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*

Youth Making Economic Impacts-Communities Overcoming Virus that's Impacting Developments

EIN*

59-3606615

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.

011213027

Mission Statement*

The mission of Front Porch Community Development Association (Front Porch CDA) Inc., is to assist individuals (all ages), businesses and communities, with self sustainability efforts through education and collaborative partnerships.

Total Operating Expenditure*

What are your total annual operating expenses?

$390,150.00

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.

$19,182.08

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).

Youth Making Economic Impacts (YMEI pronounced Why Me)-Communities Overcoming Virus that's Impacting Developments (COVID) Project, was created and implemented to provide assistance to youth, whom are mentally impacted by the COVID-19 pandemic. The youth population served, are those of low income families and individuals of color. Unfortunately and sadly, this youth population falls within the high risk category of those most affected and impacted by COVID-19. Prior to COVID-19, youth were already experiencing the ramifications of economic, health, and social disparities and inequities in their communities; and since the onset of COVID-19, youths' mental state in attempting to adjust/cope with "expressed stress" ignited by COVID-19 impacts of social distancing, limited activities and events, unemployment/joblessness, health issues and concerns, education, and basic necessities, has skyrocketed, and has created an immediate-urgent need for mental health social services .

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.**

The (YMEI-COVID) Project, an extension of the original 2016 (YMEI) Program, launched in July 2020. Scheduled to begin earlier this year, the Project's timeline was modified due to the impacts of COVID-19, which created need for immediate relief.

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.)

The Coronavirus-COVID-19 pandemic has severely impacted the Front Porch organization and its operations. Prior to COVID-19, the organization pride itself on providing interpersonal/interactive programs and projects, which bridge gaps in connecting youth to unlimited resources and opportunities, specifically as it relates to financial and economic sustainability, health and health equity, and . These efforts were conducted through community and social events; group volunteerism; personal interaction, networking; and travel. Since February, at the onset of COVID-19, the number of program and project implementations has drastically declined (75%), due to the overwhelming reduction in funding for programs and projects requiring interpersonal activities. As a small nonprofit organization, with very limited capacity, the impact of COVID-19 has made it both difficult and challenging for the organization to maintain and sustain its programmatic operations. CDC's recommended safety requirements of social distancing, face masks, group size limitations, and restricted activities and events, continues to contribute to the rapid decline in resources and opportunities the organization normally provides to target demographics within the community. Understanding how vital and essential these programs/projects are, specifically for youth, the organization is utilizing alternatives (i.e. zoom, virtual powerpoint presentations, webinars, facebook group chats, microsoft team, and Asana app-to name a few), to assist our youth, our future leaders, overcome the many emotional and financial obstacles and challenges, brought on by COVID-19. Challenges include overcoming indicators initiated by stress, i.e. depression, anxiety, boredom, isolation, despair, confusion, fatigue, and hopelessness. Adding the Behavioral Health Component to the Project allows Front Porch the opportunity to uphold their mission, in addition to continuing the longevity of investing in youth, our future leaders.

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.**

Completed-Signed 2019 990EZ Form Sched. A & 0.pdf

Board-Approved Budget*

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

Total_Agency_Budget_FY_2019-2021-Projected.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.

Front Porch Balance Sheet & PL 2019.pdf

Although the Front Porch organization has been in existence over 20 years, many of those years were financially sustained primarily through state funding and resources. The cost of several audits were included in the funding. However, the last audit conducted was in 2007, and due to transitioning from a "brick and mortar" to a home based business operation, files and records have been misplaced, destroyed, or in storage. With the above stated, the organization understands how valuable and beneficial it is to have annual audits conducted, and has made numerous unsuccessful attempts to do so. If funding is approved, a portion (up to 50%) of the 10% Agency/Administrative Fee, will be utilized towards an audit to be conducted in early 2021.

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.

Tampa Bay Resiliency Grant Terms & Budget.pdf

The Youth Making Economic Impacts-Communities Overcoming Virus that's Impacting Developments (YMEI-COVID) Project, was funded (May 2020) in part by Pinellas Community Foundation, by a grant provided through the Tampa Bay Resiliency Fund-COVID-19 Response. (Refer to attachment). The budgeted items presented in this application ONLY include cost as it relates to the extension of services (due to COVID-19), of adding a Behavioral Health Component to the Project. Funding is only being requested for activities within the extended Component, which were not inclusive in the originally scheduled activities of the Project.

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.**

The Front Porch (YMEI-COVID) Project-Behavioral Health Component will address the behavioral health needs of the community to promote good mental health and resiliency in light of increased isolation and stress. The Project will serve (19) Youth Participants (13-17 years of age) residing in Zip Codes: 33701, 33705, 33711, and 33712

(9) virtual 1.5 hours weekly sessions, facilitated by a Licensed Clinical Social Worker (LCSW), on dealing with depression, isolation, hopelessness, detachment, stress, and other emotional and mental issues the 19 youth participants are experiencing as a result of

COVID-19. Sessions will include open dialogue and discussion, which allow youth to express themselves, without judgement, as to how social distancing to cease the spread of COVID-19, is effecting them; how they are dealing with feeling isolated or detached from family and friends; or for many of the youth participants, how they are facing let downs of postponements such as: sports activities, graduations, proms, and other extended-planned events and activities. We must really place emphasis and focus on our youth, whom are really suffering emotionally, mentally, physically, socially, and economically.

Timeline: October (4 sessions), November (3 sessions), and December (2 sessions)

All sessions will be completed no later than December 15, 2020.

Virtual Cohen Perceived Stress Scale Evaluations with all (19) (YMEI-COVID) youth project participants. The (3) (PSS) will be conducted in addition to the 9 behavioral group sessions. Timeline: October- Initial (PSS); November-Mid Term (PSS); and December-Final (PSS).

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?

The Front Porch organization has existed since 1999, and during this time has invested and administered over thousands of dollars in excess of 20 youth programs focusing on education and economic opportunities. The latest addition is the Youth Making Economic Impacts-Communities Overcoming Virus that's Impacting Developments (YMEI-COVID) Project, an extension to the Youth Making Economic Impacts (YMEI pronounced Why Me) Program, which originated in 2016. Since its launching over 4 years ago, (YMEI) has expanded with the additions of projects as: (YMEI-CENSUS 2020) and the present (YMEI-COVID) project. The above has been stated to emphasize the presence and stability the organization has in the community, which greatly simplifies marketing and promotional efforts, and minimizes costs. Testimonials from previous program and project participates through word of mouth; social media tools and resources; informational flyers; and brief announcements during virtual presentations/meetings, are currently being utilized to assist with promotion and recruitment efforts. Additionally, all Consulting Services as it relates to the (YMEI-COVID) Project-Behavioral Health Component, are being provided by community rooted professionals and organizations, whom are well known within the communities they serve, and not only have friends and family members, but also have a large community base audience to advertise and promote the Project, which is very effective, and produces positive results.

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.

Fortunately, 98% of the Project is designed to be implemented remotely (virtually), however in the case of a hurricane-related emergency, the Front Porch organization would continue to move forward and complete the measurable objectives of the Project by alternate communication tools such as: group cell phone conference calls and cell phone webinars; and for possible in person presentations, utilization of a safe haven location/facility, operating on a high powered and proficient generator, where safety for all will be enforced, (i.e. adequate social distancing; mandatory face masks/coverings, hand sanitizer and disinfecting spray provided, and temperature checks prior to entering).

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.

Pol, 11.02.18-Front Porch Youth Policy.pdf
N/A

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-Summary-PDF.pdf

Comment: *Final Approved Budget Summary attached administratively to replace outdated first draft. Original submission can be viewed in Organizational Documents Tab.*

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 Revised Budget 9-30-20 #2-PDF.pdf

Comment: *Final Approved Budget Narrative attached administratively to replace outdated first draft. Original submission can be viewed in Organizational Documents Tab.*

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.

LPO List.pdf

Role in Programming*

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

The Behavioral Health Component will address the behavioral health needs of the community to promote good mental health, crisis intervention, and resiliency in light of increased isolation and stress.

FulCourt LLC, an existing collaborative of the organization, and a community based-minority owned and operated business of Licensed Clinicians, with extensive knowledge, understanding, and expertise in dealing with youth population, will facilitate, through a Licensed Clinical Social Worker (LCSW), (9) virtual-1.5 hours weekly behavioral sessions with (19) youth participants (13-17 years of age), and conduct (3) 1.5 hours Perceived Stress Scale (PSS) assessments, between October and December.

ATILOL Consulting Solutions, LLC: will provide (4) months (September-December) of Professional Consulting Services in the capacity of Project Coordination for the planning, coordinating, implementing, evaluation, and reporting of the Behavioral Health Component of the (YMEI-COVID) Project. Responsibilities of the role includes serving in all components and capacities of the Project, from planning, recruitment and selection of youth participants, attendance at sessions and assessments, conducting pre/post evaluations, fiscal management-including sub-contracts management and purchasing of items and services required for the project, advertising and promotions, and working collaboratively, meeting on a weekly basis (10 meetings), with the (LCSW) to facilitate, measure, and evaluate the goals and objectives set forth in the Project Agreement/Memorandum. Project Coordination will also include assisting with preparing agendas and scheduling of the (9) sessions and (3) (PSS), attendance monitoring, and soliciting participants input and feedback on improving or enhancing the Project. Lastly, Project Coordination includes, providing a representative to attend mandatory meetings of (PCF), and for the completion, submission/presentation, of all required progress and status reports.

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.

Measure of progress of the youth participants of the (YMEI-COVID) Project-Behavioral Health Component, will be determined by utilizing the Cohen Perceived Stress Scale, which will be facilitated and administered by a Licensed Mental Health Counselor (LCSW), representing one of the project's collaborative organizations-FulCourt LLC. The Perceived Stress Scale (PSS) is the most widely used psychological instrument for measuring the perception of stress. It is a measure of the degree to which situations in one's life are appraised as stressful. Items were designed to tap how unpredictable, uncontrollable, and overloaded respondents find their lives. Questions in the PSS ask about feelings and thoughts during the last month. In each case, respondents are asked how often they felt a certain way. The scale also includes a number of direct queries about current levels of experienced stress. The PSS was designed for use in community samples with at least a junior high school education.

Comment: *Above Section updated Administratively based on edits provided by the applicant and approved by Dr.BMR. Specific References provided to support this section can be found in Final M&M Documentation in Document Records with Request.*

Original Response was as follows: Measure of progress of the youth participants of the (YMEI-COVID) Project-Behavioral Health Component, will be determined by utilizing the Cohen Perceived Stress Scale, which will be facilitated and administered by a Licensed Mental Health Counselor (LCSW), representing one of the project's collaborative organizations-FulCourt LLC. The Perceived Stress Scale (PSS) is the most widely used psychological instrument for measuring the perception of stress. It is a measure of the

degree to which situations in one's life are appraised as stressful. Items were designed to tap how unpredictable, uncontrollable, and overloaded respondents find their lives. Questions in the PSS ask about feelings and thoughts during the last month. In each case, respondents are asked how often they felt a certain way.The scale also includes a number of direct queries about current levels of experienced stress. The PSS was designed for use in community samples with at least a junior high school education.

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.

Questions in Perceived Stress Scale (PSS), ask the individual (youth) about their feelings and thoughts during the last month. In each case, the individual (youth) will be asked to indicate by circling/responding how often they felt or thought a certain way. They have (5) selections to choose from: 0=Never; 1=Almost Never; 2=Sometimes; 3=Fairly Often; and 4=Very Often.

There are a sequence of (10) questions, all referring to the last month, in which each question is individually scored by the response selected.

PSS scores are obtained by reversing responses (e.g., 0 = 4, 1 = 3, 2 = 2, 3 = 1 & 4 = 0) to the four positively stated items (items 4, 5, 7, & 8) and then summing across all scale items. A short 4 item scale can be made from questions 2, 4, 5 and 10 of the PSS 10 item scale.

Youth participants will complete the (PSS) on a monthly basis. Progress is measured when a project participant has at least a 3 point reduction in their PSS score each month. We project that 70% of our participants will meet this benchmark of "progress" on a monthly basis. All results will be timely documented and provided to the Project Coordinator, who will provide a summarized report, inclusive of monthly (PSS) results, to (PCF) as required.

