

Application Form

Introduction

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

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?

Yes

Project Name*

Firmly Established Youth & Family Services

EIN*

46-3365312

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.

040210118

Mission Statement*

Firmly Established, Inc.'s mission is to assist low-wage earning youth and their families with services that support their self-sufficiency goals. We accomplish this through grassroots outreach, linkage to existing community resources, in-home case management, limited financial assistance, youth groups and counseling services. Our goal is to always provide services that are accessible, integrity driven and free to low-cost for the participant.

Total Operating Expenditure*

What are your total annual operating expenses?

\$6,768.46

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.

\$39,716.00

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
- Persons with disabilities
- 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).

Firmly Established, Inc. was created specifically to address the social class inequities low-wage earning families encounter when trying to change their economic situation. These inequities affect their mental wellness and their opportunities for economic advancement. Community response drives our service offerings. All of our outreach begins with us surveying potential participants regarding, what are some needed community changes they want see, what important goals are they working on, and which resources they believe will contribute to their success. Over the past three years we have expanded our financial assistance to include license restoration, daycare, and WiFi bills for homeschooling parents. We develop group topics and meeting times based on input from active clients. Potential participants are the main influence for how we form our services and carry out service delivery.

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.**

Firmly Established, Inc. was established January of 2016. Case management, fundraising and financial assistance began in November of 2017. We began our most recent housing community outreach in December of 2019. We are with each location for 1 year.

Service Area*

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

- Mid-County (locations such as Clearwater, Largo, Safety Harbor)
- 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.)

At the start of this pandemic Firmly Established had two main forms of engagement: case management and resource acquisition. Case management clients were seen in their homes and self-help took place in our office resource room. While looking for resources a client could have a lunch snack; if needed, they could take a dinner snack with them. Pre-COVID-19 clients would receive their initial resources immediately and follow-up occurred within 7 days. Post-quarantine we have had clients' cite difficulty with accessing remote services, including our process. At the start of our virtual implementation clients were waiting a week for their initial individualized resources. Clients had issues receiving texts and emails. They also reported issues taking clear pictures and not having the ability to scan their documents. These issues were beginning to lead to client attrition. After 2 months of figuring out client and company capabilities we have created a more efficient system. Recent increases in the need for referrals and the client's loss of ability to review resources in our resource lab has led to unavoidable delays in our individualized services. Our new initial resource list is a frequently requested list that is sent out while clients await their personalized search. The personalized search can now be completed within 4 days per 10 clients. Now that COVID-19 safety precautions are more widely known and easier to comply with we have begun offering some limited in person events and services. Pandemic uncertainty has brought an onset of psychiatric symptoms and has created an increased need for awareness of mental health symptoms and treatment. We seek to expand our services to more recipients in order to provide crisis intervention services that respond to these additional needs. Our aim with client assistance has grown to include being creative with how to get services to people remotely.

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?

Yes

Most Recently Filed IRS Form 990*

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

990N 2019 FE.pdf

Board-Approved Budget*

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

Scan_20200909.pdf

Audited Financial Statements

Most Recent Audited Financial Statements*

If your organization routinely contracts for an independent audit of its financial statements, including audits in accordance with Uniform Guidance and/or Chapter 10.650, Rules of the Auditor General, upload the most recent audit. The document should not be more than a year old.

2019 Financial Statement Submission.pdf

We have attached the financial statement that was prepared for our solicitation approval. These are the same calculations included in our audit conducted by Accounting, Taxes and More, Inc. The audit narrative is attached in the management letter section.

Management Letter*

Please provide a management letter indicating any findings from your organization's most recent independent audit.

If there is no management letter, please explain why.

Audit Management Letter.pdf

Please see the letter attached from our accountant in regards to our most recent audit.

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.

We do not hold any existing contracts. Our funding comes from our board and fundraising campaigns.

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.**

Firmly Established, Inc. is requesting funding to expand our current case management programming to include a crisis response to COVID-19 for households that have been affected by the pandemic. This program is being developed to assess 40 new households emotional response to the COVID-19 health stressor. Through utilization of the PHQ-9 we will screen for short term situational depression. Our target population lives within the vicinity of our service delivery points. These zip codes include: 33701, 33705, 33712, and 33713.

