

Application Form

Introduction

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.

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?

Yes

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*

Creative Counseling During COVID 19

EIN*

68-0634894

Mission Statement*

House Of Mercy and Encouragement Foundation (HOME) is a faith-based provider of quality mental health and learning services for children and their families without regard to color, race, religion, gender, or socio-economic status. All are welcomed.

Total Operating Expenditure*

What are your total annual operating expenses?

\$221,500.00

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.

\$45,936.00

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

Priority Populations*

Please select the priority populations your programming will serve:

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

- Communities of color
- Children and/or the elderly
- Persons employed in high-risk pandemic response jobs
- Persons with disabilities
- Low-income families

Guiding Principles*

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

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

HOME has provided scholarships for children, individuals, and families for counseling since its inception in 2007. We have also provided free tutoring for children with learning challenges and disabilities. We serve all people regardless of race, color, creed, or gender. Each person has an active role in their treatment plan goals. We serve people with PTSD, anxiety, depression, ADHD, autism spectrum, relationship issues, conflict management and grief. We know more families and individuals are needing services due to the pandemic and stress related mental health issues. An important guiding principle has always been to serve even if a client has no means to pay.

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 existing programming that needs expansion or sustained to meet community needs.**

HOME has been providing counseling and tutoring since its inception in 2007. There has been full scholarships for services, partial scholarships, and a sliding fee scale since that time. Help is offered even when someone cannot pay. We will continue.

Service Area*

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

North County (locations such as Tarpon Springs, Crystal Beach, Palm Harbor)

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

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.)

Initially, we were not able to provide face to face services due to stay at home orders and CDC guidelines. We did invest in HIPAA compliant telehealth trainings and programs. Many parents decided they did not want telehealth services. We continued to service those who agreed to telehealth and reached out to the community to extend services. We are used to "hands on" counseling for children using play therapy, bibliotherapy, and creative arts based on research. With allocation of funds, we will expand services to include delivering packets of art materials and books which is directly related to the child's behavior or mental health issues for parents to use with their children during the telehealth session. A lending library of therapeutic books will be used under the guidance of the therapist. Behavior charts will be distributed as needed and fully explained to the parents/caregivers during telehealth sessions. Materials will be packaged and distributed by our outreach coordinator making therapeutic activities available to those without transportation. We will also provide stress relief bags (items accompanying stress strategies) to families and community partners. We did reopen using CDC safety precautions, costing a great amount of our reserve funds. This happened when positivity rates decreased, but we changed to using only telehealth, when Pinellas positivity numbers greatly increased again. When the positivity rate is 5% or below (CDC guidelines), we will provide face to face services. We believe more people will be inspired to use creative counseling/telehealth strengthening family relationships and encouraging positive mental health.

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.

Most Recent Audited Financial Statements

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

If you do not have an audit, please explain why.

We are a small non-profit and the cost of an audit is cost prohibitive.

Most Recently Filed IRS Form 990*

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

IRS 990 2018 scanned.pdf

Board-Approved Budget*

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

2020 Budget Approved.pdf

Expansion or Sustaining of Exact Programming Funded by Another Source

Existing Contract

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

N/A

Reimbursement of COVID-19 Related Expenses

Your organization may seek reimbursement for COVID-19 related expenditures between March 1, 2020 and the time of submittal of this application. **This is NOT a replacement for the loss of revenue from canceled fundraising events or a decrease in private/public support. These are costs already incurred from reserves or rainy day funds that were used to deliver services within this funding's focus areas, *specifically* in response to the COVID-19 pandemic. These are funds that were NOT budgeted for use in this fiscal year.**

Attestation*

I affirm that this funding was expended by my organization solely for program costs in relation to COVID-19, and is not being requested on a unit-of-service basis. None of these costs have been reimbursed by any other funding source.

Yes, I affirm the above is accurate and true.

Amount of Reimbursement Requested*

Please specify the total amount of reimbursement your organization is seeking.

\$4,540.53

Documentation of Expenses*

Please include a summary cover sheet that describes what the expenses are for (salaries, food costs, etc.).

Upload records of expenses indicating the use of unbudgeted funds using some or all of the financial documents:

- Financial reports that were presented to a Board of Directors
- Board minutes that show authorization of withdrawal(s) from reserve funds
- Bank statements with redacted account numbers indicating usage of unbudgeted funds
- Receipts documenting the purchase of unbudgeted items or service

If you have selected more than one Priority Funding Area in the introductory section, please ensure to include information that separates the expenses. If necessary, use the textbox below to indicate any clarifying information regarding uploaded documentation.

Reimbursement Summary and Receipts.pdf
N/A

Number Served by Funding Area*

Please *briefly* specify how many people were served by the programming for which you are seeking reimbursement. If you are applying for reimbursement in multiple Funding Areas, *be sure* to provide numbers for each one. Numbers do not need to be unduplicated.