Comment: *Above Section updated Administratively based on edits provided by the applicant and approved by Dr.BMR.*

Original Response was as follows: Questions in Perceived Stress Scale (PSS), ask the individual (youth) about their feelings and thoughts during the last month. In each case, the individual (youth) will be asked to indicate by circling/responding how often they felt or thought a certain way. They have (5) selections to chose from: 0=Never; 1=Almost Never; 2=Sometimes; 3=Fairly Often; and 4=Very Often. There are a sequence of (10) questions, all referring to the last month, in which each question is individually scored by the response selected.

PSS scores are obtained by reversing responses (e.g., 0 = 4, 1 = 3, 2 = 2, 3 = 1 & 4 = 0) to the four positively stated items (items 4, 5, 7, & 8) and then summing across all scale items. A short 4 item scale can be made from questions 2, 4, 5 and 10 of the PSS 10 item scale.

Youth participants will complete the (PSS) on a monthly basis, with the initial Scale scheduled to take place early October. The second Scale will follow in November within 30 days-4 weeks of last Scale, and the third and final Scale will be completed by mid December.

All results will be timely documented and provided to the Project Coordinator, who will provide a summarized report, inclusive of monthly (PSS) results, to (PCF) as required.

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.

19

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**.

19

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.

100

November Projections - Number Served - Behavioral Health*

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

19

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.

100

December Projections - Number Served - Behavioral Health*

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

19

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.

100

Funder Involvement

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

Allegany Franciscan Ministries
Tampa Bay Resiliency Fund
Wells-Fargo

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:

Funding approved and received for the Front Porch (YMEI-COVID) Project include: Tampa Bay Resiliency Fund Received: ($12,000); Wells Fargo Foundation Received: ($8,000); Walmart Foundation Received: ($3,500) Applied: ($10,000); City of St. Petersburg-Fighting Chance Funds Received: ($2,000); Finance of America Cares Applied: ($5,000); LISC COVID Relief Grants Applied:($20,000); the U S Small Business Administration (SBA) -Economic Injury Disaster Loan (EIDL) Received: ($10,000); and the American Express Small Business Grant Applied:($5,000)

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.

Lolita Dash-Pitts

File Attachment Summary

Applicant File Uploads

- Completed-Signed 2019 990EZ Form Sched. A & 0.pdf
- Total_Agency_Budget_FY_2019-2021-Projected.pdf
- Front Porch Balance Sheet & PL 2019.pdf
- Tampa Bay Resiliency Grant Terms & Budget.pdf
- Pol, 11.02.18-Front Porch Youth Policy.pdf
- CARES-Partnership-Fund-Budget-Summary-PDF.pdf
- Cares Revised Budget 9-30-20 #2-PDF.pdf
- LPO List.pdf

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)

▶ **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.**

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2019 calendar year, or tax year beginning , 2019, and ending , 20

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

C Name of organization
Front Porch Community Development Association, Inc.

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
P.O. Box 531241

City or town, state or province, country, and ZIP or foreign postal code
St. Petersburg, FL 33747

D Employer identification number
59-3606615

E Telephone number
(727) 804-2868

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: ▶

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)) are $500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ▶ $

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 . . . . . ☐

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	28,472
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	
	4	Investment income		4	
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less: cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)		5c	
	6	Gaming and fundraising events:			
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a		
	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)	6b		
	c	Less: direct expenses from gaming and fundraising events	6c		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less: cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)		7c	
	8	Other revenue (describe in Schedule O)		8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶		9	28,472
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	493
	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	1,025
	14	Occupancy, rent, utilities, and maintenance		14	995
	15	Printing, publications, postage, and shipping		15	143
	16	Other expenses (describe in Schedule O)		16	21,019
	17	**Total expenses.** Add lines 10 through 16 ▶		17	23,675
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 9)		18	4,797
	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	8,131
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	225
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶		21	13,153

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	8,131	22	13,153
23	Land and buildings		23	
24	Other assets (describe in Schedule O)		24	
25	**Total assets**	8,131	25	13,153
26	**Total liabilities** (describe in Schedule O)		26	
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	8,131	27	13,153

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 . . ☑

What is the organization's primary exempt purpose? **To empower communities via educational/economical opp**

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.

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

28 **Provided education and resources via projects and programs to community residents from infants to seniors.**

(Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐ **28a** 18,966

29

(Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐ **29a**

30

(Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐ **30a**

31 Other program services (describe in Schedule O)

(Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐ **31a** 2,053

32 **Total program service expenses** (add lines 28a through 31a) . . . . . ▶ **32** 21,019

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
LaMona D. Harris (Chair)	5			
Brenda Manragh (Secretary)	6			
Pearl Golden (Treasurer)	4			
Oscar Robinson (Member)	5			
Roselyn Malcolm (Member)	5			
Lolita Dash-Pitts, Executive Director/Programs Manager	35	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	33		✓
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	34		✓
35a	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)?	35a		✓
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	35b		✓
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	35c		✓
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	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		✓
38a	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?	38a		✓
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
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	40b		✓
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 ▶			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶			
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	40e		✓
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ▶ Telephone no. ▶			
	Located at ▶ ZIP + 4 ▶			
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)?	42b		✓
	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?	42c		✓
	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 ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43			

			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		✓
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	44b		✓
c	Did the organization receive any payments for indoor tanning services during the year?	44c		✓
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	44d		✓
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		✓
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	45b		✓

			Yes	No
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	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 ☐

			Yes	No
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	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

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

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

Lolita Dash-Pitts — Signature of officer — Date: January 27, 2020

Lolita Dash-Pitts, Executive Director/Programs Manager — Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN

Firm's name ▶ | Firm's EIN ▶

Firm's address ▶ | Phone no.

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

2019

Open to Public Inspection

Name of the organization	Employer identification number
Front Porch Community Development Association, Inc.	593606615

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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6,229	5,509	5,329	15,291	28,472	60,830
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	6,229	5,509	5,329	15,291	28,472	60,830
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						60,830

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	6,229	5,509	5,329	15,291	28,472	60,830
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						60,830

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** ▶ ☐

Section C. Computation of Public Support Percentage

14	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	**14**	100 %
15	Public support percentage from 2018 Schedule A, Part II, line 14	**15**	100 %

16a **33 1/3% support test—2019.** 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 ▶ ☑

b **33 1/3% support test—2018.** 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 ▶ ☑

17a **10%-facts-and-circumstances test—2019.** 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 ▶ ☐

b **10%-facts-and-circumstances test—2018.** 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 ▶ ☐

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 ▶ ☐

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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.**

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Front Porch Community Development Association, Inc.

Employer identification number
593606615

Part I: Other Expenses: Equipment-Communications (1,170); Marketing-Advertising (21);

Office-Operating Supplies (138); Refreshments-Condiments (28); Training (50); Travel-Transportation (646)

Total Other Expenses: 2,053

Contributions/Donations Provided: 493

Administrative Expenses: Professional Fees-Independent Contractors (1,025); Occupancy/Rent (995); Printing-Postage (143);

Total Administrative Expenses: 2,163

Project-Programs Front Porch (YMEI) & (YMI) 18,966

Other Expenses (2,053), Contributions/Donations Provided (493), Administrative Expenses (2,163), and Project/Programs Expense (18,966)

Total All: 23,675

Part I-Net Assets: Retained Earnings (8,356); Net Income (4,797)

Total: End of Year Fund Balance: 13,153

FRONT PORCH CDA, INC. - TOTAL AGENCY BUDGET 2019-2021

	Last	Current	Projected
	FY19	FY20	FY21
mo/yr for each FY →	1/1/19 – 12/31/19	1/1/20-12/31/20	1-1-21-12-31-21
Revenue:			
Federal	-0-	-0-	-0-
State	-0-	-0-	-0-
Local Government	-0-	-0-	-0-
City	-0-	1,000.00	2,000.00
County	-0-	-0-	-0-
School Board	-0-	-0-	-0-
Grants	17,100.00	36,000.00	50,000.00
United Way	-0-	177,100.00	-0-
Contributions	9,485.00	5,250.00	4,750.00
Fundraising	-0-	2,500.00	3,500.00
In-Kind	213,975.00	114,050.00	208,500.00
Interest	-0-	-0-	-0-
Foundation/Endowment	1,750.00	69,400.00	28,000.00
Program Fees	-0-	-0-	-0-
Misc. (Dues, Sales)	137.00	-0-	-0-
TOTAL REVENUE:	242,447.00	405,300.00	296,750.00
Expenditures:			
Salaries	-0-	-0-	-0-
Fringe Benefits	-0-	-0-	-0-
Operating Expenses	15,319.00	276,100.00	64,025.00
In-Kind Costs	213,975.00	114,050.00	208,500.00
Capital Expenses	-0-	-0-	-0-
TOTAL EXPENDITURES:	229,294.00	390,150.00	272,525.00
SURPLUS (+) OR DEFICIT (-)	13,153.00	15,150.00	24,225.00

Front Porch CDA, Inc.
Balance Sheet
As of December 31, 2019

	Dec 31, 19
ASSETS	
Current Assets	
Checking/Savings	
FPCDA, Inc.	13,152.67
Total Checking/Savings	13,152.67
Total Current Assets	13,152.67
TOTAL ASSETS	**13,152.67**
LIABILITIES & EQUITY	
Equity	
3900 · Retained Earnings	6,695.60
Net Income	6,457.07
Total Equity	13,152.67
TOTAL LIABILITIES & EQUITY	**13,152.67**

Front Porch CDA, Inc.
Profit & Loss
January through December 2019

	Jan - Dec 19	
Ordinary Income/Expense		
Income		
Credit-Refund		22.11
Donation		9,485.00
Fiscal Fee Income		500.00
Grant		17,100.00
Partnerships Income		1,250.00
Reimbursement Of Expenses		
Travel reimbursement	40.00	
Total Reimbursement Of Expenses		40.00
Secuity Deposit Return		75.00
Total Income		28,472.11
Expense		
Communications		1,169.99
Contributions		275.00
Facility Rentals		995.00
Fiscal Fee		0.00
Marketing & Advertising		6.80
Office/Operating Supplies		5.34
Postage and Delivery		16.46
Printing and Reproduction		
Printer Cartridge And Toner	91.99	
Printing and Reproduction - Other	34.62	
Total Printing and Reproduction		126.61
Program/Project Expense		
Facility Usage	1,355.00	
Insurance	500.00	
Marketing and Advertising	203.96	
Printing/Copying	599.00	
Professional Services	550.00	
Refreshments	3,115.96	
Supplies	3,620.99	
Travel Stipends	840.00	
Youth Stipends	3,250.00	
Program/Project Expense - Other	95.00	
Total Program/Project Expense		14,129.91
Refreshments-Condiments		28.30
Registrations-Training		50.00
Sponsorships		217.96

Front Porch CDA, Inc.
Profit & Loss
January through December 2019

	Jan - Dec 19	
Supplies		
Office	27.00	
Supplies - Other	16.00	
Total Supplies		43.00
Supplies-Operating		90.00
Travel		
Food	146.21	
Transportation & Mileage	499.96	
Total Travel		646.17
6560 · Payroll Expenses		5,875.00
Total Expense		23,675.54
Net Ordinary Income		4,796.57
Other Income/Expense		
Other Income		
Sales-Revenue		245.00
Total Other Income		245.00
Net Other Income		245.00
Net Income		**5,041.57**

FollowUp Form

Tampa Bay Resiliency Fund Grant Certification

Please complete this Certification Form for the Tampa Bay Resiliency Fund. Please note all questions require an answer. If you have any questions or need help, please contact us at 727-531-0058.

Organization Name*

Front Porch Community Development Association, Inc.

Amount Awarded

$12,000.00

Restrictions/Committee Comments

The Tampa Bay Resiliency Fund committee placed the following restrictions on these grants funds:

(If the field below is blank, the funds may be spent in accordance with the programming set out in your organization's original proposal)

Acceptance of Restrictions*

N/A, no restrictions given

Senior Leadership*

Has senior leadership and the relevant program directors been made aware of this award?

Yes, they are aware of this award.