We have created a short-term solution focused mini program that will address many of the concerns parents have voiced to us as being pandemic induced stressors. We will facilitate three cohort groups of participants who will attend four psycho-educational groups. Our groups will help participants to recognize how their stressors are impacting their mental health, their motivation, their children, and their utilization of coping skills. Participants who score 20 and above will be offered three 1 on 1 therapy sessions. Two of these sessions will take place between group 2 and 4. The third session may take place within 2 weeks after week 4. These extra sessions will address higher depression levels, screen out situational verses clinical depression and offer additional referrals. Providing transportation to and from the sessions will be vital for full participation. We will pick up from Jordan Park and Citrus Grove, transport to our conference room and drop back off at original locations. Groups will happen in our office conference room. The youth of participating households will engage in four facilitated virtual psychosocial groups at home one time a week. Expanding our clients by 40 households, time constraints, and proper implementation will create the need for financial resources and additional funding. The additional 40 households would not have been able to receive services under our current budget.

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?

Our current marketing includes online ads, on-site flyers and email marketing. Our former clients are part of a special mailing list and will be essential for word of mouth referrals. We currently have 600+ local service providers on our email marketing contact list who work for social services. Due to the applicability of our project to their clients' needs we foresee our mailing list as being valuable to recruitment. Due to the short time frame allowed for this project the utilization of a mixed marketing approach will work best. In the past we have found the low-income population to be diverse in their assistance needs, motivation for change and their perspectives on utilizing agency assistance. In recognition of their diversity we believe our marketing techniques must be diverse also. This will ensure that we have an effective targeted offer that reaches customers in an attention grabbing way. Surprisingly, many clients will utilize a program that offers transportation verses a program that does not offer transportation. Due to the time allotment for the completion of this project we want to use numerous engagement methods that we have previously been found to be effective.

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.

Covid-19 created unexpected challenges that led to lapses in our service delivery. Since April, we have begun creating a virtual process that does not create barriers to service utilization. We have streamlined this process and it is our belief that it will be feasible for service continuity going forward. On-site and remote events at specific geographic areas were put on hold, in exchange for outreach at specific outreach locations that have a proven flow of client participation. In the event of a natural disaster we will seek to link with an agency that is providing emergency services in order to meet our participation expectations. We would continue to use a mixed marketing plan that includes organic and paid social media ads, email marketing, and leveraging our former clients to spread word of mouth. Enrollment and access to our services can be completed remotely. Collaboration and communication will be essential to completing service delivery through the end of the grant.

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.

Insurance Coverage Forms.pdf
Our insurance coverage is attached.

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.

FE1 Budget Summary.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.

FE Revised Budget Narrative 1.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?*

No

Behavioral Health

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.

Participants in our Youth and Family Services Program will receive the Patient Health Questionnaire-9 (PHQ-9) at the beginning of group each week for four weeks. We formulate that participants will have higher scores at the start than they do at the end. Participants answer the nine questions and based on their answers a score is assigned. Their score can indicate if depressive symptoms are present and if a referral for more intensive services is warranted. For our measurement purposes participants with a score of 5 and above are the target market for our psychoeducational group. Some participants will have a severe score of 20 or above. These clients will be offered three individual counseling sessions to screen for clinical depression or situational depression. Our intervention addresses stressors that are impacting their daily social functioning. All participants will be given the same psycho-educational group and case management intervention to address initial needs.

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.

Client progress will be defined as an improvement in daily social functioning based on a decrease in depressive symptoms as evidenced by a decrease in score on the Patient Health Questionnaire-9. We predict that 50% of respondents' who score between 10 and 19 on the PHQ-9 will have a drop in their score by the end of the 4th week. The client's decreased score should put them into a less severe depression category, this is seen as significant progress for the purposes of evaluating our intervention. Clients who score 20 and above will be asked to attend individual counseling, giving them 3 extra sessions. These clients will have 2 additional PHQ-9 scores by week 6. Progress for clients who score 20 and above are predicted to have a significant decrease in their symptoms as shown by their PHQ-9 score decreasing by at least 5 points. For clients who score 20 and over we predict that 50% of those respondents, who receive individual sessions, will have a decrease of at least 5 points in depressive symptoms at the end of their 6th week. Clients with a score of 20 and above who do not receive individual counseling component are predicted to maintain higher scores than those who do receive individual intervention.

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.

40

Estimated Percentage of Progress - Grant Period*

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

50

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**.

10

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.

