

GRANT AGREEMENT

BY AND BETWEEN

PINELLAS COMMUNITY FOUNDATION

AND

NEIGHBORLY CARE NETWORK, INC.

THIS GRANT AGREEMENT (hereinafter “**Agreement**”), effective upon the last date executed below, by and between **PINELLAS COMMUNITY FOUNDATION**, a public charitable foundation established by Trust Agreement Dated January 1, 1969, as may have been amended from time to time, whose address is 17755 US Highway 19 North, Suite 150, Clearwater Florida 33764, (hereinafter, "**AGENCY**") and **NEIGHBORLY CARE NETWORK, INC.**, whose address is 13945 Evergreen Ave Clearwater, FL 33762-4525 (hereinafter “**GRANTEE**”).

WITNESSETH:

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

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

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

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

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

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

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

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

WHEREAS, the County in partnership with **AGENCY** wishes to quickly expand services in priority areas that mitigate COVID-19 related impacts within the community such as food insecurity, housing insecurity, and access to behavioral health service through the Pinellas CARES Critical Service Expansion Program; and

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

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

1. Specific Grant Information:

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

a) Grantee's Name: **Neighborly Care Network, Inc.**

b) Grantee's Contact and Notice Information:

Primary Contact Name: **David J. Lomaka, Executive Director**

Address: **13945 Evergreen Ave Clearwater, FL 33762-4525**

Phone Number: **727-573-9444**

Grantee's Data Universal Numbering System (DUNS) number: **082642042**

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

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

e) Period of Grant Performance, Start and End Date: **September 10, 2020 - December 30, 2020**

g) Amount of Funds Awarded: **2,482,226.00** (hereinafter, "Awarded Funds").

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

Federal Awarding Agency:

United States Department of Treasury

Pass-Through Entity:

Pinellas Community Foundation

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

Duggan Cooley, CEO, Pinellas Community Foundation

17755 US Highway 19 N, Suite 150

Clearwater, FL 33764

i) CFDA Number and Name

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

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

j) Indirect Cost Rate for GRANTEE portion of the Federal Award: **0% - all costs
must be direct costs**

2. Scope of Services:

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

- a) **GRANTEE** shall administer funding in an amount up to **two million, two hundred sixty-four thousand, nine hundred ninety-one dollars and no 00/100 cents** for expanded local services with up to 0% or \$0.00 allowed for indirect costs.
- b) **GRANTEE** shall also be allowed up to two hundred seventeen thousand, two hundred thirty-five dollars and 00/100 cents (\$217,235.00) for allowable cost reimbursement of expenses after 03/01/2020 which are consistent with the purposes of this Agreement, should appropriate documentation be provided by **GRANTEE**.
- c) **GRANTEE** agrees to monitor and deliver these funds pursuant to the following requirements:
 - i. Compliance with all rules and guidelines of the CARES Act including certifications and/or attestations of compliance where appropriate.
 - ii. Compliance with Appendix 1 - CARES Act Guidance and Requirements.
 - iii. Compliance with Appendix 2 – Attestation.
 - iv. Basic weekly reporting of service numbers by type of service and expanded monthly reporting of services, trends, expenditures, and other programmatic information.
 - v. Maintenance of service level information as appropriate for reporting upon request by the **AGENCY**, including services provided, outcomes and accounting of expenditures.
 - vi. **GRANTEE** understands and agrees that it may be required to adapt and/or respond during hurricane-related emergencies to help meet expanded needs and challenges of COVID-19.
 - vii. **GRANTEE** understands that priority service areas may be adjusted by

written notice of the **AGENCY**.

3. Term of Agreement.

The services of the **GRANTEE** shall commence upon execution and the agreement shall expire on December 30, 2020. The expiration date of this Agreement may be extended, by mutual agreement of the parties in writing. This option shall be exercised only if all terms and conditions remain the same.

4. Compensation.

a) The **AGENCY** agrees to provide **GRANTEE** an amount not to exceed two million, two hundred sixty-four thousand, nine hundred ninety-one dollars and no 00/100 cents (\$2,264,991.00) as an award of the Pinellas CARES Nonprofit Partnership Fund for the services described in Section 2 of this Agreement. Up to zero dollars (\$0.00) equivalent to 0% of the funding may be allowed for approved indirect costs in association with this program. The remainder of the funding will be for competitively awarded expansion of services as defined.

b) **GRANTEE** shall also be allowed up to two hundred seventeen thousand, two hundred thirty-five dollars and 00/100 cents (\$217,235.00) for allowable cost reimbursement of expenses after 03/01/2020 which are consistent with the purposes of this Agreement, should appropriate documentation be provided by **GRANTEE**.

c) **GRANTEE** shall maintain a Budget Plan (Appendix 4) for anticipated indirect and direct costs, as approved by **AGENCY**. Any changes that increase costs must be in writing and in an amendment to this Agreement.

d) The **AGENCY** shall determine which expenses in the Budget Plan (Appendix 4) may be paid as an advance to the **GRANTEE**, if any, and which expenses will be paid on a cost-reimbursement basis, with the **GRANTEE** to submit invoices with supporting documentation to

justify the reimbursement of expenses. If any amount is paid as an advance payment to **GRANTEE**, the **GRANTEE** must provide sufficient documentation of usage of the funds for allowed purposes under this agreement in order to receive any future payments.

e) Any funds expended in violation of this Agreement or in violation of appropriate Federal, State, and **AGENCY** requirements shall be refunded in full to the **AGENCY**. If this Agreement is still in force, future payments shall be withheld by the **AGENCY**.

5. Performance Measures.

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

6. Data Sharing.

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

7. Insurance.

GRANTEE will be required to maintain appropriate insurance to cover the Services funded for this Agreement. Before providing any funds under this Agreement, **AGENCY** will require that **GRANTEE** provide it with proof of insurance covering the Services funded and with policy limits and deductible deemed appropriate by **AGENCY**. Whether **GRANTEE** has acceptable

insurance coverage with appropriate limits and deductible is within the sole discretion of the **AGENCY**. Said insurance must remain in full force and effect during the term of this Agreement and may be not changed without written approval of **AGENCY**. Failure to maintain the insurance approved by **AGENCY** or any changes to the approved insurance without approval of **AGENCY** will result in termination of this Agreement.

8. Monitoring.

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

- a) The monitoring requirements set forth in Appendix 3 – Minimum Monitoring Requirements.
- b) **GRANTEE** will work with the **AGENCY** to establish policies and procedures as required.
- c) **GRANTEE** will cooperate in site visits including, but not limited to, review of staff, fiscal and client records, programmatic documents, and will provide related information at any reasonable time.
- d) **GRANTEE** will submit other reports and information in such formats and at such times as may be prescribed by the **AGENCY**.
- e) All monitoring reports will be as detailed as may be reasonably requested by the **GRANTEE** and will be deemed incomplete if not satisfactory to the **AGENCY** as determined in its sole reasonable discretion. Reports will contain the information or be in the format as may be requested by the **AGENCY**.

9. Special Situations.

GRANTEE agrees to inform **AGENCY** within one (1) business day of any circumstances or events which may reasonably be considered to jeopardize its capability to continue to meet its obligations under the terms of this Agreement. Incidents may include, but are not limited to, those resulting in injury, media coverage or public reaction that may have an impact on the **AGENCY'S** or **GRANTEE'S** ability to protect and serve its participants, or other significant effect on the **AGENCY** or **GRANTEE**. Incidents shall be reported to the designated **AGENCY** contact below by phone or email only. Incident report information shall not include any identifying information of the participant.

10. Amendment/Modification.

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

11. Closeout

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

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

requested by **AGENCY**, and/or the US Treasury Department or its authorized representatives, and reconciliation of program funding.

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

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

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

12. Termination.

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

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

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

d) The **AGENCY** or the United States Department of Treasury may terminate this

agreement in accordance with 2 C.F.R. § 200.339 (Termination).

13. Assignment/Subcontracting.

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

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

14. Indemnification.

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

15. Business Practices.

- a) The **GRANTEE** must utilize financial procedures in accordance with generally accepted accounting procedures and Florida Statutes, including adequate supporting documents, to account for the use of the funds provided by the **AGENCY**.
- b) The **GRANTEE** must retain all records (programmatic, property, personnel, and financial) relating to this Agreement for five (5) years after final payment is made.
- c) All **GRANTEE** records relating to this Agreement are subject to audit by the federal government or its representatives, or the **AGENCY** and its representatives.

16. Nondiscrimination.

- a) The **GRANTEE** shall not discriminate against any applicant for employment or employee with respect to hire, tenure, terms, conditions or privileges of employment or any matter directly or indirectly related to employment or against any client because of age, sex, race, ethnicity, color, religion, national origin, disability, marital status, or sexual orientation.
- b) The **GRANTEE** shall not discriminate against any person on the basis of age, sex, race, ethnicity, color, religion, national origin, disability, marital status or sexual orientation in admission, treatment, or participation in its programs, services and activities.
- c) The **GRANTEE** shall, during the performance of this Agreement, comply with all applicable provisions of federal, state and local laws and regulations pertaining to prohibited discrimination.

17. Independent Contractor.

It is expressly understood and agreed by the parties that **GRANTEE** is at all times hereunder acting and performing as an independent contractor and not as an agent, servant, or

employee of the **AGENCY**. No agent, employee, or servant of the **GRANTEE** shall be, or shall be deemed to be, the agent or servant of the **AGENCY**. None of the benefits provided by the **AGENCY** to their employees including, but not limited to, Worker's Compensation Insurance and Unemployment Insurance are available from **AGENCY** to the employees, agents, or servants of the **GRANTEE**

18. Additional Funding.

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

19. Governing Law.

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

20. Conformity to the Law.

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

21. Prior Agreement, Waiver, and Severability.

This Agreement supersedes any prior Agreements between the Parties and is the sole basis for agreement between the Parties. The waiver of either party of a violation or default of any provision of this Agreement shall not operate as, or be construed to be, a waiver of any subsequent violation or default hereof. If any provision, or any portion thereof, contained in this Agreement

is held unconstitutional, invalid, or unenforceable, the remainder of this Agreement, or portion thereof, shall be deemed severable, shall not be affected, and shall remain in full force and effect.

22. Agreement Management.

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

AGENCY:

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

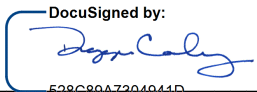
GRANTEE designates the following person(s) as the liaison for the **GRANTEE:**

David J. Lomaka, Executive Director
Neighborly Care Network, Inc.
13945 Evergreen Ave
Clearwater, FL 33762-4525
727-573-9444

SIGNATURE PAGE FOLLOWS

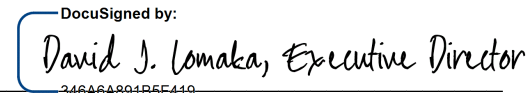
IN WITNESS WHEREOF, the parties hereto have caused this instrument to be executed on the day and year written below.

Pinellas Community Foundation

By: 
528C89A7304941D...
Duggan Cooley
CEO

Date: 10/16/2020

GRANTEE: Neighborly Care Network, Inc.

By: 
346A6A891B5F419...
David J. Lomaka, Executive Director
dlomaka@neighborly.org

Date: 10/19/2020

GRANTEE: Neighborly Care Network, Inc.

By: 
C810FA983795478...
Neil Brickfield, Board Chair
nbrickfield@gmail.com

Date: 10/16/2020

Schedule of Appendices

Appendix 1 – CARES Act Guidance and Requirements

Appendix 2 – Attestation

Appendix 3 – Minimum Monitoring Requirements

Appendix 4 – Application for Funding (including budget plan)

Appendix 1 - CARES Act Guidance and Requirements

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

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

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

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

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

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

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

Necessary expenditures incurred due to the public health emergency

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Nonexclusive examples of eligible expenditures

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

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

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

Nonexclusive examples of ineligible expenditures³

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

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

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

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

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

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

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

Eligible Expenditures

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Are expenses associated with contact tracing eligible?

Yes, expenses associated with contract tracing are eligible.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

May recipients use Fund payments to provide loans?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Questions Related to Administration of Fund Payments

Do governments have to return unspent funds to Treasury?

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

What records must be kept by governments receiving payment?

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

May recipients deposit Fund payments into interest bearing accounts?

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

May governments retain assets purchased with payments from the Fund?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



OFFICE OF
INSPECTOR GENERAL

DEPARTMENT OF THE TREASURY
WASHINGTON, D.C. 20220

July 2, 2020

OIG-CA-20-021

MEMORANDUM FOR CORONAVIRUS RELIEF FUND RECIPIENTS

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

SUBJECT: Coronavirus Relief Fund Reporting and Record Retention
 Requirements

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

Reporting Requirements and Timelines

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

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

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

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

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

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

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

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

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

Quarterly Reporting

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

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

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

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

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

Reporting timeline

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

Record Retention Requirements

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

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

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

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

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

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

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

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

Thank you and we appreciate your assistance.

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


Appendix 2 - Attestation

ATTESTATION

I, David J. Lomaka, Executive Director, am the Title: Executive Director of Name of Organization: Neighborly Care Network, and I certify that:

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

By: David J. Lomaka, Executive Director (Printed Name)

Signature:  346A6A891B5F419...

Title: Executive Director

Date: 10/19/2020

APPENDIX 3 – Minimum Monitoring Requirements

1. Mandatory training provided by PCF at onset of grant re: fiscal and accountability
2. Advanced funds or reimbursement-based payments
3. Monthly report showing all invoice support, including detail timesheets and paystub with allocation between payroll supporting this grant and others
4. For advanced funds, current balance remaining
5. Obtain close-out report from grantee and reconcile to internal records

Appendix 4 – Application for Funding (including budget plan)

Nutrition Services CARES Act Meals funding

Pinellas CARES Nonprofit Partnership Fund

Neighborly Care Network

Mr. David J. Lomaka
13945 Evergreen Ave
Clearwater, FL 33762-4525

dlomaka@neighborly.org
O: 727-573-9444

Ms Susan McIntyre

13945 Evergreen Ave
Clearwater, FL 33762-4525

smcintyre@neighborly.org
O: 727-573-9444 x3160

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).

Food

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*

Nutrition Services CARES Act Meals funding

EIN*

59-1218100

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.

082642042

Mission Statement*

Mission

Improved Health, Wellness, and Independent living for individuals and families.

Vision

Neighborly is a pioneer of innovative quality solutions that enhance our customers' way of life. We are a leader in providing superior health, home and community-based services, education, consultation and support for wellness and self-directed care.

Total Operating Expenditure*

What are your total annual operating expenses?

\$8,300,930.00

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.

\$3,058,096.00

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
- Residents with language barriers
- 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).

As an Older Americans Act- (OAA) funded program, Neighborly prioritizes the following targeted groups of older adults: minorities, low-income, disabled, those with limited English proficiency, those at-risk for institutional placement, and those who are socially isolated. All of our outreach is conducted towards these groups and clients who meet this criteria are prioritized to start services. Throughout the year, we monitor demographics reports to ensure that our services reach departmental goals in these groups.

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.**

Neighborly Care Network has served over 31 million meals to vulnerable seniors since 1966. Since the pandemic started we have increased the number of meals served from 4000 meals per week in early April to 10,000 meals weekly.

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)
- 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 impact the COVID virus has had on Neighborly, and more importantly, the seniors we serve has been immeasurable. Operationally, we have had significant increases in expenses. We have had to temporarily close our 8 Senior Cafes and our 3 Adult Day Centers while our buses, meant for transporting seniors, are now delivering meals and groceries. We have tried to do it all while keeping our work force intact and on the payroll. Where it becomes immeasurable is the impact on the seniors. Isolation and fear have become a reality for many of them. The numbers requesting home delivered meals has doubled, and hot daily meals are often replaced (at consumers' request) with a week's worth of frozen meals to minimize their exposure to delivery personnel.

With the increase in demand we needed to add capacity to volunteer recruitment, training and management, doubling the numbers and hours provided from the same period a year ago.

Fortunately, the financial impact has been somewhat mitigated by some of the funds from Families First and initial CARES Act funding. Pinellas County has helped with emergency donations of PPE equipment, although demand and costs continue. Delivering more meals is putting a significant strain on all delivery vehicles as miles traveled have increased, maintenance has increased, and the need for additional freezer vans is now a reality. Additional vehicles require additional drivers, and for an undetermined period of time, which adds to the uncertainty. Insulated meal delivery bags (hot and cold) are fraying and need replacement at an alarming rate.

Through it all Neighborly has not missed a beat. We never stopped delivering meals to the most vulnerable and isolated. We partnered with Area Agency on Aging to find local restaurants to prepare meals for seniors while Neighborly ensured delivery to a growing number of homebound seniors. When any additional funds became available Neighborly worked with all sources to meet community needs.

Fiscal Accountability

Federal Fund Disclosure*

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

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

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

Audited Financial Statements*

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

Yes

Most Recently Filed IRS Form 990*

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

IRS 990 2018 Public Disclosure Copy.pdf

Board-Approved Budget*

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

Agency Budget 2020.pdf

Audited Financial Statements

Most Recent Audited Financial Statements*

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

NCN Audit FS 123119.pdf

Management Letter*

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

If there is no management letter, please explain why.

Included in Audit File

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.

ECA20-NCN.pdf

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.**

Zip codes of participants on the home delivered meals waiting list.

- 33701
- 33702
- 33703
- 33704
- 33705
- 33706
- 33707
- 33708
- 33709
- 33710
- 33711
- 33712
- 33713
- 33714
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- 33774
- 33776
- 33777
- 33778
- 33781
- 33782
- 33785
- 34677
- 34683
- 34684
- 34685

34688
 34689
 34695
 34698

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 engage the community in many ways to disseminate program information. A robust referral network is an essential outreach strategy, mainly since word-of-mouth advertising is the primary source of new clients. We receive the most referrals from the Aging and Disability Resource Center, 211, and our partner organizations in the local aging network. Outreach staff distributes information on all senior services funded by the Older Americans Act. Outreach activities include:

- Networking and strategic planning with directors of related services
- Digital and print advertising
- Social media campaigns
- Brochure distribution
- Public speaking engagements to various senior associations or faith-based organizations
- Sponsorship or vendor tables in health fairs or other public events
- Canvassing public areas and neighborhoods

Neighborly targets geographical locations identified by the Area Agency 2020-2022 Plan, Elder Needs Index, the Hunger Map, and Pinellas County demographic data. Neighborly will continue to outreach areas populated by our target audience.

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.

Disaster Plan.pdf

Evidence of Insurance Coverage*

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

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

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

Insurance.pdf

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.

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-October%2013.xlsx

***Comment:** Final Approved Budget Summary provided by the applicant has been 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-Partnership-Fund-Budget-Narrative OCTOBER 13.docx

***Comment:** Final Approved Budget Narrative provided by the applicant has been 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.

Freezer Truck Estimate.pdf

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-NCN.pdf

Role in Programming*

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

These organizations allow Neighborly to house Meals on Wheels distribution sites at no cost or for a low fee.

Food

This grant will require weekly reporting on the following measures:

- **Number of Pinellas County residents** accepting food by zip code of participant or distribution point (participant zip code is preferred)

Affirmation of Reporting*

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

Yes

Number of Pinellas County Residents Served During Grant Period - Food*

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

2000

September 2020 Projections - Food*

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

1700

October 2020 Projections - Food*

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

1800

November 2020 Projections - Food*

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

2000

December Projections - Food*

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

2000

Funder Involvement

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

- Funding from a Pinellas County Municipality
- Pinellas Community Foundation
- Pinellas County Government
- Tampa Bay Resiliency Fund
- United Way Suncoast
- 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:

- Meals on Wheels America - \$25,000 in April and \$40,000 in June
- Pinellas County COVID-19 CDBG for Personal Protective Equipment - \$24,174.17
- Tampa Bay Resiliency Fund - \$13,172
- Levett Foundation - \$20,000
- Anonymous \$5,000
- Families First COVID amendment to the OAA contract: \$760,038
- CARES contract (separate from OAA contract):\$1,491,062 (Telephone Reassurance=\$10,000; Transportation=\$78,114; HDM=\$1,402,948)

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.

Susan McIntyre

Neighborly Care Network

Susan McIntyre

File Attachment Summary

Applicant File Uploads

- IRS 990 2018 Public Disclosure Copy.pdf
- Agency Budget 2020.pdf
- NCN Audit FS 123119.pdf
- ECA20-NCN.pdf
- Disaster Plan.pdf
- Insurance.pdf
- CARES-Partnership-Fund-Budget-Summary-October%2013.xlsx
- CARES-Partnership-Fund-Budget-Narrative OCTOBER 13.docx
- Freezer Truck Estimate.pdf
- LPO-NCN.pdf

PUBLIC DISCLOSURE COPY

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING
DECEMBER 31, 2018

PREPARED FOR:

NEIGHBORLY CARE NETWORK INC
13945 EVERGREEN AVENUE
CLEARWATER, FL 33762

PREPARED BY:

CBIZ MHM, LLC
13577 FEATHER SOUND DR., SUITE 400
CLEARWATER, FL 33762-5539

AMOUNT DUE OR REFUND:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

THIS COPY OF THE RETURN IS PROVIDED ONLY FOR PUBLIC DISCLOSURE PURPOSES. ANY CONFIDENTIAL INFORMATION REGARDING LARGE DONORS HAS BEEN REMOVED.

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-EO TO US BY NOVEMBER 15, 2019.

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2018, or fiscal year beginning _____, 2018, and ending _____, 20____

2018

Department of the Treasury
Internal Revenue Service

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

Name of exempt organization

Employer identification number

NEIGHBORLY CARE NETWORK INC

59-1218100

Name and title of officer

DAVID LOMAKA
EXECUTIVE DIRECTOR

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

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

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>7,091,209.</u>
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize **CBIZ MHM, LLC** to enter my PIN **18100**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature _____ Date _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

50465137755
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature _____ Date _____

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

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2018)

** PUBLIC DISCLOSURE COPY **

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2018

Open to Public Inspection

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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

B Check if applicable:	C Name of organization NEIGHBORLY CARE NETWORK INC Doing business as	D Employer identification number 59-1218100
<input type="checkbox"/> Address change	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 13945 EVERGREEN AVENUE	E Telephone number (727) 573-9444
<input type="checkbox"/> Name change	City or town, state or province, country, and ZIP or foreign postal code CLEARWATER, FL 33762	G Gross receipts \$ 8,502,950.
<input type="checkbox"/> Initial return	F Name and address of principal officer: DAVID LOMAKA SAME AS C ABOVE	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Final return/terminated	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Amended return	J Website: ▶ WWW.NEIGHBORLY.ORG	If "No," attach a list. (see instructions)
<input type="checkbox"/> Application pending	K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	H(c) Group exemption number ▶
	L Year of formation: 1966	M State of legal domicile: FL

Part I Summary

1	Briefly describe the organization's mission or most significant activities: HEALTH AND WELLNESS PROGRAMS THAT IMPROVE INDEPENDENT LIVING FOR SENIORS AND THEIR FAMILIES			
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
3	Number of voting members of the governing body (Part VI, line 1a)	3		8
4	Number of independent voting members of the governing body (Part VI, line 1b)	4		8
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5		138
6	Total number of volunteers (estimate if necessary)	6		889
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a		0.
7b	Net unrelated business taxable income from Form 990-T, line 38	7b		0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year	
	9 Program service revenue (Part VIII, line 2g)	5,459,502.	5,932,985.	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,123,003.	876,762.	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	317,199.	239,375.	
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-3,209.	42,087.	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,896,495.	7,091,209.	
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.	
	16a Professional fundraising fees (Part IX, column (A), line 11e)	3,794,044.	3,861,334.	
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 245,512.	0.	0.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,102,804.	3,990,108.	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,896,848.	7,851,442.	
19 Revenue less expenses. Subtract line 18 from line 12	-1,000,353.	-760,233.		
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year	
	21 Total liabilities (Part X, line 26)	13,966,917.	12,749,969.	
	22 Net assets or fund balances. Subtract line 21 from line 20	4,206,349.	4,073,891.	
		9,760,568.	8,676,078.	

Part II Signature Block

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 DAVID LOMAKA, EXECUTIVE DIRECTOR Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name ALICIA BROWN	Preparer's signature
	Firm's name ▶ CBIZ MHM, LLC	Date
	Firm's address ▶ 13577 FEATHER SOUND DR., SUITE 400 CLEARWATER, FL 33762-5539	Check if self-employed <input type="checkbox"/> PTIN P01337755
		Firm's EIN ▶ 27-3605969
		Phone no. 727-572-1400

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: IMPROVED HEALTH, WELLNESS, AND INDEPENDENT LIVING FOR INDIVIDUALS AND FAMILIES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [X] Yes [] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 1,023,070. including grants of \$) (Revenue \$ 674,571.) ADULT DAY CARE SERVICES: NEIGHORLY CARE NETWORK ADULT DAY CARE CURRENTLY HAS TWO LOCATIONS SERVING PINELLAS COUNTY. WE SERVE SENIORS OVER THE AGE OF 60 WITH DIFFERENT LEVELS OF COGNITIVE IMPAIRMENTS. THESE CLIENTS LIVE AT HOME WITH CAREGIVERS AND COME TO THE CENTERS FOR SOCIALIZATION, NUTRITION AND MEDICAL MONITORING. 60% OF THEIR DAYS ARE SPENT DOING VARIOUS ACTIVITIES. THERE ARE 3 LEVELS OF ACTIVITIES PROVIDED FOR DIFFERENT ABILITIES AND INTERESTS. EACH DAY, THE CLIENTS RECEIVE A NUTRITIOUS BREAKFAST, LUNCH AND AFTERNOON SNACK. THERE ARE NURSES ON DUTY AT EACH CENTER PROVIDING MEDICAL MONITORING. MONTHLY VITAL SIGNS AND WEIGHTS ARE TAKEN AND DOCUMENTED IN THEIR CHARTS, ALONG WITH QUARTERLY CARE PLANS. (CONTINUED ON SCHEDULE O)

4b (Code:) (Expenses \$ 3,072,588. including grants of \$) (Revenue \$ 113,833.) NUTRITION SERVICES: NEIGHORLY NUTRITION SERVICES CONTINUES TO PROVIDE MEALS ON WHEELS, CONGREGATE DINING, NUTRITION EDUCATION, NUTRITION COUNSELING AND COMMUNITY OUTREACH TO SENIORS THROUGHOUT PINELLAS COUNTY. WE CURRENTLY PROVIDE MEALS AND SOCIALIZATION AT 8 CONGREGATE DINING CENTERS AND 2 ADULT DAY CARE CENTERS. WE ALSO SERVE 86 MEALS ON WHEELS ROUTES THROUGHOUT THE COUNTY THAT PROVIDE HOT AND FROZEN MEALS. WE STRIVE TO ASSIST SENIORS AT RISK FOR INSTITUTIONAL PLACEMENT, THOSE WHO SPEAK LIMITED ENGLISH, ARE DISABLED OR HAVE LOW INCOME. NEIGHORLY NUTRITION SERVICES PROVIDED 2,897 CLIENTS WITH 429,369 MEALS IN 2018.

4c (Code:) (Expenses \$ 1,664,061. including grants of \$) (Revenue \$ 88,358.) TRANSPORTATION: NEIGHORLY CARE NETWORK TRANSPORTATION HAS BEEN A COLLABORATION, WORKING WITH SEVERAL COMMUNITY PARTNERS TO SERVE OUR CLIENTS. TO DATE WE HAVE DISTRIBUTED THOUSANDS OF BAGS OF GROCERIES AND HOUSEHOLD ITEMS TO OUR LOW INCOME CLIENTS SO THEY CAN RECEIVE MUCH NEEDED FOOD. OUR TRANSPORTATION PROGRAM TAKES THE CLIENTS TO OUR PARTNERS AT OPERATION ATTACK, DAYSTAR AND RCS PANTRIES WHERE THEY RECEIVE A LARGE BAG OF VARIOUS GROCERY AND HOUSEHOLD ITEMS. DURING THE HOLIDAYS IN NOVEMBER AND DECEMBER, DAYSTAR AND RCS GAVE EACH CLIENT A TURKEY AND A HOLIDAY BAG WITH ALL THE GREAT FIXINGS NEEDED TO HAVE A HOLIDAY MEAL. THE CLIENTS COULD NOT BELIEVE WHAT A WONDERFUL BAG OF FOOD THAT THEY RECEIVED. (CONTINUED ON SCHEDULE O)

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 5,759,719.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<input type="checkbox"/>	<input type="checkbox"/>
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	X	
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		138
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
4a	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)?		X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	N/A	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	N/A	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		N/A
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		N/A
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		N/A
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	N/A	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	N/A	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	N/A	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		N/A
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
	13b		
c	Enter the amount of reserves on hand		
	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a 8		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 8		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c			
13	Did the organization have a written whistleblower policy?		X
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **FL**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **JENNI WHITE - (727) 573-9444**
13945 EVERGREEN AVENUE, CLEARWATER, FL 33762

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) EVELYN BETHELL CHAIR	0.50	X		X				0.	0.	0.
(2) THOMAS STEPANOVSKY, JR. VICE CHAIR	0.50	X		X				0.	0.	0.
(3) NEIL BRICKFIELD SECRETARY	0.50	X		X				0.	0.	0.
(4) BERTHA WATTS TREASURER	0.50	X		X				0.	0.	0.
(5) SANDRA WISE PAST CHAIR (1/1/18-1/19/18)	0.50	X						0.	0.	0.
(6) GERSHOM FAULKNER DIRECTOR	0.50	X						0.	0.	0.
(7) KAREN GRIFFIN DIRECTOR	0.50	X						0.	0.	0.
(8) KIMBERLY JACKSON DIRECTOR	0.50	X						0.	0.	0.
(9) SHEILA LOVE DIRECTOR	0.50	X						0.	0.	0.
(10) DAVID METZ DIRECTOR (1/1/18-1/19/18)	0.50	X						0.	0.	0.
(11) SATHAPASA MONA ALLEN INTERIM EXEC DIR (1/1/18-9/16/18)	40.00			X				140,963.	0.	31,295.
(12) DAVID LOMAKA EXECUTIVE DIRECTOR(9/17/18-12/31/18)	40.00			X				36,869.	0.	1,774.
(13) DAVID LIND CIO (1/1/18-10/10/18)	40.00					X		117,109.	0.	9,459.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total							294,941.	0.	42,528.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							294,941.	0.	42,528.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **2**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a 22,697.				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e 1,765,683.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 4,144,605.				
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f		5,932,985.			
	Program Service Revenue	2 a ADULT DAY CARE	Business Code 624100	674,571.	674,571.	
b NUTRITION		624210	113,833.	113,833.		
c TRANSPORTATION		480000	88,358.	88,358.		
d _____						
e _____						
f All other program service revenue						
g Total. Add lines 2a-2f			876,762.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		51,485.		51,485.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss)		187,890.		187,890.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a 5,189.				
		b Less: direct expenses	b 21.			
c Net income or (loss) from fundraising events			5,168.		5,168.	
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a _____						
	b _____					
	c _____					
	d All other revenue	900099	36,919.		36,919.	
	e Total. Add lines 11a-11d		36,919.			
12 Total revenue. See instructions		7,091,209.	876,762.	0.	281,462.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	337,468.		337,468.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,711,281.	2,230,731.	347,363.	133,187.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	195,211.	161,029.	24,805.	9,377.
9 Other employee benefits	382,064.	331,743.	39,300.	11,021.
10 Payroll taxes	235,310.	173,981.	50,722.	10,607.
11 Fees for services (non-employees):				
a Management				
b Legal	54,087.		54,087.	
c Accounting	58,797.		58,797.	
d Lobbying	23,558.		23,558.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	18,751.		18,751.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	148,821.	66,090.	74,719.	8,012.
12 Advertising and promotion	35,166.	3,351.	3,084.	28,731.
13 Office expenses	328,345.	138,654.	176,978.	12,713.
14 Information technology	86,467.	19,649.	56,613.	10,205.
15 Royalties				
16 Occupancy	247,989.	247,437.	552.	
17 Travel	370,962.	364,944.	4,959.	1,059.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	12,979.	10,124.	2,655.	200.
20 Interest	129,684.		129,684.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	502,421.	473,853.	28,568.	
23 Insurance	264,376.	220,170.	44,206.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a FOOD COSTS	1,647,298.	1,647,298.		
b INDIRECT COSTS	0.	-340,878.	337,872.	3,006.
c _____				
d _____				
e All other expenses _____	60,407.	11,543.	31,470.	17,394.
25 Total functional expenses. Add lines 1 through 24e	7,851,442.	5,759,719.	1,846,211.	245,512.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	145,890.	1	821,894.
	2 Savings and temporary cash investments	325,283.	2	108,960.
	3 Pledges and grants receivable, net	1,138,111.	3	777,529.
	4 Accounts receivable, net		4	202,960.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net	612,116.	7	600,585.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	74,438.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 13,869,772.		
	b Less: accumulated depreciation	10b 5,960,616.	7,742,263.	10c 7,909,156.
	11 Investments - publicly traded securities	2,388,680.	11	1,431,715.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	91,584.
	15 Other assets. See Part IV, line 11	1,614,574.	15	731,148.
16 Total assets. Add lines 1 through 15 (must equal line 34)	13,966,917.	16	12,749,969.	
Liabilities	17 Accounts payable and accrued expenses	398,714.	17	506,897.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities	3,393,859.	20	3,245,000.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	413,776.	25	321,994.
	26 Total liabilities. Add lines 17 through 25	4,206,349.	26	4,073,891.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	6,440,957.	27	6,518,608.
	28 Temporarily restricted net assets	1,756,063.	28	725,755.
	29 Permanently restricted net assets	1,563,548.	29	1,431,715.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	9,760,568.	33	8,676,078.	
34 Total liabilities and net assets/fund balances	13,966,917.	34	12,749,969.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,091,209.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,851,442.
3	Revenue less expenses. Subtract line 2 from line 1	3	-760,233.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,760,568.
5	Net unrealized gains (losses) on investments	5	-281,554.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-42,703.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	8,676,078.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? _____
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? _____
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form 990 (2018)

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

2018

Open to Public Inspection

Name of the organization

NEIGHORLY CARE NETWORK INC

Employer identification number

59-1218100

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5338997.	5571575.	5610922.	5459502.	5932985.	27913981.
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					120,214.	120,214.
4 Total. Add lines 1 through 3	5338997.	5571575.	5610922.	5459502.	6053199.	28034195.
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.						28034195.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	5338997.	5571575.	5610922.	5459502.	6053199.	28034195.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	88,290.	94,111.	88,627.	102,673.	51,485.	425,186.
9 Net income from unrelated business activities, whether or not the business is regularly carried on					5,168.	5,168.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	4,521.					4,521.
11 Total support. Add lines 7 through 10						28469070.
12 Gross receipts from related activities, etc. (see instructions)					12	8,255,763.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	98.47 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	97.48 %
16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income; 13 Total support.

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2017 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2017 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Part VI

Supplemental Information.

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

Multiple horizontal lines for supplemental information.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Name of the organization

NEIGHORLY CARE NETWORK INC

Employer identification number

59-1218100

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization NEIGHBORLY CARE NETWORK INC	Employer identification number 59-1218100
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>3,726,789.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>989,958.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>333,716.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>281,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ <u>118,825.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NEIGHBORLY CARE NETWORK INC	Employer identification number 59-1218100
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization NEIGHBORLY CARE NETWORK INC	Employer identification number 59-1218100
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization NEIGHBORLY CARE NETWORK INC	Employer identification number 59-1218100
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ▶ \$ _____
- 3 Volunteer hours for political campaign activities

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. **Schedule C (Form 990 or 990-EZ) 2018**

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		24,270.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			24,270.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

NEIGHBORLY CARE NETWORK SUBMITTED AN APPROPRIATIONS REQUEST WITH THE HELP OF A LOBBYIST TO HELP PASS \$800,000 THROUGH THE LEGISLATURE TO TAKE PEOPLE OFF THE WAITLIST FOR MEALS.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization NEIGHBORLY CARE NETWORK INC Employer identification number 59-1218100

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, lines 2a-2d for total number, acreage, and modified easements, and questions about monitoring, expenses, and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting works of art and historical treasures, and amounts for revenue and assets.

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Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,563,548.	1,563,548.	1,563,548.	1,563,548.	1,563,548.
b Contributions				85,847.	
c Net investment earnings, gains, and losses	-50,157.	102,047.	93,493.	-85,847.	32,956.
d Grants or scholarships					
e Other expenditures for facilities and programs	81,676.	102,047.	93,493.		32,956.
f Administrative expenses					
g End of year balance	1,431,715.	1,563,548.	1,563,548.	1,563,548.	1,563,548.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment .00 %
- b Permanent endowment 100.00 %
- c Temporarily restricted endowment .00 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,290,606.		1,290,606.
b Buildings		7,677,067.	1,526,798.	6,150,269.
c Leasehold improvements				
d Equipment				
e Other		4,902,099.	4,433,818.	468,281.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 7,909,156.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) BENEFICIARY INTEREST IN CHARITABLE REMAINDER TRUSTS	709,297.
(2) DEPOSITS	21,851.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	731,148.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OBLIGATION UNDER INTEREST RATE	
(3) SWAP AGREEMENT	321,994.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	321,994.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	7,605,395.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a		
	b Donated services and use of facilities	2b	173,498.	
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d	1,100,000.	
	e Add lines 2a through 2d	2e		1,273,498.
3	Subtract line 2e from line 1		3	6,331,897.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b	759,312.	
	c Add lines 4a and 4b	4c		759,312.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	7,091,209.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	8,006,210.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a	173,498.	
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d	21.	
	e Add lines 2a through 2d	2e		173,519.
3	Subtract line 2e from line 1		3	7,832,691.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	18,751.	
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b	4c		18,751.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	7,851,442.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

THE ORGANIZATION'S DONOR-RESTRICTED ENDOWMENT FUNDS CONSIST PRIMARILY OF DONATIONS FOR THE MEALS ON WHEELS PROGRAM, AS WELL AS OTHER ACTIVITIES. THESE FUNDS ARE INVESTED TO PRODUCE LONG-TERM RETURNS WHILE ALSO PROVIDING CURRENT INCOME TO FUND THE RELATED PROGRAMS. THIS IS CURRENTLY ACHIEVED BY INVESTING PRIMARILY IN EQUITIES AND FIXED INCOME SECURITIES.

PART X, LINE 2:

NEIGHORLY CARE NETWORK, INC. IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, AND HAS BEEN DETERMINED NOT TO BE A PRIVATE FOUNDATION. UNDER IRS REGULATIONS, NEIGHORLY PHARMACY, LLC IS TREATED AS A DISREGARDED ENTITY SINGLE MEMBER LLC AND

Part XIII Supplemental Information (continued)

WAS, THEREFORE, TREATED AS A DIVISION OF THE ORGANIZATION, RENDERING IT
EXEMPT FROM FEDERAL INCOME TAXES.

