individual therapy sessions to engage and evoke mental changes in our target population. We plan to engage 8 expressive art therapy consultants who will each work with our mental health consultants in providing critical behavioral health activities during and outside of group counseling hours. They will encourage our participants to talk about COVID-19, journal, story tell, create poetry, make life maps, draw their feelings, sing, dance and drum to make meaning of their lives and tell their COVID stories. This will assist them with overcoming negative emotions as well as help them engage with their family in combating these negative emotions. These 8 artists will each be showcased in one weekly group counseling activity. Additionally, the artists will provide three hours per week in group expressive art classes. Depending on the art form and artist these may be in person, with appropriate social distancing or virtual. The artist will work together and with the participants to produce a culminating virtual event that will be showcased at the end of the program. Our goal is to help the participants produce works of art that have an enlightening or cathartic effect for the participant and ultimately help them address behavioral health issues brought on by COVID-19. The artist will be compensated at a rate of \$30.00 per hour for 30 hours of work on the project. The expressive art counselors will be contracted to complete 3 hours of work for their initial presentation, 24 hours of group classes or rehearsals, over 8 weeks, and then 3 hours for the final presentation. This represents 30 hours of compensable time that the artists will be contracted to complete at a rate of \$30.00 per hour. 30 hours @ \$30.00=\$900 x 8 artists=\$7200.00.

25. Cybersecurity Education consultant 32 hours@ \$25.00 per hour =\$800.00

COVID-19 has changed the digital footprint of everyone in the world, and this includes children as young as 5. This means that proper cyber hygiene must be employed and taught in any responsible program that has turned to digital platforms for meetings. This consultant will teach the program consultants and participants proper cyber hygiene and device control. Moreover this consultant will train personnel to ensure security of the participants SUD and mental health information. This consultant will train the program participants in proper digital culture protocol in the wake of COVID-19. This position was specifically created because we are placing our minor participants online with tools that may expose them to danger if they have not been trained to avoid things like cyberbullies, cyberstalking, and cybercrime. Additionally these may be stressors for children and adults who have been forced to broaden their digital footprints during COVID-19. Our program will compensate the cybersecurity Education Consultant at a rate of \$25 per hour for 4 hours per week for the 8-week program. This will be $\$25 \times 4 \times 8 = \800 .

26. Lifestyle Coach Presenters 1 hour x 10 presentations x \$100=\$1000

The Lifestyle coaches will provide the participants with information about nutrition and healthy living that can improve their moods and overall health. They will encourage the participants to exercise, eat a balanced diet, and avoid caffeine, alcohol, and tobacco. These coaches will present information to the participants as specialized blocks of meetings outside of the normal counseling and expressive art sessions. These Lifestyles presentations will each last 1 hour, and they will be offered to enhance the participants commitment to participating in the program and help them combat the isolation and depression they are experiencing by being quarantined due to COVID-19. Each lifestyle presentation presenter will be contracted for one hour at the rate of \$100 per hour. There will be 10 lifestyle presentations during the program. $1\text{-hour} \times 10\text{ presentations} \times \$100 = \$1000$

Technology Enhancements-Purchased Services Line Item:

Computer Software:

27. Zoom \$59.90

The cost of our Zoom Membership Fee 29.95/mth x 2 =\$59.90

This is the price of Zoom for the total 8-week program. Our project never had to use Zoom in the past to deliver our program in the past and this represents a new program requirement that is based on the COVID-19 pandemic. A large portion of our program is delivered via Zoom and the use of a paid account is preferred when conducting behavioral health discussions with participants. This paid account has more functionality, such as recordings, and it is also preferred because of its higher level of security. Our project never had to use Zoom to deliver our program in the past and this represents a new program requirement that is based on the COVID-19 pandemic.