Example

Food: 1250 people

Behavioral Health: 250 people

Behavioral health: approximately 80 people

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.**

Telehealth services will be used until COVID positivity rate in Pinellas County reaches 5% or less (CDC guidelines) for 14 days. Additionally, materials and books will be delivered by our outreach coordinator to the homes of the clients that use telehealth services. Zip codes included are 34698,33660,34682,34683,34684,34685,34688,34689,33763,33764,33765,33756,33757,34695,34677,34681. Once the office re-opens, we will provide both telehealth services and in office sessions, whatever the client prefers. All telehealth services are provided from a private room at the House Of Mercy and Encouragement to insure privacy and HIPAA compliance. Once face to face services begin, we will continue to provide these materials to families to use to reinforce counseling strategies and behavior modification interventions. The services will be used as soon as funds are received and will continue through December 31, 2020. Since the pandemic is expected to continue into 2021, we will continue creative arts services. We believe this is a unique and safe way to deliver quality mental and behavioral health services to children and families in the community.

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?

We have personally delivered packets of information to local pediatricians from Clearwater, North to Tarpon Springs. We have sponsored 2 art contests for all children in the community regarding "Covid 19 Staying Healthy and Safe" and "My Vision of Peace." On House Of Mercy and Encouragement Facebook we have presentations called, "Coffee with the Counselor" that is mental health related. The Dunedin Chamber of Commerce has published these and an article on stress relief. A local church also replayed the video for their members. We have advertised our services in the local newspaper. We have spoken at Kiwanis meetings and advertised through them and through the Chamber of Commerce. We have spoken about our services at a City of Dunedin Commission meeting recently. We network with teachers and school guidance counselors. We are providing "stress relief bags" to local school representatives. We have also reached out to local Walmart stores and gave flyers to their managers, and asked them to refer employees if services are needed. We are in the process of preparing packets of information for public and private schools, libraries and places of worship. We have a website with information on services. Parents highly recommend our services to other parents. We will continue these efforts to be sure our target population is aware.

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.

We could provide in home, telehealth or in office services. We are connected to community partners and could network with churches, service organizations for a location in an emergency. We are flexible with location as long as it is a confidential area.

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.**

If you would like to use unit of service costs, you **MUST** contact Pinellas Community Foundation **FIRST** to discuss this possibility.

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

Budget Narrative*

Please download the budget narrative template **HERE** and complete it. **If you have selected multiple Priority Fund Areas, you should include ALL costs in this narrative.**

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

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 NARRATIVE.

Please export as a PDF and upload it.

CARES-Partnership-Fund-Budget-Narrative.pdf

Capital Requests

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

Please upload in PDF format.

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

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

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

Are you going to use LPOs in this programming?*

Yes

Logistical Partner Organizations (LPOs)

LPO List*

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

Our Lady of Lourdes Church: Pastor Fr. Gary Dowsey (727) 733-3606
Dunedin Chamber of Commerce: Stacy Dennison (727) 244-3598

Kiwanis Club of Dunedin: Dan Borba (317) 258-3506

Role in Programming*

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

The listed people have connections to the community and can refer and distribute information. However, we continuously reach out to the community by sending information to schools, other churches and community organizations. We have received referrals from doctors, school teachers and counselors, parents, previous clients, and community facebook pages.

Behavioral Health

This grant will require weekly 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.
- Percentage of clients with a reduction in symptoms of their presenting problem

Affirmation of Reporting*

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

Yes

Measurement*

Please specify how symptom reduction is going to be measured. If you use a validated measurement tool, such as Beck Depression Inventory (BDI) and the Perceived Stress Scale (PSS), please indicate which tool of measurement you are using.

FARS and CFARS (Functional Assessment Rating Scale:adults & children); also BDI or Conners Behavior Rating Scale(when appropriate for symptoms) and a satisfaction survey.

Number of Clients Served During Grant Period - Behavioral Health*

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

40

Estimated Symptom Reduction*

Please estimate % of clients that will see a reduction in symptoms of their presenting problem during the grant period.

90%

September Projections - Behavioral Health*

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

10

October Projections - Behavioral Health*

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

10

November Projections - Behavioral Health*

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

10

December Projections - Behavioral Health*

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

10

Funder Involvement

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

Allegany Franciscan Ministries
Juvenile Welfare Board of Pinellas County
Pinellas Community Foundation
Tampa Bay Resiliency Fund

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:

Tampa Bay Resiliency Fund - This was mainly to procure funds for scholarships for counseling since many are uninsured, under-insured, or cannot afford high co-payments or deductibles. Also, funds were requested for tutoring since schools were beginning to close. Amount requested= \$16,000. Additionally, \$2,559 was requested for technology support, staff training for telehealth/HIPAA compliance, and initial software fees. Total granted = \$18,559.

PPP loan application to cover rent and continuing to pay staff for 8 weeks during initial COVID crisis. Total granted= \$20,742.12. Loan has not yet been forgiven.

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.