50

November Projections - Number Served - Behavioral Health*

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

20

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**.

10

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.

50

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:

Firmly Established, Inc. has not submitted any applications for COVID-19 funding besides this application.

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, we are not under any corrective action agreement.

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.

Jannet Harper

File Attachment Summary

Applicant File Uploads

- 990N 2019 FE.pdf
- Scan_20200909.pdf
- 2019 Financial Statement Submission.pdf
- Audit Management Letter.pdf
- Insurance Coverage Forms.pdf
- FE1 Budget Summary.pdf
- FE Revised Budget Narrative 1.pdf
- Unsigned MOU's with LPO's.pdf

Department of the Treasury
Internal Revenue Service

for Tax-Exempt Organization not Required to File Form 990 or 990-EZ

2019

Open to Public Inspection

A For the 2019 Calendar year, or tax year beginning 2019-01-01 and ending 2019-12-31

B Check if available

- Terminated for Business
- Gross receipts are normally \$50,000 or less

C Name of Organization: FIRMLY ESTABLISHED

3510 1st Ave N, St
Petersburg, FL, US, 33713

D Employee Identification

Number 46-3365312

E Website:

www.Holisticlifecoach2.wix.com/FirmlyestincF Name of Principal Officer: Jannet Harper

3510 1st Ave N, St
Petersburg, FL, US, 33713

Privacy Act and Paperwork Reduction Act Notice: We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws.

The organization is not required to provide information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. The rules governing the confidentiality of the Form 990-N is covered in code section 6104.

The time needed to complete and file this form and related schedules will vary depending on the individual circumstances. The estimated average times is 15 minutes.

Note: This image is provided for your records only. Do Not mail this page to the IRS. The IRS will not accept this filing via paper. You must file your Form 990-N (e-Postcard) electronically.



FIRMLY ESTABLISHED, INC.
3510 1ST AVE N. STE #226
ST PETERSBURG, FL 33713

June 1, 2020

The board agrees that we will continue with our fundraising to support our program.

In addition to restaurant fundraisers, this year we will utilize social media outreach in order to encourage online fundraising for our services.

This year we will continue to provide case management to Jordan Park residents.

Financial assistance callers from Pinellas and surrounding areas can continue to receive assistance when funds are available. Approved for financial assistance: Utilities, WiFi, DMV Fines and other costs that if paid will directly contribute to the household's self-sufficiency. Not approved for financial assistance: Rent, unless the amount is under \$200 and will keep the client from becoming homeless. Cost cannot be paid if the landlord is willing to do a payment plan with the client or another agency is available to assist.

Office costs continue to be a necessary expense. Maintaining our resource room and expanding it is a major goal for this year.

We will continue to explore ways to make our agency stronger including re-occurring sponsorships, grants, diverse marketing strategies and other endeavors that will contribute to the expansion of our services.

In Attendance:

Jannet Harper Jannet Harper

Christopher Keaton Christopher Keaton

Kerry Shuey Kerry Shuey

Florida Department of Agriculture and Consumer Services
Division of Consumer Services



**NICOLE "NIKKI"
FRIED
COMMISSIONER**

**SMALL CHARITABLE ORGANIZATIONS/SPONSORS REGISTRATION
APPLICATION**

Solicitation of Contributions Act
Chapter 496, Florida Statutes
Rule 5J-7.004, Florida Administrative Code

1-800-HELP-FLA (435-7352)
850-410-3800 *Calling Outside Florida*
www.800helpfla.com • 850-410-3804 *Fax*

**NO FEE
REQUIRED**

All documents and attachments submitted with this application are subject to public review pursuant to Chapter 119, F.S.

Application Information

License Number: CH48736

Business Information

Legal Name: FIRMLY ESTABLISHED, INC.
FEIN: 46-3365312
Business Phone: 727-678-1751
Business Address: 3510 1ST AVE N STE 226
SAINT PETERSBURG Florida 33713-8419
Mailing Address: 3510 1ST AVE N STE 226
SAINT PETERSBURG Florida 33713-8419
Email Address: firmlyestablished@yahoo.com
Website Address: www.holisticlifecoach2.wix.com/firmlyestinc
Fictitious Names** Not Applicable

**All fictitious names must be registered with the Division of Corporations. If business is a corporation then 'Name' is the legal name of the business as listed with the Division of Corporations. You must list all names under which you intend to do business.