THE ORGANIZATION HAS ADOPTED ASC TOPIC 740, INCOME TAXES. ASC 740
PRESCRIBES A RECOGNITION AND MEASUREMENT STANDARD FOR UNCERTAIN TAX
POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE ORGANIZATION
DOES NOT BELIEVE IT HAS ANY MATERIAL INCOME TAX EXPOSURE RELATING TO
UNCERTAIN TAX POSITIONS. THE ORGANIZATION'S INCOME TAX FILINGS REMAIN
SUBJECT TO EXAMINATION FOR A PERIOD OF THREE YEARS AFTER FILING.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

ENDOWMENT RETURN UTILIZED IN OPERATIONS	1,100,000.
---	------------

PART XI, LINE 4B - OTHER ADJUSTMENTS:

CAPITAL PURCHASES GRANT	519,958.
INVESTMENT INCOME	51,485.
GAIN ON SALE OF EQUIPMENT	16,500.
SPECIAL EVENT EXPENSES	-21.
REALIZED GAIN ON INVESTMENTS	171,390.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	759,312.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES	21.
------------------------	-----

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2018

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization: **NEIGHORLY CARE NETWORK INC** Employer identification number: **59-1218100**

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4a**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c**
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a**
- b** Any related organization? **5b**
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6a**
- b** Any related organization? **6b**
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		<input checked="" type="checkbox"/>
4b		<input checked="" type="checkbox"/>
4c		<input checked="" type="checkbox"/>
5a		<input checked="" type="checkbox"/>
5b		<input checked="" type="checkbox"/>
6a		<input checked="" type="checkbox"/>
6b		<input checked="" type="checkbox"/>
7		<input checked="" type="checkbox"/>
8		<input checked="" type="checkbox"/>
9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2018

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) SATHAPASA MONA ALLEN INTERIM EXEC DIR (1/1/18-9/16/18)	(i)	124,136.	16,827.	0.	12,440.	18,855.	172,258.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE K
(Form 990)**
Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**
▶ **Attach to Form 990.** ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2018
Open to Public Inspection

Name of the organization **NEIGHBORLY CARE NETWORK INC** Employer identification number **59-1218100**

Part I Bond Issues												
SEE PART VI FOR COLUMN (A) CONTINUATIONS												
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
							Yes	No	Yes	No	Yes	No
A	PINELLAS COUNTY INDUSTRIAL DEVELOPMENT A	59-6000800	72316VAK5	08/18/08	5,100,000.	FACILITY CONSTRUCTION		X		X		X
B												
C												
D												

Part II Proceeds										
	A		B		C		D			
1 Amount of bonds retired	1,855,000.									
2 Amount of bonds legally defeased										
3 Total proceeds of issue	5,100,000.									
4 Gross proceeds in reserve funds										
5 Capitalized interest from proceeds	262,000.									
6 Proceeds in refunding escrows										
7 Issuance costs from proceeds	191,133.									
8 Credit enhancement from proceeds										
9 Working capital expenditures from proceeds										
10 Capital expenditures from proceeds	4,646,867.									
11 Other spent proceeds										
12 Other unspent proceeds										
13 Year of substantial completion	2009									
	Yes	No	Yes	No	Yes	No	Yes	No		
14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X								
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X								
16 Has the final allocation of proceeds been made?	X									
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule K (Form 990) 2018

Part III Private Business Use								
	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X						
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government00	%			%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government00	%			%		%
6 Total of lines 4 and 500	%			%		%
7 Does the bond issue meet the private security or payment test?		X						
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of			%			%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		X						

Part IV Arbitrage								
	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X						
b Exception to rebate?		X						
c No rebate due?	X							
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X							

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	<input checked="" type="checkbox"/>							
b Name of provider	BRANCH BANK & TRUST							
c Term of hedge	20.0000000							
d Was the hedge superintegrated?		<input checked="" type="checkbox"/>						
e Was the hedge terminated?		<input checked="" type="checkbox"/>						
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		<input checked="" type="checkbox"/>						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		<input checked="" type="checkbox"/>						
7 Has the organization established written procedures to monitor the requirements of section 148?	<input checked="" type="checkbox"/>							

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations?		<input checked="" type="checkbox"/>						

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions

SCHEDULE K, PART I, BOND ISSUES:

(A) ISSUER NAME: PINELLAS COUNTY INDUSTRIAL DEVELOPMENT AUTHORITY

PART IV, LINE 2C

THE REBATE COMPUTATION WAS PERFORMED ON AUGUST 14 ,2013.

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

NEIGHORLY CARE NETWORK INC

Employer identification number

59-1218100

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:

ON MARCH 31, 2017, NEIGHORLY CARE NETWORK CEASED CONDUCTING ITS
PHARMACY PROGRAM, WHICH OFFERED PRESCRIPTION DRUGS BELOW EXISTING
MARKET PRICES TO UNINSURED AND LOW-INCOME INDIVIDUALS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

MANY OF THESE CLIENTS HAVE BEEN ATTENDING FOR SEVERAL YEARS AND HAVE
BUILT RELATIONSHIPS WITH THEIR PEERS. NEIGHORLY CARE NETWORK DAY CARE
HAS REMAINED DEFICIENCY FREE AND CAREGIVERS HAVE GIVEN US A 96% ON OUR
QUALITY ASSURANCE SURVEYS, STATING THAT AN ADC SERVICE HAS ENHANCED THE
LIVES OF THEIR LOVED ONES. NEIGHORLY CARE NETWORK ADULT DAY CARE
PROVIDED 115,985 HOURS OF CARE TO 220 CLIENTS IN 2018.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

THEY ARE SO THANKFUL THAT NEIGHORLY CARE NETWORK TRANSPORTATION HAS
CREATED THESE COMMUNITY PARTNERS TO HELP THEM FEEL SPECIAL DURING THE
HOLIDAY SEASON AND ALL YEAR LONG. NEIGHORLY CARE NETWORK
TRANSPORTATION PROVIDED 88,741 ONE-WAY TRIPS TO 1,660 PERSONS IN 2018.

FORM 990, PART VI, SECTION A, LINE 4:

THE ORGANIZATION'S BYLAWS WERE AMENDED ON MAY 15, 2018. REVISIONS INCLUDE
THE FOLLOWING:

-ARTICLE III, SECTION 8 IS AMENDED TO STATE THAT DIRECTORS SHALL NOT BE
COMPENSATED BY OR RECEIVE LOANS FROM THE ORGANIZATION;

-ARTICLE III, SECTIONS 9(3) AND 9(8) ARE REMOVED;

-ARTICLE III, SECTION 17.A.1. IS AMENDED TO CLARIFY THAT THERE IS NO

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization NEIGHBORLY CARE NETWORK INC	Employer identification number 59-1218100
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RESIDENCY REQUIREMENT FOR DIRECTORS;

-ARTICLE V, SECTION 8.D. IS AMENDED TO STATE THAT THE MINUTES OF ANY MEETING OF THE EXECUTIVE COMMITTEE SHALL BE PRESENTED TO THE BOARD OF DIRECTORS AT ITS NEXT MEETING;

-ARTICLE V, SECTION 8.E. IS REMOVED;

-ARTICLE VI, SECTION 1 IS AMENDED TO CHANGE THE TITLE OF THE PRESIDENT/CEO TO EXECUTIVE DIRECTOR;

-ARTICLE VI, SECTION 2 IS ADDED TO (I) STATE THAT THE COMPENSATION AND BENEFITS OF THE EXECUTIVE DIRECTOR SHALL BE APPROVED BY THE BOARD OF DIRECTORS, AND (II) THAT THE TERMS OF THE EXECUTIVE DIRECTOR'S EMPLOYMENT SHALL BE SET FORTH IN A DULY EXECUTED EMPLOYMENT AGREEMENT;

-ARTICLE VI, SECTION 3 IS ADDED TO STATE (I) THAT THE BOARD OF DIRECTORS SHALL CONDUCT AN EVALUATION OF THE EXECUTIVE DIRECTOR'S PERFORMANCE IN JANUARY OF EACH CALENDAR YEAR, AND (II) THAT THE BOARD OF DIRECTORS SHALL PROVIDE THE EXECUTIVE DIRECTOR WITH A WRITTEN PERFORMANCE EVALUATION.

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 IS REVIEWED BY THE BOARD FINANCE COMMITTEE DURING A MEETING. THE COMMITTEE THEN PRESENTS THE FORM 990 TO THE FULL BOARD AT A REGULAR SCHEDULED MEETING BEFORE IT IS SUBMITTED FOR FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

EXECUTIVES AND EMPLOYEES ARE REQUIRED TO DISCLOSE ANY CONFLICTS OF INTEREST IMMEDIATELY TO THEIR SUPERVISOR, DIRECTOR OR HR DIRECTOR. FAILURE TO REPORT SUCH INSTANCES WILL BE DEALT WITH IN ACCORDANCE WITH THE DISCIPLINARY POLICY. THE ORGANIZATION HAS ESTABLISHED A BEST PRACTICE DISCLOSURE COMMITTEE TO MAKE SURE THE ETHICAL CODE IS DELIVERED TO ALL EMPLOYEES AND THAT CONCERNS REGARDING THE CODE CAN BE ADDRESSED. IN THE EVENT OF A

Name of the organization NEIGHBORLY CARE NETWORK INC	Employer identification number 59-1218100
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POTENTIAL CONFLICT OF INTEREST, ALL OF THE FACTS WILL BE REVIEWED. ANY BOARD MEMBER WITH A CONFLICT OF INTEREST WILL BE REQUIRED TO RECUSE HIM OR HERSELF FROM ALL DISCUSSION AND VOTING ON THE MATTER.

FORM 990, PART VI, SECTION B, LINE 15:

EACH YEAR THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS EVALUATES THE EXECUTIVE DIRECTOR. THE EXECUTIVE COMMITTEE SETS THE EXECUTIVE DIRECTOR'S COMPENSATION, TAKING INTO CONSIDERATION THE EXECUTIVE DIRECTOR'S ACCOMPLISHMENTS AGAINST GOALS AND APPROPRIATE COMPARABILITY DATA, WHICH CAN BE OBTAINED FROM A SURVEY BY AN INDEPENDENT CONSULTANT OR FROM A NATIONAL SURVEY. THE EXECUTIVE COMMITTEE DOCUMENTS THE BASIS FOR ITS DECISION. THIS DOCUMENTATION MUST SHOW THE TERMS AND DATE OF THE EVALUATION, WHO AUTHORIZED THE TERMS AND WHAT DATA WAS RELIED ON AND WHEN PAYMENT IS TO BE MADE.

FOR ALL OTHER EMPLOYEES, THE HUMAN RESOURCES DEPARTMENT MAINTAINS A JOB CLASSIFICATION AND SALARY SCHEDULE TO BE USED IN ESTABLISHING AND MAINTAINING SALARY GRADES AND SALARY RANGES FOR ALL JOB CLASSIFICATIONS. THE VICE PRESIDENT OF HUMAN RESOURCES PERIODICALLY REVIEWS SALARY SURVEYS FOR BOTH FOR-PROFIT AND NOT-FOR-PROFIT ENTITIES TO ENSURE THE ORGANIZATION'S SALARIES REMAIN COMPETITIVE.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	-126,509.
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Name of the organization NEIGHBORLY CARE NETWORK INC	Employer identification number 59-1218100
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CHANGE IN FAIR VALUE OF INTEREST RATE SWAP AGREEMENT	83,806.
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TOTAL TO FORM 990, PART XI, LINE 9	-42,703.
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FORM 990, PART XII, LINE 2C:

THE AUDIT COMMITTEE, WORKING CLOSELY WITH THE EXECUTIVE DIRECTOR, CHIEF FINANCIAL OFFICER, AND THE TREASURER, REVIEWS THE ANNUAL AUDIT REPORTS OF THE ORGANIZATION. THE COMMITTEE OVERSEES IMPLEMENTATION OF THE ORGANIZATION'S INDEPENDENT ANNUAL AUDIT POLICY AND ANNUALLY RECOMMENDS TO THE BOARD AN INDEPENDENT CERTIFIED PUBLIC ACCOUNTING FIRM TO CONDUCT THE ORGANIZAITON'S ANNUAL AUDIT.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization **NEIGHBORLY CARE NETWORK INC** Employer identification number **59-1218100**

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
NEIGHBORLY PHARMACY, LLC - 59-1218100 13945 EVERGREEN AVENUE CLEARWATER, FL 33762	INACTIVE	FLORIDA	0.	0.	NEIGHBORLY CARE NETWORK, INC.
NEIGHBORLY INTEGRATED CARE, LLC - 26-2157937 13945 EVERGREEN AVENUE CLEARWATER, FL 33762	INACTIVE	FLORIDA	0.	0.	NEIGHBORLY CARE NETWORK, INC.

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2018

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
CHARITABLE REMAINDER TRUSTS (2)	CHARITABLE REMAINDER TRUST	FL	N/A	TRUST	N/A	N/A	N/A		X

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)	X	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Neighborly Care Network, Inc.

Agency Budget 2020

REVENUE SOURCES

Fed/State Grants Earned	\$5,342,421
Interagency Revenue	\$258,696
Program Income	\$23,100
Fee for Service & Other	\$1,273,901
Promise to Give/Grants-Other	\$118,056
In Kind Match	\$964,548
Contributions	\$320,208
TOTAL REVENUE	<u>\$8,300,930</u>

EXPENSES

Personnel	3,865,969
Travel	43,870
Building Space	228,184
Communications & Utilities	129,376
Raw Food/Meals	1,456,983
Printing & Supplies	64,900
Equipment	322,017
Sub Contractors	321,888
Other Costs	901,808
Central Adm Reallocated Expenses	0
Space Reallocated Expenses	0
In-Kind Costs	964,549
TOTAL EXPENSES	<u>\$8,299,544</u>

NEIGHBORLY CARE NETWORK, INC.

**Financial Statements, Supplementary Financial
Information and Reports as Required by the Comptroller
General of the United States and the Uniform Guidance**

**December 31, 2019 and 2018
(With Independent Auditor's Report Thereon)**

NEIGHBORLY CARE NETWORK, INC.**Table of Contents**

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AUDITED FINANCIAL STATEMENTS



Mayer Hoffman McCann P.C.

13577 Feather Sound Drive, Suite 400 ■ Clearwater, FL 33762
Main: 727.572.1400 ■ Fax: 727.571.1933 ■ www.mhmcpa.com

**Independent Auditor's Report on Financial Statements
and Supplementary Financial Information**

The Members of the Board of Directors
Neighborly Care Network, Inc.:

Report on Financial Statements

We have audited the accompanying financial statements of Neighborly Care Network, Inc., which comprise the statements of financial position as of December 31, 2019 and 2018, and the related statements of activities and cash flows for the years then ended, the related statement of functional expenses for the year ended December 31, 2019, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Neighborly Care Network, Inc. as of December 31, 2019 and 2018, and the changes in its net assets and its cash flows for the years then ended, and its functional expenses for the year ended December 31, 2019 in conformity with accounting principles generally accepted in the United States of America.

Report on Summarized Comparative Information

We have previously audited Neighborly Care Network, Inc.'s 2018 financial statements, and our report dated June 19, 2019 expressed an unmodified opinion on those financial statements. In our opinion, the summarized comparative information presented herein for the year ended December 31, 2018, is consistent, in all material respects, with the audited financial statements from which it has been derived.

Subsequent Event

We draw your attention to Note 17, which describes the subsequent event resulting in additional risks and uncertainties impacting Neighborly Care Network, Inc. associated with the COVID-19 pandemic. The financial statements do not include any adjustments that might result from the outcome of this uncertainty. Our conclusion is not modified with respect to this matter.

Other Matters

Other Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying supplementary information listed in the table of contents is presented for purposes of additional analysis and is not a required part of the financial statements. The accompanying schedule of expenditures of federal awards and state financial assistance, as required by Title 2 U.S. Code of Federal Regulations, Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements of Federal Awards* and Chapter 10.650, *Rules of the State of Florida Auditor General*, is presented for purposes of additional analysis and is also not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the financial statements themselves and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated, in all material respects, in relation to the financial statements as a whole.

Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards*, we have also issued a report dated June 12, 2020, on our consideration of Neighborly Care Network, Inc.'s internal control over financial reporting and on our test of its compliance with certain provisions of laws, regulations, contracts and grant agreements, and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing and not to provide an opinion on internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering Neighborly Care Network, Inc.'s internal control over financial reporting and compliance.

Mayer Hoffman McCann P.C.

June 12, 2020
Clearwater, Florida

NEIGHBORLY CARE NETWORK, INC.**Statements of Financial Position****December 31, 2019 and 2018**

	<u>2019</u>	<u>2018</u>
Assets		
Current assets:		
Cash (including restricted cash of \$113,090 and \$108,960 as of December 31, 2019 and 2018, respectively)	\$ 623,626	930,854
Accounts receivable:		
Grants and contracts	877,289	777,529
Client fees and 3rd party insurance	202,216	202,960
Promises to give	32,155	-
Current portion of note receivable	15,248	12,001
Prepaid expenses	<u>60,350</u>	<u>74,438</u>
Total current assets	1,810,884	1,997,782
Investments	1,198,353	1,431,715
Property held for sale	3,126,372	-
Receivables under charitable remainder trusts	530,710	709,297
Note receivable, less current portion	576,093	588,584
Property and equipment, net	1,986,681	7,909,156
Other assets	<u>23,668</u>	<u>21,851</u>
Total assets	<u>\$ 9,252,761</u>	<u>12,658,385</u>
Liabilities and Net Assets		
Current liabilities:		
Current installments of bonds payable	\$ 270,000	260,000
Accounts payable	347,039	217,772
Accrued expenses:		
Salaries and payroll taxes	85,735	71,777
Annual leave	195,931	209,280
Interest	6,523	5,733
Other	<u>4,115</u>	<u>2,335</u>
Total current liabilities	909,343	766,897
Bonds payable, less current installments	2,632,972	2,893,416
Obligation under interest rate swap agreement	<u>368,245</u>	<u>321,994</u>
Total liabilities	3,910,560	3,982,307
Net assets:		
Without donor restrictions	3,580,983	6,518,608
With donor restrictions	<u>1,761,218</u>	<u>2,157,470</u>
Total net assets	<u>5,342,201</u>	<u>8,676,078</u>
Total liabilities and net assets	<u>\$ 9,252,761</u>	<u>12,658,385</u>

See accompanying independent auditor's report and notes to financial statements.

NEIGHORLY CARE NETWORK, INC.**Statement of Activities****Year Ended December 31, 2019
(With Comparative Totals for 2018)**

	Without	With	Total	
	Donor Restrictions	Donor Restrictions	2019	2018
Operating support and revenue:				
Public support:				
Grants and contracts	\$ 5,164,756	-	5,164,756	4,972,514
Contributions	257,228	-	257,228	422,905
United Way allocations	81,393	90,504	171,897	22,697
In-kind support	271,649	-	271,649	173,498
Client fees:				
Adult day care	559,778	-	559,778	674,571
Nutrition	85,174	-	85,174	113,833
Other	67,273	-	67,273	88,358
Other revenue	40,300	-	40,300	37,019
Endowment return utilized in operations	400,995	-	400,995	1,100,000
Net assets released from restrictions:				
Satisfaction of use restrictions	323,396	(323,396)	-	-
Total operating support and revenue	7,251,942	(232,892)	7,019,050	7,605,395
Operating expenses:				
Program services	6,035,201	-	6,035,201	5,933,238
Supporting services	1,834,672	-	1,834,672	2,072,972
Total operating expenses	7,869,873	-	7,869,873	8,006,210
Change in net assets from operations	(617,931)	(232,892)	(850,823)	(400,815)
Other changes:				
Capital grants	178,521	-	178,521	519,958
Investment return	-	167,633	167,633	(77,430)
Endowment return utilized in operations	-	(400,995)	(400,995)	(1,100,000)
Change in value of split-interest agreements	-	70,002	70,002	(126,509)
Gain (loss) on sale of equipment	(1,150)	-	(1,150)	16,500
Loss on impairment of property held for sale	(2,450,814)	-	(2,450,814)	-
Gain (loss) on interest rate swap	(46,251)	-	(46,251)	83,806
Total other changes	(2,319,694)	(163,360)	(2,483,054)	(683,675)
Change in net assets	(2,937,625)	(396,252)	(3,333,877)	(1,084,490)
Net assets, beginning of year	6,518,608	2,157,470	8,676,078	9,760,568
Net assets, end of year	\$ 3,580,983	1,761,218	5,342,201	8,676,078

NEIGHBORLY CARE NETWORK, INC.**Statement of Activities****Year Ended December 31, 2018**

	Without Donor Restrictions	With Donor Restrictions	Total
Operating support and revenue:			
Public support:			
Grants and contracts	\$ 4,972,514	-	4,972,514
Contributions	392,905	30,000	422,905
United Way allocations	22,697	-	22,697
In-kind support	173,498	-	173,498
Client fees:			
Adult day care	674,571	-	674,571
Nutrition	113,833	-	113,833
Other	88,358	-	88,358
Other revenue	37,019	-	37,019
Endowment return utilized in operations	1,100,000	-	1,100,000
Net assets released from restrictions:			
Satisfaction of use restrictions	8,243	(8,243)	-
Expiration of time restrictions	925,556	(925,556)	-
Total operating support and revenue	<u>8,509,194</u>	<u>(903,799)</u>	<u>7,605,395</u>
Operating expenses:			
Program services	5,933,238	-	5,933,238
Supporting services	2,072,972	-	2,072,972
Total operating expenses	<u>8,006,210</u>	<u>-</u>	<u>8,006,210</u>
Change in net assets from operations	502,984	(903,799)	(400,815)
Other changes:			
Capital grants	519,958	-	519,958
Investment return	(27,273)	(50,157)	(77,430)
Endowment return utilized in operations	(1,018,324)	(81,676)	(1,100,000)
Change in value of split-interest agreements	-	(126,509)	(126,509)
Gain on sale of equipment	16,500	-	16,500
Gain on interest rate swap	83,806	-	83,806
Total other changes	<u>(425,333)</u>	<u>(258,342)</u>	<u>(683,675)</u>
Change in net assets	77,651	(1,162,141)	(1,084,490)
Net assets, beginning of year	<u>6,440,957</u>	<u>3,319,611</u>	<u>9,760,568</u>
Net assets, end of year	<u>\$ 6,518,608</u>	<u>2,157,470</u>	<u>8,676,078</u>

See accompanying independent auditor's report and notes to financial statements.

NEIGHORLY CARE NETWORK, INC.

Statement of Functional Expenses

Year Ended December 31, 2019
(With Comparative Totals for 2018)

	Program Services								Supporting Services			Total Expenses		
	Adult Day Care	Transportation	Nutrition - Meals	Nutrition - Outreach	Nutrition - Education	Nutrition - Counseling	Other Programs	Program Maintenance	Total	General and Administrative	Fundraising	Total	2019	2018
	Salaries and wages	\$ 542,084	744,916	800,347	36,915	7,529	36,001	30,715	89,312	2,287,819	518,462	145,429	663,891	2,951,710
Payroll taxes	43,462	59,115	63,826	2,902	604	2,934	2,317	7,070	182,230	40,341	11,554	51,895	234,125	235,310
Employee benefits	124,666	106,804	110,494	8,402	1,255	3,792	8,099	17,684	381,196	141,945	32,385	174,330	555,526	619,523
Total personnel related expenses	710,212	910,835	974,667	48,219	9,388	42,727	41,131	114,066	2,851,245	700,748	189,368	890,116	3,741,361	3,861,334
Contract and professional fees	7,080	80,160	16,669	-	-	-	-	2,439	106,348	85,066	780	85,846	192,194	285,263
Communications and utilities	20,197	7,825	34,593	-	-	-	2,207	92,664	157,486	34,963	1,139	36,102	193,588	190,754
Occupancy allocation	140,636	28,095	34,585	-	-	-	-	(573,911)	(370,595)	362,239	8,356	370,595	-	-
Repairs and maintenance	19,150	168,076	38,208	-	-	-	66	48,587	274,087	47,349	11,579	58,928	333,015	376,073
Insurance	14,996	100,849	44,104	-	-	-	-	92,154	252,103	31,339	-	31,339	283,442	264,376
Postage, printing and supplies	12,563	7,556	37,721	-	71	-	619	9,431	67,961	24,827	26,641	51,468	119,429	83,727
Food costs	33,797	-	1,545,624	-	-	-	88,683	-	1,668,104	-	-	-	1,668,104	1,647,298
Equipment	548	-	454	-	-	-	71	23,224	24,297	6,155	-	6,155	30,452	47,901
Vehicle expenses	-	131,296	14,183	-	-	-	-	1,143	146,622	356	-	356	146,978	155,530
Travel	195	-	37,758	5,297	9	4,743	657	700	49,359	2,033	1,204	3,237	52,596	59,360
Operating expenses	1,926	6,653	16,279	970	-	-	-	4,332	30,160	11,374	22,102	33,476	63,636	77,366
Financing charges and bank fees	-	-	-	-	-	-	-	2,400	2,400	102,609	159	102,768	105,168	113,382
Interest	-	-	-	-	-	-	-	-	-	120,176	-	120,176	120,176	129,684
In-kind	1,316	-	270,333	-	-	-	-	-	271,649	-	-	-	271,649	173,498
Other	1,322	472	2,337	-	-	-	476	90	4,697	611	378	989	5,686	38,243
Total expenses before depreciation and amortization	963,938	1,441,817	3,067,515	54,486	9,468	47,470	133,910	(182,681)	5,535,923	1,529,845	261,706	1,791,551	7,327,474	7,503,789
Depreciation and amortization	22,155	277,701	15,243	-	-	-	1,498	182,681	499,278	43,121	-	43,121	542,399	502,421
Total expenses - 2019	\$ 986,093	1,719,518	3,082,758	54,486	9,468	47,470	135,408	-	6,035,201	1,572,966	261,706	1,834,672	7,869,873	
Total expenses - 2018	\$ 1,023,070	1,664,061	3,012,538	43,989	8,076	74,100	107,404	-	5,933,238	1,827,460	245,512	2,072,972		8,006,210

See accompanying independent auditor's report and notes to financial statements.

NEIGHBORLY CARE NETWORK, INC.**Statements of Cash Flows****Years Ended December 31, 2019 and 2018**

	<u>2019</u>	<u>2018</u>
Cash flows from operating activities:		
Change in net assets	\$ (3,333,877)	(1,084,490)
Adjustments to reconcile change in net assets to net cash used in operating activities:		
Depreciation and amortization	542,399	502,421
Net realized and unrealized loss (gain) on investments	(140,200)	109,892
Loss (gain) on interest rate swap	46,251	(83,806)
Loss (gain) on sale of equipment	1,150	(16,500)
Loss on impairment of capital asset	2,450,814	-
Government grants to acquire and improve capital assets	(170,706)	(512,143)
Decrease in:		
Receivables	47,416	984,409
Prepaid expenses and other assets	12,271	37,849
Increase in:		
Accounts payable	129,267	31,961
Accrued expenses	3,179	12,598
	<u>(412,036)</u>	<u>(17,809)</u>
Net cash used in operating activities		
Cash flows from investing activities:		
Proceeds from sale and maturity of investments	1,015,086	1,583,110
Purchases of investments	(641,524)	(515,571)
Principal payments received under note receivable	9,244	11,531
Proceeds from sale of equipment	60,258	16,500
Purchases of property and equipment	<u>(248,962)</u>	<u>(659,757)</u>
Net cash provided by investing activities	194,102	435,813
Cash flows from financing activities:		
Government grants to acquire and improve capital assets	170,706	512,143
Principal paid on bonds payable	<u>(260,000)</u>	<u>(250,000)</u>
Net cash provided by (used in) financing activities	<u>(89,294)</u>	<u>262,143</u>
Net increase (decrease) in cash	(307,228)	680,147
Cash at beginning of year	<u>930,854</u>	<u>250,707</u>
Cash at end of year	\$ <u><u>623,626</u></u>	<u><u>930,854</u></u>
Supplemental cash flow information:		
Cash paid for interest	\$ <u><u>119,386</u></u>	<u><u>131,927</u></u>
Noncash transfer of land and building to property held for sale	\$ <u><u>3,126,372</u></u>	<u><u>-</u></u>

NEIGHBORLY CARE NETWORK, INC.

Notes to the Financial Statements

December 31, 2019 and 2018

(1) Summary of Significant Accounting Policies

(a) Nature of Operations

Neighborly Care Network, Inc. (the “Organization”), is a nonprofit organization which exists to provide programs and services for mature adults, primarily in Pinellas County, Florida. The Organization provides a variety of senior care services through programs including: care management, nutrition services programs primarily known as “meals on wheels,” Medicaid transportation services, adult day care, and pharmacy services.

Significant portions of the Organization’s funds for operations are received from federal, state, county and municipal governmental units and from the United Way. Federal and state funds are received primarily through the Area Agency on Aging of Pasco - Pinellas, Inc., which acts as an intermediary between the Organization and the funding sources. Acceptance of funding provided by these grants requires compliance with prescribed conditions and other special requirements, including the furnishing of certain program support from non-governmental sources.

(b) Basis of Presentation

The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America. Operating revenues consist of amounts received through the Organization’s general program operations. Other receipts not associated with the Organization’s general operations are classified as other revenues. Net assets, revenues, expenses, gains and losses are classified based on the existence or absence of donor-imposed restrictions.

Net assets of the Organization and changes therein are classified and reported as follows:

Net Assets Without Donor Restrictions include net assets that are not subject to donor imposed stipulations and are fully available to utilize for any program or supporting services.

Net Assets With Donor Restrictions consist of net assets whose use is limited by donor-imposed time and/or purpose restrictions. The Organization reports gifts of cash and other assets as revenue with donor restrictions if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or a purpose restriction is accomplished, net assets with donor restrictions are reclassified to net assets without donor restrictions and presented as net assets released from restrictions.

Some net assets with donor restrictions include a stipulation that the assets be maintained in perpetuity while permitting the Organization to spend the income generated by the assets in accordance with the provisions of additional donor imposed stipulations or a Board approved spending policy.

NEIGHBORLY CARE NETWORK, INC.**Notes to the Financial Statements - Continued****(1) Summary of Significant Accounting Policies - Continued****(c) Cash**

Cash consists of bank deposits and petty cash. The Federal Deposit Insurance Corporation ("FDIC") covers \$250,000 for substantially all depository accounts. The Organization from time to time may have amounts on deposit in excess of the insured limits. As of December 31, 2019 and 2018, the Organization had \$420,737 and \$694,144, respectively, which exceeded these insured amounts.

Bank deposits in a sinking fund that are set aside for bond principal payments as required by applicable debt covenants, totaled \$113,090 and \$108,960 as of December 31, 2019 and 2018, respectively, and are considered restricted cash balances.

(d) Accounts Receivable

Accounts receivable are stated at unpaid balances, less an allowance for doubtful accounts. The Organization provides for losses on accounts receivable using the allowance method. The allowance is based on historical experience, third party contracts, and other circumstances, which may affect the ability of payors to meet their obligations. Receivables are considered fully impaired if full principal payments are not received in accordance with contractual terms. It is the Organization's policy to charge off uncollectible accounts receivable when management determines the receivable will not be collected. As of December 31, 2019 and 2018, all accounts were considered to be collectible, therefore, the Organization did not record an allowance for doubtful accounts.

(e) Investments

Investments include marketable debt and equity securities with readily determinable fair values. Unrealized gains and losses are reported in the accompanying statements of activities as a component of investment return. Restrictions on investment earnings are reported as increases in net assets without donor restrictions if the restrictions expire or are otherwise satisfied in the fiscal year in which the earnings are recognized.

(f) Property and Equipment

Property and equipment are carried at cost, if purchased, or at estimated fair value at date of receipt if obtained by gift. Depreciation is computed using the straight-line method over the estimated useful lives of the assets, which range from 3 to 40 years. Expenditures for assets in excess of \$1,000 with an estimated useful life greater than one year are capitalized.

(g) Fair Value Measurements

In accordance with Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) Topic 820, *Fair Value Measurement*, the Organization uses a fair value hierarchy that prioritizes inputs to valuation techniques used to measure fair value into three levels: quoted market prices that are observable for the asset or liability (Level 1); inputs other than quoted market prices that are observable for the asset or liability, either directly or indirectly (Level 2); and unobservable inputs for the asset or liability (Level 3).

NEIGHBORLY CARE NETWORK, INC.**Notes to the Financial Statements - Continued****(1) Summary of Significant Accounting Policies - Continued****(h) Interest Rate Swap**

As described in Note 7, the Organization is utilizing an interest rate swap (“swap”) to reduce its exposure to changes in the interest rate on its long term debt. The swap is presented at fair value based on level 2 inputs.

(i) Contributions

Contributions, including unconditional promises to give, are recorded when made. All contributions are available for unrestricted use unless specifically restricted by the donor. Conditional promises to give are recognized when the conditions on which they depend are substantially met.

Contributions that are restricted by the donor are reported as an increase in net assets without donor restrictions if the restriction expires in the reporting period in which the support is recognized. All other donor-restricted contributions are reported as an increase in net assets with donor restrictions. When a restriction expires, net assets with donor restrictions are reclassified to net assets without donor restrictions.

(j) In-Kind Contributions

Contributions of non-cash assets, including contributed building space usage, are recorded at acquisition value in the period received. Contributions of donated services that create or enhance nonfinancial assets or that require specialized skills, are provided by individuals possessing those skills, and would typically need to be purchased if not provided by donation, are recorded at fair value in the period received. Contributions of donated services not meeting these specified criteria are not recorded in the financial statements.

(k) Grants Revenue

A significant portion of the Organization’s revenue is derived from cost-reimbursable or unit based federal, state and local grants, which are conditioned upon certain performance requirements and/or the incurrence of allowable qualifying expenditures. Amounts received are recognized as revenue when the Organization has provided program services and incurred expenditures in compliance with specific grant provisions. Grants awarded for the acquisition of long-lived assets are reported as nonoperating revenue without donor restrictions, in the absence of donor stipulations to the contrary, during the fiscal year in which the assets are placed in service.

(l) Revenue Recognition

Client service fees consist of care management, nutrition and certain other services paid by clients or by insurance companies under the terms of negotiated contracts. Client service fees are recognized over time when the services are provided based on standard charges, net of any contractual adjustments under insurance contracts. Care management services are billed monthly and amounts collected in advance are recorded as deferred revenue. Revenue for other fee-based services are recognized as services are provided.

NEIGHBORLY CARE NETWORK, INC.**Notes to the Financial Statements - Continued****(1) Summary of Significant Accounting Policies - Continued****(m) Statement of Functional Expenses**

The costs of providing the various programs and other activities have been summarized on a functional basis in the statement of functional expenses. Expenses directly attributable to a specified functional area of the Organization are reported as direct expenses of those functional areas while indirect costs that benefit multiple functional areas have been allocated among the functional areas based on time spent by employees or based on the square footage analysis of occupancy-related costs for each functional area. Interagency expenses represent transportation, meals and pharmacy expenses that were provided to the adult day care program and allocated based on the relative value units benefitted.

(n) Income Taxes

Neighborly Care Network, Inc. is exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code, and has been determined not to be a private foundation. Under IRS regulations, Neighborly Pharmacy, LLC is treated as a disregarded entity single member LLC and was, therefore, treated as a division of the Organization, rendering it exempt from federal income taxes.

The Organization has adopted ASC Topic 740, *Income Taxes*. ASC 740 prescribes a recognition and measurement standard for uncertain tax positions taken or expected to be taken in a tax return. The Organization does not believe it has any material income tax exposure relating to uncertain tax positions. The Organization's income tax filings remain subject to examination for a period of three years after filing.

(o) Summarized Financial Information for 2018

The statement of functional expenses includes certain prior-year summarized comparative information in total but not by functional category. Such information does not include sufficient detail to constitute a presentation in conformity with accounting principles generally accepted in the United States of America. Accordingly, such information should be read in conjunction with the Organization's financial statements for the year ended December 31, 2018, from which summarized information was derived.

(p) Going Concern Evaluation

On an annual basis, as required by ASC Topic 205, *Presentation of Financial Statements - Going Concern*, the Organization performs an evaluation to determine whether there are conditions or events (known and reasonably knowable), considered in the aggregate, that raise substantial doubt about the Organization's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

NEIGHBORLY CARE NETWORK, INC.**Notes to the Financial Statements - Continued****(1) Summary of Significant Accounting Policies - Continued****(q) Reclassifications**

Certain amounts in the 2018 financial statements have been reclassified to conform to the 2019 presentation.

(r) Advertising

The Organization expenses advertising costs as incurred. Advertising expense for the years ended December 31, 2019 and 2018 was \$32,542 and \$35,166, respectively.

(s) Recent Accounting Pronouncements

In May 2014, the FASB issued Accounting Standards Update (“ASU”) No. 2014-09, *Revenue from Contracts with Customers (Topic 606)*. The core principle of the new guidance is that an entity will recognize revenue to depict the transfer of promised goods or services to customers in an amount that reflects the consideration to which the entity expects to be entitled in exchange for those goods or services. In August 2015, the FASB issued ASU No. 2015-14, *Revenue from Contracts with Customers (Topic 606)*, which deferred the provisions of ASU 2014-09 for annual reporting periods beginning after December 15, 2018. The Organization adopted this guidance on January 1, 2019 using the modified retrospective approach. As part of the adoption, the Organization has evaluated each of the five steps of ASC Topic 606 which are as follows: (1) Identify the contract with the customer; (2) Identify the performance obligations in the contract; (3) Determine the transaction price; (4) Allocate the transaction price to the performance obligations; and (5) Recognize revenue when (or as) performance obligations are satisfied. The Organization has determined that the adoption of ASC Topic 606 did not have an impact on the Organization’s financial statements.

In June 2018, the FASB issued ASU No. 2018-08, *Not-for-Profit-Entities (Topic 958): Clarifying the Scope and the Accounting Guidance for Contributions Received and Contributions Made*. ASU 2018-08 assists entities in (1) evaluating whether transactions should be accounted for as contributions (nonreciprocal transactions) within the scope of Topic 958, *Not-for-Profit-Entities*, or as exchange (reciprocal) transactions subject to the guidance described above for revenue recognition and (2) determining whether a contribution is conditional. Conditional contributions have different revenue recognition when compared to non-reciprocal transfers of resources in that amounts are reflected as earned when barriers to entitlement are overcome with any difference being deferred. The Organization’s grants with federal, state and local agencies are considered conditional contributions. The contribution standard was applied using the modified retrospective method. This method was applied to transactions that were not complete or had otherwise already been recognized as of January 1, 2019. Adoption of the new standard did not have a material impact on 2019 results. In evaluating the effects of the change, contributions in process as of the date of adoption were considered.

NEIGHBORLY CARE NETWORK, INC.**Notes to the Financial Statements - Continued****(2) Investments**

At December 31, 2019 and 2018, the cost and market values of investments are as follows:

	2019		2018	
	Cost	Market	Cost	Market
Investments:				
Money market funds	\$ 379,588	379,588	163,594	163,594
Fixed income securities	607,718	619,759	729,686	716,250
Equity securities	158,066	191,373	521,033	534,058
Real estate investment trusts	5,030	7,633	16,118	17,813
	\$ 1,150,402	1,198,353	1,430,431	1,431,715

The Organization's investments in fixed income and equity securities are not concentrated in a single entity or in a few entities, nor are there any specific industry concentrations.

The following schedule summarizes investment return for the years ended December 31, 2019 and 2018:

	2019	2018
Dividend and interest income	\$ 39,838	50,510
Realized and unrealized gains (losses)	140,200	(109,892)
Investment management fees	(12,405)	(18,048)
	\$ 167,633	(77,430)

(3) Receivable under Charitable Remainder Trusts

The Organization has been named the remainder beneficiary under three charitable remainder trusts. Each remainder trust provides for the payment of periodic distributions to income beneficiaries over their lifetimes at stated rates as defined in each trust document. Upon the death of the income beneficiaries, the remaining assets in each trust will be distributed to each named remainder beneficiary. The receivable under charitable remainder trusts is reported at the estimated fair market value of the Organization's remainder interest. The value of these assets is determined based on Level 3 criteria defined in Note 14, which includes the fair value of assets contributed by the donor less the fair value of payments to be made to other beneficiaries. In 2018, the Organization received final distributions from two of these trusts. At December 31, 2019 and 2018, the receivable under charitable remainder trusts represents the Organization's interest in one remaining trust.

(4) Note Receivable

In October 2016, the Organization sold its Tarpon Springs location. As a result of the sale, the Organization received a \$625,000 promissory note from the buyer. Principal and interest payments are due monthly beginning November 1, 2016 through November 1, 2046 in the amount of \$2,984. The note bears interest at 4.0%. The balance of the note receivable as of December 31, 2019 and 2018 was \$591,341 and \$600,585, respectively.

NEIGHBORLY CARE NETWORK, INC.

Notes to the Financial Statements - Continued

(5) Property and Equipment

Property and equipment consist of the following at December 31, 2019 and 2018:

	2019	2018
Land	\$ 686,553	1,290,606
Building and improvements	1,027,547	7,684,946
Furniture and equipment	4,651,764	4,894,220
	6,365,864	13,869,772
Less accumulated depreciation	(4,379,183)	(5,960,616)
	\$ 1,986,681	7,909,156

Depreciation expense for the years ended December 31, 2019 and 2018 was \$532,842 and \$492,864, respectively.