Dolores Anne Mortimer 08/18/2020

File Attachment Summary

Applicant File Uploads

- IRS 990 2018 scanned.pdf
- 2020 Budget Approved.pdf
- Reimbursement Summary and Receipts.pdf
- CARES-Partnership-Fund-Budget-Summary .pdf
- CARES-Partnership-Fund-Budget-Narrative.pdf

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning , 2018, and ending , 20

| | | | |
|--|--|------------|---|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization House of Mercy and Encouragement Foundation, Inc | | D Employer identification number 68-03489 |
| | Number and street (or P.O. box, if mail is not delivered to street address) | Room/suite | E Telephone number 727-786-7951 |
| | City or town, state or province, country, and ZIP or foreign postal code Dunedin FL 34698 | | F Group Exemption Number ▶ |
| | | | |

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

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 ▶ \$ 192472

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 | 68750 |
| | 2 | Program service revenue including government fees and contracts | 2 | 97921 |
| | 3 | Membership dues and assessments | 3 | 0 |
| | 4 | Investment income | 4 | 0 |
| | 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 | 0 |
| | 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 \$ 14000 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 | 5501 | |
| c | Less: direct expenses from gaming and fundraising events | 6c | 4472 | |
| d | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | 6d | 1029 | |
| 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 | 20300 | |
| 9 | Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶ | 9 | 188000 | |
| Expenses | 10 | Grants and similar amounts paid (list in Schedule O) | 10 | 0 |
| | 11 | Benefits paid to or for members | 11 | 0 |
| | 12 | Salaries, other compensation, and employee benefits | 12 | 50528 |
| | 13 | Professional fees and other payments to independent contractors | 13 | 33113 |
| | 14 | Occupancy, rent, utilities, and maintenance | 14 | 31930 |
| | 15 | Printing, publications, postage, and shipping | 15 | 1963 |
| | 16 | Other expenses (describe in Schedule O) | 16 | 43640 |
| 17 | Total expenses. Add lines 10 through 16 ▶ | 17 | 161174 | |
| Net Assets | 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) | 18 | 26826 |
| | 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 | 76102 |
| | 20 | Other changes in net assets or fund balances (explain in Schedule O) | 20 | 0 |
| | 21 | Net assets or fund balances at end of year. Combine lines 18 through 20 ▶ | 21 | 102928 |

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 | 62942 | 91330 |
| 23 Land and buildings | 0 | 0 |
| 24 Other assets (describe in Schedule O) | 17905 | 17955 |
| 25 Total assets | 80847 | 109285 |
| 26 Total liabilities (describe in Schedule O) | 4745 | 6357 |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 76102 | 102928 |

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? Children's counseling

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 Over 2,000 mental health counseling and support sessions were provided on a sliding fee schedule to over 200 individual families and children. In addition, 100 group sessions of social skills were provided. (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 28a | 142,229 |
| 29 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 29a | |
| 30 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 30a | |
| 31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 31a | |
| 32 Total program service expenses (add lines 28a through 31a) | 32 | 142,229 |

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 |
|--------------------------------|--|--|---|--|
| Dolores Mortimer, President | 20 | 0 | 0 | 0 |
| Allen Mortimer, Vice President | 20 | 0 | 0 | 0 |
| Dan Borba, Director | 2 | 0 | 0 | 0 |
| Cathy Cahill, Director | 2 | 0 | 0 | 0 |
| Gary Dowsey, Director | 2 | 0 | 0 | 0 |
| Ryan Mortimer, Director | 2 | 0 | 0 | 0 |
| Kathy Ostrom, Director | 2 | 0 | 0 | 0 |
| Philip Signore, Director | 2 | 0 | 0 | 0 |
| Laura Vicenti, Director | 2 | 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 | | ✓ |
| 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 | | ✓ |
| 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)? | | ✓ |
| 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 | | |
| 35c | 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 | | ✓ |
| 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 | | ✓ |
| 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? | | ✓ |
| 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? | | ✓ |
| 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 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0 | | |
| b | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 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 ▶ 0 | | |
| d | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0 | | |
| e | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T | 40e | ✓ |
| 41 | List the states with which a copy of this return is filed ▶ FL | | |
| 42a | The organization's books are in care of ▶ ALLEN MORTIMER Telephone no. ▶ 727-785-8163 Located at ▶ 125 GLENN MOOR CIRCLE DUNEDIN FL ZIP + 4 ▶ 34698 | | |
| 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)? 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). | 42b | ✓ |
| c | At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ▶ | 42c | ✓ |
| 43 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 | | |
| 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 | ✓ |

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

| | Yes | No |
|----|-----|----|
| 46 | | ✓ |

Part VI Section 501(c)(3) Organizations Only

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

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

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

| | Yes | No |
|----|-----|----|
| 47 | | ✓ |

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

| | | |
|----|--|---|
| 48 | | ✓ |
|----|--|---|

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

| | | |
|-----|--|---|
| 49a | | ✓ |
|-----|--|---|

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

| | | |
|-----|--|--|
| 49b | | |
|-----|--|--|

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

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

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

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

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

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

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

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

Sign Here

Signature of officer: Allen Mortimer Date: 11-4-2019

ALLEN MORTIMER, VICE PRESIDENT/TREASURER

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 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