I agree to the following grant conditions:*

My organization will:

- Use grant funds in accordance with the budget included in our proposal
- Not use any grant funds for any political or lobbying purposes or to aid in the election of a public official.
- Not transfer its rights or delegate any of its obligations under this grant
- Furnish Pinellas Community Foundation with any information concerning a change in the proposal or a change in our tax-exempt status.
- Make Pinellas Community Foundation immediately aware of any misuse of funds, and agree to return funds not used for the purpose as set out in our original proposal
- Provide a final report within six months to one year describing the funds expended, number of clients served, client stories, and improved disaster preparedness

Yes, I agree to these conditions.

Electronic Signature (required)

I certify that information on this form is true and factual.

Please type your name, title and date on the line below.

*

Lolita Dash-Pitts

Comments

Do you have any comments, corrections or thoughts you'd like to share?

Thank you.

Please note: Shortly after completing this agreement, you will receive an email from DocuSign asking to submit banking information. This will allow Pinellas Community Foundation to issue payment through ACH rather than check. If you are unable to submit banking information, please contact dbender@pinellascf.org to arrange an alternate payment method.

FRONT PORCH CDA, INC. - Youth Making Economic Impacts (YMEI pronounced Why Me)
Communities Overcoming Virus that Impacted Developments (COVID) Project-Budget & Narrative

	Project Budget FY20-FY21 8/01/20-5/01/21	Pinellas Community Foundation Request FY20-FY21 8/01/20-5/01/21
PROJECT REVENUE		
Federal/ State	-0-	-0-
Pinellas Community Foundation Funding (this request)	12,000.00	12,000.00
Other Local Govt. (City, County, JWB, etc.)	-0-	-0-
Contributions/Fundraising	-0-	-0-
In-Kind	15,075.00	-0-
Earned Income (Contracts, Agreements)	20,900.00	-0-
Foundation/Endowments Grants	42,100.00	-0-
	-0-	-0-
TOTAL PROJECT REVENUE:	**90,075.00**	**12,000.00**
PROJECT - PERSONNEL EXPENSES		
Regular Salaries and Wages	-0-	-0-
Benefits *(FICA, health, unemployment, Worker's Comp, etc.)*	-0-	-0-
Subtotal: Project Personnel Expenses	-0-	-0-
PROJECT - OPERATING EXPENSES		
Project Management-5% Agency Fee	600.00	600.00
Professional / Contractual Services	24,000.00	2,050.00
Accounting / Auditing	-0-	-0-
Advertising / Promotional Activities	2,450.00	350.00
Insurance	600.00	-0-
Communication (telephone, Internet)	-0-	-0-
Utility Services (electric, water, etc.)	-0-	-0-
Rentals/Leases (building/facility)	1,900.00	-0-
Maintenance/Repair (buildings, equip.)	-0-	-0-
Supplies/Materials	19,000.00	4,500.00
Printing/Binding/Copying	400.00	-0-
Training	22,800.00	4,500.00
Refreshment/Snacks	1,500.00	-0-
In-kind	15,075.00	-0-
TOTAL PROJECT EXPENSES	**89,475.00**	**12,000.00**
	Total Budget	**Total PCF Request**

FRONT PORCH CDA, INC. - Youth Making Economic Impacts (YMEI pronounced Why Me)
Communities Overcoming Virus that Impacted Developments (COVID) Project- Budget & Narrative
Continued:

LINE ITEM	2020-2021	PCF REQUEST	DESCRIPTION
In-Kind	**15,075.00**	**-0-**	Refer to **In-kind Narrative** on page 3
Agency Fee 5%	600.00	**600.00**	Indirect cost (600) for Administrative/Recordkeeping, Storage /Filing Services, Fiscal Accountability
Professional / Contractual Services	24,000.00	**2,050.00**	Cost (2,050=227.77 x 9 mos.) covers Professional Services for Project Planning, Coordination, Implementation, Evaluation, and Reporting; cost (21,950=2,438.88 x 9 mos.) will be covered by other funding sources; and remaining cost **(9,000=1,000 x 9 mos.)** will be covered through **in-kind services**
Advertising/Marketing Promotional Activities	2,450.00	**350.00**	Cost (350) covers 20=(19 participants, 1 Project Coordinator) printed project t-shirts; remaining cost (2,100) for website creation-(1) year maintenance and set up/monitoring of social media platform, i.e. Facebook, Instagram, will be covered by other funding sources
Insurance (Youth)	600.00	-0-	Cost (600) for Annual Youth Volunteer/Liability Insurance will be covered by other funding sources
Communication (telephone, Internet)	-0-	-0-	Cost **(1,350=150 x 9 mos.)** for phone, internet, fax usage during planning, implementation, evaluation, and reporting of program will be covered through **in-kind services**
Utility Services (electric, water, etc.)	-0-	-0-	Cost **(1,125=125 x 9 mos.)** for electrical and water usage during planning, implementation, evaluation, and reporting of program will be covered through **in-kind services**
Rentals/Leases (building/facility)	1,900.00	-0-	Cost (900=100 x 9 mos.) for facility usage for selection of participants, planning up to project completion; cost (1,000) for facility rental to host the Project Acknowledgements Event, will be covered by other funding sources; and remaining cost **(3,600= 400 x 9 mos.)** will be covered through **in-kind services**
Supplies/Materials	19,000.00	**4,500.00**	Cost (4,500=9 clients @ 500 each) covers project stipend to selected residents or businesses paired with 9 youth participants; remaining matching cost (14,500), will be covered by other funding sources
Printing/Binding/ Copying	400.00	-0-	Cost (400) for copying/printing associated with recruitment flyers, enrollment applications forms, copying paper, and ink, will be covered by other funding sources
Training	22,800.00	**4,500.00**	Cost (4,500=9 participants @ 500 each) for youth training/participation stipends; remaining matching cost (18,300) will be covered by other funding sources
Refreshments	1,500.00	-0-	Cost (1,500=100 attendees @ 15 each) for refreshments and beverages provided during Project Acknowledgements Event, will be covered by other funding sources
TOTAL PROJECT BUDGET	**89,475.00**	**12,000.00**	

FRONT PORCH CDA, INC. - Youth Making Economic Impacts (YMEI pronounced Why Me)
Communities Overcoming Virus that Impacted Developments (COVID) Project- Budget & Narrative
Continued:

IN-KIND NARRATIVE SUMMARY

	PROJECTED	
Professional Services	9,000.00	Project Coordinator's discounted rate of 1,000 monthly x 9 months
Communication (telephone, Internet, fax, cell phone)	1,350.00	150 monthly x 9 months
Utility Services (electric, water)	1,125.00	125 monthly x 9 months
Rentals/Leases (building/facility)	3,600.00	Discounted cost of 400 monthly x 9 months
IN-KIND TOTAL:	**15,075.00**	

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 175 Water Street, 15th Floor, New York, NY 10038
(212) 458-5000
(a capital stock company, herein referred to as the Company)

Policyholder: Front Porch Community Development Association, Inc.
Policy Number: SRG 0009155732

BLANKET ACCIDENT INSURANCE POLICY

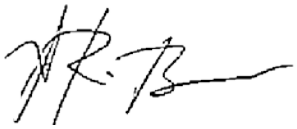
This Policy is a legal contract between the Policyholder and the Company. The Company agrees to insure eligible persons of the Policyholder against loss covered by this Policy subject to its provisions, limitations and exclusions. The persons eligible to be Insureds are all persons described in the Classification of Eligible Persons section of the Master Application. This Policy provides accident insurance to Insureds while they are participating in Covered Activities.

This Policy is issued in consideration of the payment of the required premium when due and the statements set forth in the signed Master Application, which is attached to and made part of this Policy.

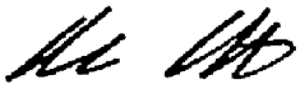
This Policy begins on the Policy Effective Date shown in the Master Application and continues in effect until the Policy Termination Date as long as premiums are paid when due, unless otherwise terminated as further provided in this Policy. If this Policy is terminated, insurance ends on the date to which premiums have been paid. After the Policy Termination Date, this Policy may be renewed for additional periods of time by mutual written consent of the Company and the Policyholder at the premium rates set by the Company for the renewal period.

This Policy is governed by the laws of the state in which it is delivered.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Policy:



President



Secretary

PLEASE READ THIS POLICY CAREFULLY.

Non-Participating Policy

EXCESS INSURANCE.

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DEFINITIONS

Any capitalized terms in the Policy, Master Application, and any riders, amendments, or other attached papers are to be given the meanings as ascribed in this section or as later defined.

Benefit Schedule - means the Benefit Schedule section of the Master Application.

Covered Activity (ies) - means those activities set out in the Covered Activities section of the Master Application, with respect to which Insureds are provided accident insurance under this Policy.

Injury - means bodily injury caused by an accident that: (1) occurs while this Policy is in force as to the person whose injury is the basis of claim; (2) occurs while such person is participating in a Covered Activity; and (3) results directly and independently of all other causes in a covered loss.

Insured - means a person: (1) who is a member of an eligible class of persons as described in the Classification of Eligible Persons section of the Master Application; (2) for whom premium has been paid; and (3) while covered under this Policy.

Immediate Family Member - means a person who is related to the Insured in any of the following ways: spouse, brother-in-law, sister-in-law, son-in-law, daughter-in-law, mother-in-law, father-in-law, parent (includes stepparent), brother or sister (includes stepbrother or stepsister), or child (includes legally adopted or stepchild).

Physician - means a licensed practitioner of the healing arts acting within the scope of his or her license who is not: 1) the Insured; 2) an Immediate Family Member; or 3) retained by the Policyholder.

POLICY EFFECTIVE AND TERMINATION DATES

Effective Date. This Policy begins on the Policy Effective Date shown in the Master Application at 12:01 AM Standard Time at the address of the Policyholder where this Policy is delivered.

Termination Date. The Company may terminate this Policy by giving 45 days advance notice in writing to the Policyholder. This Policy may, at any time, be terminated by mutual written consent of the Company and the Policyholder. This Policy terminates automatically on the Policy Termination Date shown in the Master Application. Termination takes effect at 12:01 AM Standard Time at the Policyholder's address on the date of termination.

INSURED'S EFFECTIVE AND TERMINATION DATES

Effective Date. An Insured's coverage under this Policy begins on the latest of: (1) the Policy Effective Date; (2) the date for which the first premium for the Insured's coverage is paid; or (3) the date the person becomes a member of an eligible class of persons as described in the Classification of Eligible Persons section of the Master Application.

A change in an Insured's coverage under this Policy due to a change in his or her eligible class or Covered Activity becomes effective on the later of: (1) when the change in his or her eligible class or Covered Activity occurs; or (2) if the change requires a change in premium, the date the first changed premium is paid. However, a change in coverage applies only with respect to accidents that occur once the change becomes effective.

Termination Date. An Insured's coverage under this Policy ends on the earliest of: (1) the date this Policy is terminated; (2) the end of the period for which premiums have been paid, or (3) the date the Insured ceases to be a member of any eligible class(es) of persons as described in the Classification of Eligible Persons section of the Master Application.

Termination of coverage will not affect a claim for a covered loss that occurs either before or after such termination if that loss results from an accident that occurred while the Insured's coverage was in force under this Policy.

PREMIUM

Premiums. Premiums are payable to the Company at the rates and in the manner described in the Premiums section of the Master Application. The Company may change the required premiums as a condition of any renewal of this Policy. The Company may also change the required premiums at any time when any change affecting rates is made in this Policy. (Any such change in this Policy will not take effect until any required additional premium is received by the Company, except as otherwise agreed to in writing by the Company and the Policyholder.)

BENEFITS

Maximum Amount. As applicable to each Benefit provided by this Policy for each Insured, Maximum Amount means the amount shown as the maximum amount for that Benefit for the Insured's eligible class in the Benefit Schedule, subject to the Reduction Schedule shown below.

Reduction Schedule. The Maximum Amount used to determine the amount payable for a loss will be reduced if an Insured is age 70 or older on the date of the accident causing the loss with respect to any of the following Benefits provided by this Policy: Accidental Death Benefit, Accidental Dismemberment Benefit. The Maximum Amount is reduced to a percentage of the Maximum Amount that would be used if the Insured were under age 70 on the date of the accident, according to the following schedule:

AGE ON DATE OF ACCIDENT	PERCENTAGE OF UNDER-AGE-70 MAXIMUM AMOUNT
70 - 74	65%
75 - 79	45%
80 - 84	30%
85 and older	15%

Premium for an Insured age 70 or older is based on 100% of the coverage that would be in effect if the Insured were under age 70.