In 2019, the Organization decided to sell its largest facility in Clearwater, Florida to reduce its operating costs since the Organization was able to consolidate certain program services and reduce the square footage needed to operate programs. Assets that are to be disposed of by sale are required to be reported at the lower of carrying amount or fair value less selling costs. On January 6, 2020, the Organization sold this property for approximately \$3.1 million, net of selling expenses, which indicates the net realizable value of the property was \$2.45 million less than its carrying value. Accordingly, the Organization recognized an impairment loss of \$2.45 million in 2019 which is included in other changes in the accompanying statement of activities.

(6) Bonds Payable

In August 2008, the Organization borrowed \$5.1 million, funded by the issuance of Variable Rate Revenue Bonds, Series 2008, through the Pinellas County Industrial Development Authority (PCIDA 2008 Bonds). This borrowing was for the purpose of funding the construction of the Evergreen facility, which was occupied in May 2010. The PCIDA 2008 Bonds mature between 2010 and 2028. Under the terms of the 2008 debt agreement with the PCIDA, the Organization is responsible for payment of interest on the bonds and for repayment of bond principal. Interest expense on the bonds payable for the years ended December 31, 2019 and 2018 was \$120,176 and \$129,684, respectively. Amortization of bond issuance costs related to the bonds payable for each of the years ended December 31, 2019 and 2018 was \$9,557. Debt service payments are secured by a letter of credit for the full amount of the outstanding issue, issued by Branch Banking and Trust Company (BB&T). The annual percentage rate, maturity, and principal balance outstanding and other information relating to bond indebtedness at December 31, 2019 were as follows:

Series	Type	Annual Percentage Rate	Principal Maturity	Principal Balance Outstanding	Unamortized Bond Issuance Costs	Current Portion
2008	Series	Variable	2010 - 2028	\$ 2,985,000	\$ 82,028	\$ 270,000

NEIGHBORLY CARE NETWORK, INC.**Notes to the Financial Statements - Continued****(6) Bonds Payable - Continued**

The aggregate maturities of bonds payable for each of the five years subsequent to December 31, 2019 and thereafter are as follows:

<u>Year Ending December 31,</u>	
2020	\$ 270,000
2021	285,000
2022	300,000
2023	315,000
2024	330,000
Thereafter	<u>1,485,000</u>
Total maturities	2,985,000
Less unamortized bond issuance costs	<u>82,028</u>
Bonds payable, net of debt issuance costs	2,902,972
Less current installments of bonds payable	<u>270,000</u>
Bonds payable, less current installments	<u>\$ 2,632,972</u>

The Letter of Credit and Reimbursement Agreement include certain covenants that limit the Organization's ability to incur new debt and require, among other things, the Organization to meet certain debt service coverage ratios. As of December 31, 2019, the Organization was not in compliance with certain of these covenants; however, a waiver of noncompliance has been obtained from the bank. In January 2020, the Organization paid off the bond and the interest rate swap agreement with proceeds received from the sale of the property collateralizing the bond.

(7) Interest Rate Swap

On September 1, 2008, the Organization entered into a variable-to-fixed interest rate swap agreement in the initial notional amount of \$5.1 million which effectively fixed the rate of interest incurred under the Variable Rate Revenue Bonds described in Note 6 at 3.38%. The term of the agreement extends over the maturity period of the Variable Rate Revenue Bonds, Series 2008, with the notional amount being reduced as the bonds mature through fiscal year 2028. Net cash amounts paid or received under the agreement are recognized as an adjustment to interest expense.

NEIGHBORLY CARE NETWORK, INC.**Notes to the Financial Statements - Continued****(7) Interest Rate Swap - Continued**

The Organization accounts for the interest rate swap in accordance with ASC Topic 815, *Derivatives and Hedging*. ASC 815 requires that all derivative instruments be recorded in the statement of financial position at fair value and that changes in fair value be reflected as a component of the Organization's change in net assets. At December 31, 2019 and 2018, the fair value of the obligation under the interest rate swap agreement, based on an estimate provided by the financial institution was \$368,245 and \$321,994, respectively. The interest rate swap is valued by the financial institution by discounting the present value of the future cash flows under the swap. The current yield curve of the floating rate on December 31, 2019 is utilized to project the future interest rates until the expiration of the swap. Due to the lack of quoted prices in active markets for identical swap agreements and the existence of inputs other than quoted prices that are observable for the swap agreement, management has determined that this financial instrument is a Level 2 fair value measurement in accordance with ASC 820 (as presented in Note 14).

For the years ended December 31, 2019 and 2018, the Organization recognized unrealized net losses of \$46,251 and net gains of \$83,806, respectively, from the change in the fair value of the interest rate swap agreement.

(8) Net Assets With Donor Restrictions

Net assets with donor restrictions as of December 31, 2019 and 2018 relate to assets contributed by donors and other funding sources for specific purposes and time periods as follows:

	<u>2019</u>	<u>2018</u>
Subject to time restrictions:		
United Way allocations	\$ <u>32,155</u>	<u>-</u>
	32,155	-
Subject to use restrictions:		
Receivable under charitable remainder trust	530,710	709,297
Other contributions	<u>-</u>	<u>16,458</u>
	530,710	725,755
Endowments restricted in perpetuity:		
Meals on Wheels endowment	1,190,639	1,402,601
Lealman Adult Day Care Center endowment	2,571	9,705
General endowment	<u>5,143</u>	<u>19,409</u>
	<u>1,198,353</u>	<u>1,431,715</u>
Total net assets with donor restrictions	\$ <u><u>1,761,218</u></u>	<u><u>2,157,470</u></u>

NEIGHBORLY CARE NETWORK, INC.**Notes to the Financial Statements - Continued****(9) Endowments**

The Organization's endowments include both donor-restricted endowment funds and funds designated by the Board of Directors to function as endowments. As required by U.S. generally accepted accounting principles, net assets associated with endowment funds are classified based on the existence or absence of donor-imposed restrictions.

The Board has interpreted the *Florida Uniform Prudent Management of Institutional Funds Act* (UPMIFA), effective July 1, 2012, as requiring the preservation of the historic dollar value of the original gift as of the gift date of the donor restricted endowment funds, absent explicit donor stipulation to the contrary. As a result of this interpretation, the Organization retains in perpetuity: the original value of gifts donated to the endowments; the original value of subsequent gifts to the endowments; and any accumulations to the endowments made in accordance with the direction of the applicable donor gift instrument. Donor-restricted amounts not retained in perpetuity are subject to appropriation for expenditure by the Organization in a manner consistent with the standard of prudence prescribed by UPMIFA.

Endowment Funds with Deficits

From time to time certain donor-restricted endowment funds may have fair values less than the amount required to be maintained by donors or by law (underwater endowments). These deficits resulted from unfavorable market fluctuations that generally occurred shortly after authorized distributions that were deemed prudent. The Organization has interpreted UPMIFA to permit the spending from underwater endowments in accordance with prudent measures required under law.

At December 31, 2019, the Organization's endowment funds with deficiencies were reported in net assets with donor restrictions as follows:

Fair value of endowments	\$	1,198,353
Original endowment gifts		<u>1,563,548</u>
Deficiencies of underwater endowment funds	\$	<u>(365,195)</u>

Return Objectives and Spending Policy

The investment policy for donor-restricted endowment funds is to produce long-term returns while also providing current income to fund related programs. This is currently achieved by investing primarily in equities and fixed income securities. The Board of Directors approves annual spending plans based on the needs of the endowed programs, the expected long term rate of return on investments and the possible effect of inflation and deflation.

NEIGHBORLY CARE NETWORK, INC.**Notes to the Financial Statements - Continued****(9) Endowments - Continued**

Endowment net asset composition as of December 31, 2019 and 2018 are as follows:

	<u>Net Assets Without Donor Restrictions</u>	<u>Net Assets With Donor Restrictions</u>	<u>Total</u>
2019:			
Donor-restricted endowment funds	\$ -	1,198,353	1,198,353
	<u>\$ -</u>	<u>1,198,353</u>	<u>1,198,353</u>
2018:			
Donor-restricted endowment funds	\$ -	1,431,715	1,431,715
	<u>\$ -</u>	<u>1,431,715</u>	<u>1,431,715</u>

Changes in endowment net assets for the years ended December 31, 2019 and 2018 are as follows:

	<u>Net Assets Without Donor Restrictions</u>	<u>Net Assets With Donor Restrictions</u>	<u>Total</u>
Endowment net assets at 12/31/17	\$ 1,045,597	1,563,548	2,609,145
Investment return	(27,273)	(50,157)	(77,430)
Appropriation of endowment assets pursuant to spending policy	-	(81,676)	(81,676)
Distribution from Board-designated endowment pursuant to distribution policy	<u>(1,018,324)</u>	<u>-</u>	<u>(1,018,324)</u>
Endowment net assets at 12/31/18	-	1,431,715	1,431,715
Investment return	-	167,633	167,633
Appropriation of endowment assets pursuant to spending policy	<u>-</u>	<u>(400,995)</u>	<u>(400,995)</u>
Endowment net assets at 12/31/19	<u>\$ -</u>	<u>1,198,353</u>	<u>1,198,353</u>

NEIGHBORLY CARE NETWORK, INC.**Notes to the Financial Statements - Continued****(10) Liquidity and Availability of Resources**

The Organization is supported by both unrestricted and restricted contributions. Because a donor's restriction requires resources to be used in a particular manner or in a future period, the Organization must maintain sufficient resources to meet those responsibilities to its donors. Thus, financial assets may not be available for general expenditure within one year. As part of the Organization's liquidity management, it has a policy to structure its financial assets to be available as its general expenditure, liabilities and other obligations come due. As of December 31, 2019 and 2018, the Organization's financial assets available to meet cash needs for general expenditures within one year are as follows:

	<u>2019</u>	<u>2018</u>
Financial assets:		
Cash	\$ 623,626	930,854
Accounts receivable	1,111,660	980,489
Note receivable	591,341	600,585
Investments	1,198,353	1,431,715
Receivables under charitable remainder trusts	<u>530,710</u>	<u>709,297</u>
Total financial assets	4,055,690	4,652,940
Less amounts unavailable for general expenditure within one year due to:		
Contractual or donor restrictions:		
Cash restricted for debt service	(113,090)	(108,960)
Donor imposed restrictions	(530,710)	(725,755)
Endowments	(1,198,353)	(1,431,715)
Noncurrent portion of note receivable	<u>(576,093)</u>	<u>(588,584)</u>
	<u>\$ 1,637,444</u>	<u>1,797,926</u>

(11) Operating Leases

The Organization leases certain office and warehouse facilities and certain office equipment under leases classified as operating leases. Rent expense for the years ended December 31, 2019 and 2018 was approximately \$31,000 and \$48,000, respectively.

The Organization has no lease commitments with initial or remaining noncancelable lease terms in excess of one year as of December 31, 2019.

NEIGHBORLY CARE NETWORK, INC.**Notes to the Financial Statements - Continued****(12) In-Kind Contributions**

The Organization is required to furnish program funds from non-governmental sources in order to meet certain federal and state matching requirements. Program funds may be obtained by cash and in-kind contributions. In-kind contributions consist of donated services, supplies, equipment and the use of group dining and day care facilities. Donated services include paraprofessionals, volunteers, bus and van drivers and aides at the day care centers. Only donated services that meet the requirements as discussed in Note 1 are recorded in the financial statements.

Donated services that did not meet the criteria for recognition in the financial statements and are not reported in the financial statements were \$731,707 and \$85,601 for the years ended December 31, 2019 and 2018, respectively.

(13) Retirement Plan

A 403(b) Retirement Savings Plan (the "Plan") was established by the Organization on July 1, 2001, and was amended and restated effective January 1, 2009. Employees are eligible to participate in the Plan immediately, and participate in receiving matching contributions from the Organization on the first day of the calendar month that coincides with, or immediately follows, the later of (a) the date the employee completes one full year of employment or (b) the date the employee attains 18 years of age. A participant may elect to make contributions, subject to certain limitations, and the Organization, at its discretion, may contribute annually to the Plan. Contributions vest to employees immediately. Effective January 1, 2019, the Organization amended the employer match to 5% of eligible compensation. The Organization's contributions to the Plan for the years ended December 31, 2019 and 2018 were \$105,900 and \$217,000, respectively, representing 5% and 10% of eligible compensation in 2019 and 2018, respectively.

(14) Fair Value Measurements

Fair value is the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. The fair value hierarchy, which requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value, provides three levels of inputs used to measure fair value:

Level 1: Quoted prices in active markets for identical assets or liabilities;

Level 2: Quoted prices for similar assets and liabilities in active markets or inputs that are observable;

Level 3: Inputs that are unobservable (for example, cash flow modeling based on assumptions).

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The Organization did not change its valuation techniques during the year.

NEIGHBORLY CARE NETWORK, INC.**Notes to the Financial Statements - Continued****(14) Fair Value Measurements - Continued**

Fair value of assets and liabilities measured on a recurring basis as of December 31, 2019 and 2018 are as follows:

	Fair Value at December 31, 2019	Level 1	Level 2	Level 3
Assets:				
Investments:				
Money market funds	\$ 379,588	379,588	-	-
Fixed income securities:				
U.S. Treasury securities	111,584	-	111,584	-
Government sponsored enterprise securities	44,110	-	44,110	-
Asset-backed securities	216,536	-	216,536	-
Corporate bonds	247,529	-	247,529	-
Equity securities:				
Common stock	191,373	191,373	-	-
Real estate investment trusts	7,633	7,633	-	-
	<u>1,198,353</u>	<u>578,594</u>	<u>619,759</u>	<u>-</u>
Receivables under charitable remainder trust	<u>530,710</u>	<u>-</u>	<u>-</u>	<u>530,710</u>
	<u>\$ 1,729,063</u>	<u>578,594</u>	<u>619,759</u>	<u>530,710</u>
Liabilities:				
Obligation under interest rate swap agreement	<u>\$ 368,245</u>	<u>-</u>	<u>368,245</u>	<u>-</u>
Fair Value at December 31, 2018				
Assets:				
Investments:				
Money market funds	\$ 163,594	163,594	-	-
Fixed income securities:				
U.S. Treasury securities	92,972	-	92,972	-
Government sponsored enterprise securities	46,499	-	46,499	-
Municipal bonds	30,307	-	30,307	-
Asset-backed securities	259,193	-	259,193	-
Corporate bonds	287,279	-	287,279	-
Equity securities:				
Common stock	534,058	534,058	-	-
Real estate investment trusts	17,813	17,813	-	-
	<u>1,431,715</u>	<u>715,465</u>	<u>716,250</u>	<u>-</u>
Receivables under charitable remainder trusts	<u>709,297</u>	<u>-</u>	<u>-</u>	<u>709,297</u>
	<u>\$ 2,141,012</u>	<u>715,465</u>	<u>716,250</u>	<u>709,297</u>
Liabilities:				
Obligation under interest rate swap agreement	<u>\$ 321,994</u>	<u>-</u>	<u>321,994</u>	<u>-</u>

NEIGHBORLY CARE NETWORK, INC.**Notes to the Financial Statements - Continued****(14) Fair Value Measurements - Continued**

The following table sets forth a summary of the changes in fair value of assets and liabilities using significant unobservable inputs (Level 3) for the years ended December 31, 2019 and 2018:

	Receivable Under Charitable <u>Remainder Trusts</u>
Balances at December 31, 2017	\$ 1,536,084
Total gains (losses) included in changes in net assets	(126,509)
Purchases, issues, sales and settlements:	
Purchases	-
Issues	-
Sales	-
Settlements	<u>(700,278)</u>
Balances at December 31, 2018	709,297
Total gains (losses) included in changes in net assets	70,002
Purchases, issues, sales and settlements:	
Purchases	-
Issues	-
Sales	-
Settlements	<u>(248,589)</u>
Balances at December 31, 2019	<u>\$ 530,710</u>

(15) Concentration of Revenue and Other Support

One funding source provided approximately 60% and 57% of the Organization's operating revenue and support (excluding endowment distributions) in 2019 and 2018, respectively.

(16) Contingencies

The Organization routinely enters into grant agreements and contracts with governmental agencies that provide for reimbursement of the eligible direct and indirect costs of providing certain of the Organization's program services. The grants and contracts are subject to audit or review and retroactive adjustment based on a final determination by the grantor of eligible reimbursable expenditures. The effect of such adjustments, if any, on the Organization's financial statements cannot be determined at this time and no provision has been made for any such adjustment in the accompanying financial statements.

From time to time, the Organization is involved in legal claims arising in the ordinary course of its operations. Management believes any liability incurred in connection with these claims would be nominal in amount and covered under the Organization's insurance policies. In the opinion of management, no material liability exists with respect to these claims.

NEIGHBORLY CARE NETWORK, INC.

Notes to the Financial Statements - Continued

(17) Subsequent Events

Management has evaluated subsequent events through June 12, 2020, the date the financial statements were available for issuance.

On March 11, 2020, the World Health Organization declared the outbreak of a respiratory disease caused by a new coronavirus as a “pandemic”. First identified in late 2019 and known now as COVID-19, the outbreak has impacted thousands of individuals worldwide. In response, many countries have implemented measures to combat the outbreak which have impacted global business operations. As of the date of issuance of the financial statements, the Organization’s operations have been significantly impacted and the Organization continues to monitor the situation. No impairments were recorded as of the balance sheet date as no triggering events or changes in circumstances had occurred as of that date. However, due to significant uncertainty surrounding the situation, management’s judgment regarding this could change in the future. In addition, while the Organization’s results of operations, cash flows and financial condition have been negatively impacted, the extent of the impact cannot be reasonably estimated at this time.

In connection with the U.S. Federal Government’s economic stimulus program in response to the pandemic, the Organization obtained a Paycheck Protection Program loan of approximately \$707,000 in May 2020.

In connection with the sale of property in January 2020 as described in Note 5, the Organization entered into a lease with the buyer of the property for 36 months at an annual rental cost of approximately \$150,000. By paying off the bond and interest rate swap agreement with the proceeds from the sale of the property, the Organization will realize net cash flow savings of approximately \$240,000 in 2020.

SUPPLEMENTARY FINANCIAL INFORMATION

NEIGHBORLY CARE NETWORK, INC.

Schedule of Expenditures of Federal Awards and State Financial Assistance

Year Ended December 31, 2019

Federal/State Agency Pass-through Entity/ Federal Program/State Project	CFDA/ CSFA Number	Contract/ Grant Number	Expenditures	Transfers to Subrecipients
U.S. Department of Health and Human Services				
Passed through from the Florida Department of Elder Affairs and the Area Agency of Aging of Pasco-Pinellas, Inc.:				
<i>Aging Cluster:</i>				
Special Programs for the Aging, Title III, Part B, Grants for Supportive Services and Senior Centers (Transportation)	93.044	EA 019-NCN	\$ 481,084	-
Special Programs for the Aging, Title III, Part B, Grants for Supportive Services and Senior Centers (Adult Day Care)	93.044	EA 019-NCN	357,889	-
			838,973	-
Special Programs for the Aging, Title III, Part C, Nutrition Services (Congregate Meals)	93.045	EA 019-NCN	665,580	-
Special Programs for the Aging, Title III, Part C, Nutrition Services (Home Delivered Meals)	93.045	EA 019-NCN	1,165,250	-
			1,830,830	-
Nutrition Services Incentive Program	93.053	EA 019-NCN	206,834	-
Total Aging Cluster			2,876,637	-
Total U.S. Department of Health and Human Services			2,876,637	-
U.S. Department of Transportation				
Passed through from the Florida Department of Transportation:				
<i>Transit Services Cluster:</i>				
Enhanced Mobility of Seniors and Individuals with Disabilities (Capital)	20.513	FFY 2017/YR 42	167,910	-
Enhanced Mobility of Seniors and Individuals with Disabilities (Capital)	20.513	FFY 2018/YR 43	10,611	-
Enhanced Mobility of Seniors and Individuals with Disabilities (Operating)	20.513	G1402	450,000	-
Total U.S. Department of Transportation			628,521	-
U.S. Department of Agriculture				
Passed through from the Florida Department of Elder Affairs:				
Child and Adult Care Food Program	10.558	Y6069 18/19	15,413	-
Child and Adult Care Food Program	10.558	Y6069 19/20	4,224	-
Total U.S. Department of Agriculture			19,637	-
Total Expenditures of Federal Awards			\$ 3,524,795	-
State of Florida Department of Elder Affairs				
Passed through from the Area Agency on Aging of Pasco-Pinellas, Inc.:				
Local Services Programs - Home Delivered Meals	65.009	EL 018-NCN-2019	\$ 301,818	-
Local Services Programs - Transportation	65.009	EL 018-NCN-2019	168,105	-
Local Services Programs - Adult Day Care	65.009	EL 018-NCN-2019	61,998	-
Local Services Programs - Adult Day Care	65.009	EL 018-NCN-ADC	45,620	-
Local Services Programs - Adult Day Care	65.009	EL 019-NCN-ADC	38,578	-
Total State of Florida Department of Elder Affairs			616,119	-
State of Florida Department of Transportation				
Passed through from the Pinellas Suncoast Transit Authority (PSTA) acting as the Community Transportation Coordinator (CTC):				
Florida Commission for the Transportation Disadvantaged (CTD) Trip and Equipment Grant Program	55.001	CTC CONTRACTS	274,673	-
Total State of Florida Department of Transportation			274,673	-
Total Expenditures of State Financial Assistance			\$ 890,792	-

NEIGHBORLY CARE NETWORK, INC.

Notes to Schedule of Expenditures of Federal Awards and State Financial Assistance

Year Ended December 31, 2019

(1) Basis of Presentation

The accompanying Schedule of Expenditures of Federal Awards and State Financial Assistance (the "Schedule") includes the federal and state grant activity of Neighborly Care Network, Inc. under programs of the federal government and state grant activity of the State of Florida for the year ended December 31, 2019. The information in this Schedule is presented in accordance with the requirements of Title 2 U.S. Code of Federal Regulations Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance) and Chapter 10.650, *Rules of the State of Florida Auditor General*. Because the Schedule presents only a selected portion of the operations of Neighborly Care Network, Inc., it is not intended to and does not present the financial position, changes in net assets or cash flows of Neighborly Care Network, Inc. All federal awards and state projects passed through other government agencies are included in the accompanying schedule.

(2) Summary of Significant Accounting Policies

Expenditures reported on the Schedule are reported on the accrual basis of accounting. Such expenditures are recognized following the cost principles contained in Title 2 U.S. Code of Federal Regulations Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*, wherein certain types of expenditures are not allowable or are limited as to reimbursement.

(3) Other

Neighborly Care Network, Inc. have elected not to use the 10-percent de minimis indirect cost rate allowed under the Uniform Guidance.

NEIGHBORLY CARE NETWORK, INC.

Schedule of Functional Expenses as Required by Area Agency on Aging of Pasco-Pinellas, Inc.

Year Ended December 31, 2019

	Program Services						Supporting Services			Total Expenses		
	Adult Day Care	Transportation	Nutrition - Meals	Nutrition - Outreach	Nutrition - Education	Nutrition - Counseling	Non-DOEA Program Services	Total	General and Administrative		Fundraising	Total
Salaries and wages	\$ 542,084	744,916	800,347	36,915	7,529	36,001	120,027	2,287,819	518,462	145,429	663,891	2,951,710
Payroll taxes	43,462	59,115	63,826	2,902	604	2,934	9,387	182,230	40,341	11,554	51,895	234,125
Employee benefits	124,666	106,804	110,494	8,402	1,255	3,792	25,783	381,196	141,945	32,385	174,330	555,526
Total personnel related expenses	710,212	910,835	974,667	48,219	9,388	42,727	155,197	2,851,245	700,748	189,368	890,116	3,741,361
Contract and professional fees	7,080	80,160	16,669	-	-	-	2,439	106,348	85,066	780	85,846	192,194
Communications and utilities	20,197	7,825	34,593	-	-	-	94,871	157,486	34,963	1,139	36,102	193,588
Occupancy allocation	140,636	28,095	34,585	-	-	-	(573,911)	(370,595)	362,239	8,356	370,595	-
Repairs and maintenance	19,150	168,076	38,208	-	-	-	48,653	274,087	47,349	11,579	58,928	333,015
Insurance	14,996	100,849	44,104	-	-	-	92,154	252,103	31,339	-	31,339	283,442
Postage, printing and supplies	12,563	7,556	37,721	-	71	-	10,050	67,961	24,827	26,641	51,468	119,429
Food costs	33,797	-	1,545,624	-	-	-	88,683	1,668,104	-	-	-	1,668,104
Equipment	548	-	454	-	-	-	23,295	24,297	6,155	-	6,155	30,452
Vehicle expenses	-	131,296	14,183	-	-	-	1,143	146,622	356	-	356	146,978
Travel	195	-	37,758	5,297	9	4,743	1,357	49,359	2,033	1,204	3,237	52,596
Operating expenses	1,926	6,653	16,279	970	-	-	4,332	30,160	11,374	22,102	33,476	63,636
Financing charges and bank fees	-	-	-	-	-	-	2,400	2,400	102,609	159	102,768	105,168
Interest	-	-	-	-	-	-	-	-	120,176	-	120,176	120,176
In-kind	1,316	-	270,333	-	-	-	-	271,649	-	-	-	271,649
Other	1,322	472	2,337	-	-	-	566	4,697	611	378	989	5,686
Depreciation and amortization	22,155	277,701	15,243	-	-	-	184,179	499,278	43,121	-	43,121	542,399
	986,093	1,719,518	3,082,758	54,486	9,468	47,470	135,408	6,035,201	1,572,966	261,706	1,834,672	7,869,873
Allocation of interagency expenses	246,858	(217,348)	(29,510)	-	-	-	-	-	-	-	-	-
Allocation of general and administrative expenses	217,388	303,548	224,936	9,602	1,671	8,377	-	765,522	(804,174)	38,652	(765,522)	-
	<u>\$ 1,450,339</u>	<u>1,805,718</u>	<u>3,278,184</u>	<u>64,088</u>	<u>11,139</u>	<u>55,847</u>	<u>135,408</u>	<u>6,800,723</u>	<u>768,792</u>	<u>300,358</u>	<u>1,069,150</u>	<u>7,869,873</u>
Total units	92,806	90,154	384,165	1,684	10,509	248						
Total reimbursed units	92,806	90,154	384,165	691	1,941	240						
Cost per unit	\$15.63	\$20.03	\$8.53	\$38.06	\$1.06	\$225.19						
Cost per reimbursed unit	\$15.63	\$20.03	\$8.53	\$92.75	\$5.74	\$232.70						

INTERNAL CONTROL AND COMPLIANCE



Mayer Hoffman McCann P.C.

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**Independent Auditor’s Report on Internal Control Over Financial Reporting and on
Compliance and Other Matters Based on an Audit of Financial Statements
Performed in Accordance with *Government Auditing Standards***

The Board of Directors
Neighborly Care Network, Inc.:

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of Neighborly Care Network, Inc. (a nonprofit organization) which comprise the statements of financial position as of December 31, 2019, and the related statements of activities, functional expenses and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated June 12, 2020.

Internal Control Over Financial Reporting

In planning and performing our audit, we considered Neighborly Care Network, Inc.’s internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Organization’s internal control. Accordingly, we do not express an opinion on the effectiveness of Neighborly Care Network, Inc.’s internal control.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control such that there is a reasonable possibility that a material misstatement of the entity’s financial statements will not be prevented, or detected and corrected on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether Neighborly Care Network, Inc.'s financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit and, accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of This Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the organization's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the organization's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Mayer Hoffman McCann P.C.

June 12, 2020
Clearwater, Florida



Mayer Hoffman McCann P.C.

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Independent Auditor’s Report on Compliance for Each Major Federal Program and State Financial Assistance Project and on Internal Control Over Compliance in Accordance with Uniform Guidance and Chapter 10.650, Rules of the Auditor General

The Board of Directors
Neighborly Care Network, Inc.:

Report on Compliance for Each Major Federal Program and State Project

We have audited Neighborly Care Network, Inc.’s compliance with the types of compliance requirements described in the OMB *Compliance Supplement* and the requirements described in the *Department of Financial Services’ State Projects Compliance Supplement* that could have a direct and material effect on Neighborly Care Network, Inc.’s major federal program and state project for the year ended December 31, 2019. Neighborly Care Network, Inc.’s major federal program and state project are identified in the summary of auditor’s results section of the accompanying schedule of findings and questioned costs.

Management’s Responsibility

Management is responsible for compliance with the requirements of laws, regulations, contracts, and grants applicable to its federal programs and state projects.

Auditor’s Responsibility

Our responsibility is to express an opinion on compliance for Neighborly Care Network, Inc.’s major federal program and state project based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; the audit requirements of Title 2 U.S. Code of Federal Regulations Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance); and Chapter 10.650, *Rules of the State of Florida Auditor General*. Those standards, the Uniform Guidance and Chapter 10.650 require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program or state project occurred. An audit includes examining, on a test basis, evidence about Neighborly Care Network, Inc.’s compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

We believe that our audit provides a reasonable basis for our opinion on compliance for the major federal program and state project. However, our audit does not provide a legal determination of Neighborly Care Network, Inc.’s compliance.

Opinion on Each Major Federal Program and State Project

In our opinion, Neighborly Care Network, Inc. complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on its major federal program and state project for the year ended December 31, 2019.

Report on Internal Control Over Compliance

Management of Neighborly Care Network, Inc. is responsible for establishing and maintaining effective internal control over compliance with the types of compliance requirements referred to above. In planning and performing our audit of compliance, we considered Neighborly Care Network, Inc.'s internal control over compliance with the types of requirements that could have a direct and material effect on each major federal program and state project to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing an opinion on compliance for each major federal program and state project and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of Neighborly Care Network, Inc.'s internal control over compliance.

A *deficiency in internal control* over compliance exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program or state project on a timely basis. A *material weakness* in internal control over compliance is a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program or state project will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency* in internal control over compliance is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program or state project that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies and therefore, material weaknesses or significant deficiencies may exist that have not been identified. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

Mayer Hoffman McCann P.C.

June 12, 2020
Clearwater, Florida

NEIGHBORLY CARE NETWORK, INC.

Schedule of Findings and Questioned Costs

Year Ending December 31, 2019

(A) Summary of Auditor's Results

1. The auditor's report expresses an unmodified opinion on the financial statements of Neighborly Care Network, Inc.
2. No material weaknesses or significant deficiencies relating to the audit of the financial statements are reported in the Independent Auditor's Report on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with *Government Auditing Standards*.
3. No instances of noncompliance material to the financial statements of Neighborly Care Network, Inc. were disclosed during the audit.
4. No material weaknesses or significant deficiencies in internal control over compliance relating to the audit of the major federal program and state project is reported in the Independent Auditor's Report on Compliance for Each Major Federal Program and State Financial Assistance Project and on Internal Control Over Compliance in Accordance with Uniform Guidance and Chapter 10.650, *Rules of the State of Florida Auditor General*.
5. The auditor's report on compliance for the major federal award program and state project for Neighborly Care Network, Inc. expresses an unmodified opinion.
6. Audit findings, if any, relative to the major federal award program and state project for Neighborly Care Network, Inc. are reported in Part C and Part D of this schedule.

The programs tested as a major federal program and state project were:

Federal Program

Aging Cluster:

Special Programs for the Aging, Title III, Part B, Grants for Supportive Services and Senior Centers (CFDA No. 93.044)

Special Programs for the Aging, Title III, Part C, Nutrition Services (CFDA No. 93.045)

Nutrition Services Incentive Program (CFDA No. 93.053)

State Project

Local Services Programs (CSFA No. 65.009)

7. The threshold for distinguishing Types A and B programs was \$750,000 for major federal programs and \$300,000 for major state projects.
8. Neighborly Care Network, Inc. was not determined to be a low-risk auditee.

NEIGHBORLY CARE NETWORK, INC.

Schedule of Findings and Questioned Costs - Continued

(B) Findings - Audit of the Financial Statements

None.

(C) Findings and Questioned Costs - Major Federal Award Program

None.

(D) Findings and Questioned Costs - Major State Financial Assistance Project

None.

NEIGHBORLY CARE NETWORK, INC.

Summary Schedule of Prior Year Audit Findings

Year Ended December 31, 2019

MATERIAL WEAKNESS

Finding 2018-001 Net Assets Classification

Condition: The Organization does not have a methodology in place to track net assets released from restriction upon satisfaction of donor restrictions.

Recommendation: We recommended that management establish monthly closing procedures which include an analysis of opening net assets with donor restrictions and donor restricted contributions received during the month to ensure all releases of restriction are recognized in the proper period.

Current Status: The recommendation was implemented in 2019 and we had no similar findings in the 2019 audit.

SIGNIFICANT DEFICIENCY

Finding 2018-002 Enhanced Mobility of Seniors and Individuals with Disabilities (CFDA No. 20.513; Grant No. GOT33; Grant Period January 12, 2018 through June 30, 2019)

Condition: Documentation of monthly invoices sent to the pass-through entity were not retained in accordance with the Organization's record retention policy.

Recommendation: We recommended that management establish policies and procedures to ensure all grant documentation is retained in accordance with the Organization's record retention policy.

Current Status: The recommendation was implemented in 2019 and we had no similar findings in the 2019 audit.



Mayer Hoffman McCann P.C.

13577 Feather Sound Drive, Suite 400 ■ Clearwater, FL 33762
Main: 727.572.1400 ■ Fax: 727.571.1933 ■ www.mhmcpa.com

The Board of Directors
Neighborhood Care Network, Inc.:

Report on Financial Statements

We have audited the financial statements of Neighborhood Care Network, Inc. as of and for the years ended December 31, 2019 and 2018, and have issued our report thereon dated June 12, 2020.

Auditor’s Responsibility

We conducted our audit in accordance with auditing standards generally accepted in the United States; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; the audit requirements of Title 2 U.S. Code of Federal Regulations Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance), and Chapter 10.650, *Rules of the State of Florida Auditor General*.

Other Reports and Schedule

We have issued our Independent Auditor’s Report on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with *Government Auditing Standards*, our Independent Auditor’s Report on Compliance for Each Major Federal Program and State Project and on Internal Control Over Compliance Required by the Uniform Guidance and Chapter 10.650, *Rules of the State of Florida Auditor General*, and the Schedule of Findings and Questioned Costs. Disclosures in those reports and schedule, which are dated June 12, 2020, should be considered in conjunction with this management letter.

Other Matter

Section 10.654(1)(e), *Rules of the Auditor General*, requires that we address noncompliance with provisions of contracts or grant agreements, or abuse, that have occurred, or are likely to have occurred, that have an effect on the financial statements or state project amounts that is less than material but which warrants the attention of those charged with governance. In connection with our audit, we did not identify any such findings.

Purpose of This Letter

Our management letter is intended solely for the information and use of the Legislative Auditing Committee, members of the Florida Senate and the Florida House of Representatives, the Florida Auditor General, Federal and other granting agencies, and applicable management and is not intended to be and should not be used by anyone other than these specified parties.

Mayer Hoffman McCann P.C.

June 12, 2020
Clearwater, Florida

April 2020 – September 2021

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**AREA AGENCY ON AGING OF PASCO-PINELLAS, INC.
STANDARD CONTRACT**

THIS CONTRACT is entered into between the Area Agency on Aging of Pasco-Pinellas, Inc. (AAAPP) and Neighborly Care Network, Inc. (Sub-Recipient), collectively referred to as the “Parties.” The term Sub-Recipient for this purpose may designate a Vendor, Subgrantee, or Subrecipient.

WITNESSETH THAT:

WHEREAS, the AAAPP has determined that it is in need of certain services as described herein; and **WHEREAS**, the Sub-Recipient has demonstrated that it has the requisite expertise and ability to faithfully perform such services as an independent Contractor of the AAAPP.

NOW THEREFORE, in consideration of the services to be performed and payments to be made, together with the mutual covenants and conditions set forth herein, the Parties agree as follows:

1. Purpose of Contract:

The purpose of this contract is to provide services in accordance with the terms and conditions specified in this contract including all attachments, forms, and exhibits which constitute the contract document.

2. Incorporation of Documents within the Contract:

The contract will incorporate attachments, proposal(s), state plan(s), grant agreements, relevant Department of Elder Affairs (DOEA) handbooks, manuals and/or desk books, as an integral part of the contract, except to the extent that the contract explicitly provides to the contrary. In the event of conflict in language among any of the documents referenced above, the specific provisions and requirements of the contract document(s) shall prevail over inconsistent provisions in the proposal(s) or other general materials not specific to this contract document and identified attachments.

3. Term of Contract:

The contract shall begin at twelve (12:00) A.M., Eastern Standard Time, on **June 1, 2020**, or on the date the contract has been signed by the last party required to sign it, whichever is later, except as provided in section 3.1. It shall end at eleven fifty-nine (11:59) P.M., Eastern Standard Time, on **September 30, 2021**.

4. Contract Amount:

The AAAPP agrees to pay for contracted services according to the terms and conditions of this contract in an amount not to exceed **\$1,491,062.00**, subject to the availability of funds. Any costs or services paid for under any other contract or from any other source are not eligible for payment under this contract.

5. Renewals:

By mutual agreement of the Parties, in accordance with Section 287.058(1)(g), Florida Statutes (F.S.), the AAAPP may renew the contract for a period not to exceed three years, or the term of the original contract, whichever is longer. The renewal price, or method for determining a renewal price, is set forth in the bid, proposal, or reply. No other costs for the renewal may be charged. Any renewal is subject to the same terms and conditions as the original contract and contingent upon satisfactory performance evaluations by the AAAPP and the availability of funds.

6. Compliance with Federal Law:

6.1 If this contract contains federal funds this section shall apply.

6.1.1 The Sub-Recipient shall comply with the provisions of 45 Code of Federal Regulations (CFR) 75 and/or 45 CFR Part 92, 2 CFR Part 200, and other applicable regulations.

6.1.2 If this contract contains federal funds and is over \$100,000.00, the Sub-Recipient shall comply with all applicable standards, orders, or regulations issued under Section 306 of the Clean Air Act as amended (42 United States Code (U.S.C.) § 7401, et seq.), Section 508 of the Federal Water Pollution Control Act as amended (33 U.S.C. § 1251, et seq.), Executive Order 11738, as amended, and, where applicable, Environmental Protection Agency regulations 2 CFR Part 1500. The Sub-Recipient shall report any violations of the above to the AAAPP.

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- 6.1.3** Neither the Sub-Recipient nor any agent acting on behalf of the Sub-Recipient may use any federal funds received in connection with this contract to influence legislation or appropriations pending before Congress or any state legislature. The Sub-Recipient must complete all disclosure forms as required, specifically the Certification and Assurances Attachment, which must be completed and returned to the AAAPP prior to the execution of this contract.
- 6.1.4** In accordance with Appendix II to 2 CFR Part 200, the Sub-Recipient shall comply with Executive Order 11246, Equal Employment Opportunity, as amended by Executive Order 11375 and others, and as supplemented in Department of Labor regulations 41 CFR Part 60 and in Department of Health and Human Services regulations 45 CFR Part 92, if applicable.
- 6.1.5** A contract award with an amount expected to equal or exceed \$25,000.00 and certain other contract awards will not be made to parties listed on the government-wide Excluded Parties List System, in accordance with the Office of Management and Budget (OMB) guidelines at 2 CFR Part 180 that implement Executive Orders 12549 and 12689, "Debarment and Suspension." The Excluded Parties List System contains the names of parties debarred, suspended, or otherwise excluded by agencies, as well as parties declared ineligible under statutory or regulatory authority other than Executive Order 12549. The Sub-Recipient shall comply with these provisions before doing business or entering into subcontracts receiving federal funds pursuant to this contract. The Sub-Recipient shall complete and sign the Certifications and Assurances Attachment prior to the execution of this contract.
- 6.2** The Sub-Recipient shall not employ an unauthorized alien. The AAAPP will consider the employment of unauthorized aliens a violation of the Immigration and Nationality Act (8 U.S.C. § 1324a) and the Immigration Reform and Control Act of 1986 (8 U.S.C. § 1101). Such violation will be cause for unilateral cancellation of this contract by the AAAPP.
- 6.3** If the Sub-Recipient is a non-profit provider and is subject to Internal Revenue Service (IRS) tax exempt organization reporting requirements (filing a Form 990 or Form 990-N), and has its tax exempt status revoked for failing to comply with the filing requirements of the Pension Protection Act of 2006 or for any other reason, the Sub-Recipient must notify the AAAPP in writing within thirty (30) days of receiving the IRS notice of revocation.
- 6.4** The Sub-Recipient shall comply with Title 2 CFR Part 175 regarding Trafficking in Persons.
- 6.5** Unless exempt under 2 CFR § 170.110(b), the Sub-Recipient shall comply with the reporting requirements of the Transparency Act as expressed in 2 CFR Part 170.
- 6.6** To comply with Presidential Executive Order 12989, as amended, and State of Florida Executive Order Number 11-116, Sub-Recipient agrees to utilize the U.S. Department of Homeland Security's E-verify system to verify the employment of all new employees hired by Sub-Recipient during the contract term. Sub-Recipient shall include in related subcontracts a requirement that Subcontractors performing work or providing services pursuant to the state contract utilize the E-verify system to verify employment of all new employees hired by the Subcontractor during the contract term. Sub-Recipients meeting the terms and conditions of the E-Verify System are deemed to be in compliance with this provision.