2018

**Open to Public
Inspection**

Name of the organization
House of Mercy and Encouragement Foundation, Inc

Employer identification number
68-0634894

Form 990 EZ Part I line 8, Other Revenue

Donation of in-kind professional services (counseling) for the direct benefit of clients (at FMV) 20,300

Form 990 EZ Part I line 16, Other Expenses

In-kind professional services (counseling) provided to clients (at FMV) 20,300

| | |
|--------------------------------|---------------|
| Program materials and supplies | 9,881 |
| Office expenses | 10,303 |
| Educational training | 3,156 |
| Total | 43,640 |

Form 990 EZ Part II Line 24, Other Assets

| | |
|-------------------------|---------------|
| Accounts receivable | 10,610 |
| Deposits | 3,000 |
| Furniture and equipment | 3,610 |
| Undeposited funds | 735 |
| Total | 17,955 |

Form 990 EZ Part II Line 26, Total Liabilities

| | |
|-----------------------|--------------|
| Payroll taxes payable | 3,583 |
| Accounts payable | 2,774 |
| Total | 6,357 |

**House of Mercy and Encouragement
BUDGET 2020**

| | AMOUNT |
|--|------------------|
| Ordinary Income/Expense | |
| Income | |
| Donations | \$16,500 |
| Donations of In-kind counseling | \$60,000 |
| Fundraising Events | \$20,000 |
| Grants and Organization Gifts | \$18,000 |
| Program Service Fees | \$107,000 |
| Total Income | <u>\$221,500</u> |
| Expense | |
| Contract and Outside Services | \$9,000 |
| Contract In-kind Counseling | \$60,000 |
| Depreciation | \$900 |
| Facilities Rent & Maintenance | \$24,500 |
| Facility Utilities | \$5,000 |
| Fundraising Events | \$4,500 |
| Office Expenses | \$10,100 |
| Payroll Expenses | \$90,000 |
| Printing, Copying, Postage | \$2,500 |
| Program Expenses | \$12,000 |
| Staff Development | \$3,000 |
| Total Expense | <u>\$221,500</u> |

Summary of Reimbursement Expenses

| | | |
|-----------------|------------|---|
| May 6, 2020 | \$89.95 | Forehead thermometer |
| May 8, 2020 | \$149.00 | Sneeze guard |
| May 16, 2020 | \$314.46 | Wireless network router upgrade |
| May 22, 2020 | \$167.00 | Simple Practice Telehealth Fee |
| June 2, 2020 | \$29.99 | Face masks |
| June 3, 2020 | \$137.88 | Sneeze guard |
| June 3, 2020 | \$928.40 | Home Depot vinyl flooring for easy disinfection |
| June 6, 2020 | \$900.00 | Labor for vinyl floor |
| June 8, 2020 | \$288.89 | Shark vacuum |
| June 11, 2020 | \$279.00 | iPad for telehealth |
| June 22, 2020 | \$167.00 | Simple Practice Telehealth Fee |
| July 9, 2020 | \$508.99 | Desktop computer for telehealth security |
| July 13, 2020 | \$182.99 | Bissell steam disinfection cleaner |
| July 19, 2020 | \$62.98 | Forehead thermometer |
| July 22, 2020 | \$167.00 | Simple Practice Telehealth Fee |
| August 22, 2020 | \$167.00 | Simple Practice Telehealth Fee |
| TOTAL | \$4,540.53 | |



Print Details for Order #: 112-6960380-6784226

Paid By: House Of Mercy and Encouragement
Placed By: House Of Mercy and Encouragement
Order Placed: April 23, 2020
Amazon.com order number: 112-6960380-6784226
Order Total: \$89.95

Shipped on May 6, 2020

| Items Ordered | Price |
|--|--|
| 1 of: <i>Infrared Forehead Thermometer, Portable Non-Contact Infrared Thermometer Gun with 3 in 1 Digital Electronic Temperature Test Fever Alarm Thermometro fo</i> <small>Sold by: US.O.H (seller profile) Condition: New</small> | \$89.95 |
| Shipping Address: DOLORES MORTIMER 125 GLENN MOOR CIR DUNEDIN, FL 34698-6560 United States | Item(s) Subtotal: \$89.95 Shipping & Handling: \$0.00 ----- Total before tax: \$89.95 Sales Tax: \$0.00 ----- |
| Shipping Speed: Standard Shipping | Total for This Shipment: \$89.95 ----- |

Payment Information

| | |
|--|---|
| Payment Method: MasterCard Last digits: 6064 | Item(s) Subtotal: \$89.95 Shipping & Handling: \$0.00 ----- Total before tax: \$89.95 Estimated tax to be collected: \$0.00 ----- Grand Total: \$89.95 |
|--|---|

To view the status of your order, return to [Order Summary](#).



ORDER RECEIVED

Thank you. Your order has been received.