"Age" as used above refers to the age of the Insured on the Insured's most recent birthday, regardless of the actual time of birth.

Accidental Death Benefit. If Injury to the Insured results in death within 365 days of the date of the accident that caused the Injury, the Company will pay 100% of the Maximum Amount.

Accidental Dismemberment Benefit. If Injury to the Insured results, within 365 days of the date of the accident that caused the Injury, in any one of the Losses specified below, the Company will pay the percentage of the Maximum Amount shown below for that Loss:

For Loss Of	Percentage of Maximum Amount
Both Hands or Both Feet	100%
Sight of Both Eyes	100%
One Hand and One Foot	100%
One Hand and the Sight of One Eye	100%
One Foot and the Sight of One Eye	100%
Speech and Hearing in Both Ears	100%
One Hand or One Foot	50%
The Sight of One Eye	50%
Speech or Hearing in Both Ears	50%
Hearing in One Ear	25%
Thumb and Index Finger of Same Hand	25%

"Loss" of a hand or foot means complete severance through or above the wrist or ankle joint. "Loss" of sight of an eye means total and irrecoverable loss of the entire sight in that eye. "Loss" of hearing in an ear means total and irrecoverable loss of the entire ability to hear in that ear. "Loss" of speech means total and irrecoverable loss of the entire ability to speak. "Loss" of thumb and index finger means complete severance through or above the metacarpophalangeal joint of both digits.

If more than one Loss is sustained by an Insured as a result of the same accident, only one amount, the largest, will be paid.

Exposure and Disappearance. If by reason of an accident occurring while an Insured's coverage is in force under this Policy, the Insured is unavoidably exposed to the elements and as a result of such exposure suffers a loss for which a benefit is otherwise payable under this Policy, the loss will be covered under the terms of this Policy.

If the body of an Insured has not been found within one year of the disappearance, forced landing, stranding, sinking or wrecking of a conveyance in which the person was an occupant while covered under this Policy, then it will be deemed, subject to all other terms and provisions of this Policy, that the Insured has suffered accidental death within the meaning of this Policy.

LIMITATIONS

Limitation on Multiple Benefits. If an Insured suffers one or more losses from the same accident for which amounts are payable under more than one of the following Benefits provided by this Policy, the maximum amount payable under all of the Benefits combined will not exceed the amount payable for one of those losses, the largest: Accidental Death Benefit, Accidental Dismemberment Benefit.

Aggregate Limit. The maximum amount payable under this Policy may be reduced if more than one Insured suffers a loss as a result of the same accident, and if amounts are payable for those losses under one or more of the following Benefits provided by this Policy: Accidental Death Benefit, Accidental Dismemberment Benefit. The maximum amount payable for all such losses for all Insureds under all those Benefits combined will not exceed the amount shown as the Aggregate Limit in the Benefit Schedule. If the combined maximum amount otherwise payable for all Insureds must be reduced to comply with this provision, the reduction will be taken by applying the same percentage of reduction to the individual maximum amount otherwise payable for each Insured for all such losses under all those Benefits combined.

EXCLUSIONS

This Policy does not cover any loss caused in whole or in part by, or resulting in whole or in part from, the following:

1. suicide or any attempt at suicide or intentionally self inflicted injury or any attempt at intentionally self inflicted injury.

2. sickness, disease or infections of any kind; except bacterial infections due to an accidental cut or wound, botulism or ptomaine poisoning.

3. the Insured's commission of or attempt to commit a felony.

4. declared or undeclared war, or any act of declared or undeclared war.

5. participation in any team sport or any other athletic activity, except participation in a Covered Activity.

6. full-time active duty in the armed forces, National Guard or organized reserve corps of any country or international authority. (Unearned Premium for any period for which the Insured is not covered due to his or her active duty status will be refunded.) (Loss caused while on short-term National Guard or reserve duty for regularly scheduled training purposes is not excluded.)

7. travel or flight in or on (including getting in or out of, or on or off of) any vehicle used for aerial navigation, if the Insured is:

    a. riding as a passenger in any aircraft not licensed for the transportation of passengers for hire.

    b. performing, learning to perform or instructing others to perform as a pilot or crew member of any aircraft.

8. any condition for which the Insured is paid benefits under any Workers' Compensation Act or similar law.

9. the Insured being under the influence of drugs or intoxicants, unless taken under the advice of a Physician.

CLAIMS PROVISIONS

Notice of Claim. Written notice of claim must be given to the Company within 20 days after an Insured's loss, or as soon thereafter as reasonably possible. Notice given by or on behalf of the claimant to the Company at A&H Claims Department PO Box 25987, Shawnee Mission, KS 66225, with information sufficient to identify the Insured, is deemed notice to the Company.

Claim Forms. The Company will send claim forms to the claimant upon receipt of a written notice of claim. If such forms are not sent within 15 days after the giving of notice, the claimant will be deemed to have met the proof of loss requirements upon submitting, within the time fixed in this Policy for filing proofs of loss, written proof covering the occurrence, the character and the extent of the loss for which claim is made. The notice should include the Insured's name, the Policyholder's name and the Policy number.

Proof of Loss. Written proof of loss must be furnished to the Company within 90 days after the date of the loss. If the loss is one for which this Policy requires continuing eligibility for periodic benefit payments, subsequent written proofs of eligibility must be furnished at such intervals as the Company may reasonably require. Failure to furnish proof within the time required neither invalidates nor reduces any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible and in no event, except in the absence of legal capacity of the claimant, later than one year from the time proof is otherwise required.

Payment of Claims. Upon receipt of due written proof of death, payment for loss of life of an Insured will be made, in equal shares, to the survivors in the first surviving class of those that follow: the Insured's (1) spouse; (2) children; (3) parents; or (4) brothers and sisters. If no class has a survivor, the beneficiary is the Insured's estate.

Upon receipt of due written proof of loss, payments for all losses, except loss of life, will be made to (or on behalf of, if applicable) the Insured suffering the loss. If an Insured dies before all payments due have been made, the amount still payable will be paid, in equal shares, to the survivors in the first surviving class of those that follow: the Insured's (1) spouse; (2) children; (3) parents; or (4) brothers and sisters. If no class has a survivor, the beneficiary is the Insured's estate.

If any payee is a minor or is not competent to give a valid release for the payment, the payment will be made to the legal guardian of the payee's property. If the payee has no legal guardian for his or her property, a payment not exceeding $1,000 may be made, at the Company's option, to any relative by blood or connection by marriage of the payee, who, in the Company's opinion, has assumed the custody and support of the minor or responsibility for the incompetent person's affairs.

Any payment the Company makes in good faith fully discharges the Company's liability to the extent of the payment made.

Time of Payment of Claims. Benefits payable under this Policy for any loss other than loss for which this Policy provides any periodic payment will be paid immediately upon the Company’s receipt of due written proof of the loss. Subject to the Company’s receipt of due written proof of loss, all accrued benefits for loss for which this Policy provides periodic payment will be paid at the expiration of each month during the continuance of the period for which the Company is liable and any balance remaining unpaid upon termination of liability will be paid immediately upon receipt of such proof.

GENERAL PROVISIONS

Entire Contract; Changes. This Policy, the Master Application, and any attached papers make up the entire contract between the Policyholder and the Company. In the absence of fraud, all statements made by the Policyholder or any Insured will be considered representations and not warranties. No written statement made by an Insured will be used in any contest unless a copy of the statement is furnished to the Insured or his or her beneficiary or personal representative.

No change in this Policy will be valid until approved by an officer of the Company. The approval must be noted on or attached to this Policy. No agent may change this Policy or waive any of its provisions.

Incontestability. The validity of this Policy will not be contested after it has been in force for two year(s) from the Policy Effective Date, except as to nonpayment of premiums.

Physical Examination and Autopsy. The Company at its own expense has the right and opportunity to examine the person of any individual whose loss is the basis of claim under this Policy when and as often as it may reasonably require during the pendency of the claim and to make an autopsy in case of death where it is not forbidden by law.

Legal Actions. No action at law or in equity may be brought to recover on this Policy prior to the expiration of 60 days after written proof of loss has been furnished in accordance with the requirements of this Policy. No such action may be brought after the expiration of the applicable statute of limitations from the time written proof of loss is required to be furnished.

Noncompliance with Policy Requirements. Any express waiver by the Company of any requirements of this Policy will not constitute a continuing waiver of such requirements. Any failure by the Company to insist upon compliance with any Policy provision will not operate as a waiver or amendment of that provision.

Conformity With State Statutes. Any provision of this Policy which, on its effective date, is in conflict with the statutes of the state in which this Policy is delivered is hereby amended to conform to the minimum requirements of those statutes.

Workers' Compensation. This Policy is not in lieu of and does not affect any requirements for coverage by any Workers' Compensation Act or similar law.

Clerical Error. Clerical error, whether by the Policyholder or the Company, will not void the insurance of any Insured if that insurance would otherwise have been in effect nor extend the insurance of any Insured if that insurance would otherwise have ended or been reduced as provided in this Policy.

Records. The Company has the right to inspect at any reasonable time, any records of the Policyholder that may have a bearing on this insurance.

Assignment. This Policy is non-assignable. An Insured may not assign any of his or her rights, privileges or benefits under this Policy.

New Entrants. This Policy will allow from time to time, that new eligible Insureds of the Policyholder be added to the class(es) of Insureds originally insured under this Policy.

Misstatement of Age. If premiums for the Insured are based on age and the Insured has misstated his or her age, there will be a fair adjustment of premiums based on his or her true age. If the benefits for

which the Insured is insured are based on age and the Insured has misstated his or her age, there will be an adjustment of said benefit based on his or her true age. The Company may require satisfactory proof of age before paying any claim.

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 175 Water Street, 15th Floor, New York, NY 10038
(212) 458-5000
(a capital stock company, herein referred to as the Company)

MASTER APPLICATION FOR BLANKET ACCIDENT INSURANCE POLICY

Application is hereby made for an accident insurance policy based on the following statements and representations:

1. **Identification of Policyholder:**

   Name of Policyholder: Front Porch Community Development Association, Inc.
   Address of Policyholder: P.O. Box 531241, St. Petersburg, FL 33747
   Policy Number: SRG 0009155732

2. **Classification of Eligible Persons:**

Class	Description of Class
I	All registered volunteers of the Policyholder whose names are on file and for whom premium has been paid.
II	All registered student participants of the Policyholder whose names are on file and for whom premium has been paid.

   Number of Eligible Persons: To Be Determined

3. **Policy Coverage:**

   A. **Covered Activities:** While participating in the scheduled and sponsored activities to include volunteer activities supervised by the Policyholder on the premises designated by the Policyholder.

   Direct and uninterrupted group travel is not included.

   B. **Benefit Schedule:**

   CLASSES I and II

   Accidental Death Benefit
   Maximum Amount: $5,000

   Accidental Dismemberment Benefit
   Maximum Amount: $10,000

   Accident Medical Expense Benefit
   Overall Accident Medical Expense Maximum Amount: $50,000
   Dental Maximum Amount per tooth: $250 per accident
   Note: Expenses charged to the maximum for the above Dental services per tooth are also subject to the Overall Accident Medical Expense Maximum Amount shown above.

The Maximum Amounts are used to determine amounts payable under each Benefit. Actual amounts payable will not exceed the maximums, and may be less than the maximums under circumstances specified in the Policy.

Aggregate Limit: $250,000

C. **Policy Riders and/or Endorsements:**

The following Riders and/or Endorsements are attached to and made part of the Policy as of the Policy Effective Date. Each Rider and/or Endorsement is subject to all provisions, limitations and exclusions of the Policy that are not specifically modified by the Rider and/or Endorsement.