Business Details

Month/Day fiscal year ends: 12/31

Organization's Internal Revenue Service Status: 501(c)(3)

Purpose of the Organization:

To assist low income youth & families with self-sufficiency services that lead to economic, academic and generational advancement.

Purpose for which the contributions are used:

To support services that will benefit the youth and families that we serve. We provide seminars, events, and some financial assistance to clients. We also cover office space for our resource room, marketing and fundraising costs with raised funds.

Personnel Information

Officer 1

Name: JANET HARPER
In Charge of Distribution
Title: In Charge of Solicitation
President
Phone: 727-678-1751
Address: 826 17TH AVE S
SAINT PETERSBURG Florida 33701-5716

Criminal History Questions

1. Is this person exempt from Public Records? [s. 119.071(4), F.S.] *No*
2. Has this person been convicted of, found guilty of, pled guilty or nolo contendere to, or been incarcerated within the last 10 years as a result of having previously been convicted of, or found guilty of, or pled guilty or nolo contendere to, any felony, or crime involving fraud, theft, larceny, embezzlement, fraudulent conversion, misappropriation of property, or any crime arising from the conduct of a solicitation for a charitable organization or sponsor within the last 10 years? [s. 496.405(2)(d)5, F.S.] *No*
3. Has this person been enjoined from violating any law relating to a charitable solicitation? [s. 496.405(2)(d)6, F.S.] *No*

Officer 2

Name: CHRISTOPHER KEATON
Title: Vice President
Phone: 352-834-3559
Address: 3201 FREEMONT TER S
SAINT PETERSBURG Florida 33712-1825

Criminal History Questions

1. Is this person exempt from Public Records? [s. 119.071(4), F.S.] *No*
2. Has this person been convicted of, found guilty of, pled guilty or nolo contendere to, or been incarcerated within the last 10 years as a result of having previously been convicted of, or found guilty of, or pled guilty or nolo contendere to, any felony, or crime involving fraud, theft, larceny, embezzlement, fraudulent conversion, misappropriation of property, or any crime arising from the conduct of a solicitation for a charitable organization or sponsor within the last 10 years? [s. 496.405(2)(d)5, F.S.] *No*
3. Has this person been enjoined from violating any law relating to a charitable solicitation? [s. 496.405(2)(d)6, F.S.] *No*

Officer 3

Name: KERRY SHUEY
Title: Treasurer
Phone: 813-503-6303
Address: 1721 BAYOU GRANDE BLVD NE
SAINT PETERSBURG Florida 33703-1907

Criminal History Questions

1. Is this person exempt from Public Records? [s. 119.071(4), F.S.] *No*
2. Has this person been convicted of, found guilty of, pled guilty or nolo contendere to, or been incarcerated within the last 10 years as a result of having previously been convicted of, or found guilty of, or pled guilty or nolo contendere to, any felony, or crime involving fraud, theft, larceny, embezzlement, fraudulent conversion, misappropriation of property, or any crime arising from the conduct of a solicitation for a charitable organization or sponsor within the last 10 years? [s. 496.405(2)(d)5, F.S.] *No*
3. Has this person been enjoined from violating any law relating to a charitable solicitation? [s. 496.405(2)(d)6, F.S.] *No*

Financial Statement

Fiscal year ending: 12/31/2019

Financial statement source: Department's financial report form

Department's financial report form

Revenues

1.	Contributions, gifts, grants, and similar amounts received	3711.
2.	Government grants (must list sources and amounts)	0
3.	Inventory sales	
a.	Gross Revenue	0
b.	Less costs	0
c.	Net Income	0
4.	Special fundraising events	
a.	Gross revenue	3057.46
b.	Less expenses	0
c.	Net Income	3057.46
5.	In-Kind contributions and services	0
6.	Federated campaigns (must list sources and amounts)	0
7.	Program service revenue	0
8.	Membership dues and assessments	0
9.	Other revenue (must list sources and amounts)	0
10.	TOTAL REVENUE (add lines 1 through 9)	6768.46

Expenses

1.	Program services (including payments to affiliates)	2021.88
2.	Management and general	4108.14
3.	Fundraising	
4.	TOTAL EXPENSES (add lines 1, 2, and 3)	6130.02

Supporting Documents (List of Sources and Amounts)