7. Compliance with State Law:

- 7.1** This contract is executed and entered into in the State of Florida, and shall be construed, performed, and enforced in all respects in accordance with Florida law, including Florida provisions for conflict of laws.
- 7.2** If this contract contains state financial assistance funds, the Sub-Recipient shall comply with Section 215.97, F.S., and Section 215.971, F.S., and expenditures must be in compliance with laws, rules, and regulations including, but not limited to, the Reference Guide for State Expenditures.
- 7.3** The Sub-Recipient shall comply with the requirements of Section 287.058, F.S., as amended.
- 7.3.1** The Sub-Recipient shall perform all tasks contained in Attachment I.
- 7.3.2** The Sub-Recipient shall provide units of deliverables, including reports, findings, and drafts, as specified in Attachment I, to be received and accepted by the AAAPP prior to payment.
- 7.3.3** The Sub-Recipient shall comply with the criteria and final date by which such criteria must be met for completion of this contract as specified in Attachment I, Section III. Method of Payment.

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- 7.3.4** The Sub-Recipient shall submit bills for fees or other compensation for services or expenses in sufficient detail for a proper pre-audit and post-audit.
- 7.3.5** If itemized payment for travel expenses is permitted in this contract, the Sub-Recipient shall submit invoices for any travel expenses in accordance with Section 112.061, F.S., or at such lower rates as may be provided in this contract.
- 7.3.6** The Sub-Recipient shall allow public access to all documents, papers, letters, or other public records as defined in Section 119.011(12), F.S., made or received by the Sub-Recipient in conjunction with this contract except for those records which are made confidential or exempt by law. The Sub-Recipient's refusal to comply with this provision will constitute an immediate breach of contract for which the AAAPP may unilaterally terminate this contract.
- 7.4** If clients are to be transported under this contract, the Sub-Recipient shall comply with the provisions of Chapter 427, F.S., and Rule Chapter 41-2, Florida Administrative Code (F.A.C).
- 7.5** Subcontractors who are on the Discriminatory Vendor List may not transact business with any public entity, in accordance with the provisions of Section 287.134, F.S.
- 7.6** The Sub-Recipient shall comply with the provisions of Section 11.062, F.S., and Section 216.347, F.S., which prohibit the expenditure of contract funds for the purpose of lobbying the legislature, judicial branch or a state agency.
- 7.7** The AAAPP may, at its option, terminate the Contract if the Sub-Recipient is found to have submitted a false certification as provided under Section 287.135(5), F.S., has been placed on the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, the Scrutinized Companies with Activities in Sudan List, or the Scrutinized Companies that Boycott Israel List, or if the Sub-Recipient has been engaged in business operations in Cuba or Syria or is engaged in a boycott of Israel.

8. Background Screening:

The Sub-Recipient shall ensure that the requirements of Section 430.0402 and Chapter 435, F.S., as amended, are met regarding background screening for all persons who meet the definition of a direct service provider and who are not exempt from the DOEA's level 2 background screening pursuant to Sections 430.0402(2)-(3), F.S. The Sub-Recipient must also comply with any applicable rules promulgated by the AAAPP and the Agency for Health Care Administration regarding implementation of Section 430.0402 and Chapter 435, F.S. To demonstrate compliance with this provision, Sub-Recipient shall submit the Background Screening Affidavit of Compliance (Screening Form) to the AAAPP within thirty (30) days of execution of this contract. Should the AAAPP have a completed Screening Form on file for the Sub-Recipient, a new Screening Form will be required every twelve (12) months.

8.1 Further information concerning the procedures for background screening may be found at <http://elderaffairs.state.fl.us/does/backgroundscreening.php>.

9. Grievance Procedures:

The Sub-Recipient shall develop, implement, and ensure that its Subcontractors have established grievance procedures to process and resolve client dissatisfaction with, or denial of, service(s) and to address complaints regarding the termination, suspension or reduction of services, as required for receipt of funds. These procedures, at a minimum, will provide for notice of the grievance procedure and an opportunity for review of the Subcontractor's determination(s).

10. Public Records and Retention:

10.1 By execution of this contract, Sub-Recipient agrees to all provisions of Chapter 119, F.S., and any other applicable law, and shall:

10.1.1 Keep and maintain public records required by the AAAPP to perform the contracted services.

10.1.2 Upon request from the AAAPP/DOEA, the Sub-Recipient shall provide the AAAPP a copy of the requested records or allow the records to be inspected or copied within a reasonable time at a cost that does not exceed the cost provided in Chapter 119, F.S., or as otherwise provided by law.

10.1.3 Ensure that public records that are exempt, or confidential and exempt, from public records disclosure requirements are not disclosed except as authorized by law for the duration of the contract term and following completion of the contract if the Sub-Recipient does not transfer the records to the AAAPP.

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10.1.4 Upon completion of the contract, the Sub-Recipient will either transfer, at no cost to the AAAPP, all public records in possession of the Sub-Recipient to the AAAPP or will keep and maintain public records required by the AAAPP. If the Sub-Recipient transfers all public records to the AAAPP upon completion of the contract, Sub-Recipient shall destroy any duplicate public records that are exempt, or confidential and exempt, from public records disclosure requirements. If the Sub-Recipient keeps and maintains public records upon completion of the contract, the Sub-Recipient shall meet all applicable requirements for retaining public records. All records stored electronically must be provided to the AAAPP in a format that is compatible with the information technology systems of the AAAPP.

10.2 The AAAPP may unilaterally cancel this contract, notwithstanding any other provisions of this contract, for refusal by the Sub-Recipient to comply with Section 10 of this contract by not allowing public access to all documents, papers, letters, or other material made or received by the Sub-Recipient in conjunction with this contract, unless the records are exempt, or confidential and exempt, from Section 24(a) of Article I of the State Constitution and Section 119.07(1), F.S.

IF THE SUB-RECIPIENT HAS QUESTIONS REGARDING THE APPLICATION OF CHAPTER 119, FLORIDA STATUTES, TO THE SUB-RECIPIENT'S DUTY TO PROVIDE PUBLIC RECORDS RELATING TO THIS CONTRACT, CONTACT THE CUSTODIAN OF PUBLIC RECORDS AT:

**Public Records Coordinator
Florida Department of Elder Affairs
4040 Esplanade Way
Tallahassee, Florida 32399
850-414-2074
doeapublicrecords@elderaffairs.org**

10.3 Upon termination of this contract, whether for convenience or for cause as detailed in section 53 of this contract, the Sub-Recipient and Subcontractors shall, at no cost to the AAAPP, transfer all public records in their possession to the AAAPP and destroy any duplicate public records that are exempt, or confidential and exempt, from public records disclosure requirements. All records stored electronically shall be provided to the AAAPP in a format that is compatible with the information technology systems of the AAAPP.

11. Audits. Inspections. Investigations:

11.1 The Sub-Recipient shall establish and maintain books, records, and documents (including electronic storage media) sufficient to reflect all assets, obligations, unobligated balances, income, interest, and expenditures of funds provided by the AAAPP under this contract. Sub-Recipient shall adequately safeguard all such assets and ensure that they are used solely for the purposes authorized under this contract. Whenever appropriate, financial information should be related to performance and unit cost data.

11.2 The Sub-Recipient shall retain and maintain all client records, financial records, supporting documents, statistical records, and any other documents (including electronic storage media) pertinent to this contract for a period of six (6) years after completion of the contract, or longer when required by law. In the event an audit is required by this contract, records shall be retained for a minimum period of six (6) years after the audit report is issued or until resolution of any audit findings or litigation based on the terms of this contract, at no additional cost to the AAAPP.

11.3 Upon demand, at no additional cost to the AAAPP, the Sub-Recipient shall facilitate the duplication and transfer of any records or documents during the required retention period.

11.4 The Sub-Recipient shall ensure that the records described in this section will be subject at all reasonable times to inspection, review, copying, or audit by federal, state, or other personnel duly authorized by the AAAPP.

11.5 At all reasonable times for as long as records are maintained, persons duly authorized by the AAAPP and federal auditors, pursuant to 45 CFR Part 75, shall be allowed full access to and the right to examine any of the Sub-Recipient's contracts and related records and documents pertinent to this specific contract, regardless of the form in which kept.

11.6 The Sub-Recipient shall provide a Financial and Compliance Audit to the AAAPP as specified in this contract and ensure that all related third-party transactions are disclosed to the auditor.

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11.7 Sub-Recipient agrees to comply with the Inspector General in any investigation, audit, inspection, review, or hearing performed pursuant to Section 20.055, F.S. Sub-Recipient further agrees that it shall include in related subcontracts a requirement that subcontractors performing work or providing services pursuant to this contract agree to cooperate with the Inspector General in any investigation, audit, inspection, review, or hearing pursuant to Section 20.055(5), F.S. By execution of this contract the Sub-Recipient understands and will comply with this subsection.

12. Nondiscrimination-Civil Rights Compliance:

12.1 The Sub-Recipient shall execute Assurances as stated in the Assurances-Non-Construction Programs Attachment that it will not discriminate against any person in the provision of services or benefits under this contract or in employment because of age, race, religion, color, disability, national origin, marital status, or sex in compliance with state and federal law and regulations. The Sub-Recipient further assures that all Contractors, Subcontractors, Sub-grantees, or others with whom it arranges to provide services or benefits in connection with any of its programs and activities are not discriminating against clients or employees because of age, race, religion, color, disability, national origin, marital status, or sex.

12.2 During the term of this contract, the Sub-Recipient shall complete and retain on file a timely, complete, and accurate Civil Rights Compliance Checklist, attached to this contract.

12.3 The Sub-Recipient shall establish procedures pursuant to federal law to handle complaints of discrimination involving services or benefits through this contract. These procedures shall include notifying clients, employees, and participants of the right to file a complaint with the appropriate federal or state entity.

12.4 If this contract contains federal funds, these assurances are a condition of continued receipt of or benefit from federal financial assistance, and are binding upon the Sub-Recipient, its successors, transferees, and assignees for the period during which such assistance is provided. The Sub-Recipient further assures that all Subcontractors, Vendors, or others with whom it arranges to provide services or benefits to participants or employees in connection with any of its programs and activities are not discriminating against those participants or employees in violation of the any statutes, regulations, guidelines, and standards. In the event of failure to comply, the Sub-Recipient understands that the AAAPP may, at its discretion, seek a court order requiring compliance with the terms of this assurance or seek other appropriate judicial or administrative relief including, but not limited to, termination of the contract and denial of further assistance.

13. Monitoring by the AAAPP:

The Sub-Recipient shall permit persons duly authorized by the AAAPP to inspect and copy any records, papers, documents, facilities, goods, and services of the Sub-Recipient which are relevant to this contract, and to interview any clients, employees, and Subcontractor employees of the Sub-Recipient to assure the AAAPP of the satisfactory performance of the terms and conditions of this contract. Following such review, the AAAPP will provide a written report of its findings to the Sub-Recipient and, where appropriate, the Sub-Recipient shall develop a Corrective Action Plan (CAP). The Sub-Recipient hereby agrees to correct all deficiencies identified in the CAP in a timely manner as determined by the AAAPP.

14. Provision of Services:

The Sub-Recipient shall provide services in the manner described in Attachment I.

15. Coordinated Monitoring with Other Agencies:

If the Sub-Recipient receives funding from one or more State of Florida human service agencies, in addition to the Department of Elder Affairs, then a joint monitoring visit including such other agencies may be scheduled. For the purposes of this contract, and pursuant to Section 287.0575, F.S., as amended, Florida's human service agencies shall include the Department of Elder Affairs, the Department of Children and Families, the Department of Health, the Agency for Persons with Disabilities, and the Department of Veterans' Affairs. Upon notification and the subsequent scheduling of such a visit by the designated agency's lead administrative coordinator, the Sub-Recipient shall comply and cooperate with all monitors, inspectors, and/or investigators.

16. New Contract(s) Reporting:

The Sub-Recipient shall notify the AAAPP within ten (10) days of entering into a new contract with any of the remaining four (4) state human service agencies. The notification shall include the following information: (1) contracting state agency and the applicable office or program issuing the contract; (2) contract name and number; (3) contract start and

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end dates; (4) contract amount; (5) contract description and commodity or service; and (6) Contract Manager name and contact information. In complying with this provision, and pursuant to Section 287.0575, F.S., as amended, the Sub-Recipient shall complete the Sub-Recipient's State Contracts List attached to this contract.

17. Indemnification:

The Sub-Recipient shall indemnify, save, defend, and hold harmless the AAAPP/DOEA and its agents and employees from any and all claims, demands, actions, and causes of action of whatever nature or character arising out of, or by reason of, the execution of this contract or performance of the services provided for herein. It is understood and agreed that the Sub-Recipient is not required to indemnify the AAAPP/DOEA for claims, demands, actions, or causes of action arising solely out of the negligence of the AAAPP/DOEA.

17.1 Except to the extent permitted by Section 768.28, F.S., or other Florida law, this Section 17 is not applicable to contracts executed between the AAAPP and state agencies or subdivisions defined in Section 768.28(2), F.S.

18. Insurance and Bonding:

18.1 The Sub-Recipient shall provide continuous adequate liability insurance coverage during the existence of this contract and any renewal(s) and extension(s) of it. By execution of this contract, unless it is a state agency or subdivision as defined by Section 768.28(2), F.S., the Sub-Recipient accepts full responsibility for identifying and determining the type(s) and extent of liability insurance coverage necessary to provide reasonable financial protections for the Sub-Recipient and the clients to be served under this contract. The limits of coverage under each policy maintained by the Sub-Recipient do not limit the Sub-Recipient's liability and obligations under this contract. The Sub-Recipient shall ensure that the AAAPP has the most current written verification of insurance coverage throughout the term of this contract. Such coverage may be provided by a self-insurance program established and operating under the laws of the State of Florida. The AAAPP reserves the right to require additional insurance as specified in this contract.

18.2 Throughout the term of this contract, the Sub-Recipient shall maintain an insurance bond from a responsible commercial insurance company covering all officers, directors, employees, and agents of the Sub-Recipient authorized to handle funds received or disbursed under all agreements and/or contracts incorporating this contract by reference in an amount commensurate with the funds handled, the degree of risk as determined by the insurance company, and consistent with good business practices.

19. Confidentiality of Information:

The Sub-Recipient shall not use or disclose any information concerning a recipient of services under this contract for any purpose prohibited by state or federal law or regulations except with the written consent of a person legally authorized to give that consent or when authorized by law.

20. Health Insurance Portability and Accountability Act:

Where applicable, the Sub-Recipient shall comply with the Health Insurance Portability and Accountability Act (42 USC § 1320d.), as well as all regulations promulgated thereunder (45 CFR Parts 160, 162, and 164).

21. Incident Reporting:

The Sub-Recipient shall notify the AAAPP immediately but no later than forty-eight (48) hours from the Sub-Recipient's awareness or discovery of conditions that may materially affect the Sub-Recipient's or Subcontractor's ability to perform the services required to be performed under this contract. Such notice shall be made orally to the AAAPP (by telephone) with an email to immediately follow.

21.1 The Sub-Recipient shall immediately report knowledge or reasonable suspicion of abuse, neglect, or exploitation of a child, aged person, or disabled adult to the Florida Abuse Hotline on the statewide toll-free telephone number (1-800-96ABUSE). As required by Chapters 39 and 415, F.S., this provision is binding upon the Sub-Recipient, its Subcontractors, and their employees.

22. Bankruptcy Notification:

During the term of this contract, the Sub-Recipient shall immediately notify the AAAPP if the Sub-Recipient, its assignees, Subcontractors, or affiliates file a claim for bankruptcy. Within ten (10) days after notification, the Sub-Recipient must also provide the following information to the AAAPP: (1) the date of filing of the bankruptcy petition; (2) the case number; (3) the court name and the division in which the petition was filed (e.g., Northern District of Florida, Tallahassee Division); and (4) the name, address, and telephone number of the bankruptcy attorney.

23. Sponsorship and Publicity:

- 23.1 As required by Section 286.25, F.S., if the Sub-Recipient is a non-governmental organization which sponsors a program financed wholly or in part by state funds, including any funds obtained through this contract, it shall, in publicizing, advertising, or describing the sponsorship of the program, state: "Sponsored by (Sub-Recipient's name) the "Area Agency on Aging of Pasco-Pinellas, Inc." and the State of Florida, Department of Elder Affairs." If the sponsorship reference is in written material, the words "Area Agency on Aging of Pasco-Pinellas, Inc." "State of Florida, Department of Elder Affairs" shall appear in at least the same size letters or type as the name of the organization.
- 23.2 The Sub-Recipient shall not use the words "Area Agency on Aging of Pasco-Pinellas, Inc." and "State of Florida, Department of Elder Affairs" to indicate sponsorship of a program otherwise financed, unless specific written authorization has been obtained by the AAAPP prior to such use.

24. Assignments:

- 24.1 The Sub-Recipient shall not assign the rights and responsibilities under this contract without the prior written approval of the AAAPP. Any sublicense, assignment, or transfer otherwise occurring without prior written approval of the AAAPP shall constitute a material breach of the contract. In the event the State of Florida approves assignment of the Sub-Recipient's obligations, the Sub-Recipient remains responsible for all work performed and all expenses incurred in connection with this contract.
- 24.2 The State of Florida is, at all times, entitled to assign or transfer, in whole or part, its rights, duties, or obligations under this contract to another governmental agency in the State of Florida upon giving prior written notice to the Sub-Recipient.
- 24.3 This contract shall remain binding upon the successors in interest of the Sub-Recipient and the AAAPP.

25. Subcontracts:

- 25.1 The Sub-Recipient is responsible for all work performed and for all commodities produced pursuant to this contract, whether actually furnished by the Sub-Recipient or its Subcontractors. Any subcontracts shall be evidenced by a written document and subject to any conditions of approval the AAAPP deems necessary. The Sub-Recipient further agrees that the AAAPP will not be liable to the Subcontractor in any way or for any reason. The Sub-Recipient, at its expense, shall defend the AAAPP against any such claims.
- 25.2 The Sub-Recipient shall promptly pay any Subcontractors upon receipt of payment from the AAAPP or other state agency. Failure to make payments to any Subcontractor in accordance with Section 287.0585, F.S., unless otherwise stated in the contract between the Sub-Recipient and Subcontractor, will result in a penalty as provided by statute.

26. Independent Capacity of Sub-Recipient:

It is the intent and understanding of the Parties that the Sub-Recipient and any of its Sub-Recipients are independent Contractors and are not employees of the AAAPP, and that they shall not hold themselves out as employees or agents of the AAAPP without prior specific authorization from the AAAPP. It is the further intent and understanding of the Parties that the AAAPP does not control the employment practices of the Sub-Recipient and will not be liable for any wage and hour, employment discrimination, or other labor and employment claims against the Sub-Recipient or its Subcontractors. All deductions for social security, withholding taxes, income taxes, contributions to unemployment compensation funds, and all necessary insurance for the Sub-Recipient are the sole responsibility of the Sub-Recipient.

27. Payment:

Payments shall be made to the Sub-Recipient for all completed and approved deliverables (units of service) as defined in Attachment I. The AAAPP will have final approval of the Sub-Recipient's invoice submitted for payment and will approve the invoice for payment only if the Sub-Recipient has met all terms and conditions of the contract, unless the bid specifications, purchase order, or this contract specify otherwise. The approved invoice will be submitted to the AAAPP's finance section for budgetary approval and processing. Disputes arising over invoicing and payments will be resolved in accordance with the provisions of Section 215.422, F.S. A Vendor Ombudsman has been established within the Florida Department of Financial Services and may be contacted at 800-342-2762.

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28. Return of Funds:

The Sub-Recipient shall return to the AAAPP any overpayments due to unearned funds or funds disallowed, and any interest attributable to such funds pursuant to the terms and conditions of this contract, that were disbursed to the Sub-Recipient by the AAAPP. In the event that the Sub-Recipient or its independent auditor discovers that an overpayment has been made, the Sub-Recipient shall repay said overpayment immediately without prior notification from the AAAPP. In the event that the AAAPP first discovers an overpayment has been made, the AAAPP will notify the Sub-Recipient in writing of such findings. Should repayment not be made forthwith, the Sub-Recipient shall be charged at the lawful rate of interest on the outstanding balance pursuant to Section 55.03, F.S., after AAAPP notification or Sub-Recipient discovery.

29. Data Integrity and Safeguarding Information:

The Sub-Recipient shall ensure an appropriate level of data security for the information the Sub-Recipient is collecting or using in the performance of this contract. An appropriate level of security includes approving and tracking all Sub-Recipient employees that request system or information access and ensuring that user access has been removed from all terminated employees. The Sub-Recipient, among other requirements, must anticipate and prepare for the loss of information processing capabilities. All data and software shall be routinely backed up to ensure recovery from losses or outages of the computer system. The security over the backed-up data is to be as stringent as the protection required of the primary systems. The Sub-Recipient shall ensure all Subcontractors maintain written procedures for computer system backup and recovery. The Sub-Recipient shall complete and sign the Certification Regarding Data Integrity Compliance for Agreements, Grants, Loans, and Cooperative Agreements prior to the execution of this contract.

30. Computer Use and Social Media Policy:

The Department of Elder Affairs has implemented a Social Media Policy, in addition to its Computer Use Policy, which applies to all employees, contracted employees, consultants, Other Personal Services (OPS) employees and volunteers, including all personnel affiliated with third parties, such as, but not limited to, Sub-Recipients and subcontractors. Any entity that uses the DOEA's computer resource systems must comply with the DOEA's policy regarding social media. Social Media includes, but is not limited to, blogs, podcasts, discussion forums, Wikis, RSS feeds, video sharing, social networks like MySpace, Facebook and Twitter, as well as content sharing networks such as flickr and YouTube. This policy is available on the DOEA's website at: <http://elderaffairs.state.fl.us/doea/financial.php>.

31. Conflict of Interest:

The Sub-Recipient shall establish safeguards to prohibit employees, board members, management, and Subcontractors from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest or personal gain. No employee, officer, or agent of the Sub-Recipient or Subcontractor shall participate in the selection or in the award of a contract supported by state or federal funds if a conflict of interest, real or apparent, would be involved. Such a conflict would arise when: (a) the employee, officer or agent; (b) any member of his/her immediate family; (c) his or her partner; or (d) an organization which employs, or is about to employ, any of the above individuals, has a financial or other interest in the firm being selected for award. The Sub-Recipient's or Subcontractor's officers, employees, or agents will neither solicit nor accept gratuities, favors, or anything of monetary value from Sub-Recipients, potential Contractors, or parties to Subcontracts. The Sub-Recipient's board members and management must disclose to the AAAPP any relationship which may be, or may be perceived to be, a conflict of interest within thirty (30) calendar days of an individual's original appointment or placement in that position, or, if the individual is serving as an incumbent, within thirty (30) calendar days of the commencement of this contract. The Sub-Recipient's employees and Subcontractors must make the same disclosures described above to the Sub-Recipient's board of directors. Compliance with this provision will be monitored.

32. Public Entity Crime:

Pursuant to Section 287.133, F.S., a person or affiliate who has been placed on the Convicted Vendor List following a conviction for a public entity crime may not submit a bid, proposal, or reply on a contract to provide any goods or services to a public entity; may not submit a bid, proposal, or reply on a contract with a public entity for the construction or repair of a public building or public work; may not submit bids, proposals, or replies on leases of real property to a public entity; may not be awarded or perform work as a Sub-Recipient, Supplier, Subcontractor, or Consultant under a contract with any public entity; and may not transact business with any public entity in excess of the threshold amount provided in Section 287.017, F.S., for CATEGORY TWO for a period of thirty six (36) months following the date of being placed on the Convicted Vendor List.

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33. Purchasing:

33.1 The Sub-Recipient shall procure products and/or services required to perform this contract in accordance with section 413.036, F.S.

33.1.1 IT IS EXPRESSLY UNDERSTOOD AND AGREED THAT ANY ARTICLES THAT ARE THE SUBJECT OF, OR REQUIRED TO CARRY OUT, THIS CONTRACT SHALL BE PURCHASED FROM A NONPROFIT AGENCY FOR THE BLIND OR FOR THE SEVERELY HANDICAPPED THAT IS QUALIFIED PURSUANT TO CHAPTER 413, FLORIDA STATUTES, IN THE SAME MANNER AND UNDER THE SAME PROCEDURES SET FORTH IN SECTION 413.036(1) AND (2), FLORIDA STATUTES; AND FOR PURPOSES OF THIS CONTRACT THE PERSON, FIRM, OR OTHER BUSINESS ENTITY CARRYING OUT THE PROVISIONS OF THIS CONTRACT SHALL BE DEEMED TO BE SUBSTITUTED FOR THE STATE AGENCY INsofar AS DEALINGS WITH SUCH QUALIFIED NONPROFIT AGENCY ARE CONCERNED.

33.1.2 Pursuant to sections 413.036(1) and (4), F.S., the Sub-Recipient shall not be required to procure a product or service from RESPECT if: (a) the product or service is not available within a reasonable delivery time, (b) the Sub-Recipient is required by law to procure the product or service from any agency of the state, or (c) the Sub-Recipient determines that the performance specifications, price, or quality of the product or service is not comparable to the Sub-Recipient's requirements.

33.1.3 This act shall have precedence over any law requiring state agency procurement of products or services from any other nonprofit corporation unless such precedence is waived by the AAAPP in accordance with its rules.

33.1.4 Additional information about the designated nonprofit agency and the products it offers is available at <http://www.respectofflorida.org>.

33.2 The Sub-Recipient shall procure any recycled products or materials which are the subject of, or are required to carry out, this contract when the Department of Management Services determines that those products are available, in accordance with the provisions of section 403.7065, F.S.

33.3 The Sub-Recipient shall procure products and/or services required to perform this contract in accordance with section 946.515, F.S.

33.3.1 IT IS EXPRESSLY UNDERSTOOD AND AGREED THAT ANY ARTICLES WHICH ARE THE SUBJECT OF, OR REQUIRED TO CARRY OUT, THIS CONTRACT SHALL BE PURCHASED FROM THE CORPORATION IDENTIFIED UNDER CHAPTER 946, F.S., IN THE SAME MANNER AND UNDER THE SAME PROCEDURES SET FORTH IN SECTION 946.515(2) AND (4), F.S.; AND FOR PURPOSES OF THIS CONTRACT THE PERSON, FIRM, OR OTHER BUSINESS ENTITY CARRYING OUT THE PROVISIONS OF THIS CONTRACT SHALL BE DEEMED TO BE SUBSTITUTED FOR THIS AGENCY INsofar AS DEALINGS WITH SUCH CORPORATION ARE CONCERNED.

33.3.2 The corporation identified is Prison Rehabilitative Industries and Diversified Enterprises, Inc. (PRIDE). Additional information about PRIDE and the commodities or contractual services it offers is available at <https://pride-enterprises.org/>.

34. Patents. Copyrights. Royalties:

If this contract is awarded state funding and if any discovery, invention, or copyrightable material is developed or produced in the course of or as a result of work or services performed under this contract or in any way connected with this contract, or if ownership of any discovery, invention, or copyrightable material was purchased in the course of or as a result of work or services performed under this contract, the Sub-Recipient shall refer the discovery, invention, or copyrightable material to the AAAPP to be referred to the Department of State. Any and all patent rights or copyrights accruing under this contract are hereby reserved to the State of Florida in accordance with Chapter 286, F.S. Pursuant to Section 287.0571(5)(k), F.S., the only exceptions to this provision shall be those that are clearly expressed and reasonably valued in this contract.

34.1 If the primary purpose of this contract is the creation of intellectual property, the State of Florida shall retain an unencumbered right to use such property, notwithstanding any agreement made pursuant to this Section 34.

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- 34.2** If this contract is awarded solely federal funding, the terms and conditions are governed by 2 CFR § 200.315 or 45 CFR § 75.322, as applicable.
- 34.3** Notwithstanding the foregoing provisions, if the Sub-Recipient or one of its Subcontractors is a university and a member of the State University System of Florida, then Section 1004.23, F.S., shall apply, but the AAAPP shall retain a perpetual, fully-paid, nonexclusive license for its use and the use of its Sub-Recipients, Subcontractors, or Assignees of any resulting patented, copyrighted, or trademarked work products.

35. Emergency Preparedness and Continuity of Operations:

- 35.1** If the tasks to be performed pursuant to this contract include the physical care and control of clients, or the administration and coordination of services necessary for client health, safety, or welfare, the Sub-Recipient shall, within thirty (30) calendar days of the execution of this contract, submit to the AAAPP, verification of an Emergency Preparedness Plan. In the event of an emergency, the Sub-Recipient shall notify the AAAPP of emergency provisions.
- 35.2** In the event a situation results in a cessation of services by a Subcontractor, the Sub-Recipient shall remain responsible for performance under this contract and must follow procedures to ensure continuity of operations without interruption.

36. Equipment:

- 36.1** Equipment means: (a) tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost which equals or exceeds the lesser of the capitalization level established by the organization for the financial statement purposes, or \$5,000.00 [for federal funds - 2 CFR § 200.33 and 45 CFR § 75.2, as applicable], or (b); nonexpendable, tangible personal property of a non-consumable nature with an acquisition cost of \$1,000.00 or more per unit, and expected useful life of at least one (1) year; and hardback bound books not circulated to students or the general public, with a value or cost of \$250.00 or more [for state funds].
- 36.2** Sub-Recipients and Subcontractors who are Institutions of Higher Education, Hospitals, and Other Non-Profit Organizations shall have written property management standards in compliance with 2 CFR Part 200 Administrative Requirements (formerly OMB Circular A-110) that include: (a) a property list with all the elements identified in the circular; (b) a procedure for conducting a physical inventory of equipment at least once every two (2) years; (c) a control system to insure adequate safeguards to prevent loss, damage, or theft of the equipment; and (d) maintenance procedures to keep the equipment in good condition. The property records must be maintained on file and shall be provided to the AAAPP upon request. The Sub-Recipient shall promptly investigate, fully document, and notify the AAAPP of any loss, damage, or theft of equipment. The Sub-Recipient shall provide the results of the investigation to the AAAPP.
- 36.3** The Sub-Recipient's property management standards for equipment (including replacement equipment), whether acquired in whole or in part with federal funds and federally owned equipment shall, at a minimum, meet the following requirements and shall include accurately maintained equipment records with the following information:
- 36.3.1** Property records must be maintained that include a description of the equipment;
- 36.3.2** Manufacturer's serial number, model number, federal stock number, national stock number, or other identification number;
- 36.3.3** Source of funding for the equipment, including the federal award identification number;
- 36.3.4** Whether title vests in the Sub-Recipient or the federal government;
- 36.3.5** Acquisition date (or date received, if the equipment was furnished by the federal government);

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- 36.3.6 Information from which one can calculate the percentage of federal participation in the cost of the equipment (not applicable to equipment furnished by the federal government);
 - 36.3.7 Location, use and condition of the equipment and the date the information was reported;
 - 36.3.8 Unit acquisition cost; and
 - 36.3.9 Ultimate disposition data, including date of disposal and sales price or the method used to determine current fair market value where a Sub-Recipient compensates the federal awarding agency for its share.
 - 36.3.10 A physical inventory must be taken, and the results reconciled with the property records at least once every two (2) years.
 - 36.3.11 A control system must be developed to ensure adequate safeguards to prevent loss, damage, or theft of the property. Any loss, damage, or theft must be investigated. 45 CFR § 75.320(d)(3).
 - 36.3.12 Adequate maintenance procedures must be developed to keep the property in good condition.
 - 36.3.13 If the Sub-Recipient is authorized or required to sell the equipment, proper sales procedures must be established to ensure the highest possible return.
- 36.4 Equipment purchased with federal funds with an acquisition cost over \$5,000.00 and equipment purchased with state funds with an acquisition cost over \$1,000.00 is part of the cost of carrying out the activities and functions of the grant awards and title (ownership) will vest in the Sub-Recipient [for federal funds see 2 CFR § 200.313(a) and 45 CFR § 75.320(a), as applicable], subject to the conditions of 2 CFR Part 200 and/or 45 CFR Part 75. Equipment purchased under these thresholds is considered supplies and is not subject to property standards. Equipment purchased with funds identified in the budget attachments to agreements covered by this contract or identified in the sub-agreements with Subcontractors (not included in a cost methodology), is subject to the conditions of Chapter 273, F.S., rule 60A-1.017, F. A. C., and 2 CFR Part 200 and/or 45 CFR Part 75.
- 36.5 The Sub-Recipient shall not dispose of any equipment or materials provided by the AAAPP or purchased with funds provided through this contract without first obtaining the approval of the AAAPP. When disposing of property or equipment the Sub-Recipient must submit a written request for disposition instructions to the AAAPP. The request should include a brief description of the property, purchase price, funding source, and percentage of state or federal participation, acquisition date and condition of the property. The request should also indicate the Sub-Recipient's proposed disposition of the property (i.e., transfer or donation to another agency that administers federal programs, offer of the items for sale, destroy the items, etc.).
- 36.6 The AAAPP will issue disposition instructions. If disposition instructions are not received within one hundred twenty (120) days of the written request for disposition, the Sub-Recipient is authorized to proceed as directed in 2 CFR § 200.313 or 45 CFR § 75.320, as applicable.
- 36.7 Real property means land (including land improvements), buildings, structures and appurtenances thereto, but excludes movable machinery and equipment. Real property may not be purchased with state or federal funds through agreements covered under this contract without the prior approval of the AAAPP. Real property purchases from Older Americans Act funds are subject to the provisions of Title 42, Chapter 35, Subchapter III, Part A., Section 3030b United States Code (U.S.C.). Real property purchases from state funds can only be made through fixed capital outlay grants and aids appropriations and therefore are subject to the provisions of Section 216.348, F.S.
- 36.8 Any permanent storage devices (e.g.: hard drives, removable storage media) must be reformatted and tested prior to disposal to ensure no confidential information remains.
- 36.9 The Sub-Recipient must adhere to the AAAPP's procedures and standards when purchasing Information Technology Resources (ITR) as part of any agreement(s) incorporating this contract by reference. An ITR worksheet is required for any computer related item costing \$1,000.00 or more, including data processing hardware, software, services, supplies, maintenance, training, personnel, and facilities. The completed ITR worksheet shall be maintained in the LAN administrator's file and must be provided to the AAAPP upon request. The Sub-Recipient has the responsibility to require any Subcontractors to comply with the AAAPP's ITR procedures.

37. PUR 1000 Form:

The PUR 1000 Form is hereby incorporated by reference and available at:

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http://www.myflorida.com/apps/vbs/adoc/F7740_PUR1000.pdf

In the event of any conflict between the PUR 1000 Form and any terms or conditions of this contract, the terms or conditions of this contract shall take precedence over the PUR 1000 Form. However, if the conflicting terms or conditions in the PUR 1000 Form are required by any section of the Florida Statutes, the terms or conditions contained in the PUR 1000 Form shall take precedence.

38. Use of State Funds to Purchase or Improve Real Property:

Any state funds provided for the purchase of or improvements to real property are contingent upon the Sub-Recipient or political subdivision granting to the state a security interest in the property at least to the amount of state funds provided for at least five (5) years from the date of purchase or the completion of the improvements or as further required by law.

39. Dispute Resolution:

Any dispute concerning performance of the contract shall be decided by the AAAPP, who shall reduce the decision to writing and serve a copy on the Sub-Recipient.

40. Financial Consequences:

If the Sub-Recipient fails to meet the minimum level of service or performance identified in this contract, the AAAPP shall impose financial consequences as stated in Attachment I.

41. No Waiver of Sovereign Immunity:

Nothing contained in this contract is intended to serve as a waiver of sovereign immunity by any entity to which sovereign immunity may be applicable.

42. Venue:

If any dispute arises out of this contract, the venue of such legal recourse shall be Pinellas County, Florida.

43. Entire Contract:

This contract contains all the terms and conditions agreed upon by the Parties. No oral agreements or representations shall be valid or binding upon the AAAPP or the Sub-Recipient unless expressly contained herein or by a written amendment to this contract signed by both Parties.

44. Force Majeure:

The Parties will not be liable for any delays or failures in performance due to circumstances beyond their control, provided the party experiencing the force majeure condition provides immediate written notification to the other party and takes all reasonable efforts to cure the condition.

45. Severability Clause:

The Parties agree that if a court of competent jurisdiction deems any term or condition herein void or unenforceable, the other provisions are severable to that void provision and shall remain in full force and effect.

46. Condition Precedent to Contract Appropriations:

The Parties agree that the AAAPP's performance and obligation to pay under this contract are contingent upon an annual appropriation by the Legislature.

47. Addition/Deletion:

The Parties agree that the AAAPP reserves the right to add or to delete any of the services required under this contract when deemed to be in the State of Florida's best interest and reduced to a written amendment signed by both Parties. The Parties shall negotiate compensation for any additional services added.

48. Waiver:

The delay or failure by the AAAPP to exercise or enforce any of its rights under this contract will not constitute or be deemed a waiver of the AAAPP's right thereafter to enforce those rights, nor will any single or partial exercise of any such right preclude any other or further exercise thereof or the exercise of any other right.

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49. Compliance:

The Sub-Recipient shall abide by all applicable current federal statutes, laws, rules, and regulations as well as applicable current state statutes, laws, rules and regulations. The Parties agree that failure of the Sub-Recipient to abide by these laws shall be deemed an event of default of the Sub-Recipient and subject the contract to immediate unilateral cancellation of the contract at the discretion of the AAAPP.

50. Final Invoice:

The Sub-Recipient shall submit the final invoice for payment to the AAAPP no later than thirty (30) days after the contract ending date unless otherwise specified in Attachment I. If the Sub-Recipient fails to do so, all right to payment is forfeited and the AAAPP shall not honor any requests submitted after the aforesaid time period. Any payment due under the terms of this contract shall be withheld until all required documentation and reports due from the Sub-Recipient and necessary adjustments thereto have been approved by the AAAPP.

51. Renegotiations of Modifications:

Modifications of the provisions of this contract shall be valid only when they have been reduced to writing and duly signed by both parties. The rate of payment and the total dollar amount may be adjusted retroactively to reflect price level increases and changes in the rate of payment when these have been established through the appropriations process and subsequently identified in the AAAPP's operating budget.

52. Suspension of Work:

The AAAPP may, in its sole discretion, suspend any or all activities under the contract or purchase order, at any time, when in the interest of the State to do so. The AAAPP shall provide the Sub-Recipient written notice outlining the particulars of suspension. Examples of the reason for suspension include, but are not limited to, budgetary constraints, declaration of emergency, or other such circumstances. After receiving a suspension notice, the Sub-Recipient shall comply with the notice and shall not accept any purchase orders. Within ninety (90) days, or any longer period agreed to by the Sub-Recipient, the AAAPP shall either: (1) issue a notice authorizing resumption of work, at which time activity shall resume, or (2) terminate the contract or purchase order. Suspension of work shall not entitle the Sub-Recipient to any additional compensation.