ORDER NUMBER: **350** DATE: **May 8, 2020** TOTAL: **\$149.00** PAYMENT METHOD: **Credit Card (Stripe)**

Order details

| Product | Total |
|--|------------------------------|
| Clear Fortress Sneeze Guard - 36 inches, 24 inches x 1 | \$139.00 |
| A clear adjustable barrier. | |
| Subtotal: | \$139.00 |
| Shipping: | \$10.00 via Flat Rate |
| Tax: | \$0.00 |
| Payment method: | Credit Card (Stripe) |
| Total: | \$149.00 |

Contact Form

First Name

Last Name

Mobile

Email

Company

City

State/Province

I'm not a robot



SUBMIT

2289 Star Court, Rochester Hills, Michigan 48309

(248) 313-0849

Sales@Clear-Fortress.com

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[Home](#) > [My Account](#) > [Order History](#)

Order History

[Contact Customer Service](#)

2 Results

Order Placed:

May 16, 2020

By:

Kenneth M.

Order Total:

\$314.46

Order #: [1205736574](#)

Shipped

Sold by: [IPC Store](#)

Shipped From [IPC Store](#)

Ubiquiti Networks USG UniFi Security Gateway, enterp rise router w/gigabit ethernet

Qty: 1

[Buy More](#)

Order #: [1205736554](#)

Delivered

Shipped From [IN](#) Tracking #: [1ZR43Y850345192956](#) [Packing Slip](#)

Ubiquiti UniFi UAP-AC-PRO 802.11AC, 3x3 MIMO technology, 1300 Mbps 5 GHz POE+ Outdoor Managed Wireless Access Point

Qty: 1

[Buy More](#)

Order Placed:

Feb 21, 2020

By:

Kenneth R.

Order Total:

Order #: [1202334986](#)

Delivered

Shipped From [NJ](#) Tracking #: [1ZX799390362378691](#) [Packing Slip](#)



[Acer Laptop Aspire 5 A515-54G-54QQ Intel Core i5 8th Gen](#)



Final Details for Order #112-8024974-7777052

Order Placed: June 2, 2020
Amazon.com order number: 112-8024974-7777052
Order Total: \$0.00

| Shipped on June 2, 2020 | |
|---|--|
| Items Ordered | Price |
| 1 of: <i>Single Use Disposable Face Mask (Pack of 50), Blue</i> Sold by: Amazon.com Services LLC Condition: New | \$29.99 |
| Shipping Address: DOLORES MORTIMER 125 GLENN MOOR CIR DUNEDIN, FL 34698-6560 United States | Item(s) Subtotal: \$29.99 Shipping & Handling: \$0.00 ----- Total before tax: \$29.99 Sales Tax: \$0.00 ----- |
| Shipping Speed: One-Day Shipping | Total for This Shipment: \$29.99 |

| Payment Information | |
|--|---|
| Payment Method: Gift Card MasterCard Last digits: 6064 | Item(s) Subtotal: \$29.99 Shipping & Handling: \$0.00 ----- |
| Billing Address: HOUSE OF MERCY AND ENCOURAGEMENT 125 GLENN MOOR CIR DUNEDIN, FL 34698-6560 United States | Total before tax: \$29.99 Estimated tax to be collected: \$0.00 ----- Grand Total: \$0.00 |

To view the status of your order, return to [Order Summary](#).

Order Placed: June 2, 2020
Amazon.com order number: 112-7827076-3393820
Order Total: \$110.43

Shipped on June 3, 2020

| Items Ordered | Price |
|---|----------|
| 1 of: Vertical Protective Shield Barrier - Portable Lightweight Sneeze Guard Clear Acrylic for Sales Counter Reception and Restaurants - Protects Workers & Customers (23.5"W x 31.5"H - Cutout 6"H x 18"W) | \$107.99 |
| Sold by: Faulkner Plastics (seller profile) | |
| Business Price | |
| Condition: New | |

| | |
|---|--|
| Shipping Address: DOLORES MORTIMER 125 GLENN MOOR CIR DUNEDIN, FL 34898-6560 United States | Item(s) Subtotal: \$107.99 Shipping & Handling: \$29.89 ----- Total before tax: \$137.88 Sales Tax: \$0.00 |
|---|--|

Shipping Speed:
Standard Shipping

Total for This Shipment: \$137.88

Payment Information

| | |
|--|---|
| Payment Method: Gift Card MasterCard Last digits: 6064 | Item(s) Subtotal: \$107.99 Shipping & Handling: \$29.89 ----- Total before tax: \$137.88 Estimated tax to be collected: \$0.00 ----- Grand Total: \$110.43 |
| Billing Address: HOUSE OF MERCY AND ENCOURAGEMENT 125 GLENN MOOR CIR DUNEDIN, FL 34898-6560 United States | |

To view the status of your order, return to [Order Summary](#).