1. **Name:** Scan20200807 2.pdf
Type: Financial Information

2. Name: Scan20200807 2.pdf

Type: Financial Information

Application Questionnaire

Did the charitable organization or sponsor receive \$25,000 or more in total revenue during the immediately preceding fiscal year?: No

Are the fundraising activities of the charitable organization or sponsor carried on by any compensated volunteers, members, or officers?: No

Are any part of the assets or income of the organization or sponsor inured to the benefit of or paid to any officer or member?: No

Does the charitable organization or sponsor utilize a professional fundraising consultant, professional solicitor, or commercial co-venture?: No

Preparer Information

First Name: Jannet
Last Name: Harper
Company Name: Firmly Established
Phone Number: 727-678-1751

Signature Information

* I declare under penalty of perjury that all of the information provided in this application and in any exhibits attached hereto, is true and correct.

and further state as follows:

- * I certify that I am authorized to complete this application and the information provided is true and accurate. The above information is provided for the purpose of complying with the provisions of Chapter 496, Florida Statutes.
- * I certify that the above named charitable organization or sponsor has less than \$25,000 in total revenue (including contributions).
- * I certify that the fundraising activities of the above named charitable organization or sponsor are carried on by volunteers, members, or officers who are not compensated and no part of the assets or income of the organization or sponsor inures to the benefit of or is paid to any officer or member of the above named charitable organization or sponsor.
- * I certify that the above named charitable organization or sponsor does not utilize a professional fundraising consultant, professional solicitor, or commercial co-venturer.

Signature Name: Jannet Harper

Signature Date: 8/7/2020

ACCOUNTING, TAXES & MORE, INC

Robert F. Ferraro, EA
1710 N. Hercules Ave., Ste. 104
Clearwater, FL 33765-1113
(727) 449-9994
MyAccountant@ATMTaxPrep.com

September 4, 2020

Re: Firmly Established, Inc.
2019 Profit & Loss Audit

To Whom It May Concern:

I have personally gone through the documents provided by Firmly Established, Inc. and verified that all postings to their General Ledger are correct.

I have been reviewing this company's records for several years and the organization has always received a passing grade.

If you have any questions, please feel free to contact me either by phone or email as above.

Sincerely,

A handwritten signature in black ink, appearing to read "Robert F. Ferraro", written in a cursive style.

Robert F Ferraro



HEALTHCARE PROVIDERS SERVICE ORGANIZATION PURCHASING GROUP



Certificate of Insurance OCCURRENCE PROFESSIONAL LIABILITY POLICY FORM

Print Date: 12/05/2019 Print Time: 03:06 PM ET

The application for the Policy and any and all supplementary information, materials, and statements submitted therewith shall be maintained on file by us or our Program Administrator and will be deemed attached to and incorporated into the Policy as if physically attached.

Table with 4 columns: PRODUCER, BRANCH, PREFIX, POLICY NUMBER. Values: 018098, 970, HPG, 684384719

Policy Period: From 12/06/2019 to 12/06/2020 at 12:01 AM Standard Time

Named Insured: Firmly Established, Inc dba Holistic Coaching Treatment Center, 3510 1st Avenue North, Suite 226, Saint Petersburg, FL 33713

Program Administered by: Healthcare Providers Service Organization, 1100 Virginia Drive, Suite 250, Fort Washington, PA 19034-3278, 1-888-288-3534, www.hpsso.com

Medical Specialty: Nursing Firm, Code: 80964, Excludes Cosmetic Procedures

Insurance is provided by: American Casualty Company of Reading, Pennsylvania, 151 North Franklin Street, Chicago, IL 60606

Professional Liability: \$1,000,000 each claim, \$3,000,000 aggregate

Your professional liability limits shown above include the following:

- Good Samaritan Liability • Malplacement Liability • Personal Injury Liability • Sexual Misconduct included in the PL Limit shown above subject to \$25,000 aggregate sublimit

Coverage Extensions

Table listing coverage extensions: License Protection, Defendant Expense Benefit, Deposition Representation, Assault, Medical Payments, First Aid, Damage to Property of Others, Enterprise Privacy Protection - Claims Made, Media Expense, with corresponding per incident and aggregate limits.