53. Termination:

53.1 Termination for Convenience. The AAAPP, by written notice to the Sub-Recipient, may terminate this contract in whole or in part when the AAAPP determines in its sole discretion that it is in the State's interest to do so. The Sub-Recipient shall not furnish any product after it receives the notice of termination, except as necessary to complete the continued portion of this contract, if any. The Sub-Recipient shall not be entitled to recover any cancellation charges or lost profits.

53.2 Termination for Cause. The AAAPP may terminate this contract if the Sub-Recipient fails to: (1) deliver the product within the time specified in the contract or any extension, (2) maintain adequate progress, thus endangering performance of the contract, (3) honor any term of the contract, or (4) abide by any statutory, regulatory, or licensing requirement. Rule 60A-1.006(3), F.A.C., governs the procedure and consequences of default. The Sub-Recipient shall continue work on any work not terminated. Except for defaults of Subcontractors at any tier, the Sub-Recipient shall not be liable for any excess costs if the failure to perform the contract arises from events completely beyond the control, and without the fault or negligence, of the Sub-Recipient. If the failure to perform is caused by the default of a Subcontractor at any tier, and if the cause of the default is completely beyond the control of both the Sub-Recipient and the Subcontractor, and without the fault or negligence of either, the Sub-Recipient shall not be liable for any excess costs for failure to perform, unless the subcontracted products were obtainable from other sources in sufficient time for the Sub-Recipient to meet the required delivery schedule. If, after termination, it is determined that the Sub-Recipient was not in default, or that the default was excusable, the rights and obligations of the Parties shall be the same as if the termination had been issued for the convenience of the AAAPP. The rights and remedies of the AAAPP in this clause are in addition to any other rights and remedies provided by law or under the contract.

54. Electronic Records and Signature:

The AAAPP authorizes, but does not require, the Sub-Recipient to create and retain electronic records and to use electronic signatures to conduct transactions necessary to carry out the terms of this contract. A Sub-Recipient that creates and retains electronic records and uses electronic signatures to conduct transactions shall comply with the requirements

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contained in the Uniform Electronic Transaction Act, Section 668.50, F.S. All electronic records must be fully auditable; are subject to Florida's Public Records Law, Chapter 119, F.S.; must comply with contract Section 29, Data Integrity and Safeguarding Information; must maintain all confidentiality, as applicable; and must be retained and maintained by the Sub-Recipient to the same extent as non-electronic records are retained and maintained as required by this contract.

54.1 The AAAPP's authorization pursuant to this section does not authorize electronic transactions between the Sub-Recipient and the AAAPP. The Sub-Recipient is authorized to conduct electronic transactions with the AAAPP only upon further written consent by the AAAPP.

54.2 Upon request by the AAAPP, the Sub-Recipient shall provide the AAAPP with non-electronic (paper) copies of records. Non-electronic (paper) copies provided to the AAAPP of any document that was originally in electronic form with an electronic signature must identify the person and the person's capacity who electronically signed the document on any non-electronic copy of the document.

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55. Official Payee and Representatives (Names, Addresses, and Telephone Numbers):

a.	The Sub-Recipient name, as shown on page 1 of this contract, and mailing address of the official payee to whom the payment shall be made is:	Neighborly Care Network, Inc. 13945 Evergreen Avenue Clearwater, FL 33762
b.	The name of the contact person and street address where financial and administrative records are maintained is:	David Lomaka, Executive Director 13945 Evergreen Avenue Clearwater, FL 33762
c.	The name, address, and telephone number of the representative of the Sub-Recipient responsible for administration of the program under this contract is:	David Lomaka, Executive Director 13945 Evergreen Avenue Clearwater, FL 33762 727-862-9291
d.	The section and location within the AAAPP where Requests for Payment and Receipt and Expenditure forms are to be mailed is:	Eric Fontana, Contracted CFO 9549 Koger Boulevard, Gadsden Building, Suite 100 Saint Petersburg, Florida 33702
e.	The name, address, and telephone number of the AAAPP for this contract is:	Ann Marie Winter, Executive Director 9549 Koger Boulevard, Suite 100 Saint Petersburg, Florida 33702 727-570-9696
Upon change of representatives (names, addresses, telephone numbers) by either party, notice shall be provided in writing to the other party.		

56. All Terms and Conditions Included:

This contract and its Attachments I – XII, including any exhibits referenced in said attachments, together with any documents incorporated by reference, contain all the terms and conditions agreed upon by the Parties. There are no provisions, terms, conditions, or obligations other than those contained herein, and this contract shall supersede all previous communications, representations, or agreements, either written or verbal, between the Parties.

By signing this contract, the Parties agree that they have read and agree to the entire contract.

IN WITNESS WHEREOF, the Parties hereto have caused this fifty-seven (57) page contract to be executed by their undersigned officials as duly authorized.

SUB-RECIPIENT: COMMUNITY AGING & RETIREMENT SERVICES, INC.

SIGNED BY: _____

NAME: DAVID LOMAKA

TITLE: EXECUTIVE DIRECTOR

DATE: 6/1/2020

AREA AGENCY ON AGING OF PASCO-PINELLAS, INC.

SIGNED BY: _____

NAME: CAMILLE S. HERNANDEZ

TITLE: PRESIDENT

DATE: 06.01.2020.

Federal Tax ID: 59-1218100

Duns:

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ATTACHMENT I

STATEMENT OF WORK

I. SERVICES TO BE PROVIDED

A. Definitions of Terms

1. Contract Acronyms

Area Agency on Aging (AAA)
Activities of Daily Living (ADL)
Administration on Aging (AoA)
Administration on Community Living (ACL)
Alliance of Information & Referral Systems (AIRS)
Assessed Priority Consumer List (APCL)
Adult Protective Services (APS)
Client Information and Registration Tracking System (CIRTS)
Coronavirus Aid, Relief, and Economic Security (CARES) Act
Dietary Reference Intake (DRI)
Florida Department of Business and Professional Regulations (DBPR)
Florida Department of Elder Affairs (DOEA)
Florida Department of Health (DOH)
Information and Referral (I&R)
Instrumental Activities of Daily Living (IADL)
Major Disaster Declaration (MDD)
National Council on Aging (NCOA)
Older Americans Act (OAA)
Planning and Service Area (PSA)
State of Florida (State)
Statewide Medicaid Managed Care Long-Term Care (SMMC LTC)
United States Department of Agriculture (USDA)
United States Department of Health and Human Services (USDHHS)

2. Program Specific Terms

Adult Child with a Disability: A child who is age 18 or older and is financially dependent on an older individual who is a parent of the child and has a disability.

Child: An individual who is not more than eighteen (18) years of age or an individual with a disability.

Disaster Relief Services: ACL considers disaster relief services for older individuals to be any allowable OAA services during the period covered by Florida's MDD that are provided to eligible older individuals or family caregivers as defined under the OAA.

Family Caregiver: An adult family member, or another individual, who is an informal provider of in-home and community care to an older individual.

Frail: When an older individual is (1) determined to be unable to perform at least two activities of daily living without substantial human assistance, including verbal reminding, physical cueing, or supervision or (2) unable to perform at least three such activities without such assistance; or, (3) due to a cognitive or other mental impairment, requires substantial supervision because the individual behaves in a manner that poses a serious health or safety hazard to the individual or to another individual.

Grandparent: A grandparent or step-grandparent of a child, or a relative of a child by blood, marriage or adoption, who: (1) lives with the child, (2) is the primary caregiver of the child because the biological or adoptive parents are unable or unwilling to serve as the primary caregiver of the child, and (3) has a legal relationship to the child, such as legal custody or guardianship, or is raising the child informally.

Major Disaster Declaration (MDD): States may request and receive an MDD by the President under the Stafford Act. Florida's request has been approved, which permits the Department and Sub-Recipient to use any portion of the funds made available under sections of OAA for disaster relief for older individuals. These flexibilities are only allowed during the period of the MDD. The Sub-Recipient will be notified via Notice of Instruction once the MDD period has ended, at which time these flexibilities will be waived and the Sub-Recipient must provide services in compliance with OAA.

B. General Description

1. General Statement

The primary purpose of the CARES Act Program is to prevent, prepare for, and respond to coronavirus; including supportive services, nutrition services, and support services for family caregivers.

2. Authority

All applicable federal laws, regulations, action transmittals, program instructions, review guides and similar documentation related to the following:

- a. Catalog of Federal Domestic Assistance Nos. 93.043, 93.044, 93.045, 93.052, and 93.053;
- b. Older Americans Act of 1965, as amended 2016;
- c. CARES Act;
- d. 42 U.S.C. 247d
- e. 42 U.S.C. § 303 and § 604;
- f. Rule 58A-1, Florida Administrative Code (F.A.C.);
- g. Section 430.101, Florida Statutes (F.S.); and
- h. DOEA Programs and Services Handbook, which is hereby incorporated by reference, to include any subsequent revisions thereof.

3. Scope of Service

The Sub-Recipient is responsible for the programmatic, fiscal, and operational management of the CARES Act Program within its designated PSA. The program services shall be provided in a manner consistent with the current DOEA Programs and Services Handbook.

4. Major Program Goals

The major goals of the CARES Act Program are to prevent, prepare for, and respond to coronavirus; including supportive services, nutrition services, and support services for family caregivers.

C. Clients to be Served**1. General Description**

The CARES Act Program gives preference to older individuals with greatest economic need and older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas), and clients who are practicing social distancing due to the COVID-19 public

2. Client Eligibility**a. CARES Act Program**

Consumers shall not be dually enrolled in the CARES Act Program and a Medicaid capitated Long-Term Care Program, except consumers in need of CARES Act Legal Assistance services.

b. CARES Act for Supportive Services under Title III-B of the Older Americans Act

- i. Individuals must be age sixty (60) or older; and
- ii. I&R/Assistance services are provided to individuals regardless of age.

c. CARES Act for Nutrition Services under Title III-C of the Older Americans Act

General factors that shall be considered in establishing priority for the receipt of nutrition services include those older persons who:

- i. Cannot afford to eat adequately;
- ii. Lack the skills or knowledge to select and prepare nourishing and well-balanced meals;
- iii. Have limited mobility which may impair their capacity to shop and cook for themselves;
- iv. Have a disabling illness or physical condition requiring nutritional support;
- v. Have been screened at a high nutritional risk; or
- vi. Is unable to obtain nutrition because the individual is practicing social distancing due to the emergency (only during the period of the COVID-19 public health emergency declared under section 319 of the Public Health Service Act [(42 U.S.C. 247d)]).
- vii. In addition to meeting the general nutrition services eligibility requirements listed in Section I.C.2.d. above, individuals must be mobile, not homebound, and physically, mentally, and medically able to attend a congregate nutrition program. Individuals eligible to receive congregate meals include the following:
 - (1) Individuals age sixty (60) or older;
 - (2) Any spouse (regardless of age) who resides at home with or attends the dining center with his/her eligible spouse;
 - (3) Persons with a disability, regardless of age, who reside in a housing facility occupied primarily by older individuals where congregate nutrition services are provided, or home delivered meals are delivered;
 - (4) Disabled persons who reside at home with or accompany an eligible person to the dining center;
 - (5) Volunteers, regardless of age, who reside at home with or provide essential services on a regular basis during meal hours;
 - (6) Persons at nutritional risk who have physical, emotional, or behavioral conditions which would prevent them from obtaining nutrition; and
 - (7) Persons at nutritional risk who are socially or otherwise isolated and unable to obtain nutrition.

II. MANNER OF SERVICE PROVISION

A. Service Tasks

To achieve the goals of the CARES Act Program, the Sub-Recipient shall ensure performance of the following tasks:

1. Client Eligibility Determination

The Sub-Recipient shall ensure that applicant data is evaluated to determine eligibility. Eligibility to become a client is based on meeting the requirements described in Section I.C.2.

2. Targeting and Screening New Clients for Service Delivery

The Sub-Recipient shall develop and implement policies and procedures consistent with OAA targeting and screening criteria for new clients.

3. Program Services

The Sub-Recipient shall ensure the provision of program services is consistent with the current DOEA Programs and Services Handbook.

4. Program Eligibility Requirements

a. Eligibility Criteria

To be eligible for program participation, an entity must:

- i. Be an agency that has received a grant under OAA Title III [OAA section 311(42 U.S.C. § 3030a)].

b. Provider's Nutrition Service Operations

The Sub-Recipient shall ensure that the nutrition service operations of the provider meet the requirements of this contract, as well as any other applicable regulations and policies prescribed by the current DOEA Programs and Services Handbook, USDHHS, USDA, DOH and local health departments, DBPR, or any other agency designated to inspect meal quality for the State.

c. Prescribed Nutritional Requirements

The Sub-Recipient shall ensure that each meal provided under this contract meets the following criteria:

- i. Complies with the current Dietary Guidelines for Americans, published by the Secretaries of the USDHHS and USDA; and
- ii. Provides a minimum of thirty-three and a third percent (33 1/3%) of the dietary reference intakes/adequate intakes for a female age seventy (70) or older as established by the Food and Nutrition Board of the National Academy of Sciences.

B. Use of Subcontractors

If this contract involves the use of a subcontractor or third party, then the Sub-Recipient shall not delay the implementation of its agreement with the Subcontractor. If any circumstance occurs that may result in a delay for a period of sixty (60) days or more of the initiation of the subcontract or the performance of the Subcontractor, the Sub-Recipient shall notify the AAAPP in writing of such delay. The Sub-Recipient shall not permit a Subcontractor to perform services related to this contract without having a binding Subcontractor agreement executed. The AAAPP will not be responsible or liable for any obligations or claims resulting from such action.

1. Copies of Subcontracts

The Sub-Recipient shall submit copies of all subcontracts to the AAAPP within thirty (30) days of execution of each subcontract agreement.

2. Monitoring the Performance of Subcontractors

The Sub-Recipient shall monitor, at least once per year, each of its subcontractors, sub-recipients, vendors, and/or consultants paid from funds provided under this contract. The Sub-Recipient shall perform fiscal, administrative, and programmatic monitoring to ensure contractual compliance, fiscal accountability,

programmatic performance, and compliance with applicable state and federal laws and regulations. The Sub-Recipient shall monitor its subcontractors to ensure that the budget and scope of work are accomplished within the specified time periods, and that all performance goals stated in this contract are achieved.

- a. The Sub-Recipient shall enter all required data per the DOE's CIRT's Policy Guidelines for clients and services into the CIRT's database. The data must be entered into the CIRT's database before the Sub-Recipient submit their Request for Payment and Receipts and Expenditure Reports to the AAAPP. The Sub-Recipient shall establish time frames to ensure compliance with due dates for the Requests for Payment and Receipts Expenditure Reports to the AAAPP.
- b. The Sub-Recipient shall run monthly CIRT's reports and to verify that the client and service data in the CIRT's database is accurate. This report must be submitted to the AAAPP with the monthly Request for Payment and Receipts and Expenditure Report and must be reviewed by the AAAPP before the Sub-Recipient's Request for Payment and Receipts and Expenditure Reports can be approved by the AAAPP.
- c. The Sub-Recipient shall require subcontractors to report on outreach activities at least semi-annually using a uniform reporting format established by the Sub-Recipient. Subcontractor reports must include the total number of outreach events or activities performed by the subcontractor as well as the following information for each event or activity: date, location, type of event or activity, total number of participants, individual service needs identified, and referral sources or information provided to participants.

C. Staffing Requirements

1. Staffing Levels

The Sub-Recipient shall assign its own administrative and support staff as needed to perform the tasks, responsibilities, and duties under this contract and ensure that subcontractors dedicate adequate staff accordingly.

2. Professional Qualifications

The Sub-Recipient shall ensure that the staff responsible for performing any duties or functions within this contract have the qualifications specified in the DOE's Programs and Services Handbook.

3. Service Times

The Sub-Recipient shall ensure the availability of services listed in this contract at times appropriate to meet client service needs, including, at a minimum, during normal business hours. Normal business hours are defined as Monday through Friday, 8:00 a.m. to 5:00 p.m. local time.

D. Deliverables

The following section provides the specific quantifiable units of deliverables and the source documentation required to evidence the completion of the tasks specified in this contract. The Sub-Recipient must submit all required documentation in the time and manner specified for the minimum performance levels to be met. Each deliverable must be accepted in writing by the AAAPP based on the requirements for each deliverable before the Sub-Recipient submits an invoice requesting payment.

1. Delivery of Services to Eligible Clients

The Sub-Recipient shall ensure the provision of a continuum of services that meets the diverse needs of elders and their caregivers. Documentation of service delivery must include a report consisting of the following: number of clients served, number of service units provided by service, and rate per service unit with calculations that equal the total invoice amount. The Sub-Recipient shall ensure the performance and reporting of the following types of services, in accordance with the current DOE's Programs and Services Handbook, and Section II.A.

Under the Stafford Act, and the State of Florida's Major Disaster Declaration, the contractor is permitted to use any portion of the funds in this contract to provide disaster relief services to eligible older individuals or family caregivers. Any services listed in Sections II.D.1.a., II.D.1.b., and II.D.1.c. below may be provided in any of the programs listed in the same Sections. The contractor will be notified by AAAPP once the Major Disaster Declaration has ended, at which time these flexibilities will end and the

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contractor must provide services in the respective programs as listed in Section II.D.1.a., II.D.1.b., and II.D.1.c..

1.1 The Sub-Recipient must have prior approval from the AAAPP prior to providing any service not listed in the contract.

a. CARES Act for Supportive Services under Title III-B of the Older Americans Act

Supportive services include a variety of community-based and home-delivered services that support older individuals' quality of life by helping them remain independent and productive. Services include the following:

- i. Telephone Reassurance;
- ii. Transportation.

b. CARES Act for Nutrition Services under Title III-C of the Older Americans Act

Nutrition services are designed to reduce hunger and food insecurity and to promote socialization and the health and well-being of older individuals through access to nutrition and other disease prevention and health promotion services. Services include the following:

- i. Congregate meals;
- ii. Home delivered meals;

2. Provision of Services

The Sub-Recipient shall ensure the provision of the services described in this contract are in accordance with the current DOEA Programs and Services Handbook.

3. Sub-Recipient's Administrative Responsibilities

The Sub-Recipient shall provide management and oversight of CARES Act Program operations in accordance with the current DOEA Programs and Services Handbook. Management and oversight of CARES Act Program Operations include the following:

- a. Establish written policies, procedures, criteria, and standards for purchasing and procurement of goods and services on an open and competitive basis.
- b. Review routine and special reports submitted by subcontractors and vendors.
- c. Provide technical assistance to subcontractors and vendors to ensure provision of quality services.
- d. Monitor and evaluate subcontractors and vendors for fiscal, administrative, and programmatic compliance.
- e. Appropriately and timely submit payments to subcontractors and vendors.
- f. Establish procedures for handling recipient complaints and grievances concerning such adverse actions as service termination, suspension, or reduction.

i. Complaint Procedures

The Sub-Recipient shall develop and implement complaint procedures and ensure that subcontractors develop and implement complaint procedures to process and resolve client dissatisfaction with services. Complaint procedures shall address the quality and timeliness of services, provider and direct service worker complaints, and all other issues except the termination, suspension, or reduction of services, which shall be addressed through the grievance process as described in Appendix D of the DOEA Programs and Services Handbook. Complaint procedures shall include notification to all clients of the complaint procedure and include tracking the date, nature, and disposition of each complaint.

- g. Ensure compliance with CIRTTS regulations.
- h. Monitor performance objective achievements per targets set by the AAAPP.

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- i. Conduct annual client satisfaction surveys to evaluate and improve service delivery.

E. Reports

The Sub-Recipient shall respond to additional, routine, or special requests for information and reports required by the AAAPP in a timely manner as determined by the AAAPP. The Sub-Recipient shall establish reporting deadlines and due dates for subcontractors that permit the Sub-Recipient to review and validate the data and meet the AAAPP's reporting requirements.

1. CIRTS Reports

- a. Sub-Recipient shall input CARES Act-specific data into CIRTS. To ensure CIRTS data accuracy, the Sub-Recipient shall use CIRTS-generated reports which include the following:

- i. Client Reports;
- ii. Monitoring Reports;
- iii. Services Reports;
- iv. Miscellaneous Reports;
- v. Fiscal Reports; and
- vi. Outcome Measurement Reports.

- b. **CIRTS Data Entries and Monthly Reports for Subcontractors and Vendors**

The Sub-Recipient must ensure all required data for clients and services are entered in the CIRTS database per the DOEA Programs and Services Handbook and the CIRTS User Manual – Aging Network users (located in Documents on the CIRTS Enterprise Application Services). All data must be entered in the CIRTS database by the Sub-Recipient. The Sub-Recipient must review monthly CIRTS reports to ensure data and billing accuracy before submitting the Requests for Payment and Receipts and Expenditure Reports to the AAAPP.

2. Bi-Annual Service Cost Reports

The Sub-Recipient shall submit Bi-Annual Service Cost Reports which reflect actual costs of providing each service by program (Reference Attachment X).

3. Surplus/Deficit Report

The Sub-Recipient shall submit a Consolidated Surplus/Deficit Report, in a format provided by the AAAPP, to the AAAPP by the 10th of each month. This Consolidated Surplus/Deficit Report is for all agreements and/or contracts between the Sub-Recipient and the AAAPP and must include the following:

- a. A list of all subcontractors and their status regarding surplus/deficit;
- b. The Sub-Recipient's detailed plan on how the surplus/deficit spending which exceeds the threshold specified by the AAAPP will be resolved;
- c. Recommendations to transfer funds to resolve surplus/deficit spending;
- d. Input from the Sub-Recipient's Board of Directors on resolution of spending issues, if applicable;

4. OAA National Aging Program Information System (NAPIS) Report

Data required for the OAA NAPIS Report that is not recorded in CIRTS will be provided to the AAAPP in the format and on the date established by the AAAPP.

5. Program Highlight Narratives

The Sub-Recipient shall submit brief written narratives to the AAAPP for publication in the Program Highlight sections of the DOEA's Summary of Programs and Services, which is hereby incorporated by reference, to include any subsequent revisions thereof. The narratives shall reference specific events, including success stories, quotes, testimonials, or human-interest vignettes. The narratives shall be written for a general audience,

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with no acronyms or technical terms.

F. Records and Documentation

1. The Sub-Recipient agrees to make available to AAAPP staff and any party designated by the AAAPP all contract related records and documentation. The Sub-Recipient shall ensure the collection and maintenance of all program related information and documentation on any system designated by the AAAPP. Maintenance includes valid exports and backups of all data and systems according to AAAPP standards. Data must be usable and must be maintained in a format that is readable to the AAAPP.

2. CIRT Data and Maintenance

The Sub-Recipient shall ensure monthly collection and maintenance of client and service information in CIRT or any other system designated by the AAAPP. Maintenance includes ensuring that all data is accurate and current and performing valid exports and backups of all data and systems according to AAAPP standards.

3. Policies and Procedures for Records and Documentation

The Sub-Recipient shall maintain written policies and procedures for computer system backup and recovery and shall have the same requirement of its subcontractors. These policies and procedures shall be made available to the AAAPP upon request.

G. Performance Specifications

1. Outcomes and Outputs (Performance Measures)

At a minimum, the Sub-Recipient shall:

- a. Ensure the provision of the services described in this contract are in accordance with the DOEA Programs and Services Handbook and Section II.A.
- b. Timely and accurately submit to the Department all documentation and reports described in Attachment I, Section II.E.
- c. Timely and accurately, per Attachment X, submit to the AAAPP Attachments XI and XII, Exhibits 1– 7.
- d. Develop and document strategies to support the AAAPP's standard of performance achievement, including increases in the following:
 - i. Percentage of most frail elders who remain at home or in the community instead of going into a nursing home;
 - ii. Percentage of APS referrals who need immediate services to prevent further harm who are served within seventy-two (72) hours;
 - iii. Percentage of active clients eating two or more meals per day;
 - iv. Percentage of new service recipients whose ADL assessment score has been maintained or improved;
 - v. Percentage of new service recipients whose IADL assessment score has been maintained or improved;
 - vi. Percentage of caregivers who, after service intervention, self-report being very confident about their ability to continue to provide care; and
 - vii. Percentage of customers who are at imminent risk of nursing home placement who are served with community-based services.
2. The Sub-Recipient's performance of the measures in G.1, above, will be reviewed and documented in the AAAPP's Annual Programmatic Monitoring Reports.

3. Monitoring and Evaluation Methodology

The AAAPP will review and evaluate the performance of the Sub-Recipient under the terms of this contract. Monitoring shall be conducted through direct contact with the Sub-Recipient via telephone, in writing, or an on-site visit. The primary, secondary, or signatory of the contract must be available for any on-site

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programmatic monitoring visit. The AAAPP reserves the right to conduct an on-site visit unannounced by persons duly authorized by the AAAPP. The AAAPP's determination of acceptable performance shall be conclusive.

The Sub-Recipient agrees to cooperate with the AAAPP in monitoring the progress of completion of the service tasks and deliverables. The AAAPP may use, but is not limited to, one or more of the following methods for monitoring:

- a. Desk reviews and analytical reviews;
- b. Scheduled, unscheduled, and follow-up on-site visits;
- c. Client visits;
- d. Review of independent auditor's reports;
- e. Review of third-party documents and/or evaluation;
- f. Review of progress reports;
- g. Review of customer satisfaction surveys;
- h. Agreed-upon procedures review by an external auditor or consultant;
- i. Limited-scope reviews; and
- j. Other procedures as deemed necessary by the AAAPP.

4. Performance Definitions

"Workday" shall mean a provider's staff member's eight (8) hour work period, unless specifically noted otherwise. "Day" shall mean a calendar day, unless specifically noted otherwise.

H. Sub-Recipient Responsibilities

1. Sub-Recipient Unique Activities

All tasks listed above in Section II. are solely and exclusively the responsibility of the Sub-Recipient and are tasks for which, by execution of this contract, the Sub-Recipient agrees to be held accountable.

2. Coordination with Other Providers and/or Entities

Notwithstanding that services for which the Sub-Recipient is held accountable involve coordination with other entities in performing the requirements of this contract, the failure of other providers or entities does not alleviate the Sub-Recipient from any accountability for tasks or services that the Sub-Recipient is obligated to perform pursuant to this contract.

I. AAAPP Responsibilities

1. AAAPP Obligations

The AAAPP may, within its resources, provide technical support and/or assistance to the Sub-Recipient to assist the Sub-Recipient in meeting the requirements of this contract. The AAAPP's support and assistance, or lack thereof, shall not relieve the Sub-Recipient from full performance of contract requirements.

2. AAAPP Determinations

The AAAPP reserves the exclusive right to make certain determinations in the tasks performed by the Sub-Recipient and the approaches used by the Sub-Recipient to perform those tasks. The absence of the AAAPP setting forth a specific reservation of rights does not mean that all other areas of the contract are subject to mutual agreement.

III. METHOD OF PAYMENT

A. Payment Method Used

The method of payment for this contract is a combination of Fixed-Fee/Unit Rate, and Advance Payments subject to the availability of funds and Sub-Recipient performance. The AAAPP will pay the Sub-Recipient upon satisfactory completion of the Tasks/Deliverables, as specified in Section II.D., and in accordance with all other terms and conditions of this contract.

B. Unit of Service**1. Fixed Fee/Unit Rate**

Sub-Recipient must meet the minimum level of performance stated in the contract to receive payment. Payments for Fixed Fee/Unit Rates shall not exceed amounts established in Attachment XIV.

A minimum of thirty (30) percent or \$420,884.00 must be spent on the Dining Out at Home Program by contracting with AAAPP credentialed restaurants.

C. Advance Payments

1. The Sub-Recipient may request up to two (2) months of advances at the start of the contract period to cover program administration, outreach, and service costs. The payment of an advance will be contingent upon the sufficiency and amount of funds released to the AAAPP by the State of Florida (budget release). The Sub-Recipient's requests for advance payments require the written approval of the AAAPP. The Sub-Recipient shall provide the AAAPP documentation justifying the need for an advance and describing how the funds will be distributed. This should

detail the Sub-Recipient's advance request and advance requests for any subcontractors and include the amount of funds being requested by the Sub-Recipient and subcontractors. If additional advances are necessary beyond the two months equivalent, the AAA will need to submit further justification with a plan for how much advance funds are needed and demonstrate how the funds will be expended within two months. If sufficient budget is available, and the AAAPP, in his or her sole discretion, has determined that there is a justified need for an advance, the AAAPP will issue approved advance payments after contract execution.

1. All advance payments made to the Sub-Recipient shall be reimbursed to the AAAPP as follows: one-tenth of the advance payment received shall be reported as an advance recoupment on each Request for Payment, starting with report number 5, in accordance with the Invoice Schedule (Attachment X).
2. Interest earned on advances must be identified separately by source of funds (state or federal). Sub-Recipients shall maintain advanced payments of federal funds in FDIC interest bearing accounts unless an exception is made in accordance with 45 CFR § 75.305. Earned interest must be returned to the AAAPP at the end of each quarter of the contract period.

D. Invoice Instructions

Payment shall be made upon the Sub-Recipient's presentation of an invoice subsequent to the acceptance by the AAAPP of the deliverables shown on the invoice. The form and substance of each invoice submitted by the Sub-Recipient shall be as follows:

1. The invoice shall include a "Remit to" address that corresponds exactly with Section 55.a **Official Payee and Representatives (Name, Address, and Telephone Numbers) of the contract.**
2. The monthly invoice shall include the units of services listed on Attachment XIV, per the requirements in the DOEA Programs and Services Handbook, at the rates established in Attachment XIV, Service Rate Report. Documentation of service delivery shall include a report consisting of the following: number of clients served, number of service units provided by service, and rate per service unit, with calculations that equal the total invoice amount. Any change to the Sub-Recipient's AAAPP-approved budget after the execution of this contract shall require approval from the AAAPP prior to being made. Any change to the total contract amount requires a contract amendment.
3. The Sub-Recipient shall include with the Fixed Fee/Unit Rate portion of its invoice the units of services provided based on rates established in Attachment XIV, number of clients, and the rates for the services provided per the requirements described in the deliverables and service tasks. The Sub-Recipient shall clearly state the provider name, the report month, and the invoice number on the invoice.
4. All Requests for Payment shall be based on the submission of actual monthly Receipts and Expenditure Reports beginning with the first month of the contract. The schedule for submission of advanced payment requests (when available) and invoices can be found in the Invoice Schedule (Attachment X).

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5. Final contract invoices must be submitted to the AAAPP no later than November 1, 2021.

E. Payment Withholding

Any payment due by the AAAPP under the terms of this contract may be withheld pending receipt and approval by the AAAPP of all financial and programmatic reports due from the Sub-Recipient and any adjustments thereto, including any disallowance not resolved.

F. Corrective Action Plan

1. Sub-Recipient shall ensure 100% of the deliverables identified in Section II.D. are performed pursuant to contract requirements.
2. If at any time the Sub-Recipient is notified by the AAAPP that it has failed to correctly, completely, or adequately perform contract deliverables identified in Section II.D., the Sub-Recipient will have ten (10) days to submit a Corrective Action Plan (CAP) to the AAAPP that addresses the deficiencies and states how the deficiencies will be remedied within a time period approved by the AAAPP. The AAAPP shall assess a financial consequence for non-compliance on the Sub-Recipient as referenced in Section III.G. for each deficiency identified in the CAP which is not corrected pursuant to the CAP. The AAAPP will also assess a financial consequence for failure to timely submit a CAP to the AAAPP.
3. If the Sub-Recipient fails to correct an identified deficiency within the AAAPP-approved period specified in the CAP, the AAAPP shall deduct the percentage established in Section III.G. from the payment for the invoice of the following month.
4. If the Sub-Recipient fails to timely submit a CAP to the AAAPP, the AAAPP shall deduct the percentage established in Section III.G. for each day the CAP is overdue. The deduction will be made from the payment for the invoice of the following month.

G. Financial Consequences

The AAAPP will withhold or reduce payment if the Sub-Recipient fails to perform the deliverables to the satisfaction of the AAAPP according to the requirements referenced in Section II.D. The following financial consequences will be imposed if the deliverables stated do not meet in part or in whole the performance criteria as outlined in Section II.D.:

1. Delivery of services to eligible clients as referenced in Section II.A.3. and Section II.D.1. of this contract – Failure to comply with established assessment and prioritization criteria, as evidenced by CIRT reports, will result in a 2% reduction of payment per business day. The reduction of payment will begin on the first business day following the AAAPP's notification to the Sub-Recipient that the identified deficiency was not cured or satisfactorily addressed in accordance with the AAAPP-approved CAP.
2. Services and units of services as referenced in Section II.D.2. of this contract – Failure to provide services in accordance with the current DOE Programs and Services Handbook, the service tasks described in Section II.A., and Attachment XIV, or failure to submit required documentation will result in a 2% reduction of payment per business day. The reduction of payment will begin the first business day following the AAAPP's notification to the Sub-Recipient that the identified deficiency is not cured or satisfactorily addressed in accordance with the AAAPP-approved CAP.
3. Administrative duties as referenced in Section II.D.3. of this contract – Failure to perform management and oversight of program operations will result in a 2% reduction of payment per business day. The reduction of payment will begin the first business day following the AAAPP's notification to the Sub-Recipient that the identified deficiency was not cured or satisfactorily addressed in accordance with the AAAPP approved CAP.
4. Timely submission of a CAP – Failure to timely submit a CAP within ten (10) business days after notification of a deficiency by the AAAPP will result in a 2% reduction of payment per business day the CAP is not received. The reduction of payment will begin with the subsequent invoice received from the Sub-Recipient and shall be prorated for each day the CAP was late following the due date specified by the AAAPP and shall remain in effect until the Sub-Recipient complies with the submission requirement.
5. Exceptions may be granted solely, in writing, by the AAAPP.

IV. SPECIAL PROVISIONS

A. Final Budget and Funding Revision Requests

Final requests for budget revisions or adjustments to contract funds based on expenditures for provided services must be submitted to the AAAPP in writing no later than August 30, 2021; email requests are considered acceptable.

B. Sub-Recipient's Financial Obligations

1. Matching, Level of Effort, and Earmarking Requirements

There are no match requirements for this contract.

2. Consumer Contributions

Consumer contributions are to be used under the following terms:

- a. The Sub-Recipient assures compliance with Section 315 of the OAA, as amended in 2016, regarding consumer contributions;
- b. Voluntary contributions are not to be used for cost sharing or matching;
- c. Voluntary contributions are to be used only to expand services; and
- d. Accumulated voluntary contributions are to be used prior to requesting federal reimbursement.

3. Use of Service Dollars and Management of the Assessed Priority Consumer List

The Sub-Recipient is expected to spend all federal, state, and other funds provided by the AAAPP for the purpose specified in this contract. For each program managed by the Sub-Recipient, the Sub-Recipient must manage the service dollars in such a manner as to avoid having a wait list and a surplus of funds at the end of the contract period. If the AAAPP determines that the Sub-Recipient is not spending service funds accordingly, the AAAPP may transfer funds to other AAAPP during the contract period and/or adjust subsequent funding allocations as allowable under state and federal law.

4. CARES Act Funds

The Sub-Recipient assures compliance with Section 306 of the OAA, as amended in 2016, and will not use funds received under the CARES Act to pay any part of a cost (including an administrative cost) incurred by the Sub-Recipient to maintain a contractual or commercial relationship that is not carried out to implement Title III.

C. Remedies for Nonconforming Services

1. The Sub-Recipient shall ensure that all goods and/or services provided under this contract are delivered timely, completely, and commensurate with required standards of quality. Such goods and/or services will only be delivered to eligible program participants.
2. If the Sub-Recipient fails to meet the prescribed quality standards for services, such services will not be reimbursed under this contract. In addition, any nonconforming goods (including home delivered meals) and/or services not meeting such standards will not be reimbursed under this contract. The Sub-Recipient's signature on the Request for Payment Form certifies maintenance of supporting documentation and acknowledgement that the Sub-Recipient shall solely bear the costs associated with preparing or providing nonconforming goods and/or services. The AAAPP requires immediate notice of any significant and/or systemic infractions that compromise the quality, security, or continuity of services to clients.

D. Incident Reporting

The Sub-Recipient shall notify the AAAPP immediately but no later than forty-eight (48) hours from the Sub-Recipients awareness or discovery of changes that may materially affect the Sub-Recipient or any subcontractor's ability to perform the services required to be performed under this contract. Such notice shall be made orally to the AAAPP (by telephone) with an email to immediately follow, including the Sub-Recipient's plan for provision of services required by contract. This plan must detail the Sub-Recipient's anticipated plan for ensuring a continuity

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in services for each client impacted by and for the duration of the incident. Following submission of the plan, the Sub-Recipient is expected to provide the AAAPP updates in a frequency determined by the AAAPP as appropriate until the incident is resolved.

E. Volunteers

The Sub-Recipient shall ensure the use of trained volunteers in providing direct care services delivered to older individuals and those individuals with disabilities needing such services. If possible, the Sub-Recipient shall work in coordination with organizations that have experience in providing training, placement, and stipends for volunteers or participants (such as the Senior Community Service Employment Program or organizations carrying out federal service programs administered by the Corporation for National and Community Service).

F. Enforcement

1. In accordance with Section 430.04, F.S., the AAAPP shall rescind designation of an area agency on aging or take intermediate measures against the Sub-Recipient, including corrective action, unannounced special monitoring, temporary assumption of operation of one or more programs by the AAAPP, placement on probationary status, imposing a moratorium on Sub-Recipient action, imposing financial penalties for nonperformance, or other administrative action pursuant to Chapter 120, F.S., if the AAAPP finds that any of the following have occurred:
 - a. An intentional or negligent act of the Sub-Recipient has materially affected the health, welfare, or safety of clients, or substantially and negatively affected the operation of an aging services program.
 - b. The Sub-Recipient lacks financial stability sufficient to meet contractual obligations or that contractual funds have been misappropriated.
 - c. The Sub-Recipient has committed multiple or repeated violations of legal and regulatory requirements or AAAPP standards.
 - d. The Sub-Recipient has failed to continue the provision or expansion of services after the declaration of a state of emergency.
 - e. The Sub-Recipient has exceeded its authority or otherwise failed to adhere to the terms of this contract with the AAAPP or has exceeded its authority or otherwise failed to adhere to the provisions specifically provided by statute or rule adopted by the AAAPP.
 - f. The Sub-Recipient has failed to properly determine client eligibility as defined by the AAAPP or efficiently manage program budgets.
 - g. The Sub-Recipient has failed to implement and maintain a AAAPP-approved client grievance resolution procedure.
2. In making any determination under this provision the AAAPP may rely upon findings of another state or federal agency, or other regulatory body. Any claims for damages for breach of contract are exempt from administrative proceedings and shall be brought before the appropriate entity in the venue of Pinellas County, Florida. In the event the AAAPP initiates action to rescind an area agency on aging designation, the AAAPP shall follow the procedures set forth in 42 U.S.C. §3025(b).

G. Investigation of Criminal Allegations

Any report that implies criminal intent on the part of the Sub-Recipient or any subcontractors and referred to a governmental or investigatory agency must be sent to the AAAPP. If the Sub-Recipient has reason to believe that the allegations will be referred to the State Attorney, a law enforcement agency, the United States Attorney's office, or governmental agency, the Sub-Recipient shall notify the AAAPP immediately. A copy of all documents, reports, notes, or other written material concerning the investigation, whether in the possession of the Sub-Recipient or subcontractors, must be sent to the AAAPP with a summary of the investigation and allegations.

END OF ATTACHMENT I

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ATTACHMENT II
FINANCIAL AND COMPLIANCE AUDIT

The administration of resources awarded by the AAAPP to the Sub-Recipient may be subject to audits and/or monitoring by the AAAPP, as described in this section.