More saving.
More doing.™

30144 US HWY 19 NORTH
CLEARWATER FL 33761 (727)784-3800

0247 00007 24450 06/03/20 12:58 PM
SALE CASHIER ANGELA

088969412218 VINYLPLANK <A-
LIFEPROOF CHIFFON LACE OAK 20.06/SF
18@55.76 1003.68N
MAX REFUND VALUE \$903.31/18
088969412218 VINYLPLANK <A> 55.76N
LIFEPROOF CHIFFON LACE OAK 20.06/SF
RSN: 4 50% MKDN -27.88
MAX REFUND VALUE \$25.09
-----Competitor Adjustment-----
1031.56 10.00 Percent Off -103.16
MUST RETURN ALL ITEMS FOR A FULL REFUND

SUBTOTAL 928.40
SALES TAX 0.00
TAX EXEMPT
TOTAL \$928.40
XXXXXXXXXXXX6089 MASTERCARD
USD\$ 928.40
AUTH CODE 25327C/3075020 TA
Chip Read
AID A0000000041010 Mastercard
P.O.#/JOB NAME: 00



0247 07 24450 06/03/2020 8749

RETURN POLICY DEFINITIONS
POLICY ID DAYS POLICY EXPIRES ON
A 1 180 11/30/2020

Due to COVID-19, we have extended our
returns policy for most items.
Please see homedepot.com for details.

DID WE NAIL IT?

Take a short survey for a chance to WIN
A \$5,000 HOME DEPOT GIFT CARD

Opine en español

www.homedepot.com/survey

User ID: H89 49436 49196
PASSWORD: 20303 49189

Entries must be completed within 14 days
of purchase. Entrants must be 18 or
older to enter. See complete rules on
website. No purchase necessary.

✓ Check Image Viewer


HOUSE OF MERCY AND ENCOURAGEMENT
FOUNDATION INC
125 GLENN MOOR CIRCLE
DUNEDIN, FL 34008

2090
62-1402637
125

Date June 6 2020

Pay to the Order of Stobbs thru me \$ 900.00

Nine Hundred and 00/100 Dollars

 **CenterState**
Durable Paper

For Floor Albert Morten

⑆063144030⑆ 1100026242⑆ 2090

CAUTION

VOID

Serial #

Check #

Amount

Date

Payee

Signature

Account #

Branch

City

State

Zip

Phone

Fax

E-mail

Website

Comments

Other

Remarks

Special Instructions

Pay to the order of

Amount

Date

Payee

Signature

Account #

Branch

City

State

Zip

Phone

Fax

E-mail

Website

Comments

Other

Remarks

Special Instructions

Pay to the order of

Amount

Date

Payee

Signature

Account #

Branch

City

State

Zip

VOID

VOID

000

SharkNinja: Thank you for your Shark order #11092627-00

From: orders@sharkclean.com

To: allenlmo@yahoo.com

Date: Monday, June 8, 2020, 12:42 PM EDT

Keep this order confirmation for your records.



GREAT CHOICE, BY THE WAY.

Thanks for shopping with Shark®. Be sure to review your order details below and hang onto this email for your records. Oh, and be on the lookout for your shipping confirmation—that'll be coming soon!

CHECK ORDER STATUS

Order #11092627-00

Account: 0001995461

Order Date: 06/08/2020

Billing Address

ALLEN MORTIMER
125 GLENN MOOR CIR
DUNEDIN, FL 34698
7277858163

Shipping Address

ALLEN MORTIMER
125 GLENN MOOR CIR
DUNEDIN, FL 34698
7277858163

Payment Method

Credit Card ending in 5543

| Item | Unit Price | Quantity | Total Price |
|---|------------|----------|-------------|
|  Shark® Rocket® Cordless Vacuum IZ162HWBKT | \$299.99 | 1 | \$299.99 |
| Shark Rocket Pet Pro Cordless Stick Vac (IZ162H) | | 1 | |
| Five-Year Limited Warranty (SHRK5YR) | | 1 | |

To expedite shipping, SharkNinja Operating LLC reserves the right to upgrade or substitute a model for one of equal or greater value at no additional cost to you. Additional Shipping and Handling fees may be applied to free bonus gifts and upgrades; please review offer for details

Subtotal: \$299.99
Promo: \$-30.00
Shipping: \$0.00
Tax: \$18.90
ORDER TOTAL **\$288.89**

WANT TO WIN? SHOW US YOUR
LOVE FOR SHARK®
WITH A REFERRAL!

GET REFERRING

Visit sharkninja.com/refer to learn more about our referral program and how to win big prizes. You'll also receive a \$20.00 discount on your next purchase!

Order Placed: June 10, 2020

Amazon.com order number: 112-1354100-3842616

Order Total: \$279.00

| Shipped on June 11, 2020 | |
|--|--|
| Items Ordered | Price |
| 1 of: <i>Apple iPad (10.2-inch, Wi-Fi, 32GB) - Silver (Latest Model)</i> | \$279.00 |
| Sold by: Amazon.com Services LLC | |
| Condition: New | |
| Shipping Address: | Item(s) Subtotal: \$279.00 |
| DOLORES MORTIMER | Shipping & Handling: \$0.00 |
| 125 GLENN MOOR CIR | ----- |
| DUNEDIN, FL 34698-6560 | Total before tax: \$279.00 |
| United States | Sales Tax: \$0.00 |
| | ----- |
| Shipping Speed: | |
| Two-Day Shipping | Total for This Shipment: \$279.00 |
| | ----- |

| Payment Information | |
|----------------------------------|---------------------------------------|
| Payment Method: | Item(s) Subtotal: \$279.00 |
| MasterCard Last digits: 3663 | Shipping & Handling: \$0.00 |
| | ----- |
| Billing Address: | Total before tax: \$279.00 |
| HOUSE OF MERCY AND ENCOURAGEMENT | Estimated tax to be collected: \$0.00 |
| 125 GLENN MOOR CIR | ----- |
| DUNEDIN, FL 34698-6560 | Grand Total: \$279.00 |
| United States | ----- |

To view the status of your order, return to [Order Summary](#).