CLASSES I and II

FORM NO.	**DESCRIPTION**
S30549DBG-FL(Rev. 12/09)	Accident Medical Expense Benefit Rider
C11704DBG (Rev. 10/08)	Excess Benefits Rider
S30586DBG-FL	Amendatory Rider for Dental Claim Appeals
C11716DBG	Subrogation and Right of Recovery Endorsement
S30399DBG-FL	Injury Definition and Exclusions Amendatory Endorsement
S30841DBG-FL	Policy Amendment
S30433DBG	Payment of Claims Amendatory Endorsement
	Amendatory Endorsement (Penalty for Non-Compliance)
89644 (7/05)	Coverage Territory Endorsement

4. **Premiums:**

It is hereby agreed and understood that the premium amounts, and the manner in which premiums are due and payable, are as follows:

$500.00 per Year, due and payable for the policy term.

5. **Policy Effective Date:** November 1, 2018

6. **Policy Termination Date:** November 1, 2019

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

_____
Signed for the Policyholder

_____
Title

_____
Date

_____
Signed by Licensed Resident Agent

_____
(Print Name)

_____
(Date)

_____

(Agent License No.)

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 175 Water Street, 15th Floor, New York, NY 10038
(212) 458-5000
(a capital stock company, herein referred to as the Company)

Policyholder: Front Porch Community Development Association, Inc.
Policy Number: SRG 0009155732

ACCIDENT MEDICAL EXPENSE BENEFIT RIDER

This Rider is attached to and made part of the Policy effective November 1, 2018. It applies only with respect to accidents that occur on or after that date. It is subject to all of the provisions, limitations and exclusions of the Policy except as they are specifically modified by this Rider.

Accident Medical Expense Benefit. If an Insured suffers an Injury that, within 90 days of the date of the accident that caused the Injury, requires him or her to be treated by a Physician, the Company will pay the Usual and Customary Charges incurred for Medically Necessary Covered Accident Medical Services received due to that Injury, up to the Maximum Amount per Insured for all Injuries caused by the same accident. Benefits are payable for charges incurred within 52 weeks after the date of the accident causing the Injury.

No expenses paid under this Benefit will be payable under any other Rider in the Policy.

Covered Accident Medical Service(s) - as used in this Rider, means any of the following services:

1. services of a Physician;
2. private duty nursing by a registered nurse (R.N.) or Licensed Practical Nurse (LPN);
3. laboratory tests;
4. radiological procedures;
5. anesthetics and the administration of anesthetics;
6. blood, blood products and artificial blood products, and the transfusion thereof;
7. physical therapy;
8. occupational therapy;
9. rental of Durable Medical Equipment;
10. artificial limbs, artificial eyes or other prosthetic appliances;
11. medicines or drugs administered by a Physician or that can be obtained only with a Physician's written prescription;
12. use of an Ambulatory Medical Center or Ambulatory Surgical Center;
13. Hospital's most common charge for semi-private room and board (or room and board in an intensive care unit); Hospital ancillary services (including, but not limited to, use of the operating room or emergency room);
14. ambulance service to or from a Hospital.

15. Any inpatient Hospital, Ambulatory Surgical Center and general anesthesia services or charges due to injury if the Insured:
    (a) is under 8 years of age or is determined by a licensed dentist and the Insured's Physician to require necessary dental treatment or surgery in a Hospital or Ambulatory Surgical Center due to a significantly complex dental condition or a developmental disability in which patient management in the dental office has proved to be ineffective; or
    (b) has one or more medical conditions that would create significant or undue medical risk for the Insured in the course of delivery of any necessary dental treatment or surgery if not rendered in a Hospital or Ambulatory Surgical Center.

Extension of Benefits.
If an Insured is Totally Disabled due to Injury on the date the Policy terminates, coverage will continue until the earliest of the end of the 90 day period following the date the Policy terminates, the date when the applicable Maximum Benefit Amount is reached and the date the Insured is no longer Totally Disabled.

Definitions.

Ambulatory Medical Center - as used in this Rider, means a licensed facility providing ambulatory medical treatment, other than a Hospital, clinic or Physician's office.

Ambulatory Surgical Center - as used in this Rider, means a licensed facility providing ambulatory surgical treatment, other than a Hospital, clinic or Physician's office.

Durable Medical Equipment - as used in this Rider, refers to equipment of a type that is designed primarily for use, and used primarily, by people who are injured (for example, a wheelchair or a hospital bed). It does not include items commonly used by people who are not injured, even if the items can be used in the treatment of injury or can be used for rehabilitation or improvement of health (for example, a stationary bicycle or a spa).

Experimental or Investigative - as used in this Rider, means treatment, a device or prescription medication which is recommended by a Physician, but is not considered by the medical community as a whole to be safe and effective for the condition for which the treatment, device or prescription medication is being used, including any treatment, procedure, facility, equipment, drugs, drug usage, devices, or supplies not recognized as accepted medical practice, and any of those items requiring federal or other government agency approval not received at the time the services are rendered.

Hospital - as used in this Rider, means a facility that: (1) is operated according to law for the care and treatment of injured and sick people; (2) has organized facilities for diagnosis and surgery on its premises or in facilities available to it on a prearranged basis or is accredited by the Joint Commission on the Accreditation of Hospitals, the American Osteopathic Association or the Commission on the Accreditation of Rehabilitative Facilities; (3) has 24 hour nursing service by registered nurses (R.N.'s); and (4) is supervised by one or more Physicians. A Hospital does not include: (1) a nursing, convalescent or geriatric unit of a hospital when a patient is confined mainly to receive nursing care; (2) a facility that is, other than incidentally, a rest home, nursing home, convalescent home or home for the aged; nor does it include any ward, room, wing, or other section of the hospital that is used for such purposes; or (3) any military or veterans hospital or soldiers home or any hospital contracted for or operated by any national government or government agency for the treatment of members or ex-members of the armed forces, except if there is a legal obligation to pay.

Medically Necessary - as used in this Rider, means a Covered Accident Medical Service that: (1) is

essential for diagnosis, treatment or care of the Injury for which it is prescribed or performed; (2) meets generally accepted standards of medical practice; and (3) is ordered by a Physician and performed under his or her care, supervision or order.

Mental Illness - as used in this Rider, means any disturbance of emotional equilibrium, as manifested in maladaptive behavior and impaired functioning, caused by genetic, physical, chemical, biologic, psychological, or social and cultural factors. Also called emotional illness, mental/nervous disorder and psychiatric disorder.

Pre-existing Condition - as used in this Rider, means a condition for which an Insured received any diagnosis, medical advice or treatment or had taken any prescription medicines during the 12 months immediately preceding the effective date of the Insured's coverage under this Policy unless the condition for which the prescribed medication is taken remains controlled without any change in the required prescription.

Total Disability/Totally Disabled - as used in this Rider, means that the Insured is unable, while under the regular care of a Physician, to perform the material and substantial duties of his or her occupation. However, with respect to an Insured for whom an occupational definition of Total Disability/Totally Disabled is not appropriate, Total Disability/Totally Disabled means that the Insured is unable, while under the regular care of a Physician, to engage in any of the usual activities of a person of like age and sex whose health is comparable to that of the Insured immediately prior to the accident.

Usual and Customary Charge(s) - means the charge which is the smallest of: (a) the actual charge of the Covered Service; (b) the charge usually made for a Covered Service by the provider who furnishes it and the survey by FAIR Health of prevailing charges made for a Covered Service in the geographic area by those of similar professional standing, the results of which are used to develop a range of fees for each service.

"Geographic area" means the three digit zip code in which the service, procedure, devices, drugs, treatment or supplies are provided or a greater area, if necessary, to obtain a representative cross-section of charges for a like treatment, service, procedure, device, drug or supply

With respect to item (d) above, Usual and Customary Charges means the 80th percentile of the payment system in effect on the Effective Date shown in the Schedule of Benefits.

Exclusions. In addition to the Exclusions in the Exclusions section of the Policy and any amendment thereto, Accident Medical Expense benefits are not payable for, and Usual and Customary Charges for Covered Accident Medical Services do not include, any expense for or resulting from any of the following:

1. repair or replacement of existing artificial limbs, artificial eyes or other prosthetic appliances or rental of existing Durable Medical Equipment unless due to a covered Injury;

2. new, or repair or replacement of, dentures, bridges, dental implants, dental bands or braces or other dental appliances, crowns, caps, inlays or onlays, fillings or any other treatment of the teeth or gums, except for repair or replacement or loss as a result of Injury up to the Dental Maximum shown in the Benefit Schedule;

3. new eye glasses or contact lenses or eye examinations related to the correction of vision or related to the fitting of glasses or contact lenses, unless due to a covered Injury; or repair or replacement of existing eyeglasses or contact lenses unless due to a covered Injury;

4. new hearing aids or hearing examinations unless due to a covered Injury; or repair or replacement of existing hearing aids unless due to a covered Injury;

5. rental of Durable Medical Equipment where the total rental expense exceeds the usual purchase expense for similar equipment in the locality where the expense is incurred (but if, in the Company's sole judgment, Accident Medical Expense benefits for rental of Durable Medical Equipment are expected to exceed the usual purchase expense for similar equipment in the locality where the expense is incurred, the Company may, but is not required to, choose to consider such purchase expense as a Usual and Customary Covered Accident Medical Expense in lieu of such rental expense);

6. any charge for medical care for which the Insured is not legally obligated to pay;

7. care, treatment or services provided by an Insured or by an Immediate Family Member;

8. routine physical exam and related medical services;

9. personal comfort or convenience items, such as but not limited to, Hospital telephone charges, television rental, or guest meals while confined in a Hospital or for items taken away or home from the Hospital, except Durable Medical Equipment;

10. Pre-existing Conditions;

11. elective treatment or surgery;

12. Experimental or Investigative treatment or procedures;

13. care, treatment or services provided by persons retained or employed by the Policyholder; or for supplies, prescriptions or medicines paid for or reimbursable by the Policyholder, or for which a charge is not made;

14. Mental Illness, psychological or psychiatric counseling of any kind, mental and nervous disease or disorders and rest cures;

15. educational or vocational testing or training;

16. treatment of Osgood-Schlatter's disease;

17. detached retina unless due to an Injury;

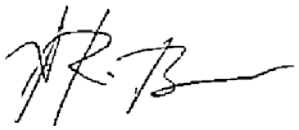
18. diagnostic tests or treatment, except due to infection which occurs directly from an accidental cut or wound or ingestion of contaminated food;

19. plastic or cosmetic surgery, except due to a covered Injury;

20. charges that are payable under motor vehicle medical benefits;

21. hernia.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:



President

Secretary

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 175 Water Street, 15th Floor, New York, NY 10038
(212) 458-5000
(a capital stock company, herein referred to as the Company)

Policyholder: Front Porch Community Development Association, Inc.
Policy Number: SRG 0009155732

EXCESS BENEFITS RIDER

This Rider is attached to and made part of the Policy effective November 1, 2018. It applies only with respect to accidents that occur on or after that date. It is subject to all of the provisions, limitations and exclusions of the Policy except as they are specifically modified by this Rider.

Excess Benefits. This Rider applies when an Insured has Accident Medical Expense coverage (herein called This Plan) under the Policy and health care coverage under one or more other Plans. When there is a basis for a claim under This Plan and another Plan, This Plan is an excess plan which has its benefits determined in excess of the benefits of the other Plan as described below, unless both: (1) the other Plan has coordination or excess benefits rules that require its benefits to be determined in excess of the benefits of This Plan; and (2) This Plan has covered the Insured longer than the other Plan has. When This Plan is an excess plan, the benefits of This Plan for any Allowable Expenses will be reduced when the sum of:

1. the benefits that would be payable for those Allowable Expenses under This Plan in the absence of this Rider; and
2. the benefits that would be payable for those Allowable Expenses under the other Plans in the absence of provisions with a purpose like that of a coordination or excess benefits provision, whether or not claim is made;

exceeds the amount of those Allowable Expenses. In that case, This Plan's benefits will be reduced so that they and the other Plans' benefits do not total more than the amount of those Allowable Expenses.

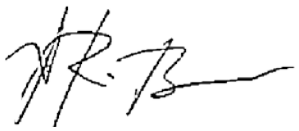
Right to Receive and Release Needed Information. The Company has the right to decide which facts it needs to administer this Rider. It may get needed facts from or give them to any other organization or person. The Company need not tell, or get the consent of, any person to do this. Each person claiming benefits under This Plan must give the Company any facts it needs to pay the claim.