MONITORING

In addition to reviews of audits conducted in accordance with 2 CFR Part 200 (formerly OMB Circular A-133 as revised), and Section 215.97, F.S., (see “AUDITS” below), monitoring procedures may include, but not be limited to, on-site visits by the AAAPP staff, limited scope audits and/or other procedures. By entering into this contract, the Sub-Recipient agrees to comply and cooperate with any monitoring procedures/processes deemed appropriate by the AAAPP. In the event the AAAPP determines that a limited scope audit of the Sub-Recipient is appropriate, the Sub-Recipient agrees to comply with any additional instructions provided by the AAAPP to the Sub-Recipient regarding such audit. The Sub-Recipient further agrees to comply and cooperate with any inspections, reviews, investigations, or audits deemed necessary by the Chief Financial Officer (CFO) or Auditor General.

AUDITS**PART I: FEDERALLY FUNDED**

This part is applicable if the Sub-Recipient is a State or local government or a non-profit organization as defined in 2 CFR Part 200, Subpart A.

In the event that the Sub-Recipient expends \$750,000.00 or more in federal awards during its fiscal year, the Sub-Recipient must have a single or program-specific audit conducted in accordance with the provisions of 2 CFR Part 200. Financial and Compliance Audit Attachment, Exhibit 2 indicates federal resources awarded through the AAAPP by this contract. In determining the federal awards expended in its fiscal year, the Sub-Recipient shall consider all sources of Federal awards, including federal resources received from the AAAPP. The determination of amounts of Federal awards expended should be in accordance with 2 CFR Part 200. An audit of the Sub-Recipient conducted by the Auditor General in accordance with the provisions of 2 CFR Part 200 will meet the requirements of this part.

In connection with the audit requirements addressed in Part I, paragraph 1, the Sub-Recipient shall fulfill the requirements relative to auditee responsibilities as provided in 2 CFR § 200.508.

If the Sub-Recipient expends less than \$750,000.00 in federal awards in its fiscal year, an audit conducted in accordance with the provisions of 2 CFR Part 200 is not required. In the event that the Sub-Recipient expends less than \$750,000.00 in federal awards in its fiscal year and elects to have an audit conducted in accordance with the provisions of 2 CFR Part 200, the cost of the audit must be paid from non-federal resources (i.e., the cost of such audit must be paid from Sub-Recipient resources obtained from other than federal entities.)

An audit conducted in accordance with this part shall cover the entire organization for the organization’s fiscal year. Compliance findings related to contracts with the AAAPP shall be based on the contract’s requirements, including any rules, regulations, or statutes referenced in the contract. The financial statements shall disclose whether or not the matching requirement was met for each applicable contract. All questioned costs and liabilities due to the AAAPP shall be fully disclosed in the audit report with reference to the AAAPP contract involved. If not otherwise disclosed as required by 2 CFR § 200.510, the schedule of expenditures of federal awards shall identify expenditures by contract number for each contract with the AAAPP in effect during the audit period. Financial reporting packages required under this part must be submitted within the earlier of 30 days after receipt of the audit report or 9 months after the end of the Sub-Recipient’s fiscal year end.

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PART II: STATE FUNDED

This part is applicable if the Sub-Recipient is a non-state entity as defined by Section 215.97(2), F.S.

In the event that the Sub-Recipient expends a total amount of state financial assistance equal to or in excess of \$750,000.00 in any fiscal year of such Sub-Recipient, the Sub-Recipient must have a State single or project-specific audit for such fiscal year in accordance with Section 215.97, F.S.; applicable rules of the Department of Financial Services; and Chapter 10.550 (local governmental entities) or 10.650 (nonprofit and for-profit organizations), Rules of the Auditor General. Financial Compliance Audit Attachment, Exhibit 2 indicates state financial assistance awarded through the AAAPP by this contract. In determining the state financial assistance expended in its fiscal year, the Sub-Recipient shall consider all sources of state financial assistance, including state financial assistance received from the AAAPP, other state agencies, and other non-state entities. State financial assistance does not include Federal direct or pass-through awards and resources received by a non-state entity for Federal program matching requirements.

In connection with the audit requirements addressed in Part II, paragraph 1, the Sub-Recipient shall ensure that the audit complies with the requirements of Section 215.97(8), F.S. This includes submission of a financial reporting package as defined by Section 215.97(2), F.S., and Chapter 10.550 (local governmental entities) or 10.650 (nonprofit and for-profit organizations), Rules of the Auditor General.

If the Sub-Recipient expends less than \$750,000.00 in state financial assistance in its fiscal year, an audit conducted in accordance with the provisions of Section 215.97, F.S., is not required. In the event that the Sub-Recipient expends less than \$750,000.00 in state financial assistance in its fiscal year and elects to have an audit conducted in accordance with the provisions of Section 215.97, F.S., the cost of the audit must be paid from the non-state entity's resources (i.e., the cost of such an audit must be paid from the Sub-Recipient resources obtained from other than State entities).

An audit conducted in accordance with this part shall cover the entire organization for the organization's fiscal year. Compliance findings related to contracts with the AAAPP shall be based on the contract's requirements, including any applicable rules, regulations, or statutes. The financial statements shall disclose whether or not the matching requirement was met for each applicable contract. All questioned costs and liabilities due to the AAAPP shall be fully disclosed in the audit report with reference to the AAAPP contract involved. If not otherwise disclosed as required by Rule 69I- 5.003, F.A.C., the schedule of expenditures of state financial assistance shall identify expenditures by contract number for each contract with the AAAPP in effect during the audit period. For local governmental entities, financial reporting packages required under this part must be submitted within 45 days after delivery of the audit report, but no later than 12 months after the Sub-Recipient's fiscal year end. For non-profit or for-profit organizations, financial reporting packages required under this part must be submitted within 45 days after delivery of the audit report, but no later than 9 months after the Sub-Recipient's fiscal year end. Notwithstanding the applicability of this portion, the AAAPP retains all right and obligation to monitor and oversee the performance of this contract as outlined throughout this document and pursuant to law.

PART III: REPORT SUBMISSION

Copies of financial reporting packages for audits conducted in accordance with 2 CFR Part 200 and required by Part I of this Financial Compliance Audit Attachment, shall be submitted, when required by 2 CFR § 200.512 by or on behalf of the Sub-Recipient directly to each of the following:

**Federal Audit Clearinghouse
Bureau of the Census
1201 East 10th Street
Jeffersonville, IN 47132**

Pursuant to 2 CFR § 200.512, all other Federal agencies, pass-through entities and others interested in a reporting package and data collection form must obtain it by accessing the Federal Audit Clearinghouse.

The Sub-Recipient shall submit a copy of any management letter issued by the auditor to the Area Agency on Aging of Pasco-Pinellas, Inc. at the following address:

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**Ann Marie Winter, Executive Director Area
Agency on Aging of Pasco-Pinellas, Inc.
9549 Koger Blvd., Suite 100
Saint Petersburg Florida 33702**

Additionally, copies of financial reporting packages required by this contract's Financial Compliance Audit Attachment, Part II, shall be submitted by or on behalf of the Sub-Recipient directly to each of the following:

The Area Agency on Aging of Pasco-Pinellas, Inc. at the following address:

**Ann Marie Winter, Executive Director Area
Agency on Aging of Pasco-Pinellas, Inc.
9549 Koger Blvd., Suite 100
Saint Petersburg Florida 33702**

The Auditor General's Office at the following address:

**State of Florida Auditor General
Claude Pepper Building, Room 574
111 West Madison Street
Tallahassee, Florida 32399-1450**

Any reports, management letters, or other information required to be submitted to the AAAPP pursuant to this contract shall be submitted timely in accordance with 2 CFR Part 200, F.S., and Chapter 10.550 (local governmental entities) or 10.650 (nonprofit and for-profit organizations), Rules of the Auditor General, as applicable.

Sub-Recipients, when submitting financial reporting packages to the AAAPP for audits done in accordance with 2 CFR Part 200 or Chapter 10.550 (local governmental entities) or 10.650 (nonprofit and for-profit organizations), Rules of the Auditor General, should indicate the date that the reporting package was delivered to the Sub-Recipient in correspondence accompanying the reporting package.

PART IV: RECORD RETENTION

The Sub-Recipient shall retain sufficient records demonstrating its compliance with the terms of this contract for a period of six (6) years from the date the audit report is issued, and shall allow the AAAPP or its designee, the CFO, or Auditor General access to such records upon request. The Sub-Recipient shall ensure that audit working papers are made available to the AAAPP or its designee, CFO, or Auditor General upon request for a period of six (6) years from the date the audit report is issued, unless extended in writing by the AAAPP.

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ATTACHMENT II-EXHIBIT 1**PART I: AUDIT RELATIONSHIP DETERMINATION**

Sub-Recipients who receive state or federal resources may or may not be subject to the audit requirements of 2 CFR Part 200 and/or Section 215.97, F.S. Sub-Recipients who are determined to be recipients or sub-recipients of federal awards and/or state financial assistance may be subject to the audit requirements if the audit threshold requirements set forth in Part I and/or Part II of Exhibit 1 are met. Sub-Recipients who have been determined to be vendors are not subject to the audit requirements of 2 CFR § 200.38 and/or Section 215.97, F.S. Regardless of whether the audit requirements are met, Sub-Recipients who have been determined to be recipients or sub-recipients of Federal awards and/or state financial assistance must comply with applicable programmatic and fiscal compliance requirements.

In accordance with 2 CFR Part 200 and/or Rule 691-5.006, F.A.C., Sub-Recipient has been determined to be:

- Vendor not subject to 2 CFR § 200.38 and/or Section 215.97, F.S.
- Recipient/sub-recipient subject to 2 CFR §§ 200.86 and 200.93 and/or Section 215.97, F.S.
- Exempt organization not subject to 2 CFR Part 200 and/or Section 215.97, F.S. For Federal awards, for-profit organizations are exempt; for state financial assistance projects, public universities, community colleges, district school boards, branches of state (Florida) government, and charter schools are exempt. Exempt organizations must comply with all compliance requirements set forth within the contract or award document.

NOTE: If a Sub-Recipient is determined to be a recipient/sub-recipient of federal and/or state financial assistance, and has been approved by the AAAPP to subcontract, they must comply with Section 215.97(7), F.S., and Rule 691-5.006, F.A.C. [state financial assistance] and/or 2 CFR § 200.330 [federal awards].

PART II: FISCAL COMPLIANCE REQUIREMENTS

FEDERAL AWARDS OR STATE MATCHING FUNDS ON FEDERAL AWARDS. Sub-Recipients who receive Federal awards, state maintenance of effort funds, or state matching funds on Federal awards and who are determined to be a sub-recipient must comply with the following fiscal laws, rules, and regulations:

STATES, LOCAL GOVERNMENTS AND INDIAN TRIBES MUST FOLLOW:

- 2 CFR § 200.416 - § 200.417 – Special Considerations for States, Local Governments, and Indian Tribes*
- 2 CFR § 200.201 – Administrative Requirements**
- 2 CFR § 200 Subpart F – Audit Requirements
- Reference Guide for State Expenditures
- Other fiscal requirements set forth in program laws, rules, and regulations

NON-PROFIT ORGANIZATIONS MUST FOLLOW:

- 2 CFR § 200.400 - § 200.411 – Cost Principles*
- 2 CFR § 200.100 – Administrative Requirements
- 2 CFR § 200 Subpart F – Audit Requirements
- Reference Guide for State Expenditures
- Other fiscal requirements set forth in program laws, rules, and regulations

EDUCATIONAL INSTITUTIONS (EVEN IF A PART OF A STATE OR LOCAL GOVERNMENT) MUST FOLLOW:

- 2 CFR § 200.418 – § 200.419 – Special Considerations for Institutions of Higher Education*
- 2 CFR § 200.100 – Administrative Requirements
- 2 CFR § 200 Subpart F – Audit Requirements
- Reference Guide for State Expenditures
- Other fiscal requirements set forth in program laws, rules, and regulations

*Some Federal programs may be exempted from compliance with the Cost Principles Circulars as noted in 2 CFR §200.400(5)(c).

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**For funding passed through U.S. Health and Human Services, 45 CFR Part 75; for funding passed through U.S. Department of Education, 34 CFR Part 80.

STATE FINANCIAL ASSISTANCE. Sub-Recipients who receive state financial assistance and who are determined to be a recipient/sub-recipient must comply with the following fiscal laws, rules, and regulations:

Sections 215.97 & 215.971, F.S.

Chapter 69I-5, F.A.C.

State Projects Compliance Supplement

Reference Guide for State Expenditures

Other fiscal requirements set forth in program laws, rules, and regulations

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**ATTACHMENT II-EXHIBIT 2
FUNDING SUMMARY**

Note: Title 2 CFR, as revised, and Section 215.97, F.S., require that the information about Federal Programs and State Projects included in Attachment II, Exhibit 1, be provided to the recipient. Information contained herein is a prediction of funding sources and related amounts based on the contract budget.

1. FEDERAL RESOURCES AWARDED TO THE SUBRECIPIENT PURSUANT TO THIS CONTRACT CONSIST OF THE FOLLOWING:

GRANT AWARD (FAIN#): 2001FLSSC3, 2001FLHDC3, 2001FLFCC3			FEDERAL AWARD DATE: 04/20/2020
DUNS NUMBER: 844031752			
PROGRAM TITLE	FUNDING SOURCE	CFDA	AMOUNT
CARES Act for Supportive Services under Title III-B of the Older Americans Act	U.S. Health and Human Services	93.044	\$1,491,062.00
TOTAL FEDERAL AWARD			\$1,491,062.00

COMPLIANCE REQUIREMENTS APPLICABLE TO THE FEDERAL RESOURCES AWARDED PURSUANT TO THIS CONTRACT ARE AS FOLLOWS:

FEDERAL FUNDS:

2 CFR Part 200 – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards. OMB Circular A-133 – Audits of States, Local Governments, and Non-Profit Organizations

2. STATE RESOURCES AWARDED TO THE RECIPIENT PURSUANT TO THIS CONTRACT CONSIST OF THE FOLLOWING:

MATCHING RESOURCES FOR FEDERAL PROGRAMS

PROGRAM TITLE	FUNDING SOURCE	CFDA	AMOUNT
TOTAL STATE AWARD			

STATE FINANCIAL ASSISTANCE SUBJECT TO SECTION 215.97, F.S.

PROGRAM TITLE	FUNDING SOURCE	CSFA	AMOUNT
TOTAL AWARD			

COMPLIANCE REQUIREMENTS APPLICABLE TO STATE RESOURCES AWARDED PURSUANT TO THIS CONTRACT ARE AS FOLLOWS:

STATE FINANCIAL ASSISTANCE

Sections 215.97 & 215.971, F.S., Chapter 69I-5, F.A.C., State Projects Compliance Supplement Reference Guide for State Expenditures
Other fiscal requirements set forth in program laws, rules, and regulations

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**ATTACHMENT II
EXHIBIT 3**

**Instructions to Auditors for the Statement of Functional
Expenses as Required by DOEA:**

INTRODUCTION

The Auditor General's Report No. 02-047 revealed that the functional expense statements contained in the audit reports of the recipients and sub-recipients of the Department of Elder Affairs (Department) funds varied widely both in presentation and in allocation methodology. As a result, the Auditor General's report recommended that a functional expense statement template be designed and utilized to provide for more uniform consistency and comparability between organizations as well as comparability between actual, audited historical costs and the contracted rates. These instructions are to help guide auditors when preparing the functional expense statement in the form prescribed by contract by the Department of Elder Affairs (see contract between recipient/sub-recipient and the Department of Elder Affairs).

In accordance with Statement of Financial Accounting Standards No. 117, *voluntary health and welfare organizations* are required to provide a statement of functional expenses in their general-purpose external financial statements. Most of the organizations receiving funds directly or indirectly from the Department are considered voluntary health and welfare organizations.

For those organizations reporting under the voluntary health and welfare organization model, the total on the functional expense statement shall articulate to the statement of activities.

If the statement of functional expenses as prescribed by the Department is included in the audited financial statements as supplementary information, the auditor should provide "in-relation-to" assurance in the auditor's report.

Functional categories on the prescribed statement should include a section "program services" which would include functional classifications as services provided by service providers and lead agencies. Also, a section "supporting services" should be included which accounts for the management and general, fundraising, unallowable and other support services expenses.

SERVICE PROVIDERS AND LEAD AGENCIES

Service Providers and Lead Agencies paid under unit rate contracts funded through awards passed through the Department shall provide a statement of functional expenses in accordance with the sample template provided (see sample A) in their audited financial statements. The functional expense template should be organized such that the natural classifications, defined expense line items (see definitions below) are in the left column, with each service, functional classification, performed by the provider as a column heading extending across the top. The services shown on the functional expense statement are those services as defined by the Department in the Client Services Manual. Currently, the Department is in the rule-making process for the service definition portion of the Client Services Manual. Once finalized, those services should be used for the columnar headings. Costs for each expense line item are broken out by service, with unallowable expenses shown separately. If there are no unallowable costs, please show a zero total in this column. See below for further discussion of unallowable costs.

A row should be included indicating the total number of units by service provided for the period under audit. If the service column or service is not unit-based, enter "N/A" for the number of units in the appropriate column.

Revenues derived from Department-administered awards are based on units of service produced. It is therefore requested that the program outputs or results (number of units of service provided) be tested to provide reasonable assurance that documentation exists to support that services were delivered for which revenues were earned.¹

CLASSIFICATION OF COSTS

As identified in the Auditor General's review of contracted services administered by the Department of Elder Affairs, administrative costs reported in the

audited financial statements of the contractors and subcontractors varied widely. In an attempt to more consistently report administrative costs, the following guidelines should help to more clearly identify the appropriate classification and allocation of administrative costs. These guidelines apply to the preparation of the Statement of Functional Expenses, (see template) as well as to the unit cost methodology used in determining future contracted unit rates and actual unit costs.

¹ Footnote 6 to paragraph 27 of FASB Statement No. 117

Administrative Costs: Costs incurred for supporting activities such as management and general, and fund raising. *Management and general* activities are those that are not identifiable with a single program or fund-raising activity but that are indispensable to the conduct of those activities and to an organization's existence. They include oversight, business management, general record keeping, budgeting, financing, and all management and administration except for direct conduct of program services or fund-raising activities. The costs of oversight and management usually include the salaries and expenses of the governing board, the chief executive officer of the organization, and the supporting staff. However, if such staff spend a portion of their time directly supervising program services, their salaries and expenses should be allocated among those functions, proportionate to time spent on those activities. The costs of disseminating information to inform the public of the organization's "stewardship" should similarly be classified as management and general expenses.² According to the Office of Management and Budget, general administration and general expenses are those that have been incurred for the overall general executive and administrative offices of the organization and other expenses of a general nature which do not relate solely to any major function of the organization.

This category shall also include its allocable share of fringe benefit costs, operation and maintenance expense, depreciation and use allowances, membership dues, corporate filing fees and other costs to maintain general business operations. Examples of this category include central offices, such as the director's office, the office of finance, business services, budget and planning, personnel, safety and risk management, general counsel, management information systems, and library costs.³

(NOTE: Indirect cost is not synonymous with administrative costs.)

The following expense line items should be displayed on the functional expense statement as management and general (administrative):

1. Salaries – should include the executive director, fiscal office, human resources office, data processing office and all related supporting personnel for those offices.
2. Payroll taxes and benefits – should include the payroll taxes and fringe benefits associated with the personnel included in number 1.
3. Travel – should include all travel and related expenses associated with the personnel included in number 1.
4. Communications/Postage – should include all telephone, cell phone, pagers, and internet service for the administrative offices associated with the personnel in number 1. Also includes mailing costs of materials for the benefit of the organization as a whole.
5. Utilities- electric, water, sewer, and other utilities for the administrative offices associated with the personnel in number 1.
6. Advertising – Includes allowable public relations and advertisement costs related to recruitment of personnel as part of number 1, procurement of goods and services for the performance of an award, costs of communicating with the public and press pertaining to specific activities or accomplishments of an award and costs of conducting general liaison with news media and government public relations officers.
7. Insurance – Includes director's and officer's liability insurance and general liability insurance.
8. Maintenance & Repair – Costs incurred for necessary maintenance, repair, or upkeep of equipment associated with general and administrative functions which neither add to the permanent value of the property nor appreciably prolong its life.
9. Printing/ Supplies – Includes publication and printing costs. Also includes necessary office supplies used in the administration of the organization. Building costs – direct prorated portion of the cost of rental or maintenance which is related to the administrative offices associated with the personnel in number 1.
10. Equipment – Items of a non-capital nature that were purchased for general and administrative use.
11. Professional fees/Legal/Audit – Audit related costs, legal and other professional and consulting fees of a general nature.
12. Sub-contractors – Not a management and general (administrative) expense, but shown on the functional expense statement as a program service expense.
13. Program Supplies – Not a management and general (administrative) expense, but shown on the functional expense statement as a program service expense. Includes such expenses as those for incontinence supplies, assistive devices, appliances purchased for HCE consumers, etc. Could include printing costs for program- or service-specific materials.
14. Depreciation – For those items of a capital nature that were purchased for general and administrative use.
15. Food & Food supplies- Not a management and general (administrative) expense, but shown on the functional expense statement as a program service expense. The cost of the food provisions, the caterer, or food service subcontract.
17. Other – All other expenses not listed above which are of a management and general (administrative) nature. The total of this line item should not exceed 5% of the total management and general (administrative) cost category. If it does, a further breakdown of the line item expenses should be displayed.

Program Services Costs: Costs associated with the activities that result in goods and services being distributed to customers that fulfill the purposes or mission for which the organization exists. Those services are the major purpose for and the major output of the organization and often related to several major programs. Expenses for program services should be reported by the kind of service function or group of functions. For example, a health and welfare organization may have programs for health and family services, research, disaster relief, among others.⁴

The following expense line items should be displayed on the functional expense statement as program service costs.

² AICPA Audit and Accounting guide Not-for-Profit Organizations, Supporting Services paragraphs 13.33-13.34

³ Office of Management and Budget Circular A-122, "Cost Principles for Non-Profit Organizations"

⁴ AICPA Audit and Accounting guide Not-for-Profit Organizations, Program Services paragraph 13.30

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18. Salaries – should include the case managers, case aides, program managers, actual service workers, meal site coordinators, health professionals service contractors, and all related supporting personnel for those offices.

Personnel and associated expenses that would be allocated directly to services would normally include the following positions:

Program Managers

Case Managers, Case Aides

I & R, Counseling, education, & Screening staff

In-home workers (Chore, Respite, Personal Care, Homemaker)

Congregate & Home Delivered Meal staff and Nutrition staff

Home Health Workers

Recreation, Medication Management Health Promotion and Health Support Staff

Adult Day Care, and Respite staff

Any other position dedicated full time to providing a particular service or variety of services defined by the department, which equals 100% of their time.

**Personnel positions normally associated with Management & General activities (and their supporting costs) are not usually allocable to program services.

However, if such staff spend a portion of their time directly supervising program services, their salaries and expenses should be allocated among those functions, proportionate to time spent on those activities. (As supported by a personnel activity report as described in OMB Circular A-122, Attachment B, paragraph 7., M.)

19. Payroll taxes and benefits – should include the payroll taxes and fringe benefits associated with the personnel included in number 18.
20. Travel – should include all travel and related expenses associated with the personnel included in number 18.
21. Communications/utilities – should include all telephone, electric, water, sewer, and other utilities for program service offices associated with the personnel in number 18.
22. Advertising – Includes allowable public relations and advertisement costs as a required service described in an award, and costs of communicating with the public and press pertaining to specific activities, events, or other accomplishments under an award.
23. Insurance – Includes general liability insurance for building space occupied by programs staff.
24. Maintenance & Repair – Costs incurred for necessary maintenance, repair, or upkeep of equipment associated with program functions which neither add to the permanent value of the property nor appreciably prolong its life.
25. Printing/Postage/Supplies – Includes the publication and printing, distribution, and mailing costs of materials for the benefit of a program (funding source) or specific service(s).
26. Building costs – The direct prorated portion of the cost of rental or maintenance, which is related to the program services offices associated with the personnel in number 18.
27. Equipment – Items of a non-capital nature that were purchased for program services use.
28. Professional fees/Legal/Audit – Audit related costs, legal and other professional and consulting fees specifically related to a program or service(s).
29. Sub-contractors – the revenues paid to individuals or entities for performance of a specific service or services required under the programs. Not a management and general (administrative) expense, but shown on the functional expense statement as a program service expense.
30. Program Supplies – Health aids, medical equipment, program-specific supplies, etc.
31. Depreciation – For those items of a capital nature that were purchased or for program service use.
32. Other – All other expenses not listed above which are related directly to program service activities. The total of this line item should not exceed 5% of the total expenses. If it does, a further breakdown of the line item expenses should be displayed.
33. Units of Services provided for the program must be listed on the Statement of Functional Expense by Service Type.

UNALLOWABLE COSTS

The costs of organized fund raising activities, while they may be necessary to the agency's operations, are unallowable, regardless of the purpose for which the funds will be used. Fund raising and investment activities shall be allocated an appropriate share of indirect costs.⁵

To be allowable, costs must:

- (1) demonstrate reasonableness for and comparability to current market conditions necessary for the performance of the contract to which they are allocated;
- (2) conform to any limitations or exclusions set forth in the Client Services Manual or in the contracts as to type or amount of cost items;

⁵ OMB Circular A-87, Attachment B, paragraph 21.

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- (3) be consistent with policies and procedures that apply uniformly to both federally financed and general revenue activities of the Department;
- (4) be accorded consistent treatment;
- (5) be determined in accordance with generally accepted accounting principles;
- (6) for OAA funds, not be included as a cost or used to meet cost sharing or matching requirements of any other federally financed program in either the current or prior funding period;
- (7) be adequately documented.

The principles to be applied in establishing the allowability or unallowability of certain items of cost based on 45 CFR, Parts 74 and 92, for nonprofit organizations and 41 CFR, Subpart 1-15.2 for for-profit organizations is incorporated by reference to OMB Circular 122, Cost Principles for Nonprofit Organizations, Attachment B in its entirety. These principles apply to all of the Department's programs whether a cost is treated as direct or indirect. Failure to mention a particular item of cost is not intended to imply that it is unallowable; rather, determination as to allowableness in each case should be based on the treatment or principles provided for similar or related items of cost. The items herein incorporated by reference in OMB Circular A-122, Cost Principles for Nonprofit Organizations, OMB A-87, Cost Principles for state, local and Indian Tribal governments and OMB A-21, Cost Principles for Educational Institutions apply to nonprofit organizations, local governments and institutions of higher education.

Expenditures prohibited from state or federal funds, as applicable, unless expressly provided by law include, but are not limited to:

Congratulatory telegrams;
Flowers and/or telephone condolences;
Presentation of plaques for outstanding service;
Entertainment for visiting dignitaries;
Refreshments such as coffee and doughnuts;
Decorative items (globe, statues, potted plants, picture frames, wall hangings, etc.);
Greeting Cards (section 286.27, F.S.);
Alcoholic beverages;
Portable heaters and fans, refrigerators, stoves, microwave ovens, coffee pots, coffee mugs, etc.;
Clocks for private offices;
Meals, except those served to inmates and clients of State Institutions;
Lobbying expenses

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**ATTACHMENT III
CERTIFICATIONS AND ASSURANCES**

DOEA will not award this contract unless Sub-Recipient completes this CERTIFICATIONS AND ASSURANCES. In performance of this contract, Sub-Recipient provides the following certifications and assurances:

- A. **Debarment and Suspension Certification (29 CFR Part 95 and 45 CFR Part 75)**
- B. **Certification Regarding Lobbying (29 CFR Part 93 and 45 CFR Part 93)**
- C. **Nondiscrimination & Equal Opportunity Assurance (29 CFR Part 37 and 45 CFR Part 80)**
- D. **Certification Regarding Public Entity Crimes, section 287.133, F.S.**
- E. **Association of Community Organizations for Reform Now (ACORN) Funding Restrictions Assurance (Pub. L. 111-117)**
- F. **Scrutinized Companies Lists and No Boycott of Israel Certification, section 287.135, F.S.**
- G. **Certification Regarding Data Integrity Compliance for Contracts, Agreements, Grants, Loans, and Cooperative Agreements**
- H. **Verification of Employment Status Certification**
- I. **Records and Documentation**
- J. **Certification Regarding Inspection of Public Records**

A. CERTIFICATION REGARDING DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS – PRIMARY COVERED TRANSACTION.

The undersigned Sub-Recipient certifies, to the best of its knowledge and belief, that it and its principals:

1. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by a Federal department or agency;
2. Have not within a three-year period preceding this contract been convicted or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
3. Are not presently indicted or otherwise criminally or civilly charged by a government entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph A.2. of this certification; and/or
4. Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause of default.

The undersigned shall require that language of this certification be included in the documents for all subcontracts at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients and Sub-Recipients shall provide this certification accordingly.

B. CERTIFICATION REGARDING LOBBYING – CERTIFICATION FOR CONTRACTS, GRANTS, LOANS, AND COOPERATIVE AGREEMENTS.

The undersigned Sub-Recipient certifies, to the best of its knowledge and belief, that:

No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of Congress or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal

loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or employee of a Member of Congress in connection with a Federal contract, grant, loan, or cooperative agreement, the undersigned shall also complete and submit Standard Form – LLL, “Disclosure Form to Report Lobbying,” in accordance with its instructions.

The undersigned shall require that language of this certification be included in the documents for all subcontracts at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients and Sub-Recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this contract was made or entered into. Submission of this certification is a prerequisite for making or entering into this contract imposed by 31 U.S.C. § 1352. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

C. NON- DISCRIMINATION & EQUAL OPPORTUNITY ASSURANCE (29 CFR PART 37 AND 45 CFR PART 80). - As a condition of the Contract, Sub-Recipient assures that it will comply fully with the nondiscrimination and equal opportunity provisions of the following laws:

1. Section 188 of the Workforce Investment Act of 1998 (WIA), (Pub. L. 105-220), which prohibits discrimination against all individuals in the United States on the basis of race, color, religion, sex, national origin, age, disability, political affiliation, or belief, and against beneficiaries on the basis of either citizenship/status as a lawfully admitted immigrant authorized to work in the United States or participation in any WIA Title I-financially assisted program or activity.
2. Title VI of the Civil Rights Act of 1964 (Pub. L. 88-352), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 80), to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the AAAPP.
3. Section 504 of the Rehabilitation Act of 1973 (Pub. L. 93-112), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 84), to the end that, in accordance with Section 504 of that Act and the Regulation, no otherwise qualified handicapped individual in the United States shall, solely by reason of his handicap, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the AAAPP.
4. The Age Discrimination Act of 1975 (Pub. L. 94-135), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 91), to the end that, in accordance with the Act and the Regulation, no person in the United States shall, on the basis of age, be denied the benefits of, be excluded from participation in, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the AAAPP.
5. Title IX of the Education Amendments of 1972 (Pub. L. 92-318), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 86), to the end that, in accordance with Title IX and the Regulation, no person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any education program or activity for which the Applicant receives Federal financial assistance from the AAAPP.
6. The American with Disabilities Act of 1990 (Pub. L. 101-336), which prohibits discrimination in all employment practices including job application procedures, hiring, firing, advancement, compensation, training, and other terms, conditions, and privileges of employment. It applies to recruitment, advertising, tenure, layoff, leave, fringe benefits, and all other employment-related activities.
7. Sub-Recipient also assures that it will comply with 29 CFR Part 37 and all other regulations implementing the laws listed above. This assurance applies to Sub-Recipient’s operation of the WIA Title I – financially assisted program or activity, and to all contracts Sub-Recipient makes to carry out the WIA Title I – financially assisted program or activity.

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Sub-Recipient understands that DOEA and the United States have the right to seek judicial enforcement of the assurance. The undersigned shall require that language of this assurance be included in the documents for all subcontracts at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients and Sub-Recipients shall provide this assurance accordingly.

D. CERTIFICATION REGARDING PUBLIC ENTITY CRIMES, SECTION 287.133, F.S.

Sub-Recipient hereby certifies that neither it, nor any person or affiliate of Sub-Recipient, has been convicted of a Public Entity Crime as defined in section 287.133, F.S., nor placed on the convicted vendor list.

Sub-Recipient understands and agrees that it is required to inform DOEA immediately upon any change of circumstances regarding this status.

E. ASSOCIATION OF COMMUNITY ORGANIZATIONS FOR REFORM NOW (ACORN) FUNDING RESTRICTIONS ASSURANCE (Pub. L. 111-117).

As a condition of the Contract, Sub-Recipient assures that it will comply fully with the federal funding restrictions pertaining to ACORN and its subsidiaries per the Consolidated Appropriations Act, 2010, Division E, Section 511 (Pub. L. 111-117). The Continuing Appropriations Act, 2011, Sections 101 and 103 (Pub. L. 111-242), provides that appropriations made under Pub. L. 111-117 are available under the conditions provided by Pub. L. 111-117.

The undersigned shall require that language of this assurance be included in the documents for all subcontracts at all tiers (including subcontracts, sub-grants and contracts under grants, loans and cooperative agreements) and that all sub-recipients and Sub-Recipients shall provide this assurance accordingly.

F. SCRUTINIZED COMPANIES LISTS AND NO BOYCOTT OF ISRAEL CERTIFICATION, SECTION 287.135, F.S.

In accordance with section 287.135, F.S., Sub-Recipient hereby certifies that it has not been placed on the Scrutinized Companies that Boycott Israel List and that it is not engaged in a boycott of Israel.

If this contract is in the amount of \$1 million or more, in accordance with the requirements of section 287.135, F.S., Sub-Recipient hereby certifies that it is not listed on either the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List and that it is not engaged in business operations in Cuba or Syria.

Sub-Recipient understands that pursuant to section 287.135, F.S., the submission of a false certification may result in the AAAPP terminating this contract and the submission of a false certification may subject Sub-Recipient to civil penalties and attorney fees and costs, including any costs for investigations that led to the finding of false certification.

If Sub-Recipient is unable to certify any of the statements in this certification, Sub-Recipient shall attach an explanation to this contract.

G. CERTIFICATION REGARDING DATA INTEGRITY COMPLIANCE FOR CONTRACTS, AGREEMENTS, GRANTS, LOANS, AND COOPERATIVE AGREEMENTS

1. The Sub-Recipient and any Subcontractors of services under this contract have financial management systems capable of providing certain information, including: (1) accurate, current, and complete disclosure of the financial results of each grant-funded project or program in accordance with the prescribed reporting requirements; (2) the source and application of funds for all contract supported activities; and (3) the comparison of outlays with budgeted amounts for each award. The inability to process information in accordance with these requirements could result in a return of grant funds that have not been accounted for properly.
2. Management Information Systems used by the Sub-Recipient, Subcontractors, or any outside entity on which the Sub-Recipient is dependent for data that is to be reported, transmitted, or calculated have been assessed and verified

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to be capable of processing data accurately, including year-date dependent data. For those systems identified to be non-compliant, Sub-Recipients will take immediate action to assure data integrity.

3. If this contract includes the provision of hardware, software, firmware, microcode, or imbedded chip technology, the undersigned warrants that these products are capable of processing year-date dependent data accurately. All versions of these products offered by the Sub-Recipient (represented by the undersigned) and purchased by the state will be verified for accuracy and integrity of data prior to transfer.
4. In the event of any decrease in functionality related to time and date related codes and internal subroutines that impede the hardware or software programs from operating properly, the Sub-Recipient agrees to immediately make required corrections to restore hardware and software programs to the same level of functionality as warranted herein, at no charge to the state, and without interruption to the ongoing business of the state, time being of the essence.
5. The Sub-Recipient and any Subcontractors of services under this contract warrant that their policies and procedures include a disaster plan to provide for service delivery to continue in case of an emergency, including emergencies arising from data integrity compliance issues.

H. VERIFICATION OF EMPLOYMENT STATUS CERTIFICATION

As a condition of contracting with the AAAPP, Sub-Recipient certifies the use of the U.S. Department of Homeland Security's E-verify system to verify the employment eligibility of all new employees hired by Sub-Recipient during the contract term to perform employment duties pursuant to this contract, and that any subcontracts include an express requirement that Subcontractors performing work or providing services pursuant to this contract utilize the E-verify system to verify the employment eligibility of all new employees hired by the Subcontractor during the entire contract term.

The Sub-Recipient shall require that the language of this certification be included in all sub-agreements, sub-grants, and other agreements/contracts and that all Subcontractors shall certify compliance accordingly.

This certification is a material representation of fact upon which reliance was placed when this contract was made or entered into. Submission of this certification is a prerequisite for making or entering into this contract imposed by Circulars A-102 and 2 CFR Part 200 and 215 (formerly OMB Circular A-110).

I. RECORDS AND DOCUMENTATION

The Sub-Recipient agrees to make available to AAAPP staff and/or any party designated by the AAAPP any and all contract related records and documentation. The Sub-Recipient shall ensure the collection and maintenance of all program related information and documentation on any such system designated by the AAAPP. Maintenance includes valid exports and backups of all data and systems according to AAAPP standards.

J. CERTIFICATION REGARDING INSPECTION OF PUBLIC RECORDS

1. In addition to the requirements of Section 10 of the Standard Contract, sections 119.0701(3) and (4) F.S., and any other applicable law, if a civil action is commenced as contemplated by section 119.0701(4), F.S., and the AAAPP is named in the civil action, Sub-Recipient agrees to indemnify and hold harmless the AAAPP for any costs incurred by the AAAPP and any attorneys' fees assessed or awarded against the AAAPP from a Public Records Request made pursuant to Chapter 119, F.S., concerning this contract or services performed thereunder.
 - a. Notwithstanding section 119.0701, F.S., or other Florida law, this section is not applicable to contracts executed between the AAAPP and state agencies or subdivisions defined in section 768.28(2), F.S.
2. Section 119.01(3), F.S., states if public funds are expended by an agency in payment of dues or membership contributions for any person, corporation, foundation, trust, association, group, or other organization, all the financial, business, and membership records of such an entity **which pertain to the public agency (Florida Department of Elder Affairs)** are public records. Section 119.07, F.S., states that every person who has custody of such a public record shall permit the record to be inspected and copied by any person desiring to do so, under reasonable circumstances.

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Additionally, I certify this organization does does not provide for institutional memberships.

Sub-Recipient’s signature below attests that records pertaining to the dues or membership application by the AAAPP are available for inspection if applicable, as stated above.

By execution of this contract, Sub-Recipient must include these provisions (A-J) in all related subcontract agreements (if applicable).

By signing below, Sub-Recipient certifies that the representations outlined in parts A through J above are true and correct.

 <i>Executive Dir.</i>	13945 Evergreen Avenue
Signature and Title of Authorized Representative	Street Address
Neighborly Care Network, Inc.	Clearwater, Florida 33762
Sub-Recipient	Date <i>6/1/2020</i> City, State, Zip code

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ATTACHMENT IV**ASSURANCES—NON-CONSTRUCTION PROGRAMS**

Public reporting burden for this collection of information is estimated to average forty-five (45) minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0043), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET, SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.


Note: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

1. Has the legal authority to apply for federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-federal share of project cost) to ensure proper planning, management, and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the state, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes, or presents the appearance of, personal or organizational conflict of interest or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§ 4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§ 1681-1683 and §§ 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. § 794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§ 6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) Sections 523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§ 290 dd-3 and 290 ee 3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. § 3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Titles II and III of the uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of federal participation in purchases.

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8. Will comply, as applicable, with the provisions of the Hatch Act (5 U.S.C. §§ 1501-1508 and §§ 7324-7328), which limit the political activities of employees whose principal employment activities are funded in whole or in part with federal funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§ 276a to 276a-7), the Copeland Act (40 U.S.C. § 276c and 18 U.S.C. § 874) and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§ 327-333), regarding labor standards for federally assisted construction sub-contracts.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000.00 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. § 1451 et seq.); (f) conformity of federal actions to State (Clear Air) Implementation Plans under Section 176(c) of the Clear Air Act of 1955, as amended (42 U.S.C. § 7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. § 1721 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. § 470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. § 469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. § 2131 et seq.) pertaining to the care, handling, and treatment of warm-blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. § 4801 et seq.), which prohibits the use of lead- based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and 2 CFR Part 200.
18. Will comply with all applicable requirements of all other federal laws, executive orders, regulations, and policies governing this program.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL 	TITLE Executive Director
APPLICANT ORGANIZATION Neighborly Care Network, Inc.	DATE SUBMITTED 6/1/2020

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ATTACHMENT V

FLORIDA DEPARTMENT OF ELDER AFFAIRS CIVIL RIGHTS COMPLIANCE CHECKLIST

Program/Facility Name	County	AAA/Contractor
Address	Completed By	
City, State, Zip Code	Date	Telephone

PART I: READ THE ATTACHED INSTRUCTIONS FOR ILLUSTRATIVE INFORMATION WHICH WILL HELP YOU COMPLETE THIS FORM.