Order Details for Order #112-5621752-2315465

Order Placed: July 9, 2020

Amazon.com order number: 112-5621752-2315465

Order Total: \$508.99

Shipped on July 9, 2020

| Items Ordered | Price |
|--|----------|
| 1 of: 2019 HP EliteDesk 705 G4 Lightweight Mini Desktop Computer: AMD Quad-Core Ryzen 5 Pro 2400GE up to 3.8GHz/ 8GB DDR4 RAM/ 256GB PCIe SSD/ 802.11ac WiFi <small>Sold by: Lightning Delivery(WeRecordSN) (seller profile) Condition: New</small> | \$489.00 |

| | |
|---|---|
| Shipping Address: DOLORES MORTIMER 125 GLENN MOOR CIR DUNEDIN, FL 34698-6560 United States | Item(s) Subtotal: \$489.00 Shipping & Handling: \$19.99 ----- Total before tax: \$508.99 Sales Tax: \$0.00 ----- |
| Shipping Speed: Standard Shipping | Total for This Shipment: \$508.99 ----- |

Payment Information

| | |
|--|--|
| Payment Method: MasterCard Last digits: 6089 | Item(s) Subtotal: \$489.00 Shipping & Handling: \$19.99 ----- |
| Billing Address: HOUSE OF MERCY AND ENCOURAGEMENT 125 GLENN MOOR CIR DUNEDIN, FL 34698-6560 United States | Total before tax: \$508.99 Estimated tax to be collected: \$0.00 ----- Grand Total: \$508.99 |

To view the status of your order, return to [Order Summary](#).

Order Placed: July 12, 2020

Amazon.com order number: 111-6362095-8593041

Order Total: \$182.99

Shipped on July 13, 2020

| Items Ordered | Price |
|---|--|
| 1 of: <i>Bissell Symphony Pet Steam Mop and Steam Vacuum Cleaner for Hardwood and Tile Floors, with Microfiber Mop Pads, 1543A, Purple</i> Sold by: Amazon.com Services LLC (seller profile) Business Price Condition: New | \$182.99 |
| Shipping Address: DOLORES MORTIMER 125 GLENN MOOR CIR DUNEDIN, FL 34698-6560 United States | Item(s) Subtotal: \$182.99 Shipping & Handling: \$0.00 Total before tax: \$182.99 Sales Tax: \$0.00 |
| Shipping Speed: One-Day Shipping | ----- Total for This Shipment: \$182.99 ----- |

Payment Information

| | |
|--|---|
| Payment Method: MasterCard Last digits: 6089 | Item(s) Subtotal: \$182.99 Shipping & Handling: \$0.00 |
| Billing Address: HOUSE OF MERCY AND ENCOURAGEMENT 125 GLENN MOOR CIR DUNEDIN, FL 34698-6560 United States | Total before tax: \$182.99 Estimated tax to be collected: \$0.00 Grand Total: \$182.99 |

To view the status of your order, return to [Order Summary](#).

Order Placed: July 18, 2020

Amazon.com order number: 112-5926352-3020218

Order Total: \$62.98

Shipped on July 19, 2020

| Items Ordered | Price |
|---|---|
| 1 of: <i>Non Contact Thermometer Forehead Thermometer, Medical Digital Infrared Thermometers with LCD Display Instant Accurate Reading for Body and Surface</i> | \$62.98 |
| Sold by: <i>Melanie</i> (seller profile) | |
| Condition: New | |
| Shipping Address: | |
| DOLORES MORTIMER | Item(s) Subtotal: \$62.98 |
| 125 GLENN MOOR CIR | Shipping & Handling: \$0.00 |
| DUNEDIN, FL 34698-6560 | ----- |
| United States | Total before tax: \$62.98 |
| | Sales Tax: \$0.00 |
| | ----- |
| Shipping Speed: | Total for This Shipment: \$62.98 |
| One-Day Shipping | ----- |

Payment Information

| | |
|----------------------------------|---------------------------------------|
| Payment Method: | Item(s) Subtotal: \$62.98 |
| MasterCard Last digits: 8064 | Shipping & Handling: \$0.00 |
| | ----- |
| Billing Address: | Total before tax: \$62.98 |
| HOUSE OF MERCY AND ENCOURAGEMENT | Estimated tax to be collected: \$0.00 |
| 125 GLENN MOOR CIR | ----- |
| DUNEDIN, FL 34698-6560 | Grand Total: \$62.98 |
| United States | |

To view the status of your order, return to [Order Summary](#).