Workplace Liability

Workplace Liability: Included in Professional Liability Limit shown above; Fire and Water Legal Liability: Included in the PL limit above subject to \$150,000 aggregate sublimit

Total: \$1,139.00

Policy Forms & Endorsements (Please see attached list of policy forms and endorsements)

Chairman of the Board

Secretary

Keep this document in a safe place. It and proof of payment are your proof of coverage. There is no coverage in force unless the premium is paid in full. In order to activate your coverage, please remit premium in full by the effective date of this Certificate of Insurance.



Powered by coverwallet

Professional Liability

for

nly Established, Inc dba Holistic Coaching Treatment Cer

Thanks for choosing HPSO!

Hi Jannet Harper,

I'm happy to present your insurance policy. The terms and coverage details are specified in the following pages, so please review them and maintain a copy for your records. A digital copy of your policy will also be maintained in your HPSO account. If you have any questions about the language, your coverage or anything else, please let me know.

If you need a Certificate of Insurance, call us at (215) 660-0241.

We're delighted to have you as a HPSO member.

About HPSO:

Healthcare Providers Service Organization (HPSO) and Nurses Service Organization (NSO) has over 30 years of experience providing insurance solutions to over 80 healthcare professions. HPSO and NSO, provides over 1 million healthcare providers throughout the United States with professional liability insurance and risk management information.

Type of Policy	Start Date	Expiry Date	Type of Payment	Amount Paid
Professional Liability	12/06/2019	12/06/2020	Down Payment	
			Premium	\$227.80
			Taxes	\$0.00
			Purchasing Group Fee	\$15.00
			Total Amount	\$242.80

POLICY FORMS & ENDORSEMENTS

The following are the policy forms and endorsements that apply to your current professional liability insurance policy.

COMMON POLICY FORMS & ENDORSEMENTS

FORM #	DESCRIPTION
G-121500-D	Common Policy Conditions
G-121501-C	Occurrence Policy Form
G-121503-C	Workplace Liability Form
CNA82011	Related Claims Endorsement
G-145184-A	Policyholder Notice - OFAC Compliance Notice
G-147292-A	Policyholder Notice - Silica, Mold & Asbestos Disclosure
CNA81753	Coverage & Cap on Losses from Certified Acts Terrorism
CNA81758	Notice - Offer of Terrorism Coverage & Disclosure of Premium
GSL13424	Services to Animals
GSL13425	Business Owner Coverage Extension Endorsement
GSL15564	Sexual Misconduct Sublimits of Liability Professional Liability & Sexual Misconduct Exclusion
GSL15565	Healthcare Providers Professional Liability Assault Coverage
GSL17101	Exclusion of Specified Activities Reuse of Parenteral Devices and Supplies
CNA80052	Distribution or Recording of Material or Information in Violation of Law Exclusion Endorsement
G-123846-D09	Florida Cancellation and Non-Renewal
CNA80989	Concealment, Misrepresentation, Fraud Condition Amendatory Endorsement - Florida
CNA94164	Amended of Definition of Claim
CNA89026	Media Expense Coverage
CNA79516	Enterprise Privacy Protection
CNA79575	Exclusion of Cosmetic Procedures
GSL-5587	Consulting Services Liability Endorsement
CNA85091	Case Management Services

Healthcare Providers Service Organization is a registered trade name of Affinity Insurance Services, Inc.; (TX 13695); (AR 100106022); in CA, MN, AIS Affinity Insurance Agency, Inc. (CA 0795465); in OK, AIS Affinity Insurance Services, Inc.; in CA, Aon Affinity Insurance Services, Inc., (CA 0G94493), Aon Direct Insurance Administrators and Berkely Insurance Agency and in NY, AIS Affinity Insurance Agency.

Pinellas Community Foundation

Pinellas CARES Nonprofit Partnership Fund Grant Application

Organization Name: Firmly Established, Inc.

Project Name: Firmly Established Youth & Family Services

FROM (date): 10/12/2020 TO (date): 12/30/2020

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>	20 volunteer hours week	\$32,736
Equipment <i>(computers, furniture, etc., less than \$3,000 per item)</i>	0	2805
Supplies <i>(office materials, program related purchases, program necessities to deliver services, etc.)</i>	75	0
Occupancy <i>(property rent, mortgage, utilities, telephone, internet, etc. assigned as program expenses)</i>	300	0
Local Travel <i>(mileage, tolls, parking for regular local travel, rental/leasing cost of transportation)</i>	100	3900
Training <i>(staff development, conferences, long distance travel)</i>	100	0
Design, Printing, Marketing & Postage <i>(for direct program related services only)</i>	75	275
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>	100	
Indirect Costs <i>(pre-negotiated federal rate, de minimus rate of 10%, or none)</i>	0	0
TOTAL	750	\$39,716

Pinellas Community Foundation
PCF CARES Application
BUDGET NARRATIVE FORM

Organization Name: Firmly Established, Inc.