Facility of Payment and Right of Recovery. If a payment made under another Plan includes an amount that should have been paid under This Plan, the Company may pay that amount to the organization making that payment. That amount will then be treated as though it were a benefit paid under This Plan. The Company will not have to pay that amount again. The term "payment made" includes providing benefits in the form of services, in which case "payment made" means reasonable cash value of the benefits provided in the form of services. If the amount of the payments made by the Company is more than it should have paid under this Rider, it may recover the excess from the persons it has paid or for whom it has paid, insurance companies or other organizations.

Plan - as used in this Rider, means any of the following group, group-type (such as, but not limited to, franchise or blanket), family or individual coverages which provide benefits or services for, or because of, health care: (1) insurance policies; (2) subscriber contracts; (3) uninsured arrangements; (4) coverage through health maintenance organizations and other prepayment, group practice and individual practice plans; (5) medical benefits coverage in automobile "no-fault" and traditional automobile "fault" type contracts; and (6) coverage under a governmental plan or coverage required or provided by law; but not including: (a) a state plan under Medicaid (Title XIX, Grants to States for Medical Assistance Programs, of the United States Social Security Act, as amended from time to time); or (b) a plan or law when, by law, its benefits are in excess of those of any private insurance plan or other non-governmental plan.

Allowable Expense - as used in this Rider, means a necessary, reasonable and customary item of expense for health care when the item of expense is covered at least in part by the Policy and is covered at least in part by one or more other Plans covering the Insured. When a Plan provides benefits in the form of services, the reasonable cash value of each service rendered is both an Allowable Expense and a benefit paid, if the reasonable cash value had been charged as the cost for the service and such expense would have been covered at least in part by the Policy.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:



President

Secretary

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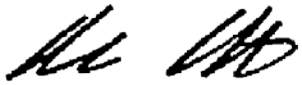
AMENDATORY RIDER FOR DENTAL CLAIM APPEALS

This Rider is attached to and made part of the Policy effective November 1, 2018. It applies only with respect to accidents that occur on or after that date. It is subject to all of the provisions, limitations and exclusions of the Policy except as they are specifically modified by this Rider.

Appeal for Benefits. An Insured who has a claim denied as not Medically Necessary or has a claim payment based on an alternate dental service, in accordance with accepted dental standards for adequate and appropriate care, will be provided an opportunity for an appeal to the Company's licensed dentist who is responsible for the Medical Necessity reviews under the Policy. The appeal may be by telephone and the Company's dentist must respond within 15 business days.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:

President



Secretary

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SUBROGATION AND RIGHT OF RECOVERY ENDORSEMENT

This Endorsement is attached to and made part of the Policy effective November 1, 2018. It applies only with respect to benefits payable under the Policy on or after that date. It is subject to all of the provisions, limitations and exclusions of the Policy except as they are specifically modified by this Endorsement.

The following section is added after the Exclusions section of the Policy:

SUBROGATION AND RIGHT OF RECOVERY

As a condition to receiving Accident Medical Expense benefits under this Policy, the Insured (or, if he or she is deceased, an authorized representative of the Insured) agrees, except as may be limited or prohibited by applicable law:

1. to reimburse the Company for any such benefits paid to or on behalf of the Insured, if such benefits are recovered, in any form, from any Third Party or Coverage; and

2. without limiting the preceding, that the Company is subrogated, for the purpose of the Company's recovery of any such benefits paid to or on behalf of the Insured, to any and all claims, causes of action or rights that he or she has or that may rise against any Third Party who has or may have caused, contributed to or aggravated the injury or condition for which the Insured claims an entitlement to Policy benefits, and to any claims, causes of action or rights he or she may have against any Coverage for the injury or condition for which the Insured claims an entitlement to Policy benefits.

   The Insured agrees that he or she will make a decision on pursuing any and all claims, causes of action and rights against any and all Third Parties and Coverage within 30 days of the date the Company requires that the Insured provide Notice of Claim for the injury or condition for which such Policy benefits are sought, and within such 30-day period will so notify the Company in writing. In the event the Insured decides not to pursue a claim, cause of action or right against a Third Party or Coverage, or fails to notify the Company of his or her intent to do so within such 30-day period, the Insured authorizes the Company to pursue, sue, compromise or settle any such claim, cause of action or right in his or her name, authorizes the Company to execute any and all documents necessary to pursue any such claim, cause of action or right, and agrees to cooperate fully with the Company in the prosecution of any such claim, cause of action or right.

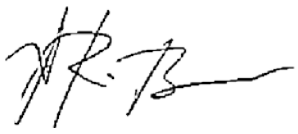
If the Insured is a minor or is not competent to make this agreement, the legal guardian of the Insured's property makes the agreement on the Insured's behalf as a condition to receiving Accident Medical Expense benefits under this Policy on behalf of the Insured. If the Insured has no guardian for his or her property, the person or persons who, in the Company's opinion, have assumed the custody and support of the minor or responsibility for the incompetent person's affairs make the agreement on the Insured's behalf as a condition to receiving such benefits under this Policy on behalf of the Insured.

The Company will not pay or be responsible, without its written consent, for any fees or costs associated with the pursuit of a claim, cause of action or right by or on behalf of an Insured against any Third Party or Coverage.

Coverage - as used in the Subrogation and Right of Recovery section of this Policy, means no fault motorist coverage, uninsured motorist coverage, underinsured motorist coverage, or any other fund or insurance policy (except this Policy and any fund or insurance policy providing the Policyholder with coverage for any claims, causes of action or rights the Insured may have against the Policyholder).

Third Party(ies) - as used in the Subrogation and Right of Recovery section of this Policy, means any person, corporation or other entity (except the Insured, the Policyholder and the Company).

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Endorsement:



President

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INJURY DEFINITION AND EXCLUSIONS AMENDATORY ENDORSEMENT

This Endorsement is attached to and made part of this Policy effective November 1, 2018. It applies only with respect to accidents that occur on or after that date. It is subject to all of the provisions, limitations and exclusions of this Policy except as they are specifically modified by this Endorsement.

1. The definition of Injury in the Definitions section of the Policy is deleted and replaced by the following:

   Injury - means bodily injury: (1) which is sustained as a direct result of an unintended, unanticipated accident that occurs while the injured person's coverage under this Policy is in force; (2) which occurs while such person is participating in a Covered Activity; and (3) which directly (independent of sickness, disease, mental incapacity, bodily infirmity or any other cause) causes a covered loss.

2. The Exclusions section of the Policy is deleted and replaced by the following:

Exclusions

No coverage shall be provided under this Policy and no payment shall be made for any loss resulting in whole or in part from, or contributed to by, or as a natural and probable consequence of any of the following excluded risks.

1. suicide or any attempt at suicide or intentionally self-inflicted Injury or any attempt at intentionally self-inflicted Injury or autoeroticism.

2. sickness, disease, mental incapacity or bodily infirmity whether the loss results directly or indirectly from any of these.

3. the Insured's commission of or attempt to commit a felony.

4. infections of any kind regardless of how contracted, except bacterial infections that are directly caused by botulism, ptomaine poisoning or an accidental cut or wound independent and in the absence of any underlying sickness, disease or condition including but not limited to diabetes.

5. declared or undeclared war, or any act of declared or undeclared war, except if specifically provided by this Policy.

6. participation in any team sport or any other athletic activity, except participation in a Covered Activity.

7. full-time active duty in the armed forces, National Guard or organized reserve corps of any country or international authority. (Unearned premium for any period for which the Insured is not covered due to his or her active duty status will be refunded) (Loss caused while on short-term National Guard or reserve duty for regularly scheduled training purposes is not excluded).

8. travel or flight in or on (including getting in or out of, or on or off of) any vehicle used for aerial navigation, if the Insured is:

   a. riding as a passenger in any aircraft not intended or licensed for the transportation of passengers; or
   b. performing, learning to perform or instructing others to perform as a pilot or crew member of any aircraft; or
   c. riding as a passenger in an aircraft owned, leased or operated by the Policyholder or the Insured's employer.

9. the Insured being under the influence of intoxicants.

10. the Insured being under the influence of drugs unless taken under the advice of and as specified by a Physician.

11. the medical or surgical treatment of sickness, disease, mental incapacity or bodily infirmity whether the loss results directly or indirectly from the treatment.

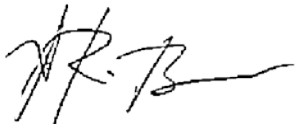
12. stroke or cerebrovascular accident or event; cardiovascular accident or event; myocardial infarction or heart attack; coronary thrombosis; aneurysm.

13. any condition for which the Insured is paid benefits under any Workers' compensation Act or similar law.

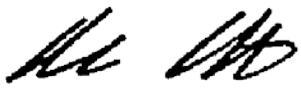
14. the Insured riding in or driving any type of motor vehicle as part of a speed contest or scheduled race, including testing such vehicle on a track, speedway or proving ground.

15. any loss incurred while outside the United States, its Territories or Canada.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Endorsement:



President



Secretary

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Policy Number: SRG 0009155732

BLANKET ACCIDENT INSURANCE

Policy Amendment

This Policy Amendment is attached to and made part of the Policy effective effective November 1, 2018 at 12:01 a.m. Standard Time at the address of the Policyholder. The provisions of this Amendment will apply only with respect to losses that occur on and after the effective date of this Amendment.

In the Claims Provisions section, the Time of Payment of Claims provision is deleted and replaced with the following:

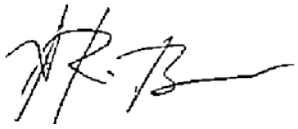
> **Time of Payment of Claims.** Benefits payable under this Policy for any loss other than loss for which this Policy provides any periodic payment will be paid immediately upon the Company's receipt of due written proof of the loss; but in no event more than 45 days from the date the Company receives the due written proof of loss. Subject to the Company's receipt of due written proof of loss, all accrued benefits for loss for which this Policy provides periodic payment will be paid at the expiration of each month during the continuance of the period for which the Company is liable and any balance remaining unpaid upon termination of liability will be paid immediately upon receipt of such proof.

In that same Claims Provisions section, the following provision is added:

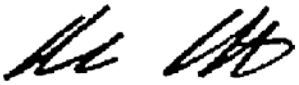
> **Restriction on Denial of Claims.** A claim for payment for treatment, care, or services in a licensed hospital that is accredited by an accrediting organization whose standards incorporate comparable regulations required by this state may not be denied because such hospital lacks major surgical facilities and is primarily of a rehabilitative nature, if such rehabilitation is specifically for treatment of physical disability. No claim for payment for medical care or treatment of a child in a licensed hospital which is nonprofit; which primarily provides diagnosis, treatment, or care for patients whose physical functions or movements are impaired by accident, disease, or congenital deformity; and which accepts patients for treatment without regard to race, color, national origin, sex, religion, or affiliation shall be denied because the hospital does not have facilities for major surgery or because the treatment and care are primarily of a charitable nature.

This Policy Amendment expires concurrently with the Policy and is subject to all of the provisions, limitations and conditions of the Policy, except as they are specifically modified by this Amendment.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Amendment:



President



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Policy Number: SRG 0009155732

PAYMENT OF CLAIMS AMENDATORY ENDORSEMENT

This Endorsement is attached to and made part of the Policy effective November 1, 2018. It applies only with respect to accidents that occur on or after that date. It is subject to all of the provisions, limitations and exclusions of the Policy except as they are specifically modified by this Endorsement.

The Payment of Claims provision applicable to the Policy is amended to include the following:

> **Payment of Claims.** Upon receipt of due written proof of loss, benefit payments for charges incurred by the Insured for covered medical services may be made directly to the provider at the Company's option. If any such charges have been paid by the Insured, the benefit payment for those charges will be made to the Insured upon written proof of payment.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Endorsement:

President

Secretary

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

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AMENDATORY ENDORSEMENT

This Rider is attached to and made part of the Policy effective November 1, 2018. It applies only with respect to accidents that occur on or after that date. It is subject to all of the provisions, limitations and exclusions of the Policy except as they are specifically modified by this Rider.