Pinellas Community Foundation
Pinellas CARES Nonprofit Partnership Fund Grant Application

Organization Name: House of Mercy and Encouragement

Project Name: Creative Counseling During COVID 19

FROM (date): 09/01/2020 TO (date): 12/31/2020

| Budget Category/Line Item | Organizational Budget - Total | Pinellas CARES Grant |
|--|----------------------------------|----------------------|
| Personnel (<i>salaries, wages, benefits, payroll taxes, time allocation on the project for all personnel involved in program</i>) | 90,000 | 34,400 |
| Equipment (<i>computers, furniture, etc., less than \$3,000 per item</i>) | 0 | 1,110 |
| Supplies (<i>office materials, program related purchases, program necessities to deliver services, etc.</i>) | 12,000 | 4,410 |
| Occupancy (<i>property rent, mortgage, utilities, telephone, internet, etc. assigned as program expenses</i>) | 29,500 | 680 |
| Local Travel (<i>mileage, tolls, parking for regular local travel, rental/leasing cost of transportation</i>) | 0 | 456 |
| Training (<i>staff development, conferences, long distance travel</i>) | 3,000 | 1,500 |
| Design, Printing, Marketing & Postage (<i>for direct program related services only</i>) | 2,500 | 2,600 |
| Capital (<i>Buildings, vehicles, equipment \$3,000 or more per item. The purchase of capital must represent the lower cost option for the period during which the purchased asset would be used for COVID-response activities</i>) | 0 | 0 |
| Purchased Services (<i>consultants, legal, accounting services, logistical partner costs, technology enhancements, computer software licensing/agreements</i>) | 9,000 | 780 |
| De Minimis Cost (<i>Administration Fee, Indirect Cost, etc.</i>) | 0 | 0 |
| TOTAL | 146,000 | 45,936 |

Pinellas Community Foundation
PCF CARES Application
BUDGET NARRATIVE FORM

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.

Organization Name: House Of Mercy and Encouragement
Project Name: Creative Counseling During COVID 19
FROM: September 2020 TO December 2020:

Personnel (*salaries, wages, benefits, payroll taxes, time allocation, and a brief description of the responsibilities on the project for all personnel involved in program*) \$34,400

Personnel refers to the three therapists providing telehealth counseling and in-person when safe (\$20,800); the Outreach Coordinator is the person who helps to prepare and deliver materials to homes of the clients who select telehealth to enhance the children's counseling sessions (\$3,600); the art teacher will work with a therapist during telehealth groups for teens to promote emotional expression through art(\$4,000); the technology specialist helps to troubleshoot problems with all technology essential to delivery of services through computers, phone, IPADS, etc. The tech specialist also films presentations to be played on Facebook and throughout the community(\$6,000).

Equipment (computers, phone, furniture, etc., less than \$3,000 per item) \$1,110

Office administrator needed an upgraded computer with added security safeguards to maintain records, confidential scheduling, and financials.

Supplies (office materials, program related purchases, program necessities to deliver services, etc.) \$4,410

COVID 19 health and safety safeguard including replacing old carpet in the playroom with vinyl for steam cleaning and disinfecting, thermometer to check temps of workers and clients, vacuum cleaner for deep cleaning, Also needed, bibliotherapy books to loan parents for reading with child during sessions with therapist. Art materials to use to reinforce counseling concepts and strategies, and to use with teen therapeutic art expression group.

Occupancy (property rent, mortgage, utilities, telephone, internet, etc. assigned as program expenses) \$680

We need to upgrade our internet system to handle the increased bandwidth. We need to install an extra phone line for telehealth purposes.

Local Travel (mileage, tolls, parking for regular local travel, rental/leasing cost of transportation) \$456

The outreach coordinator will be traveling to deliver materials to the community and to the individual clients.

Training (*staff development, conferences, long distance travel*) \$1,500

Extra training for the therapists in telehealth and strategies to use for various conditions like trauma, anxiety, and play therapy.

Design, Printing, Marketing & Postage (for direct program related services only) \$2,600

Stress relief bags will be created and delivered to clients, community members, schools, potential referral sources with stress relief strategies and materials enclosed. Postage and envelopes, toner, ink and paper to handle the extra load of worksheets, instructions, behavior charts, related to counseling and to use for outreach purposes.

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)

N/A

Purchased Services (consultants, legal, accounting services, logistical partner costs, technology enhancements, computer software licensing/agreements) \$780

Microsoft Office Team -needed for telehealth counseling services and tutoring clients, upgrade router to handle the amount of traffic. Microphone to improve sound for presentations.

De Minimis Cost (Administrative Fee, Indirect Cost, etc.). This costs usually refers to administration, personnel not directly related to the project (i.e. small percentage of Director of Finance time allocation cost), or overhead expenses. If your organization has a pre-established percentage rate from a Federal/State/Local grant you may use this rate. However, you must verify the rate via documentation from the funding source. If you do not have an established percentage rate for De Minimis Cost, please use 10% as the established percentage rate.

N/A

Total \$45,936