Project Name: Firmly Established Youth & Family Services

FROM (month/year): 10/12/2020 TO (month/year): 12/30/2020

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)

Firmly Established, Inc. is requesting a grant from this fund, in order to expand our current services to address unexpected stressors brought on by the COVID-19 pandemic as they contribute to mental health problems in youth and their families. Without this grant we would not be able to provide these additional crisis intervention services to these additional clients due to the time needed to assist 40 additional clients. We are requesting a budget of \$39,716 for ten computers, transportation for participant pickup and drop-off, group flyers, group supplies, six part-time independent contractors to assist us with service delivery: two case managers, two youth psychosocial virtual group facilitators, and two therapists, for 11 weeks of programming. Currently, we operate with our three board members and volunteers who complete calls, resource searches and follow-up. These new part-time contractors will work for 11 weeks assisting with additional scheduling, service delivery and resource acquisition needs for forty additional families.

Case Manager (2 positions): Prior to this grant our board president conducted case management approximately 3 hours per week. With the expansion of services because of this grant, time requirements to conduct service delivery will require a serious commitment to deadlines and paid compensation. Duties for this position will include documentation completion assistance, follow-up scheduling with group members and individuals receiving services through this grant, resource searches, event, and group assistance. Each position will service a maximum of 20 families apiece.

\$20 per/hour x 15 hours weekly x 11 weeks = \$3,300 per case manager

Total for 2 positions: \$6,600

Virtual Youth Group Facilitator (2 positions): Duties for this position will include interacting with the youth of participating parents via Zoom and/or other suitable video meeting platforms. A max of 10 girls and 10 boys, ages 6 and older, can participate in a 4-week psychosocial clinic. Each clinic will conduct different psychosocial activities with the kids 1x per week for 11 weeks with 3 cohorts for a total of 11 groups. A second Facilitator is needed to assist with equipment and platform interaction while the facilitator conducts the session. Facilitators will complete group documentation, resource research and participant follow-up.

\$18per/hour x 16 hours weekly x 11 weeks = \$3,168

Total for 2 positions = \$6,336

Counselors will perform Therapeutic Group Facilitation and Individual Sessions with group participants. Each group is no more than 4 hours, including documentation and travel. Position will be filled with an Msw or Higher. Up to 8 hours each week can be diverted towards individual sessions and the accompanying documentation for up to 40 clients in total.

\$45 per hour x 20 hours weekly x 11 weeks = \$9,900 per counselor

Total for 2 counselors - \$19,800

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

Firmly Established, Inc. currently has 2 desktops and 2 laptops for our business needs. We use the desktops for visitors to our resource room. Participants are currently expressing a lack of access to computers for scanning and printing purposes since the pandemic started; due to, community computer rooms and libraries are closed. Our desire is to enlarge our resource room so that clients can stay online for 60 minutes conducting searches and completing online applications. We have considered a conservatively priced computer from Walmart, advertised price may change before grant is awarded.
Price per computer with protection plan $\$227.50 + 53.00 = \280.50
Price for 10 computers with protection plan: $\$280.50 \times 10 = \$2,805$

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

None

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

None

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

Due to the time restraint for these services to take place we are requesting travel to be included in our budget. Pre-COVID-19 our services took place in the client's home due to clients' reluctance to invest their time in traveling to a "program" that they aren't sure they need or will benefit from. We have begun some in person services but, due to the number of new clients we plan to assist with this grant in-home or personalized info sessions would not be possible. In order to, maximize our group setting format we will need to be able to address barriers to transportation. If we can offer transportation our presumption is that potential clients will be more willing to give the program and the time commitment a chance. Without transportation potential clients will have no buy in to leave their house, take a dangerous bus ride and listen to a facilitator that they do not know regarding a topic they are not sure applies to their lives. The time constraint for service delivery allowed by the grant does not leave much time for rapport building. Offering safe and sanitized travel will be a huge incentive for potential participants to receive this valuable mental health information.