1. Briefly describe the geographic area served by the program/facility and the type of service provided:

For questions 2-5 please indicate the following:		Total #	% White	% Black	% Hispanic	% Other	% Female	% Disabled	% Over 40
2. Population of area served	Source of data:								
3. Staff currently employed	Effective date:								
4. Clients currently enrolled/registered	Effective date:								
5. Advisory/Governing Board if applicable									

PART II: USE A SEPARATE SHEET OF PAPER FOR ANY EXPLANATIONS REQUIRING MORE SPACE. IF N/A or NO, EXPLAIN.

6. Is an Assurance of Compliance on file with DOEA? N/A YES NO
-
7. Compare the staff composition to the population. Is staff representative of the population? N/A YES NO
-
8. Are eligibility requirements for services applied to clients and applicants without regard to race, color, national origin, sex, age, religion, or disability? N/A YES NO
-
9. Are all benefits, services and facilities available to applicants and participants in an equally effective manner regardless of race, sex, color, age, national origin, religion, or disability? N/A YES NO
-
10. For in-patient services, are room assignments made without regard to race, color, national origin or disability? N/A YES NO
-
11. Is the program/facility accessible to non-English speaking clients? N/A YES NO
-
12. Are employees, applicants and participants informed of their protection against discrimination? If YES, how?
 Verbal Written Poster N/A YES NO

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13. Give the number and current status of any discrimination complaints regarding services or employment filed against the program/facility. N/A NUMBER

14. Is the program/facility physically accessible to mobility, hearing, and sight-impaired individuals? N/A YES NO

PART III: THE FOLLOWING QUESTIONS APPLY TO PROGRAMS AND FACILITIES WITH 15 OR MORE EMPLOYEES. IF NO, EXPLAIN.

15. Has a self-evaluation been conducted to identify any barriers to serving disabled individuals and to make any necessary modifications? YES NO

16. Is there an established grievance procedure that incorporates due process in the resolution of complaints? YES NO

17. Has a person been designated to coordinate Section 504 compliance activities? YES NO

18. Do recruitment and notification materials advise applicants, employees, and participants of nondiscrimination on the basis of disability? YES NO

19. Are auxiliary aids available to ensure accessibility of services to hearing and sight-impaired individuals? YES NO

PART IV: FOR PROGRAMS OR FACILITIES WITH 50 OR MORE EMPLOYEES AND FEDERAL CONTRACTS OF \$50,000.00 OR MORE.

20. Do you have a written affirmative action plan? If NO, explain. YES NO

DOEA USE ONLY			
Reviewed by _____		In Compliance: YES <input type="checkbox"/> NO* <input type="checkbox"/>	
Program Office _____		*Notice of Corrective Action Sent <input type="checkbox"/> / /	
Date _____	Telephone _____	Response Due ___ / ___ / ___	
On-Site <input type="checkbox"/>	Desk Review <input type="checkbox"/>	Response Received ___ / ___ / ___	

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**ATTACHMENT V
INSTRUCTIONS FOR THE CIVIL RIGHTS COMPLIANCE CHECKLIST**

1. Describe the geographic service area such as a district, county, city, or other locality. If the program/facility serves a specific target population such as adolescents, describe the target population. Also, define the type of service provided.
2. Enter the percent of the population served by race, sex, disability, and over the age of 40. The population served includes persons in the geographical area for which services are provided such as a city, county or other regional area. Population statistics can be obtained from local chambers of commerce, libraries, or any publication from the 1980 Census containing Florida population statistics. Include the source of your population statistics. ("Other" races include Asian/Pacific Islanders and American Indian/Alaskan Natives.)
3. Enter the total number of full-time staff and their percent by race, sex, disability, and over the age of 40. Include the effective date of your summary.
4. Enter the total number of clients who are enrolled, registered or currently served by the program or facility, and list their percent by race, sex, disability, and over the age of 40. Include the date that enrollment was counted.
 - a. Where there is a significant variation between the race, sex, or ethnic composition of the clients and their availability in the population, the program/facility has the responsibility to determine the reasons for such variation and take whatever action may be necessary to correct any discrimination. Some legitimate disparities may exist when programs are sanctioned to serve target populations such as elderly or disabled persons.
5. Enter the total number of advisory board members and their percent by race, sex, disability, and over the age of 40. If there is no advisory or governing board, leave this section blank.
6. Each recipient of federal financial assistance must have on file an assurance that the program will be conducted in compliance with all nondiscriminatory provisions as required in 45 CFR Part 80. This is usually a standard part of the contract language for DOEA Recipients and their Sub-grantees. 45 CFR § 80.4(a).
7. Is the race, sex, and national origin of the staff reflective of the general population? For example, if 10% of the population is Hispanic, is there a comparable percentage of Hispanic staff?
8. Do eligibility requirements unlawfully exclude persons in protected groups from the provision of services or employment? Evidence of such may be indicated in staff and client representation (Questions 3 and 4) and also through on-site record analysis of persons who applied but were denied services or employment. 45 CFR § 80.3(a) and 45 CFR § 80.1.
9. Participants or clients must be provided services such as medical, nursing, and dental care, laboratory services, physical and recreational therapies, counseling, and social services without regard to race, sex, color, national origin, religion, age, or disability. Courtesy titles, appointment scheduling, and accuracy of record keeping must be applied uniformly and without regard to race, sex, color, national origin, religion, age, or disability. Entrances, waiting rooms, reception areas, restrooms, and other facilities must also be equally available to all clients. 45 CFR § 80.3(b).
10. For in-patient services, residents must be assigned to rooms, wards, etc., without regard to race, color, national origin, or disability. Also, residents must not be asked whether they are willing to share accommodations with persons of a different race, color, national origin, or disability. 45 CFR § 80.3(a).
11. The program/facility and all services must be accessible to participants and applicants, including those persons who may not speak English. In geographic areas where a significant population of non-English speaking people live, program accessibility may include the employment of bilingual staff. In other areas, it is sufficient to have a policy or plan for service, such as a current list of names and telephone numbers of bilingual individuals who will assist in the provision of services. 45 CFR § 80.3(a).
12. Programs/facilities must make information regarding the nondiscriminatory provisions of Title VI available to their participants, beneficiaries, or any other interested parties. 45 CFR § 80.6(d). This should include information on their right to file a complaint of discrimination with either the AAAPP or the U.S. Department of Health and Human Services. The information may be supplied verbally or in writing to every individual or may be supplied through the use of an equal opportunity policy poster displayed in a public area of the facility.

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13. Report number of discrimination complaints filed against the program/facility. Indicate the basis (e.g. race, color, creed, sex, age, national origin, disability, and/or retaliation) and the issues involved (e.g. services or employment, placement, termination, etc.). Indicate the civil rights law or policy alleged to have been violated along with the name and address of the local, state, or federal agency with whom the complaint has been filed. Indicate the current status of the complaint (e.g. settled, no reasonable cause found, failure to conciliate, failure to cooperate, under review, etc.).
14. The program/facility must be physically accessible to mobility, hearing, and sight-impaired individuals. Physical accessibility includes designated parking areas, curb cuts or level approaches, ramps, and adequate widths to entrances. The lobby, public telephone, restroom facilities, water fountains, and information and admissions offices should be accessible. Door widths and traffic areas of administrative offices, cafeterias, restrooms, recreation areas, counters, and serving lines should be observed for accessibility. Elevators should be observed for door width and Braille or raised numbers. Switches and controls for light, heat, ventilation, fire alarms, and other essentials should be installed at an appropriate height for mobility impaired individuals.
15. Section 504 of the Rehabilitation Act of 1973 requires that a recipient of federal financial assistance conduct a self-evaluation to identify any accessibility barriers. Self-evaluation is a four-step process:
 - a. Evaluate, with the assistance of disabled individual(s)/organization(s), current policies and practices that do not or may not comply with Section 504;
 - b. Modify policies and practices that do not meet Section 504 requirements;
 - c. Take remedial steps to eliminate the effects of any discrimination that resulted from adherence to these policies and practices; and
 - d. Maintain self-evaluation on file, including a list of the interested persons consulted, a description of areas examined, and any problems identified, and a description of any modifications made and of any remedial steps taken 45 CFR § 84.6. (This checklist may be used to satisfy this requirement if these four steps have been followed).
16. Programs or facilities that employ 15 or more persons shall adopt grievance procedures that incorporate appropriate due process standards and that provide for the prompt and equitable resolution of complaints alleging any action prohibited by Part 84 of Title 45, CFR 45 CFR § 84.7(b).
17. Programs or facilities that employ 15 or more persons shall designate at least one person to coordinate its efforts to comply with Part 84 of Title 45, CFR. 45 CFR § 84.7(a).
18. Programs or facilities that employ 15 or more persons shall take appropriate initial and continuing steps to notify participants, beneficiaries, applicants, and employees that the program/facility does not discriminate on the basis of handicap in violation of Section 504 and Part 84 of Title 45, CFR. Methods of initial and continuing notification may include the posting of notices, publication in newspapers and magazines, placement of notices in publications of the programs or facilities, and distribution of memoranda or other written communications. 45 CFR § 84.8(a).
19. Programs or facilities that employ 15 or more persons shall provide appropriate auxiliary aids to persons with impaired sensory, manual, or speaking skills where necessary to afford such persons an equal opportunity to benefit from the service in question. Auxiliary aids may include, but are not limited to, brailed and taped materials, interpreters, and other aids for persons with impaired hearing or vision. 45 CFR § 84.52(d).
20. Programs or facilities with 50 or more employees and \$50,000.00 in federal contracts must develop, implement, and maintain a written affirmative action compliance program in accordance with Executive Order 11246, 41 CFR Part 60 and Title VI of the Civil Rights Act of 1964, as amended.

April 2020 – September 2021

ECA20-NCN

**ATTACHMENT VI
SUB-RECIPIENT'S STATE CONTRACT LIST**

Sub-Recipient's State Contract List

REPORT PERIOD:

From: _____

To: _____

SUB-RECIPIENT INFORMATION:

Name: _____ Phone: _____
 Address: _____ Email: _____
 FEID: _____ Contact: _____

Contract #	Contract/ Program Name	State Agency/ Program	Start Date	End Date	Description of Contract Purpose/Types of Services	Contract Manager	Phone #	Contract Amount
1								\$ -
2								\$ -
3								\$ -
4								\$ -
5								\$ -
6								\$ -
7								\$ -
8								\$ -
9								\$ -
10								\$ -
11								\$ -
12								\$ -
13								\$ -
14								\$ -
15								\$ -
16								\$ -
17								\$ -
18								\$ -
19								\$ -
20								\$ -
Total								\$ -

SIGNATURE: _____ DATE: _____

TITLE: _____

April 2020 – September 2021

ECA20-NCN

ATTACHMENT VII
BACKGROUND SCREENING



BACKGROUND SCREENING
Affidavit of Compliance - Employer

AUTHORITY: This form is required annually of all employers to comply with the attestation requirements set forth in section 435.05(3), Florida Statutes.

- > The term "employer" means any person or entity required by law to conduct background screening, including but not limited to, Area Agencies on Aging, Aging Resource Centers, Aging and Disability Resource Centers, Lead Agencies, Long-Term Care Ombudsman Program, Serving Health Insurance Needs of Elders Program, Service Providers, Diversion Providers, and any other person or entity which hires employees or has volunteers in service who meet the definition of a direct service provider. See §§ 435.02, 430.0402, Fla. Stat.
- > A direct service provider is "a person 18 years of age or older who, pursuant to a program to provide services to the elderly, has direct, face-to-face contact with a client while providing services to the client and has access to the client's living area, funds, personal property, or personal identification information as defined in s. 817.568. The term includes coordinators, managers, and supervisors of residential facilities; and volunteers." § 430.0402(1)(b), Fla. Stat.

ATTESTATION:

As the duly authorized representative of Neighborhood Care Network
Employer Name
 located at 13945 Evergreen Ave, Clearwater, FL 33762
Street Address City State ZIP code
 I, David J. Lomaka do hereby affirm under penalty of perjury
Name of Representative

that the above named employer is in compliance with the provisions of Chapter 435 and section 430.0402, Florida Statutes, regarding level 2 background screening.

[Signature] 6/1/2020
 Signature of Representative Date

STATE OF FLORIDA, COUNTY OF Pinellas

Sworn to (or affirmed) and subscribed before me this 4th day of June, 2020, by
David J. Lomaka (Name of Representative) who is personally known
 to me or produced _____ as proof of identification.



Juanita Caamano
 Notary Public

DOE Form 306 - Affidavit of Compliance - Employer - Effective April 1, 2012
 Form available at: <http://elderaffairs.state.fl.us/assists/assists/assists/affidavit-compliance.pdf>

Section 435.05(3), F.S.

ATTACHMENT VIII

BUDGET SUMMARY

1. Home Delivered/Congregate Meals	\$1,402,948.00
2. Telephone Reassurance	\$10,000.00
3. Transportation	\$78,114.00
4. TOTAL	\$1,491,062.00

April 2020 – September 2021

ECA20-NCN

**ATTACHMENT IX
INVOICE SCHEDULE**

Report Number	Based On	Submit to State On This Date
1	May 2020 Advance*	May 1
2	June 2020 Advance*	May 1
3	May 2020 Receipts and Expenditure Report and Request for Payment	June 10
4	June 2020 Receipts and Expenditure Report and Request for Payment	July 10
5	July 2020 Receipts and Expenditure Report and Request for Payment	August 10
6	August 2020 Receipts and Expenditure Report and Request for Payment	September 10
7	September 2020 Receipts and Expenditure Report and Request for Payment	October 10
8	October 2020 Receipts and Expenditure Report and Request for Payment	November 10
9	November 2020 Receipts and Expenditure Report and Request for Payment	December 10
10	December 2020 Receipts and Expenditure Report and Request for Payment	January 10
11	January 2021 Receipts and Expenditure Report and Request for Payment	February 10
12	February 2021 Receipts and Expenditure Report and Request for Payment	March 10
13	March 2021 Receipts and Expenditure Report and Request for Payment	April 10
14	April 2021 Receipts and Expenditure Report and Request for Payment	May 10
15	May 2021 Receipts and Expenditure Report and Request for Payment	June 10
16	June 2021 Receipts and Expenditure Report and Request for Payment	July 10
17	July 2021 Receipts and Expenditure Report and Request for Payment	August 10
18	August 2021 Receipts and Expenditure Report and Request for Payment	September 10
19	September 2021 Receipts and Expenditure Report and Request for Payment	October 10
20	Final Receipts and Expenditure Report and Request for Payment	October 26
21	Closeout Report	November 5

Legend: * Advance based on projected cash need as supported by information appropriate to demonstrate the Sub-Recipient's financial need for the advance.

Note # 1: Report #1 for Advance Basis Agreements cannot be submitted to the AAAPP of Financial Services (DFS) prior to May 1 or until the agreement with the AAAPP has been executed and a copy sent to DFS. Actual submission of the vouchers to DFS is dependent on the accuracy of the Receipts and Expenditure report.

Note # 2: Report numbers 5 through 14 shall reflect an adjustment of one tenth of the total advance amount, on each of the reports, repaying advances issued the first two months of the agreement. The adjustment shall be recorded in Part C, 1 of the report (Attachment XI).

Note #3: Submission of Receipts and Expenditure reports may or may not generate a payment request. If the final Receipts and Expenditure report reflects funds due back to the AAAPP, payment is to accompany the report.

ATTACHMENT X REQUEST FOR PAYMENT

REQUEST FOR PAYMENT CARES ACT								
PROVIDER NAME, ADDRESS, PHONE & FED ID NUMBER 	TYPE OF REPORT: Advance _____ Reimbursement _____ PSA _____					Contract # _____ Contract Period: _____ Report Period _____ Report # _____ Invoice# _____		
CERTIFICATION: I hereby certify to the best of my knowledge that this request conforms with the terms and the purposes set forth in the above contract.								
Prepared By: _____ Date: _____ Approved By: _____ Date: _____								
PART A:	(1)	(2)	(3)	(4)				(5)
BUDGET SUMMARY	ADMIN	III B	III C	III E				TOTAL
1. Approved Contract Amount	0.00	0.00	0.00	0.00				0.00
2. Previous Funds RECEIVED for Contract period	0.00	0.00	0.00	0.00				0.00
3. Contract Balance (Line 1 minus line 2)	0.00	0.00	0.00	0.00				0.00
4. Previous Funds REQUESTED and Not Received.	0.00	0.00	0.00	0.00				0.00
5. Contract Balance (Line 3 minus line 4)	0.00	0.00	0.00	0.00				0.00
PART B:								
FUNDS REQUESTED								
1. 1st-2nd Months Request Only	0.00	0.00	0.00	0.00				0.00
2. Net Expenditures For Month	0.00	0.00	0.00	0.00				0.00
3. Total	0.00	0.00	0.00	0.00				0.00
PART C:								
NET FUNDS REQUESTED								
1. Less: Over-Advance	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2. Contract Funds are Hereby Requested	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
List of Services / Units / Rates provided - See attached report.								
DOE FORM 108CA						DOE Use Only		

April 2020 – September 2021

ECA20-CARES

**ATTACHMENT XI
EXHIBIT 2**

PROVIDER NAME, ADDRESS, PHONE# AND FEID# 0 0 0 0 0 0 0 0	PROGRAM FUNDING SOURCE: Title III IIIB PSA _____	Contract # _____ Contract Period: _____ Report Period _____ Report # _____ Invoice# _____		
CERTIFICATION: I certify to the best of my knowledge and belief that this report is complete and all outlays herein are for purposes set forth in the contract. Prepared by : _____ Date : _____ Approved by : _____ Date : _____				
PART A : BUDGETED INCOME/ RECEIPTS	1. Approved Budget	2. Actual Receipts For This Report	3. Total Receipts Year to Date	4. Percent of Approved Budget
1. Federal Funds	\$0.00	\$0.00	\$0.00	#DIV/0!
2. Program Income - Non Match	\$0.00	\$0.00	\$0.00	#DIV/0!
3. Local Cash Match	\$0.00	\$0.00	\$0.00	#DIV/0!
4. SUBTOTAL: CASH RECEIPTS	\$0.00	\$0.00	\$0.00	#DIV/0!
5. Local In-Kind Match	\$0.00	\$0.00	\$0.00	#DIV/0!
6. TOTAL RECEIPTS	\$0.00	\$0.00	\$0.00	#DIV/0!
PART B : EXPENDITURES	1. Approved Budget	2. Expenditures For This Report	3. Expenditures Year to Date	4. Percent of Approved Budget
1. AAA Direct Services	\$0.00	\$0.00	\$0.00	#DIV/0!
2. Subcontractor	\$0.00	\$0.00	\$0.00	#DIV/0!
3. TOTAL EXPENDITURES	\$0.00	\$0.00	\$0.00	#DIV/0!
PART C : OTHER EXPENDITURES (For Tracking Purposes only)	1. Approved Budget	2. Expenditures For This Report	3. Expenditures Year to Date	4. Percent of Approved Budget
1. Match				▼
a. Other and In-Kind	\$0.00	\$0.00	\$0.00	#DIV/0!
b. Local Match	\$0.00	\$0.00	\$0.00	#DIV/0!
2. Program Income	\$0.00	\$0.00	\$0.00	#DIV/0!
3. TOTAL OTHER	\$0.00	\$0.00	\$0.00	#DIV/0!
PART D: INTEREST				
1. Earned on Advances	<u> \$0.00</u>			▼
2. Return on Advances	<u> \$0.00</u>			
3. Other Earned	<u> \$0.00</u>			

April 2020 – September 2021

ECA20-NCN

**ATTACHMENT XII
SERVICE RATE REPORT**

Service	Reimbursement Unit Rate	Units	Funding	Method of Payment	Units Type
Telephone Reassurance	\$20.00	500	\$10,000.00	Fixed Fee/Unit Rate	HOUR
Transportation	\$16.72	4,672	\$78,114.00	Fixed Fee/Unit Rate	ONE WAY TRIP
TOTAL CARES ACT III(B) Services			\$88,114.00	Fixed Fee/Unit Rate	HOUR
Home Delivered/Congregate Meals	9.25	151,675	\$1,402,948.00	Fixed Fee/Unit Rate	MEALS
TOTAL CARES ACT III(C) Services			\$1,491,062.00		

▼
▼
▼
▼



**13945 Evergreen Avenue
Clearwater, Florida 33762**

727-573-9444

**DISASTER PLAN
2020**

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A. INTRODUCTION**NEIGHBORLY CARE NETWORK
POLICY/PROCEDURE**

Title: Emergency Disaster Plan Coordinators		Number:	
Developed by: Disaster Coordinator	Applicable to: Neighborhood Care Network Departments & Positions	Approved by: Executive Director	
Relates to Policy/Procedure: ALL DISASTER POLICIES ADC/NTP/NUT	Effective Date: 6/1/2018	Revision Dates: 5/1/2017 5/1/2018 6/30/2020	Review Dates: 6/30/2021

POLICY:

It is the policy of Neighborhood Care Network (NCN) to have a Disaster Planning Coordinator and an Assistant Disaster Planning Coordinator.

PURPOSE:

To provide, logical, and effective plans for NCN and all of its locations of operations to be used in time of emergency or disaster for the maximum protection of clients, staff, equipment, and property.

To provide, in the master plan, comprehensive data which serves to educate all staff concerning the nature of disasters and the rationale behind the planning to deal with them.

SCOPE:

This policy and procedure is applicable to all NCN staff and volunteers.

PROCEDURE:

A. The Executive Director shall designate a Disaster Planning Coordinator and any alternates. The Disaster Planning Coordinators are:

Mona Allen Safety Committee Chair, Disaster Coordinator
Anita Frankhauser Assistant Disaster Coordinator

B. The Disaster Planning Coordinator shall review the NCN Plan each year and provide updates as needed.

C. Members of the Leadership Team and Department Heads will provide updated Phone Trees for staff and any new procedures for the handling of potential disaster

4. INTRODUCTION

HIGHLAND CARE NETWORK

POLICY PROCEDURE

Highland Care Network		Highland Care Network	
Highland Care Network		Highland Care Network	
Highland Care Network		Highland Care Network	
Highland Care Network		Highland Care Network	

PURPOSE: The purpose of this policy is to provide a framework for the network to have a disaster response plan that is consistent with the network's business objectives and to ensure that the network is prepared to respond to a disaster event.

SCOPE: This policy applies to all network members and staff. It covers all aspects of the network's operations, including but not limited to, the network's information systems, facilities, and personnel. The policy also applies to all network members and staff who are involved in the network's disaster response planning and execution.

PROCEDURE: A. The Executive Director shall designate a Disaster Planning Coordinator and any other staff who will be responsible for the network's disaster response planning and execution. B. The Disaster Planning Coordinator shall review the HCN Plan and any other disaster response plans that are applicable to the network's operations and shall ensure that the network's disaster response plans are consistent with the network's business objectives and that the network is prepared to respond to a disaster event.

APPROVED:
 Name: [Name]
 Title: [Title]
 Date: [Date]

APPROVED:
 Name: [Name]
 Title: [Title]
 Date: [Date]

Neighborhood Care Network Continuity of Operations Plan (COOP)

June 2020

Events. These will be given to the Disaster Coordinator to include in the updated plan.

- D. The Director of Human Resources will send out and receive back updated staff contact sheets prior to June 1 annually. Each Department will develop, or update the department Phone Trees and maintain an internal copy for the department.
- E. The annual NCN Disaster Plan will be distributed to each Department by mid-May each year in order that Department Heads will have the opportunity to go over the Plan with staff and ensure that every staff member has a copy of the Plan, or appropriate parts of the Plan, for individual staff needs.
- F. Prior to June 1 annually, a drill will be conducted to ensure that all staff are appropriately up to date on procedures that should be followed should a disaster occur.
- G. The Disaster Plan (attached) contains procedures that should be followed by staff in the event a disaster occurs.

COMPLIANCE:

NCN complies with all requirements by the Pinellas County Office of Emergency Management, the Department of Elder Affairs, the Agency for Healthcare Administration, and the Area Agency of Pasco/Pinellas as well as the Centers for Medicare and Medicaid Services in developing and submitting its annual Disaster Plan. In addition to the overall Plan, each program has an internal plan that includes addressing the needs of participants/clients, staff, and security.

MANUAL:

This policy and procedure is located in the Neighborhood Care Network Administrative Policy and Procedures Manual maintained in the Executive Director's office.

REFERENCES: The Continuity of Operations guideline as designed by the Department of Elder Affairs; requirements for each program funded by the Area Agency of Pasco/Pinellas; and requirements for facilities outlined by Pinellas County.

ATTACHMENTS: NCN Disaster Plan

Mona Allen
Disaster Coordinator

June 30, 2020
Date

[Signature]
Executive Director

6/30/2020
Date

Register a Care Network (Priority of Care) Form (2007) (June 2008)

Forms: These will be given to the District Controller to include in the updates.

D. The Director of Human Resources will send out and receive back all the...

E. The Director of Human Resources will be responsible to each department to...

F. Prior to this Agency, a bill will be conducted to ensure that all staff are...

G. The Director of Human Resources will be responsible to ensure that...

CONCLUSION

It is noted with appreciation by the District Controller of Emergency...

REMARKS

This copy is being submitted to the District Controller of Emergency...

REMARKS: The Continuity of Operations guidelines as designed by the Department of...

ATTACHMENTS: NONE

[Handwritten Signature]

[Handwritten Signature]

[Handwritten Signature]

[Handwritten Signature]

I. Definitions:**A. A disaster:**

A sudden event, such as an accident or a natural catastrophe, that causes great damage or loss of life.

B. Common Disaster Threats:**a) In Florida the most common disasters are:**

- (1) Hurricanes
- (2) Tornadoes
- (3) Fires
- (4) Floods

b) Quite uncommon are the following:

- (1) Earthquakes
- (2) Nuclear Explosion
- (3) Pandemics

C. Warning Systems:

- (1) Hurricanes are severe tropical storms with a violent wind force 12 on the Beaufort scale (equal to or exceeding 64 knots or 74 mph).

A Hurricane Advisory indicates the distant and early potential approach of a hurricane. It signals the need to listen to television and/or radio for further progress information and to review actions that will be necessary if hurricane danger materializes. Advisories are issued by the National Hurricane Center at 6 hour intervals (6 a.m., Noon, 6 p.m. and Midnight).

A Hurricane Watch is issued 48 hours in advance of the anticipated onset of tropical-storm-force winds in an area.

A Hurricane Warning defined by NOAA means that hurricane conditions (sustained winds of 74 mph or higher) are expected somewhere within the warned area.

- (2) Tornadoes a mobile, destructive vortex of violently rotating winds having the appearance of a funnel-shaped cloud and advancing beneath a large storm system.

A Tornado Watch is issued to let people living in the area plan for a possible tornado. people in the area of a tornado watch should keep their radio and TV stations tuned into their local news or weather channel to follow any developments.

A Tornado Warning is an alert issued by national weather forecasting agencies to warn the public that severe thunderstorms with tornadoes are imminent or occurring. It can be issued after a tornado or funnel cloud has been spotted, or more commonly if there are radar indications of tornado formation.

- (3) Fires may occur in such magnitude as to be called "Disasters," e.g. a forest fire destroying property and people. Fires may also accompany any type of disaster usually as a result of structural damage, broken gas lines, electrical power lines, etc. Fires can usually be

prevented by turning off valves and switches to gas and electricity when disaster threatens. Every NCN location is responsible for year round fire prevention, fire plans and fire drills.

- (4) Floods may occur in low-lying and poorly drained areas as a result of heavy sustained rainfall. Presence of such rainfall indicates the need to listen to radio and/or television weather reports to ascertain flooded areas, and to put into effect contingency plans for care of clients affected by the flooding, and for alternate routes of transport of clients to and from their homes in non-flooded areas.

Floods as a result of hurricanes contain "moving waters" and are part of the Hurricane Disaster Plan.

- (5) Pandemics are viruses that cause illness ranging from the common cold to more severe diseases. They are respiratory diseases that are mainly spread from person-to-person.
- (6) Earthquakes either give no warning or may be immediately preceded by a low rumbling sound. Movement of the ground may be jerky or may be rolling and wave-like. They usually last only seconds, but can be followed by a series of greater or lesser "after-shocks." during an earthquake:

REMAIN WHERE YOU ARE KEEP CALM

- (7) A Nuclear Explosion is an explosion that occurs as a result of the rapid release of energy from a high-speed nuclear reaction.

D. Primary Dangers

- (1) Hurricanes generate storm or "tidal" surge as the greatest killer. This is the result of sea level rising above normal tidal heights with giant wind-driven waves and strong, unpredictable currents. Wind-driven objects may impact persons and buildings with great force. Even moderate winds during a "hurricane watch" may be more than frail elderly can tolerate. The course of a hurricane can be very erratic and a constant monitoring of "hurricane warning" stage is necessary. Hurricanes are also characterized by a deceptive lull of from a few minutes to a half hour as the center or "eye" of the storm passes over. After the eye passes, winds will come from the opposite direction from which they were previously blowing and can be as strong, or stronger, than they were before.
- (2) Tornadoes generate great destruction to property with potentially severe injury to people unless they are placed in areas offering some protection from flying objects, falling debris, or being blown away. While tornadoes cover a limited path, they are totally unpredictable in their courses. More than one may be present at the same time. Tornadoes associated with hurricanes usually appear from the East while others generally approach from the South or Southwest.

The most important effects of a tornado, in order of their importance, are as follows:

- (a) Pressure of wind against walls, windows and doors causing their disintegration.
- (b) Wind propelled missile-like objects and debris.
- (c) Collapse of upper parts of buildings, including towers and chimneys, into lower parts of buildings.

- (d) The explosive pressure change when air pressure inside the building is greater than outside pressure.
- (3) Fires generate great risks to life as well as to structures. Fire plus escaping gas can create a devastating explosion. Fire in certain types of materials, e.g. plastics, carpeting, insulation, and some other synthetic materials can generate deadly gases and/or smoke which can unbelievably quickly kill or disable. Fires which appear to be extinguished may not be completely out and may smolder for hours before breaking out again.
- (4) Floods generate both property damage and loss of life. Most loss of life is avoidable if evacuation takes place speedily. Some older people who have lived in their homes a long time may take unnecessary risks to stay at home. Travel may be very dangerous as roads and bridges may be undermined and poisonous snakes and insects may be in the waters. Persons may be isolated from food, water, heat, and medical care. Persons being evacuated tend to forget to take medications, other items necessary to their health.
- (5) Earthquakes generate panic which can cause behavior that can result in injury. Attempting to walk while the earth is moving can cause falls. Most injuries come when people run outside and are hit by falling bricks, debris, electrical wires, etc. When the earth's motion is rolling and wave-like, it may cause some people to feel "sea-sick." Swaying lights and earth movements are frightening.

Priority Actions are as follows:

- **REMAIN WHERE YOU ARE.** If inside, stay there. If outside, stay there, if there is a little warning, sit or stand against an outside wall, or in an outside doorway. If necessary and possible, take cover under a heavy table, desk or bench. Do not sit or stand near windows if possible to move elsewhere. Do not talk, and follow the instructions of the building Disaster Coordinator.
- Don't panic. If you stand or sit still, chances are great that no harm will come to you, although the building you are in may have some damage.
- After the motion stops, check quickly for gas leaks, breaks in electrical wires, signs of fire, structural damage, etc. Follow fire plans if necessary.

Since earthquakes are not a serious threat in Florida, there will be no further discussion of them in this disaster plan.

- (6) Pandemics are viruses that cause respiratory diseases that mainly spread from person-to-person. To reduce the spread of viruses, a variety of approaches will be used, including keeping those who are sick away from others and promoting healthy hygiene strategies. Additional recommendations for ways to contain virus spread could include canceling of events that attract large numbers of people.

II. Assumptions:

- A. That there is an official emergency weather communication system in operation in Pinellas County.
- B. That NCN has one or more weather alert radios and/or televisions, internet and staff trained in their use.
- C. That there are State and County Disaster Plans with which the NCN Disaster Plan is coordinated.

Neighborhood Care Network Continuity of Operations Plan (COOP)

June 2020

-
- D. That prior to the hurricane season, hurricane evacuation plans will be made final with all locations and will be posted in every NCN location.
 - E. That there will be a designated "emergency operations center" from which pre-disaster preparedness will be directed from the Administrative Office.
 - F. That there will be a designated "emergency operations center" from which disaster recovery will be directed.
 - G. That delegated administrative staff of NCN will have a linkage to the "emergency operations center" for maximum coordination of activities.
 - H. That all requests for NCN services from other agencies before, during, or after the emergency must be routed through delegated Leadership Team.
 - I. That the activities of NCN as an agency are limited to those which are approved for funding or reimbursement through our grantor agencies or through other resources of reimbursement, unless other actions are ordered by government officials in a disaster.
 - J. That closing or decision to open sites will rest with the Executive Director.
 - K. That all paid staff will remain at sites and centers until all clients are out of the sites/centers, all sites/centers secured, unless released sooner by authorized staff.
 - L. That "safe areas" in all sites will have been pre-determined, dangers from tidal surge and flooding known, fire plans completed and posted and appropriate drills held regularly.
 - M. That each site/center and each program serving clients directly will have provided current survey data on all clients needing special services to the Emergency Management Administration utilizing the Special Needs Evacuation Registration form.
 - N. That NCN and/or its meals contractor will have the capability of providing cold or dried meals for those elderly having need for them, as much in advance of a disaster as possible.
 - O. That all staff, whether at home or at work, should have access to a battery-powered radio or television to monitor weather and specific instructions regarding opening/closing of sites.
 - P. That all staff should make necessary plans for their families, pets, etc. so that they will be free to meet minimum obligations of the agency as necessary for protection of life and property before they are released to their own homes.

III. Situation:

NOTE: Services of NCN are given in or based out of multiple locations throughout Pinellas County. All locations must be considered in disaster planning in relationship to the varied functions and conditions of the locations.

- A. Sites/Centers - include all those facilities to which clients of the NCN programs come for some portion of each weekday. All of these sites/centers include group meals as part of their programs: some are Adult Day Care Centers and the remainders are group dining program sites. (See list of sites in Nutrition and Adult Day Care Sections.)

None of the sites have been approved as official emergency shelters in case of disaster. All have been evaluated by the Tampa Bay Regional Planning Council, Disaster Preparedness Division, using their SLOSH model which predicts whether the expected "storm or tidal surge," also call "moving waters," will be greater than the elevation above sea level of the site locations (see chart and explanation in Surge Information Section). Flooding from fresh water has not been similarly evaluated and each site needs to be assessed by staff in terms of past flooding experiences, relationships to surrounding areas, and storm drainage conditions at the sites.

Hazards vary at each site/center with the exception of fire which requires constant care and vigilance for prevention in every site/center. All sites/centers are required to have fire plans and to hold regular fire drills. Structural damage and damage to equipment from wind and water are also hazards at all sites. Flooding is a hazard in low-lying areas.

- B. Meals Processing: Preparation is done by a meal contractor out of its own facility .

Hazards include damage from fire and wind primarily. Lack of electricity would slow production and limit meal preparation to cold or dried meals primarily for a limited time period. Transport of foods from the preparation site to points of usage will require much planning.

- C. Offsite Storage locations have not been evaluated by TBRPC (see Surge Information Section). These provide storage for records and other supplies used at all other NCN sites.

Hazards include damage to structure and contents from fire, wind and water primarily. Any stored emergency meals packages must be regularly inspected to insure their readiness for emergency use. Advertised shelf life may be reduced as a result of climate and storage conditions, at least for some of the contents of the packages. Purchase and distribution of these emergency packages by the American Red Cross may be more feasible in time of severe disaster conditions than direct distribution by NCN staff.

- D. NTP includes locations of NCN vehicles, NTP reservation and dispatch staff, and dispatch services. Current location has not been evaluated by TBRPC by the SLOSH model (see Surge Information Section). Use of vans to transport persons under 60 years of age has not been approved by our grantor agency, with the exception of persons residing in the same "family" group as the elderly client and needing transportation to a shelter along with the client. Use of vehicles will be subject to restraints developed and enforced under county and state disaster plans as well as by restrictions of funding sources.

Hazards include wind, rain, hazardous street conditions, and lack of access to sufficient gas or gasoline to keep them running. Access of drivers to the vehicles may be a factor. Storage of the vehicles under cover may be an issue. Extent of emergency use must be determined by grantor agency, if it exceeds normal services to persons 60 and over.

- E. Administration refers to the building or buildings which contain executive and administrative staff members, fiscal and clerical staff, administration, and most of the office equipment owned or leased by the agency. It contains all data processing equipment and the majority of records having to do with the funding, staffing and daily operation of the agency. It has been evaluated by TBRPC.

Hazards include fire (a major hazard because of the presence of much electrical equipment, extensive paper supplies, etc.), water and wind in case of tropical storms. It has access only by telephone to all other sites. Protection of equipment and of records will be most urgent.

Hazards also include the building itself which is a top priority for evacuation when any evacuation order is given, by Emergency Management decree. The equipment is expensive and would be difficult to replace were it to be destroyed. Its protection has top priority.

B. STAFF ORGANIZATION AND STAFF RESPONSIBILITIES

Organization to meet the purposes of the disaster plan as expeditiously and effectively as possible has had to take into account the multiplicity of programs and locations which make up Neighborhood Care Network. It was necessary to categorize purposes so as to reflect the different needs of different programs or aspects of programs. These categories also suggest tasks needed to meet the purposes and staff needed to carry out the tasks. (See attached chart on "Staff Organization to Meet Disaster Plan Purposes".)

Effective action in an emergency or disaster situation depends upon existence of a plan in which everyone has a role and which everyone understands and sees as somewhat appropriate in terms of his/her usual daily functions. Pre-preparation and training can lessen response time in emergencies and indeed can make some responses almost automatic. Some actions should be familiar to everyone, e.g. what to do in case of fire, while other actions are specifically assigned, e.g. NTP drivers to transport clients in the vans during a hurricane watch or warning.

Organization for emergency operations has been done around the following purposes:

1. Decision Making:

This refers to the decisions which the Executive Director, with input from the Leadership Team and from local disaster planners, must make regarding the following:

- a. Formation and approval of the disaster plan.
- b. Opening/closing of centers and other facilities.
- c. Use of vehicles, centers, etc. prior, during, and following a disaster.
- d. Administrative Assignments.
- e. Maintenance of liaison with Emergency Management and other disaster agencies.
- f. Training of all staff in use of Disaster plan.

2. Coordination:

A Disaster Planning Coordinator and an Assistant will be appointed to do the following:

- a. Determine disaster readiness.
- b. Determine priority needs and direct activities on that basis.
- c. Monitor implementation of the Disaster Plan.
- d. Evaluate the plan and make changes as necessary before, during and following a disaster.
- e. Carry out instructions of the NCN Executive Director.
- f. Assure that the Leadership Team includes disaster planning in its meeting agendas on a regular basis, and that the Disaster Plan is updated on an annual basis.
- g. Maintain liaison with Emergency Management Administration and other disaster agencies.