In the event that an Insured is eligible under this Policy for benefits in excess of other coverage and the Insured has other coverage that is primary under a health maintenance organization, preferred provider organization or similar health service program, a penalty will apply if he or she does not use the facilities or services of the health maintenance organization, preferred provider organization or similar health service program. In such case, the benefits otherwise payable under the Excess provision in this Policy will be reduced by 50%. This reduction shall not apply to an Insured in connection with any treatment for which the health maintenance organization, preferred provider organization or similar health service program provides coverage as if the Insured used the facilities or services of the health maintenance organization, preferred provider organization or similar health service program.

President

Secretary

IMPORTANT CONSUMER SERVICE INFORMATION REGARDING YOUR INSURANCE

In the event you need to contact someone about this insurance for any reason, please contact your agent. If no agent was involved in the sale of this insurance, or if you have additional questions or complaints, you may contact the insurance company issuing this insurance at the following address and telephone number:

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.
Customer Service
Accident & Health Claims Department
P.O. Box 25987
Shawnee Mission, KS 66225-5987
1-800-551-0824

IMPORTANT NOTICE TO OUR CUSTOMERS
REGARDING THE
OFFICE OF FOREIGN ASSETS CONTROL ("OFAC")

Your rights as a policyholder and payments to you, any insured, additional insured, loss payee, mortgagee, or claimant, for loss under this policy may be affected by the administration and enforcement of U.S. economic embargoes and trade sanctions by the OFFICE OF FOREIGN ASSETS CONTROL ("OFAC").

The United States imposes economic sanctions against countries, groups and individuals, such as terrorists and narcotics traffickers. These sanctions prohibit US persons from dealing with these sanctioned parties. The purpose of this notice is to inform you that we cannot violate US sanctions by engaging with sanctioned countries or people.

WHAT IS OFAC?

OFAC is an office of the Department of the Treasury and acts under presidential wartime and national emergency powers, as well as authority granted by specific legislation, to impose controls on transactions and freeze foreign assets under U.S. jurisdiction. OFAC administers and enforces economic embargoes and trade sanctions primarily against:

- Targeted foreign countries and their agents
- Terrorism sponsoring agencies and organizations
- International narcotics traffickers
- Proliferators of Weapons of Mass Destruction

PROHIBITED ACTIVITY

- OFAC enforces certain embargoes and sanctions against designated countries. No U.S. business or person may enter into transactions involving designated "sanctioned" countries.
- OFAC publishes on its website a list known as the "Specially Designated Nationals and Blocked Persons" ("SDNBP") list. No U.S. business or person may enter into transactions involving any person or entity named on the SDNBP list.

Additional information about OFAC Sanctions Programs and Countries can be found at:
http://www.treasury.gov/resource-center/sanctions/Programs/Pages/Programs.aspx

OBLIGATIONS PLACED ON US BY OFAC

If we determine that you or any insured, additional insured, loss payee, mortgagee, or claimant are on the SDNBP list or are connected to a sanctioned country as described in the regulations, we must block or "freeze" property and payment of any funds transfers or transactions.

POTENTIAL ACTIONS BY US

1. We shall not be deemed to provide cover when it would violate any applicable sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union or the United States of America. You will not receive a return premium unless approved by OFAC. All funds will be placed in an interest bearing blocked account established on the books of a U.S. financial institution.
2. We will not pay a claim or provide any benefit to the extent that such cover, payment of such claim or provision of such benefit would violate any trade or economic sanctions, laws or regulations of the United States of America and we will not defend or provide any other benefits under your policy to individuals, entities or companies to the extent that it would violate any trade or economic sanctions, laws or regulations of the United States of America.

YOUR RIGHTS AS A POLICYHOLDER

If funds are blocked or frozen by us in conjunction with the OFFICE OF FOREIGN ASSETS CONTROL, you may complete an "APPLICATION FOR THE RELEASE OF BLOCKED FUNDS" and apply for a specific license to request their release. Forms are available for download at the OFAC website. See
https://www.treasury.gov/resource-center/sanctions/Pages/forms-index.aspx

Edition Date: 5/2016

FACTS

WHAT DOES AIG'S GROUP BENEFITS BUSINESS ("AIGGB") DO WITH YOUR PERSONAL INFORMATION?

Why?

Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.

What?

The types of personal information we collect and share depend on the product or service you have with us. This information can include:
- Social Security number and Medical Information
- Income and Credit History
- Payment History and Employment Information

When you are *no longer* our customer, we continue to share your information as described in this notice.

How?

All financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons AIGGB chooses to share; and whether you can limit this sharing.

Reasons we can share your personal information	Does AIGGB share?	Can you limit this sharing?
For our everyday business purposes — such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, conduct research including data analytics, or report to credit bureaus	Yes	No
For our marketing purposes — to offer our products and services to you	Yes	No
For joint marketing with other financial companies	Yes	No
For our affiliates' everyday business purposes — information about your transactions and experiences	Yes	No
For our affiliates' everyday business purposes — information about your creditworthiness	No	We don't share
For nonaffiliates to market to you	No	We don't share

Questions?

For American General Life Insurance Company (AGL) & The United States Life Insurance Company in the City of New York (US Life): Call 800-346-7692 or go to www.aig.com

For National Union Fire Insurance Company of Pittsburgh, Pa. (NUFIC): Call 866-244-4786; Fax: 212-458-7081 or Email: CIPrivacy@aig.com

Who we are

Who is providing this notice?

AIG's Group Benefits Business is the marketing name of the following insurance company subsidiaries of American International Group, Inc. (AIG) underwriting property-casualty, accident & health, and life insurance: American General Life Insurance Company, The United States Life Insurance Company in the City of New York, and National Union Fire Insurance Company of Pittsburgh, Pa.

What we do

How does AIGGB protect my personal information?

To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings. We restrict access to employees, representatives, agents, or selected third parties who have been trained to handle nonpublic personal information.

How does AIGGB collect my personal information?

We collect your personal information, for example, when you
- apply for insurance or pay insurance premiums
- file an insurance claim or give us your income information
- provide employment information

We also collect your personal information from others, such as credit bureaus, affiliates, or other companies.

Why can't I limit all sharing?

Federal law gives you the right to limit only
- sharing for affiliates' everyday business purposes- information about your creditworthiness
- affiliates from using your information to market to you
- sharing for nonaffiliates to market to you

State laws and individual companies may give you additional rights to limit sharing. See below for more on your rights under state law.

Definitions

Affiliates

Companies related by common ownership or control. They can be financial and nonfinancial companies.
- *Our affiliates include the member companies of American International Group, Inc.*

Nonaffiliates

Companies not related by common ownership or control.
They can be financial and nonfinancial companies.
- *AIGGB does not share with nonaffiliates so they can market to you.*

Joint marketing

A formal agreement between nonaffiliated financial companies that together market financial products or services to you.
- *Our joint marketing partners include companies with which we jointly offer insurance products, such as a bank.*

Other important information

For Vermont Residents only. We will not disclose information about your creditworthiness to our affiliates and will not disclose your personal information, financial information, credit report, or health information to nonaffiliated third parties to market to you, other than as permitted by Vermont law, unless you authorize us to make those disclosures. Additional information concerning our privacy policies can be found using the contact information above for Questions.

For California Residents only. We will not share information we collect about you with nonaffiliated third parties, except as permitted by California law, such as to process your transactions or to maintain your account.

For Nevada Residents only. We are providing this notice pursuant to Nevada state law. You may elect to be placed on our internal Do Not Call list by calling 800-231-3655. Nevada law requires that we also provide you with the following contact information: Bureau of Consumer Protection, Office of the Nevada Attorney General, 555 E. Washington Street, Suite 3900, Las Vegas, NV 89101; Phone number: 702-486-3132; email: aginfo@ag.nv.gov. For AGL/US Life: You may contact our customer service department by calling 800-346-7692, or email us at ClientServices@AIGBenefits.com, or write to us at: 3600 Route 66, 3rd Floor, Neptune, NJ 07753. For NUFIC: You may contact us by calling 866-244-4786, by fax at 212-458-7081, by email at CIPrivacy@aig.com, or write to us at Privacy Compliance Officer, 100 Connell Drive, Berkeley Heights, NJ 07922.

You have the right to see and, if necessary, correct personal data. This requires a written request, both to see your personal data and to request correction. We do not have to change our records if we do not agree with your correction, but we will place your statement in our file. If you would like a more detailed description of our information practices and your rights, please write to us: For AGL/US Life customers: 3600 Route 66, 3rd Floor, Neptune, NJ 07753. For NUFIC customers: Privacy Compliance Officer, 100 Connell Drive, Berkeley Heights, NJ 07922.

NOTICE OF AVAILABILITY OF HIPAA NOTICE OF PRIVACY PRACTICES

THIS NOTICE IS PROVIDED TO YOU FOR INFORMATIONAL PURPOSES ONLY. YOU ARE NOT REQUIRED TO CALL OR TAKE ANY ACTION IN RESPONSE TO THIS NOTICE.

The Notice applies to the insurance products that provide payment for the cost of medical care as issued by the following companies (the "Company"):

American General Life Insurance Company[1]
The United States Life Insurance Company in the City of New York
National Union Fire Insurance Company of Pittsburgh, Pa.

In accordance with the HIPAA (Health Insurance Portability and Accountability Act of 1996) Privacy Rule, we are required to notify you of the availability of our HIPAA Notice of Privacy Practices.

If you would like to receive a paper copy of the HIPAA Notice of Privacy Practices, please contact us at:

HIPAA Privacy Officer 2919 Allen Parkway L3-20 Houston, TX 77019 hipaaquestions@aig.com	
Phone Numbers:	
American General Life Insurance Company (AGL) and The United States Life Insurance Company in the City of New York (US Life)	1-800-231-3655
AIG Financial Network	1-800-888-2452
AIG's Group Benefits	1-800-346-7692 please follow prompt for claims
Long Term Care	1-888-565-3769
National Union Fire Insurance Company of Pittsburgh, Pa.	1-866-244-4786

[1] This Company does not solicit business in New York.

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 175 Water Street, 15th Floor, New York, NY 10038
(212) 458-5000
(a capital stock company, herein referred to as the Company)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

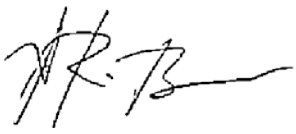
ENDORSEMENT # 1

This endorsement, effective 12:01 A.M. November 1, 2018 forms a part of SRG 0009155732 issued to Front Porch Community Development Association, Inc. by National Union Fire Insurance Company of Pittsburgh, Pa.

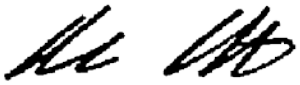
COVERAGE TERRITORY ENDORSEMENT

This endorsement modifies insurance provided under the following:

Payment of loss under this policy shall only be made in full compliance with all United States of America economic or trade sanction laws or regulations, including, but not limited to, sanctions, laws and regulations administered and enforced by the U.S. Treasury Department's Office of Foreign Assets Control ("OFAC").



President



Secretary

POLICYHOLDER NOTICE

Thank you for purchasing insurance from a member company of American International Group, Inc. (AIG). The AIG member companies generally pay compensation to brokers and independent agents, and may have paid compensation in connection with your policy. You can review and obtain information about the nature and range of compensation paid by AIG member companies to brokers and independent agents in the United States by visiting our website at www.aig.com/producer-compensation or by calling 1-800-706-3102.

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: Front Porch Community Development Association, Inc.

Project Name: YMEI-COVID Project-Behavioral Health Component

FROM (date):September 1, 2020 TO (date): December 30, 2020

Budget Category/Line Item	Program Budget - Total	Pinellas CARES Grant
Personnel *(salaries, wages, benefits, payroll taxes, time allocation on the project for all personnel involved in program)*		
Equipment *(computers, furniture, etc., less than $3,000 per item)*	5780	5780
Supplies *(office materials, program related purchases, program necessities to deliver services, etc.)*	482	482
Occupancy (property rent, mortgage, utilities, telephone, internet, etc. assigned as program expenses)		
Local Travel (mileage, tolls, parking for regular local travel, rental/leasing cost of transportation)		
Training *(staff development, conferences, long distance travel)*		
Design, Printing, Marketing & Postage (for direct program related services only)		
Capital *(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)*		
Purchased Services *(consultants, legal, accounting services, logistical partner costs, technology enhancements, computer software licensing/agreements)*	13,831.16	12,920.08
TOTAL	20093.16	19182.08

Pinellas Community Foundation
PCF CARES Application
BUDGET NARRATIVE FORM

BRIEF INSTRUCTIONAL VIDEO – CLICK LINK - https://youtu.be/s5kkxsaQkCg

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: Front Porch CDA, Inc.
Project Name: (YMEI-COVID) Project (Behavioral Health Component)
FROM: September 1, 2020 TO December 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)*
N/A: Front Porch works exclusively with 1099 contract professionals; we do not have any payroll employees.