We have an estimate from Enterprise that a local car rental shop, Standard Enterprise Car Rental, was willing to price beat. They are willing to beat the advertised price for a caravan rental from October 12, 2012 through December 23, 2020.

The rental will be a flat rate of \$3,900. Signed MOU is available.

Total: 11 week rental - \$3,900 flat rate

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

In order to complete service delivery we will need copies of our seminar announcement and supplies for participants.

1000 flyer copies - \$100.00

Ink Pens for 40 participants - \$50

Notebooks for 40 participants - \$100

Folders for 40 participants - \$25

Total: \$275

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)

Define each item, the vendor who will supply the capital item, or construct the item, and provide a defense for how the purchase of this item costs less than the leasing of the item for the grant period. Also explain how this item is necessary for the expansion of your COVID-19-related programming.

None

Purchased Services (consultants, legal, accounting services, logistical partner costs, technology enhancements, computer software licensing/agreements) None

Administration (pre-approved federal indirect cost rate, de minimus rate of 10%, or none) This costs usually refers to administration, personnel not directly related to the project.

None

Firmly Established, Inc.

Pg2

**Memorandum of Understanding Between
Firmly Established, Inc.
And The Law Offices of K. V. Rubin, PA.**

This Memorandum is a proposed financial agreement entered into by and between Firmly Established, Inc. and The Law Offices of K. V. Rubin, PA. This clearly delineates responsibilities for both parties in regards to, the Pinellas CARES Nonprofit Partnership Fund grant responsibilities.

The Law Offices of K. V. Rubin, PA agree to attend 100% of the dates agreed upon below and to submit a summary of the weekly attendance for all client interaction and billing summaries for eviction clients.

Should Firmly Established, Inc. receive funding from the Pinellas CARES Nonprofit Partnership Fund the following services will be provided by each agency as checked below.

Legal Services to be provided during the grant period 09/28/2020 – 12/30/2020:

X	Group Presentation 3 Legal Clinics on Evictions – The Law Offices of K. V. Rubin, PA (compensation \$650 x 3 - 2 hour groups)
X	Individual assistance for personal eviction cases. Up to 20 clients can be assisted during the grant period with up to \$1000 in legal costs. This will typically include a phone assessment, an initial case review, and up to 2 court appearances, including preparation time. - The Law Offices of K. V. Rubin, PA
X	Responsible for collecting participant demographic information and summarizing services provided for clients on provided documentation. This information must be submitted to Firmly Established, Inc. weekly to comply with grant requirements. - The Law Offices of K. V. Rubin, PA
X	Firmly Established, Inc. will summarize submitted participant data and prepare the required documentation for grant compliance weekly and monthly.

Name and Title - The Law Offices of K. V. Rubin, PA Date

Name and Title - Jannet Harper, Firmly Established, Inc. Date

Memorandum of Understanding Between Firmly Established, Inc. And Atwaters Best BBQ Restaurant

This Memorandum is a proposed service compensation agreement entered into by and between Firmly Established, Inc. and Atwaters' Best BBQ Restaurant. This clearly delineates responsibilities for both parties, regarding the Pinellas CARES Nonprofit Partnership Fund grant responsibilities.

Atwaters' Best BBQ Restaurant agree to attend 100% of the dates agreed upon below and gather participant information on approved documents. Firmly Established, Inc. will utilize Atwaters' Best BBQ Restaurant and provide meal ingredients (for preparation by Atwaters') for community engagement food give-away times. After each event Atwaters' Best BBQ will give participant info to Firmly Established, Inc. who will submit a summary of the event attendance and client demographics in order to satisfy the grant requirements.

Should Firmly Established, Inc. receive funding from the Pinellas CARES Nonprofit Partnership Fund the following services will be provided by each agency as checked below.

Food Outreach to be provided during the grant period 09/28/2020 – 12/30/2020:

X	Firmly Established, Inc. will provide the ingredients for 4 free food give-away community outreach events.
X	Atwaters Best BBQ Restaurant will provide the location for the outreach dates, prepare donated food for hot meal give-away and collect client data on approved documentation forms.
X	Firmly Established, Inc. will summarize submitted participant data and prepare the required documentation for grant compliance weekly and monthly.

Name and Title - Atwaters Best BBQ Restaurant Date

Name and Title - Jannet Harper, Firmly Established, Inc. Date