28. Assessment Software: \$384.00

A. BAI Q-global Starter Kit

Beck Anxiety Inventory (For adults and Children)

We will utilize the Beck Anxiety Inventory (for adults and children), where participants are able to respond to 21 items rated on a scale from 0 to 3. Each item is descriptive of subjective, somatic, or panic-related symptoms of anxiety. This program is beneficial because it provides clinicians with the ability to conduct comprehensive assessment of anxiety-related symptoms on a weekly basis. It provides our program with the ability to analyze a broad range of emotional, physical, cognitive and behavioral symptoms that represent important dimensions of anxiety. More importantly the BAI has been found to discriminate well between anxious and non-anxious diagnostic groups in a variety of clinical populations.

This instrument has been proven to be ideal in screening for anxiety, and it is clinically valid. The instrument allows for easy administration, scoring, and interpretation of results. The Beck Anxiety inventory is a web based secure assessment tool that will be administered online to the participants before the first session begins, at the midpoint and at the conclusion of the program in December. Subjective indicators of anxiety will be analyzed and compared. Reports will be generated by the program and further analyzed by our consultants. These concise reports provide useful information and help monitor a client's progress over time.

Our project has been strategically crafted to coincide with holidays seasons of Thanksgiving and Christmas. We believe that during this time when people already normally report higher levels of anxiety and depression, it will be particularly important to provide support to persons who are made even more vulnerable due to their exposure to the stressors associated with COVID-19. Our project is operating under the theory that COVID-19 related fears and uncertainties will only exacerbate the seasonal mental and behavioral health problems experienced by members of our target population. Our mission is to introduce a groundbreaking and innovative program that combines, counseling, education, medical care, and expressive arts to a diverse community in a culturally sensitive way that makes a difference in their lived experiences. The kit we have

selected costs \$384 for digital access and we will be able to use the tablets and laptops requested to deploy the assessments digitally, thereby, reducing the need to use written documents; that may be contaminated. We have previously conducted our assessments much less formally and therefore this purchase is directly related to the advent of COVID-19 and the extension of our program to the families of the children we traditionally serve.

29. MAXQDA Data Analysis Software \$750.00

\$750.00 Cost for (1) MaxQDA Data Analysis Software purchase. We will purchase the Pro Portable License at the Educational price. This software is necessary to assist us in capturing and analyzing not only quantitative data produced by our project but the qualitative data that the project produces. This will assist us in tracking and demonstrating the efficacy of the project deliverables with a multimodal approach to program analysis. Our use of both qualitative and quantitative data analysis in our project will assist us in tracking the effect of the program in a more robust manner. Moreover, it will aid us with adjusting our program delivery methods with dynamic responses to feedback from participants that will assist in better serving their behavioral health needs. This software will be a key component that will aid us in capturing the data that our program produces and assist us with overall program evaluation. Utilizing MAXQDA Analytics Pro will assist us with compiling qualitative data and using it to conduct statistical analysis. Quantifying our qualitative data will enrich our analysis with evidence and plausibility. This software will provide us access to qualitative data about how our participants have responded to COVID-19 counseling activities that are delivered in our program. This cost represents a perpetual license for the software that would belong to Project I.A.M., the price for the limited subscription of one year was only \$100 less and therefore we did not select that option as it was not as practical.

Assemble your MAXQDA license

1 Customer ⓘ

Institution / Company

Private Customer

Student / PhD Candidate

2 Country

Non-EU country

US\$

3 Pricing ⓘ

Commercial

NGO/GOV

Educational

4 License ⓘ

Single User

Portable

Network

5 Purchase ⓘ

Purchase

Upgrade

Subscription

6 Product ⓘ

MAXQDA
Standard

MAXQDA
Plus

MAXQDA
Analytics Pro

▼

Product	Price	Number of licenses
MAXQDA Analytics Pro Portable License Educational <ul style="list-style-type: none"> USB flash drive not included. Please purchase elsewhere. USB flash drive must be connected directly to your computer (not connected with a USB-C adapter or docking station). 	Net price*: 750,00 USD	<div style="border: 1px solid #ccc; padding: 5px; width: 60px; text-align: center;">1</div> <div style="background-color: #0070c0; color: white; padding: 5px; text-align: center; margin-top: 5px;">Place in Cart</div>

Contact us for any **questions about MAXQDA products and license options**
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Contact our e-sales partner for **questions about payment processing**
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Free products

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