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

Screenshots of the cost of these items are provided at the end of this narrative.

$5,180 (PCF) cost covers (20) laptop computers, (19) for youth participants, and (1) for (LCSW) to ensure the youth and the (LCSW), have the required and necessary equipment and technology capabilities, to participate in and facilitate (9) 1.50 hours virtual Behavioral Health sessions (which are provided as tools to assist youth with coping with the COVID-19 pandemic and its impact); (3) 1.5 hours youth assessments (PSS); and additional activities, i.e. one on one counseling sessions, individual chat sessions with other youth participants, which, during these COVID impacted times, requires utilizing technology via computers. $5,180 = (20) 14 inch HD Display laptops @ $259 @ Walmart)

$600 (PCF) cost covers (20) USB headsets with noise canceling microphone, (19) for youth participants, and (1) for (LCSW), to utilize during (9) sessions and (3) (PSS) assessments. Since youth are already experiencing so many distractions and diversions from their normal state due to COVID, the intent of the headsets is to eliminate additional detractions during sessions, for both participants, and others who may be in the same room during Behavioral Health sessions. $600 = (20 @ $30 @ Best Buy)

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

To ensure compliance to all reporting requirements of the grant, it is essential that all project activities, i.e. pre/post surveys; assessments and evaluations results; meeting minutes/notes; etc., are well documented, recorded, filed, and securely stored. Note: Although much of this information will be inputted into a database, for privacy and security purposes, hard copies will be created and securely maintained as well.

Ink:
$270 (PCF) cost covers HP Printer Ink Cartridges-4 Colors: ($135 per 4 pack x 2 @ Amazon) Ink to be utilized for the printing of materials for the Behavioral Health component of the (YMEI-COVID) Project, i.e. session pre/post surveys and evaluations; youth assessments and results; required documents of youth participants/parents/guardians; required project documents and reports;
$164 (PCF) cost covers HP 6970 Series Printer Ink Cartridges-4 Colors ($82 per 4 pack x 2 @ Office Depot): Printing of Contracts, MOUs, Agreements of LPOs; printing of required financial docs, i.e. W9 forms, 1099s; printing of Certificates of Participation for youth participants; permission and authorization forms; and all required reports

Copying Paper:
$48 (PCF) cost covers Copying/Printing Paper: 8 reams totaling 4000 sheets @ Office Depot: (YMEI-COVID) Project-Behavioral Health Component pre/post surveys and evaluations; assessments and results; required documents of youth participants- parents/guardians; and required project documents and reports;

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

Local Travel (mileage, tolls, parking for regular local travel, rental/leasing cost of transporta
N/A

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

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)
N/A

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

$166.68 (PCF) cost covers General Liability insurance premium for the expansion of the Behavioral Health Component to the Project, and for the addition of Pinellas Community Foundation to the Policy. The annual premium cost for the GL insurance is $500. If paid monthly, the premium would be $41.67 (12 months @ $41.67 = $500). As a condition of this grant, the organization is required to maintain coverage for the grant period outlined in the proposal.
Timeline: September, October, November and December.

$41.67 @ 4 months = $166.68

$166.68 (PCF) cost covers Front Porch Youth Accident and Health Policy. The annual premium of $500 was paid October 2019, and provides coverage from October 2019 to October 2020. If paid monthly, the premium would be $41.67 (12 months @ $41.67 = $500). As a condition of this grant, the organization is required to maintain coverage for the grant period outlined in the proposal.
Timeline: September, October, November and December

$41.67 @ 4 months = $166.68

$66.72 (PCF) cost covers Zoom Licensed Membership for 4 months. Due to COVID-19, the majority of (YMEI-COVID) virtual sessions will mostly be conducted through Zoom or Microsoft Team. In order not to have restrictions on number or virtual attendees or participants, it is highly recommended that a User Licensed be purchased at a minimum monthly fee of $16.68. ($16.68 @ 4 months) Timeline: September, October, November, and December
Cost for Zoom = $66.72

Listed below are **Logistical Partner Costs** for the Behavioral Health Component-(YMEI-COVID) Project: Training Facilitation: (September 1, 2020 to December 15, 2020)

$2,800 (PCF) cost to cover FulCourt LLC, is an existing program partner of the organization, and a community based-minority owned and operated business of licensed clinicians, with extensive knowledge, understanding, and expertise in dealing with the youth population. FulCourt LLC will facilitate, through a Licensed Clinical Social Worker (LCSW), (9) virtual-1.5 hours weekly sessions with (YMEI-COVID) youth participants, ages 13-17 years of age. Sessions will include open dialogue and discussion, which allow youth to express themselves, without judgement, as to how social distancing to cease the spread of COVID-19, is affecting them; how they are dealing with feeling isolated or detached from family and friends; or for many of the youth participants, how they are facing let downs of postponements such as: sports activities, graduations, proms, and other extended-planned events and activities.

$100 hourly @ 28 hours = $2,800

$720 (PCF) cost for an IT Specialist: Prior to COVID-19, the Front Porch organization conducted business and day to day operations from a totally different approach. Funding is being requested to hire an IT Specialist who will provide technology setup, technical support, and training on virtual meetings through Zoom, Microsoft Team, Asana, to youth and (LCSW). The IT Specialist will be a contracted individual, and will be on (12) 1.5 hours virtual sessions for set up, problem solving, overseeing/monitoring virtual breakout rooms (if applicable), sharing of screens, operating screen visuals/documents, and other supportive and technical services such as, but not limited to: input on purchasing appropriate computers and/or software, equipment upgrades such as cameras, microphones, lighting, and high-speed internet, which are all critical tools when communicating virtually.

$40 hourly x 13.5 hours = $720

$9,000 (PCF) cost to cover professional consulting from ATILOL Consulting Solutions, LLC: (4) months of Professional Consulting Services in the capacity of Project Coordination for the planning, coordinating, implementing, evaluation, and reporting of the Behavioral Health Component of the (YMEI-COVID) Project. ATILOL Consulting Solutions, who's CEO/President served as an Independent Contractor in the role of the Executive Director and Projects/Programs Manager for the Front Porch organization from 2001 until 2019, will provide services in the capacity of the Project Coordination (September-December). Responsibilities of the role includes serving in all components and capacities of the Behavioral Component of the Project; from planning, recruitment and selection of youth participants, attendance at sessions and assessments, conducting pre/post evaluations, fiscal management-including sub-contracts management and purchasing of items and services required for the project, advertising and promotions, and working collaboratively, meeting on a weekly basis (10 meetings), with the (LCSW) to facilitate, measure, and evaluate the goals and objectives set forth in the Project Agreement/Memorandum. Project Coordination will also include assisting with preparing agendas and scheduling of the (9) sessions and (3) (PSS), attendance monitoring, and soliciting participants input and feedback on improving or enhancing the Project.

Lastly, the Project Coordination includes, a representative of ATILOL, most likely the CEO/President, attending all mandatory meetings required by the County, and timely completion and submission of all required progress and status reports by means of project deliverables, which will include, Youth Project Enrollment Package; documentation of attendance; pre/post surveys, evaluations, Perceived Stress Scale (PSS) scores/results, MOUs and Sub-contractors Agreements, copies of Weekly and Monthly Reports from (LCSW), Payment Invoices and copies of payments/disbursements made, and W9 forms for youth, consultants/independent contractor(s). Additionally, coordination services provided for the project's Behavioral Health component will also include managing and overseeing Pinellas Community Foundation (PCF)'s mandatory requirements for grant awardees such as; fiscal accountability and recordkeeping; accurate and timely reporting completion/submissions; meetings participation and-or presentations; and marketing of the project and (PCF), if applicable. Adding the Behavioral Health Component to the (YMEI-COVID) Project has created an additional workload, which requires additional capacity, which in turn requires additional hours. The Behavioral Health Component was added to the (YMEI-COVID) Project to assist youth in coping with the impacts of COVID-19. In order for the project to be successfully implemented and completed, an additional 7.5 hours a week (30 hours monthly), will be required.

4 months @ $2,250 = $9,000
($75 hourly @ 120 hours = 30 hours monthly x 4 months)

Notes:

The following cost listed below is related to the Project, but is being covered by Front Porch. This cost is not being requested from the grant; however the cost is essential in order to implement the Behavioral Health component of the Project.

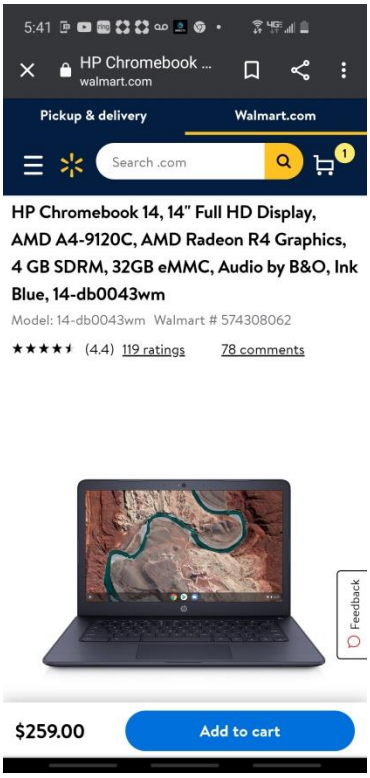
Front Porch has a preexisting Contract with Atilol Consulting Solutions through the Tampa Bay Resiliency Funds Grant. Funding of $227.77 monthly @ 9 months (July 2020 to March 2021), is being provided to ATILOL for Coordination of the (YMEI-COVID) Project. The scope of work includes planning, implementation, evaluation and reporting of the entire Project, to include the Behavioral Health component.

$911.08 = $227.77/month x 4 months
Timeline: September, October, November, and December

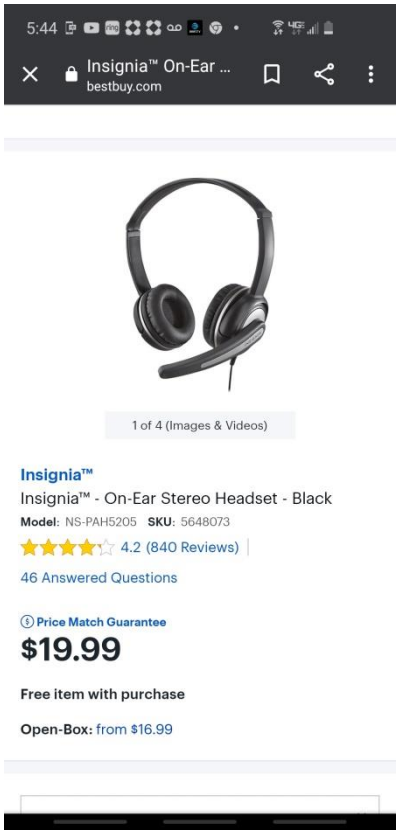
Snapshots of Equipment to be purchased:

Snapshot of Equipment to be purchased:

14in Laptops 20 @ $259 each = $5,180



Computer Headsets 20 @ $20 each = $600



Front Porch Community
Development Association, Inc.
P.O. Box 531241
St. Petersburg, Florida, 33747
Phone: (727) 804-2868 • Fax: (727) 828-9446

September 8, 2020

Pinellas Community Foundation-
Pinellas Cares Non Profit Partnership Fund-Funding Request

Logistical Partner Organizations (LPOs)

FulCourt LLC-Provide Licensed Counselor (LCSW)
Contact: Juanita Suber Athy-CEO/Owner
Ph. # (727) 2913886
Email: goldengeneration@gmail.com

ATILOL Consulting Solutions, LLC- Contact: Lolita Dash-Pitts,
CEO-President Ph. # (727) 804-2868
Email: atilolconsultingsolutions@gmail.com