3. Staff Organization To Meet Disaster Plan Purposes

Federal, State, County, City Emergency Management Administration
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Decision Making
 Executive Director
 Leadership Team

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Disaster Planning Coordinator
Assistant Disaster Planning Coordinator

<u>Participant Safety</u> (ADC/NTP/NUT)	<u>Staff Safety</u>	<u>Meals Processing</u> (GA Foods, Emergency Meals)
<ul style="list-style-type: none"> • Site/Center Supervisory Staff • NTP Dispatchers & Drivers • Volunteers • NUTRITION Staff & Volunteers • Disaster Organizations • Local Fire Departments • Emergency Management • TR/C Staff & Volunteers 	<ul style="list-style-type: none"> • Executive Director • Disaster Coordinator • Assistant Coordinator • Floor Captains • NTP Dispatcher & Drivers 	<ul style="list-style-type: none"> • Dietitian • Foods Staff • Nutrition Admin. Staff • Volunteers
<u>Site Safety and Operations</u> (ADC & Group Dining)	<u>Site Safety</u> (Admin)	<u>Site Safety & Operations</u> (NTP)
<ul style="list-style-type: none"> • Site/Center Supervisory Staff • Directors & Staff • Site/Center Supervisors & Staff • Volunteers • (Site Owners/Contracts) 	<ul style="list-style-type: none"> • Facilities • Admin. Support Staff • Finance Dept. Staff • Service Directors • IT Staff • Human Resources 	<ul style="list-style-type: none"> • All NTP Staff • Administrative support staff
<u>Records Security</u>		
<ul style="list-style-type: none"> • IT Manager • HR & Staff • Directors of Programs 		

4. Delegation of Authority

Refer to Policy S1-21

5. Concept of Operations

In any Emergency/Disaster situation, NCN will function as a total unit with everyone carrying out assignments necessary to the smooth operation of the agency. Line management staff will be assumed capable, by training and experience, to function on their own with minimum direction and sanction from Leadership Team. Leadership Team may be assigned line functions as necessary. Some sites and programs may receive high priority for rapid assistance while others have low priority and receive help at a later time. Staff will be re-assigned as their original assignments are completed and as they are needed elsewhere. The concept is of total agency effort sustained through achievement of all purposes of the disaster plan.

6. Staff Safety

The welfare and safety of NCN clients and the safety of employees and their families are of paramount importance to NCN. Individual staff members are expected to meet their work obligations fully, but are not expected to take unnecessary risks or perform heroic rescues. Responsibilities do include:

- a. Performance of emergency tasks to insure safety of NCN clients at the centers, and safety of buildings and equipment to the extent possible.

- b. Pre-planning for transport of staff to safety, as necessary.
- c. Training of staff in Disaster Preparedness including an annual drill in actions which can save their lives as well as the lives of the clients.
- d. Pre-planning for the safety of their homes and families.
- e. Informing supervisory and administrative staff of special personal and/or family needs requiring early release from work location.
- f. NCN will assist employees as follows:

(1) Family Hurricane Plan Assessment

Each employee under the direction of their supervisor will receive the hurricane information to determine:

- a. If employee lives in an evacuation zone
- b. What is the employee's evacuating level
- c. What the evacuation zone # is
- d. What the evacuation zone color is
- e. What is the employee's plan for himself/herself and his family

(2) Family Hurricane Plan Assistance

- a. NCN is available to assist those employees who may need help in developing a plan for themselves and their families.
- b. If assistance is needed, employees should contact the Human Resources Department.

(3) Employee Emergency Information

- a. During HR's new employee in processing, each employee will complete a Staff Disaster Plan, which assists them in planning for potential evacuations. This form also includes emergency contact information that will be updated in Neighborhood's Personnel Data System (ABRA). Prior to Hurricane Season each year, HR will provide directors with their Employee Emergency Contact Information listing, which will assist them in communicating with their employee's during disasters, as well as to determine employee availability for recovery measures. Managers will have this information with them at all times.
- b. In April of each year directors will ensure the accuracy of their Employee Emergency Contact Information by requiring each employee to review the listing and make appropriate corrections. These changes will be forwarded to HR for updating in ABRA to prepare for hurricane season.

(4) Employee Training and Identification

- a. Each year, the Management Team will receive training from the Disaster Planning Coordinators, which will be passed on to all employees. Training will consist of both Neighborhood emergency preparation, and preparation for individuals and families.
- b. Each year employees will receive annual training concerning the disaster plan and hurricane preparation. The training will be conducted by department directors and site managers to ensure each employee is familiar with the overall plan, as well as preparation plans that may be unique to Neighborhood locations.
- c. Neighborhood provides picture IDs for all employees who care for clients. Other employees who may need a picture ID for disaster preparedness reasons should contact HR and an ID will be provided.

7. Reporting to Work after the Disaster

After the Disaster, the Executive Director after consultation with the Disaster Planning Coordinators will notify the media as to office and site openings or closings.

Staff should listen to the following stations for information:

AM

970 Tampa
860 Tampa
1340 Clearwater

FM

99.5 St. Petersburg
104.7 St. Petersburg
94.1 Clearwater
92.5 St. Petersburg (Spanish)
94.9 St. Petersburg
107.3 St. Petersburg
89.7 St. Petersburg

8. Leadership Team Reporting to Work after the Disaster

All Leadership Team members will contact the Disaster Planning Coordinators by phone as soon as possible after the disaster.

Staff Disaster Plan

One of the main difficulties that social service agencies experience after a natural disaster is locating their staff in order to help them and their families recover. Additionally, clients will need our services more than ever after a natural disaster and NCN is mandated to assist them as soon as possible. In order to have staff available to do this, we need to know where you are located and also if we can assist you in any way. Please complete the following information.

Name: _____ Date: _____

Address: _____ Phone #: _____

Position: _____

I reside in an evacuation zone. (Please Check One)

YES NO

If yes, I reside in evacuation zone:

1 (A) 2 (B) 3 (C) 4 (D) 5 (E)

In the event of evacuation I can be reached at:

1st Choice

NAME: _____

ADDRESS: _____

PHONE: _____

2nd Choice

NAME: _____

ADDRESS: _____

PHONE: _____

My family responsibilities include:

Parent(s) Spouse Children Pets Other _____

9. Administrative Staff Assignments Checklist

Responsibilities (staff task assignments) have been developed in the form of checklists both for ease of reading and for simplicity of revision should conditions change or new actions be found necessary. Many times reference will be made to the Pre- and Post-Disaster Planning checklists (next page) developed especially for the Meal and Adult Day Care Sites, but applicable in full or in part to most of the other NCN sites (see the Emergency Fact Sheet for each center and site).

Relationships with agencies outside of NCN, but part of the NCN Disaster Planning, with the exception of a brief mention of G.A. Foods, are as follows:

- I. Emergency Management/Disaster-related organizations include the Emergency Management Department County, City Emergency Management Offices, TBRPC, and American Red Cross. Those agencies have responsibilities for development of evacuation centers and routes, running of the Evacuation Centers, planning for safety of disabled and elderly persons in need of assistance and protection, etc. Some of these are also responsible for disaster relief assistance to citizens following flood and other emergencies.
- II. Agencies, like the American Red Cross, often need volunteers to assist in the Evacuation Centers and we encourage any persons who can to assist these when not at work for NCN.
- III. Site owner/contacts should be included in all plans for site protection. Often they will have materials and staff and/or volunteers to work along with NCN staff to insure maximum protection of the buildings we share and the equipment in them. Owners/contacts should always be notified of emergency/disaster activities at the site, of site openings/closings, and of need for repairs, insurance assessments, removal of hazards, etc.
- IV. Delegated NCN staff will be responsible for maintaining good working relationships with these agencies and for advocating for our clients wherever necessary.
- V. Program specific checklists are in each respective Program section of this plan.

10. Staff Assignments Checklist

A. Decision Making

I. Executive Director or Designee

(1) Approve Disaster Plan and Procedures	
(2) Appoint Disaster Planning Coordinators and Assistant Coordinators	
(3) Develop and maintain liaison with Emergency Management Administrator	
(4) Develop and maintain liaison with Grantor agencies	
(5) Authorize/define limits of use of staff vehicles, centers, other sites and equipment prior to, during and after an emergency/disaster.	
(6) Activate Disaster Plan	
(7) Authorize opening/closing of centers/sites	
(8) Authorize announcements over local radio, TV. etc., as necessary for notification to clients, instructions to staff	
(9) Receive and evaluate written reports of structural safety/damages	
(10) Authorize establishment of claims and requests for reimbursements, as necessary	

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(11) Authorize staff and vehicles to assist with site evacuation/clean-up.	
(12) Authorize time for re-opening centers and re-establishing regularly scheduled services according to conditions of travel safety, water supplies, food availability, electricity, etc.	

II. Administrative Staff

(1) Disaster Planning Coordinators develop Disaster Master Plan and procedures, using all available input	
(2) Assigned Directors give input to plan and administer development and implementation of individual site/center plans	
(3) Disaster Planning Coordinators to receive and review all disaster plans related information emanating from any Program and intended for sharing with clients, staff or public.	
(4) Disaster Planning Coordinators coordinate training of all staff re: disaster plan and procedures. Service Directors will provide training.	
(5) Leadership Team Members and Disaster Planning Coordinators monitor compliance with disaster plan procedures on a regular basis	
(6) All Administrative staff receive and share information relevant to the making of disaster plan decisions	
(7) Appropriate or assigned Administrative staff contact all centers and programs with instructions, receive reports and relay messages as possible	
(8) Appropriate or assigned Administrative staff recall other staff to work on selective basis	
(9) All Administrative staff carry out assignments given by the Executive Director or delegate	

III. Disaster Committee

(1) In cooperation with the Disaster Planning Coordinators researches, evaluates and makes recommendations concerning disaster plans and procedures	
(2) Establishes probable needs of staff clients, centers and programs related nature of the emergency/disaster identifies resources, and recommends update disaster plan	
(3) Reviews and recommends update of the disaster plan. (All requests for services from outside agencies will be directed through the Executive Director or designee.)	

B. CoordinationI. Disaster Planning Coordinators/Assistant Disaster Planning Coordinators

(1) Conduct periodic meetings of Disaster Committee.	
(2) Do periodic reviews of disaster readiness at all centers and programs.	
(3) Review and recommend update of individual center and program disaster plans and checklists.	
(4) Maintain liaison with Emergency Management, TBRPC, AAAs, & American Red Cross, other disaster related agencies.	

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(5) Update Disaster Plan as necessary and approved.	
(6) Maintain list of most at-risk sites and plans for their evacuation and/or protection	
(7) Develop, maintain and share list of telephone numbers of Emergency/ Disaster Services.	
(8) Maintain list of insurance carriers and procedures for reporting.	
(9) Have available copies of federal and state regulations covering replacements, reimbursements, authorizations for use of sites, vehicles, equipment etc. before, after a disaster	
(10) Act as resource to all centers and programs in the development and/or revision of their disaster plans.	
(11) Maintain library of disaster planning materials.	
(12) Maintain and share with all centers/programs current official maps, charts, and other disaster planning materials.	
(13) Oversee disaster plan implementation, evaluate re: weaknesses, oversights, etc., and recommend or take corrective action as appropriate and necessary.	
(14) Coordinate NCN activities with Emergency Management organizations as authorized.	
(15) Coordinate staff assignments as necessary within NCN	
(16) Activate damage assessment workers as necessary post disaster.	
(17) Coordinate staff assignments to flooded areas for clean-up.	
(18) Make recommendations to Executive Director regarding needs for insurance assessments, re-opening of sites on selective basis, etc. (All requests for services from outside agencies will be directed through the Executive Director or designee.)	

11. Administration Staff Assignments ChecklistA. Site Safety: (Administration)

1. Delegated Administrative staff will adapt disaster plans to the Administrative sites including completion of emergency fact sheet, location of tornado "safe area", and assignment of specific staff to specific tasks and training for these.	
2. Carry out all activities contained in the sites' Disaster Plans and activities outlined on the Pre and Post Disaster Planning checklists as appropriate.	
3. Actions for protection of the buildings will be coordinated by delegated administrative staff of NCN with building contacts.	
4. Materials having top priority for removal from the building during an emergency/disaster will be kept in areas near and well known to persons responsible for their removal.	
5. Each Service Director housed in Administration will set priorities on materials most necessary to their Program continuation and make plans, with staff assignments, for its safety	
6. Read Disaster Preparedness literature and have own personal/family Disaster Plans in order.	

B. Staff Safety:

1. Administrative and supervisory staff encourage all staff to pre plan their own personal/family's disaster actions.	
2. Have staff so well trained in disaster procedures that actions are speedy and almost automatic	
3. Discourage any "heroic rescues" and contact quickly police, firemen, etc. trained for such actions	
4. Actions taken speedily for the protection of clients will usually have the effect of protecting staff also.	
5. Discourage staff from driving on unsafe roads; prevent them from entering unsafe buildings, or from taking unnecessary chances.	
6. Encourage good safety habits including fire prevention at all times	
7. Arrange transport home for staff without their own transportation	
8. Encourage staff that must leave early for health family reasons to pre plan this with their supervisors.	
9. Wear name tags on return to disaster area	
10. Staff are encouraged to have radios available to get weather notifications, messages from NCN re site openings, closings, etc.	

C. AGREEMENTS AND UNDERSTANDINGS

To be used as roles and responsibilities are further clarified and negotiated with other agencies or governmental bodies.

1) Policy:

It is the policy that each NCN operational service location will provide services to the neediest most at-risk elderly.

a) Procedure:

NCN, at all service locations, will receive referrals, conduct outreach and deliver services to all elderly persons needing emergency assistance. NCN recognizes that the neediest and most "at risk" elderly may be different than those served by Neighborhood Care Network before a disaster.

2) Policy:

It is the policy of NCN to provide staff support to Emergency Operations Centers and to Disaster Field Assistance Centers to serve elderly people in disaster areas.

a) Procedure:

NCN staff will be assigned to Emergency Operations Centers and/or Disaster Field Assistance Centers as necessary.

EMERGENCY DISASTER PLANNING CHECKLISTS**A. Pre-Disaster Planning Activities Checklist****I. Fire**

1. Fire exit plans and map posted in center/site.	
2. Regular fire drills held - staff and clients	
3. All staff knows location of fire extinguishers and how to use.	
4. Fire extinguishers regularly tested and serviced by suppliers.	
5. All fire exit signs in operation.	
6. All fire hazards detected and corrected daily.	
7. Daily participant register is the responsibility of a designated person	
8. Telephone numbers readily available (emergency, staff appropriate administrative). Posted by telephones.	

II. Tornadoes: (refer to Tornado section of Emergency Disaster Plan and Policy S11-167)

1. "Safe area" identified in center for participant/staff protection.	
2. Staff and clients pre- trained to extent possible.	
3. Weather alert radio available and functioning.	
4. All staff knows location of fire extinguishers and how to use.	
5. Daily participant register is the responsibility of designated person	
6. Telephone numbers readily available (emergency, staff, appropriate administrative), and posted by telephones.	

III. Floods

1. Vulnerability of center and its access streets to flooding (fresh water) known.	
2. Plans made for early evacuation of clients and staff, as necessary, and closure of center according to procedures.	
3. All vehicles operative, in safe location, gas tanks full.	
4. Staff and clients pre-trained to extent possible.	
5. Weather alert radio available and functioning.	
6. Daily participant register is the responsibility of designated person.	
7. Telephone numbers readily available (emergency, staff, appropriate administrative). Posted by telephones.	

IV. Hurricane

1. Maps of evacuation centers and routes posted.	
2. Hurricane preparedness information distributed to all staff and clients.	
3. All clients needing evacuation assistance surveyed and referred to Emergency Management Administration.	
4. All able clients encouraged and, if necessary, helped to make own disaster plans.	

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5. Natural support systems of clients activated to fullest extent possible.	
6. Emergency meals anticipated and distributed.	
7. Medications and special dietary needs stressed to clients and staff, and assistance given in planning, if necessary.	
8. Vulnerability of center and its access streets to flooding (fresh water) known.	
9. Vulnerability of clients' homes to flooding known and pre-planning of alternative temporary housing done.	
10. Plans made for early evacuation of clients and staff, as necessary, and closure of center according to procedures.	
11. All vehicles operative, in safe location, gas tanks full.	
12. All staff assignments given and training held.	
13. Plans completed for staff disbursement to own homes or shelters.	
14. Staff encouraged to complete own disaster plans.	
15. Storm/tidal surge vulnerability of center known.	
16. Plans completed with building contacts regarding coordinated center protection action plans.	
17. Plans completed for protection of equipment and records.	
18. Weather alert radio available and functioning.	
19. Equipment inventory up-to-date.	
20. Daily participant register is the responsibility of designated person.	
21. Program and participant records including program records of current fiscal year and money boxed and organized for immediate identification and removal.	
22. Telephone numbers readily available (emergency, staff appropriate administrative) and posted by telephones.	
23. Location of all utility valves and switches known - electrical, gas, water - and all staff trained regarding these.	

V. Pandemics

1. Identify Emergency Management Coordinator and Team. Establish regular meeting schedule.	
2. Provide annual training to staff	
3. Orient staff to hygiene and sanitizing supplies are	
4. Equip each site with adequate hygiene and sanitizing supplies.	
5. Display DOH or CDC required notices or guidance in public areas.	
6. Identify and address high-traffic or high-touch areas that are susceptible to spreading pathogens	
7. Establish safety protocols to limit the spread of the pathogen	
8. Educate volunteers, clients and caregivers on new safety protocols	
9. Update the emergency management team daily on status updates of the pandemic. May change to weekly or biweekly as the situations stabilizes	
10. Determine critical points at which services need to be reduced or put on hold to ensure the safety of staff, volunteers and clients.	
11. Communicate all operational changes and service disruptions to major funders.	

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VI. General

1. Disaster plans developed, approved and readily accessible.	
2. All staff trained.	
3. Staff assignments given and reviewed regularly.	
4. Disaster plans reviewed regularly and updated, as necessary.	
5. Contingency plans made, where appropriate.	
6. All staff willing and able to assist during disaster period (hurricane, flood)	

B. Post-Disaster Planning Activities Checklist

I. Safety of clients, staff and volunteers is our #1 priority

1. Qualified/authorized/safe to be in disaster area? (Will need name tag to re-enter disaster area.)	
2. Building safe to remain in/re-enter.	
3. Medical care needed? (clients or staff. If yes, emergency assistance called? (Police, Fire, etc.)	
4. Debris-filled streets? If yes, urge careful driving, alternate routes.	
5. Loose, dangling electrical wires? If yes, report to Duke Energy, then to Police Department and turn off electricity to center, if safe to do so.	
6. Broken sewer/water mains? If yes, report to water/sewer department and turn off main water valve, if possible.	
7. Leaking gas lines? (check by smell only). If yes	
a) Evacuate building of all clients and staff.	
b) Open all doors and windows.	
c) Call Gas Company and/or notify Police or Fire Department.	
d) Turn off main gas valve at meter.	
e) Leave electric switches alone until area determined to be gas free. No cigarettes lit or smoked in area. Use only battery operated flashlight if necessary.	
8. Conditions of flooding at center? If yes	
a) Do not use water until Health Department/Emergency Management declares end of contamination.	
b) Report structural damage to NCN Administration/Service Director and to building contact. Verbal report followed by written report.	
c) Report damaged electrical circuits to Duke Energy, to NCN Administration and to building contact.	
d) Report equipment damage/loss to NCN Administration/Service Director and to building contact as appropriate.	
e) Check equipment against inventory and report theft/loss to Police and to NCN Administration/Service Director.	
f) List supplies, including food and food service supplies destroyed or made unusable by water, contamination, spoilage, etc.	
g) Do not clean up damaged areas until insurance adjustment actions taken.	
h) Cover damaged areas with tarps, plastic etc. to prevent further damage from wind, rain, etc.	
i) Take care to avoid snakes, insects, potholes, road washouts, etc.	
9. Other observed or suspected structural damage? If yes	
a) Contact NCN administration to report damage and/or to request	

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damage assessment.	
b) Contact building owner/contact regarding damage/need for assessment.	
c) Keep all clients/unauthorized staff out of building.	
d) List damages as much as possible and report to NCN Administration.	
e) Do not clean up damaged areas until seen by insurance adjuster.	
f) As necessary, protect equipment, etc. from further damage by covering with tarp, etc.	
g) Watch for loose boards, holes in floors, hanging or loose plaster, and all other hazards.	
h) Shut off gas and electricity, if not already done. Leave water on unless water/sewer mains damaged.	
i) If necessary and SAFE, remove records and equipment from severely damaged building.	
10. Electricity off more than a few minutes? If yes, check refrigerator/freezer for food spoilage.	
11. Fires prevented? (Low water pressure may make fire-fighting very difficult).	
12. Directions obtained for clean-up procedures (NCN Administration, radio/TV, instructions, newspaper articles, etc.).	
13. Re-opening of site determined by NCN Administration.	
14. Any lumber used to board up windows etc. removed and saved.	
15. Protect clients and staff from weather at all times using pre-planned safe areas.	
16. Be sure all clients are accounted for.	
17. Do not allow clients in/out of centers for any reason when danger to their lives exists.	
18. Check on most vulnerable clients as soon as possible.	

D. HURRICANE PLAN**A. Hurricane Pre-Planning****I. Structure Location & Elevation in Relation to Hurricane Storm Surge****Neighborhood Care Network Sites and Centers**

Code	Evacuation Level	Name of Site/Center
EDC	B	Evergreen Day Center
CLM	NON	Crystal Lakes Manor
DAD	NON	Enoch Davis Center
LAD	NON	Largo Day Center
RDG	NON	Ridgecrest Community Hall
GFP	D	Gulfport Multipurpose Center
PHD	NON	Palm Harbor Dining

SUN	NON	Sunshine Center Dining
ADM	A	Administration Building
NTP	A	Administration Building
SHDC	NON	Sunny Harbor Day Center
PLV	NON	Palm Lake Village
NGR	E	North Greenwood
SFH	D	Safety Harbor MOW

B. Site/Center Hurricane Disaster Plan

I. Purpose:

To establish a standard procedure which the site/center staff should follow in the event of a hurricane.

II. Objectives:

1. Establish monitoring system (radio)
2. Establish closure procedures of the sites/centers
3. Establish areas of responsibility for each staff member.

III. Types of Warning:

1. Hurricane Advisory - Indicates the early potential approach of a hurricane.
2. Hurricane Watch - Indicates hurricane may threaten within 36 hours.
3. Hurricane Warning - Indicates hurricane expected to strike within 24 hours.

IV. Procedures:

1. When a Hurricane Advisory is issued, the Emergency Coordinators will monitor internet and TV notify the Leadership team.
2. When a Hurricane Watch is issued, the Emergency Coordinators will arrange a Leadership Team meeting to decide specific next steps. These should include:
3. Make the decision to prepare operations for disaster.
4. Arrange for bus for clients to be taken home ASAP (if during business hours).
5. Staff members and volunteers put locked file cabinets and other records on a higher level in the site/center. (Stage, cement blocks, tables, etc.)
6. Site/Center Managers secures monies, weather alert radio, client information and other valuables upon closure.
7. Upon completion of preparedness, turn off or unplug the electricity if appropriate. Contact Administration for all prepared if possible. Turn off water at outside valve only if there is sign of flooding or of a broken water/sewer line.
8. Move vehicles close together and close to side of building away from approaching storm and from trees, or, preferably, under cover if a safe place has been located for this.
9. Secure building as much as possible, place voice mail announcement of pending closing, and notify building contact of pending closure.
10. Either secure loose items outside the building, or, if possible, store the items indoors.
11. Review pre- and post-disaster checklists for further instructions.
12. When a Hurricane Watch is issued, implement action plan for protection of people and property, monitor internet constantly, prepare for closing, and close site/center.

**PINELLAS COUNTY
DEPARTMENT OF EMERGENCY MANAGEMENT
HURRICANE PREPAREDNESS**

A. GENERAL INFORMATION - WARNINGS:

1. The National Weather Service issues advisories when hurricanes are approaching the United States mainland.
2. A Hurricane Watch means a hurricane may threaten an area within 24 hours. A Hurricane Watch is not a hurricane warning, but a first alert for emergency forces and the general public and prospectively threatened areas. When your area is under a Hurricane Watch, you should continue normal activities, but stay tuned to radio or TV for all Weather Service advisories.
3. A Hurricane Warning becomes part of advisories when a hurricane is expected to strike an area within 24 hours. Advisories containing hurricane warnings include an assessment of flood danger in coastal and periphery, estimated storm effects, and recommended emergency procedures.

B. PREPARING IN ADVANCE:

Before any emergency situation occurs, make your plans as to what you would do and how you will do it. Consider the precautionary measures recommended and any situations which might be peculiar to you and your family.

Listed below are a few of the things you should consider in your personal planning:

1. What is the elevation of my home; will it be affected by the storm surge; am I in an area that might get flooded?
2. If I have to evacuate, where will I go and how will I get there? (Home of friends, commercial lodgings, public shelter). Should I notify friends, relatives of my whereabouts?
3. What will I need to take with me: (Infant supplies, prescription medicines, other special or personal needs). Taking blankets and pillows is recommended if going to a public shelter.
4. If I can remain at home (sturdy house on high ground), do I have a supply of non-perishable food, containers for water, flashlights, battery, radio, etc.?
5. Is my car/vehicle fueled so I can leave if I have to evacuate?
6. What will I do with pets if I have to evacuate?
7. What do I need to do to protect my property before the storm?
8. If I live in a mobile home, do I realize that I must leave for a safer shelter?
9. Am I familiar with any designated evacuation routes posted in my area?

C. PRECAUTIONARY MEASURES -- AFTER WATCH AND PRIOR TO WARNING:

1. Keep your radio or television on and listen for the latest Weather Services warnings and advisories. When a hurricane approaches, also listen for tornado watches and warnings. If power fails use portable battery radio or your car radio. At the beginning of the hurricane season, check to be sure that you have an adequate supply of batteries. Check your battery-powered equipment. Your radio may be your only link with the world outside the hurricane, and emergency cooking facilities and flashlights will be essential if utility services are interrupted.
2. Plan your time before the storm arrives. Waiting until the "last minute" might mean you'll be marooned.
3. Leave beaches or other low-lying areas that may be swept by high tides. Leave early - don't run the risk of being marooned.
4. Moor your boat securely before the storm arrives, or move it to a designated safe area. When your boat is moored, leave it, and don't return once the wind and waves are up. Anchoring boats on trailers and filling them with water will help hold them down.
5. Board up windows or protect them with storm shutters. Masking tape provides no real protection during hurricane force winds. Instead of suggesting its use encourage clients and staff to either use approved protective devices or move to areas of the building that are not vulnerable to the wind. Danger to small windows is mainly from wind-driven debris. Larger windows may be broken by wind pressure.
6. Secure outdoor objects that might be blown away or uprooted. Garbage cans, garden tools, toys, signs, porch furniture, and a number of other harmless items become missiles of destruction in hurricane winds. Anchor them or store them inside before the storm strikes.
7. Store drinking water in clean, closed containers, such as jugs, bottles, and cooking utensils. Your town's water supply may be contaminated by flooding or damaged by the hurricane. Begin filling extra water jugs when a Hurricane Watch is issued.
8. Keep your car fueled. Service stations may be inoperable for several days after the storm strikes, due to flooding or interrupted electrical power.
9. Unless advised to evacuate, stay at home if your house is sturdy and on high ground. If it is not, or you live in a mobile home, move to a designated shelter and stay there until the storm is over.
10. Remain indoors during the hurricane. Travel is extremely dangerous when winds and tides are whipping through your area.
11. Beware of the "eye" of the hurricane. If the calm storm center passes directly overhead, there will be a lull in the wind lasting from a few minutes to half an hour or more. Stay in a safe place unless emergency repairs are absolutely necessary. But remember, at the other side of the "eye" the winds rise very rapidly to hurricane force and come from the opposite direction.

D. EVACUATION:

1. Begin preparations for evacuation when a hurricane watch is issued.
2. If you are advised to evacuate your area, do so without delay.
3. Follow instruction and advice of local authorities.
4. Proceed over recommended evacuation routes.
5. Travel with care so as to prevent accidents and traffic bottlenecks. Others are also leaving.
6. Secure your home before leaving - lock your house doors and windows, turn off gas at main valve, shut off water at main valve, as well as pull main switch on your electricity.
7. Provide for pets - - remember, they cannot be taken inside public shelters.

E. SAFETY MEASURE - AFTER PASSAGE OF HURRICANE:

1. Monitor the radio/TV for the status of the hurricane. Have a portable radio available with extra batteries, as power will probably be out.
 - a. Do not clean up a damaged site/center until it has been assessed by an insurance representative and authorized by Administration.
 - b. In case of damaged site/center that cannot be used, notify Administration and ask for instructions for an alternate facility.
 - c. Check inventory for damaged or missing items and notify Administration on this status.
2. Remain in shelters until informed by those in charge that you may return to your home.
3. Keep tuned to your radio or TV stations for advice and instructions of your local government on:
 - a. Where to go to obtain necessary medical care in your area.
 - b. Where to go for necessary emergency assistance for housing, clothing, food, etc.
 - c. Ways to help yourself and your community recover from the emergency.
4. Use extreme caution in entering or working in buildings that have been damaged or weakened by the disaster - they could collapse. Also there may be gas leaks or electrical short circuits.
5. Don't take lanterns, torches, or lighted cigarettes into buildings that have been damaged by a hurricane - there may be leaking gas lines or flammable materials present. Use battery-powered flashlights.
6. Stay away from fallen or damaged electric wires. Notify the power company, the Police or Fire Department.
7. Check your food and water supplies before using them. Foods that require refrigeration may be spoiled if electric power has been off. Do not use fresh food that has come in contact with flood waters.

8. Don't drive unless necessary. Watch for hazards to yourself and others. Stay away from disaster areas. Sightseeing interferes with first-aid or rescue work, and may be dangerous as well.

F. TORNADO PLAN

A. Tornado Disaster Plan

I. Purpose:

To establish a standard procedure which the site/center, staff and clients should follow in the event of a tornado.

II. Objectives:

1. Establish warning system.
2. Monitor the internet or radio stations.
3. Establish safety locations within the site/center.
4. Assign areas of responsibility for each staff member.

III. Types of Warning:

1. Tornado Advisory: Weather conditions are conducive to the formation of tornadoes.
2. Tornado Watch: Tornado is expected to develop.
3. Tornado Warning: At least one tornado has been sighted.

IV. Procedures:

1. When a "Tornado Advisory" is issued, Disaster Coordinator will monitor internet and/or radio for further reports.
2. When a "Tornado Watch" is issued, establish visual watch in direction of possible threat and monitor the internet/radio.
3. When a "Tornado Warning" is issued, monitor the internet/radio continuously.
4. The most important effects of a large tornado, in order of their importance, are as follows:

B. Pressure of wind against walls, windows and doors causing their disintegration.

C. Selection of a "Safety Location" should be based on the following in order of importance:

- (1) A place on the lowest floor.
- (2) Under a short span ceiling.
- (3) In the interior of the building.
- (4) In a room with framed construction and not load bearing walls. It is desirable to have about 6 sq. ft. of space per person.
- (5) Wind-propelled objects and debris (propelled like missiles).
- (6) Collapse of upper parts of buildings, including towers and chimneys, into lower parts of the building.
- (7) The explosive pressure change when air pressure inside the building is greater than outside pressure.

V. Precautions are as follows:

1. Upper floors of a building - or anywhere on the side of the building toward which the tornado is coming are particularly dangerous places to be.
2. Large rooms with free span roofs are extremely dangerous since both "lifting" of the roof by winds passing over it and "ballooning" from within the building can cause roof failure and the showering of persons below with debris, including the roof itself.
3. Glass when shattered can act like shrapnel and should be avoided wherever possible.
4. Corridors in line with the tornado's path can act like wind tunnels carrying debris through like missiles. Persons in them should crouch or lie flat on the floor and cover their heads. They are still preferable to rooms on either side of the corridor. Doorways should be avoided, both at the sides and at the ends of the corridor.
5. Walls which bear the support of roofs and upper floors should be avoided. If the wall collapses, the roof or floor will too.

Note: If a tornado watch or warning threatens your site/center, follow these procedures:

- a) Move clients to previously identified safety location in the site/center or under heavy furniture. Have them lie down on floor with arms covering their heads as much as possible. Stay away from doorways and from glass windows and doors.
- b) Be sure that all doors and windows are tightly closed. Today's science tells us to keep ALL doors and windows closed tightly during Hurricane or Tornado threats.
- c) If time allows, turn off the electricity, gas and water.
- d) Stay in place until danger is past as indicated by weather alert.
- e) As soon as possible after the tornado passes:
 - (1) Check for injuries and call for help, if necessary.
 - (2) Check for structural damage and evacuate building, if necessary.
 - (3) Check for fire hazards. Stay away from fallen electrical wires.
 - (4) Call Fire Department if necessary.
 - (5) Turn off electricity/gas switches if necessary (if it has not been done before). Leave water on if pipes are intact.
 - (6) Contact Service Director and building contact person. When possible, arrange transportation for clients to go home.
- f) Do not allow clients or staff to re-enter a severely damaged building. Staff may be allowed to re-enter in some immediately life threatening emergency if it is reasonably safe to do so.
- g) Check inventory for damaged or missing items and notify Administration on this status.
- h) Review post-disaster check sheet for further instructions.
- i) Precautions in selecting a "safe place" in a building are as follows:
 - (1) Upper floors of a building - or anywhere on the side of the building toward which the tornado is coming are particularly dangerous places to be.
 - (2) Large rooms with free span roofs are extremely dangerous since both "lifting" of the roof by winds passing over it and "ballooning" from within the building can cause roof failure and the showering of persons below with debris, including the roof itself.
 - (3) Glass when shattered can act like shrapnel, and should be avoided whenever possible.
 - (4) Corridors in line with the tornado's path can act like wind tunnels carrying debris through like missiles. Persons in them should crouch or lie flat on the floor and cover their heads. They are still preferable to rooms on either side of the corridor. Doorways should be avoided, both at the side and the ends of the corridor.
 - (5) Walls which bear the support of roofs and upper floors should be avoided. If the wall collapses, the roof or floor will too.

6. Selection of a "safe place" should be based on the following, in order of importance:

- (1) A place on the lowest floor, preferably a basement;
- (2) Under a short span ceiling;
- (3) In the interior of the building;
- (4) In a room with frame construction and not load bearing walls.
- (5) It is desirable to have about 6 sq. ft. of space per person.

VI. Priority Actions are as follows:

- a) Get clients and staff to identified "safe place" as previously planned.
- b) Report approach of tornado to 911, only if there is time. Do not use the telephone for any information, but listen to radio for reports and use delegated staff as lookouts.
- c) Turn off gas and electrical valves and switches if time allows.
- d) Prevent injuries, prevent panic, and prevent fires according to action plans.

F. **FLOOD PLAN**

A. FLOODING PLAN

I. Purpose:

To establish a standard procedure which the staff and clients should follow in the event of a flooding disaster.

II. Objectives:

1. Construct a flood evacuation floor plan.
2. Establish collection points for clients and staff.
3. Establish areas of responsibility for each staff member of NCN.
 - (a) Bathrooms, activity room, etc. (doors and windows).
 - (b) Accounting for clients once evacuation is complete. (Control of clients).
 - (c) Turning off of electrical power and gas.
 - (d) Safeguard monies and records if safe to do so.
 - (e) Notification of NCN Main Office.

III. Procedures:

If there is flooding at or near the site/center, the following actions will be taken:

1. Early closing can facilitate actions for the safety of clients. If telephones are not working and there are no internet/radio/TV messages, the site/center manager will use best judgment about the closing of the site/center.
2. Staff will make arrangements to get clients home if that is not in a flooded area, or to another safe location, e.g. Red Cross or Emergency Management shelter, relatives or friends home, etc.
3. The site/center manager and other delegated staff will carry with them:
 - (a) The Nutrition participant phone numbers

- (b) The program records of the current year and the money boxes.
 - (c) The phone numbers of site/center staff and administrative staff.
4. Remove any small items or equipment that can easily be transferred to a safer location.
 5. Remove all file drawers to a safe and secure location.
 6. Place all non-stationary inventory as previously identified as high as possible to prevent flood damage.
 7. Turn off electricity at main switch.
 8. Turn off water outside valve, if possible.
 9. Move vehicles to a pre-arranged safe location.
 10. Secure phones as much as possible.
 11. Secure the building as much as possible, and notify building contact person of the situation, if possible.
 12. During and after flood, water will not be used because of possible contamination, until Health Department/Emergency Management announces it is safe to use.
 13. Any food that has come in contact with flood waters will be assumed to be contaminated. Make a list of contaminated and destroyed food or other items, e.g. food service supplies.
 14. Staff and clients will avoid unnecessary contact with flood waters and will be alerted to the hazards peculiar to flood situations.
 15. Review pre-and post-disaster checklists for further instructions.

IV. Priority Actions are as follows:

1. Pre-plan evacuation through use of the Emergency Management Department survey, etc.
2. Evacuate early.
3. Travel only on open roads approved for travel.
4. Refer persons in danger to proper authorities. **DO NOT MAKE RESCUE ATTEMPTS YOURSELF.**

H. **FIRE PLAN**

A. Fire Disaster Plan

I. Purpose:

To establish a standard procedure which the staff, volunteers and clients should follow in the event of a fire disaster.

II. Objectives:

Construct a fire evacuation floor plan.

1. Establish collection points for clients and staff.
2. Establish areas of responsibility for each staff member of NCN.
3. Bathrooms, activity room, etc. (doors and windows).
4. Accounting for clients once evacuation is complete. (Control of clients).
5. Turning off of electrical power and gas.
6. Safeguard monies and records if safe to do so.
7. Notification of Fire Department.
8. Notification of NCN Main Office.

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III. Procedures:

1. Give the alarm when the first sight of smoke, flames, escaping gas or very irritating odor and evacuate clients and employees from the building according to the fire evacuation floor plan. (Call Fire Department).
2. Assign employees and volunteers to account for the clients at their collection points. Do not allow anyone to go back in the building for any reason. Restrain if necessary.
3. Assigned employees check all rooms and bathrooms to be sure all clients are out, if it is safe and necessary. (Close all doors and windows if possible). Caution: Feel closed doors before opening - if too hot to touch, do not open.
4. Assign staff member to remove vital records and money, if possible.
5. Use fire extinguisher or other firefighting equipment on minor fires if safe to do so.
6. Turn off electricity and gas at the master switches; do not turn off water.
7. Contact Service Director and contact building contact person when it is safe to do so.
8. Arrange transportation for clients to go home.
9. Do not attempt to clean up after a fire until the insurance company has assessed the damage and Administration has authorized it.
10. Do not use facility until it is safe to do so.
11. Check inventory for damaged or missing items.

(a) The rule is that wherever there is smoke or fire seen or suspected, the Fire Department shall be called. The only exception to this might be a very minor fire in a wastepaper basket put out immediately and totally. There must be assurance that fire is not smoldering in the building structure, electrical wiring, padded furniture, etc., and only the Fire Department can give that assurance.

(b) Review post-disaster checklist for further instructions.

IV. Priority Actions are as follows:

1. At first sign of smoke, flames or escaping gas, evacuate building of all clients and staff according to fire plans and drills.
2. Make sure everyone is out.
3. Close doors to contain fire.
4. Call Fire Department from safe phone.

I. **PANDEMICS**

A. PANDEMIC PLAN

1. Purpose:

It is our priority to maintain the safety and health of our staff, clients, and volunteers while allowing for the continuity of services for as long as possible.

II. Objectives:

In response to a pandemic, Neighborhood will be following all general precautions recommended by the CDC and FL DOH.

1. Cleaning and sanitizing of common use areas
2. Provision of extra sanitizing supplies to all sites
3. Self-screening of staff, volunteers, clients, and visitors
4. All staff have been required to report any onset of symptoms and advised to stay home and seek medical attention
5. Cease client-signature requirements on HDM delivery

III. Procedures:

In the event that a departure from normal service is warranted, Neighborly would like to implement the following alternative service plan for congregate dining clients.

1. Notify the Area Agency on Aging of Pasco & Pinellas that a departure from normal service is necessary due to
 - a. Notification from one of our partners that they are closing their facility.
 - b. Notification of a confirmed case of pandemic.
 - c. Notification of a positive self-screen per the FL DOH Self-Screening tool.
2. Notification of a partner facility closing
 - a. All congregate clients will be notified that Neighborly is cancelling congregate meal service and will either allow for meal pick-up or delivery of meals.
 - b. If meal pick-up is allowed at the facility, we will offer 5-pack of meals to limit the trips to the center.
 - c. Congregate clients will pick up their meals on a day of the week that is predetermined by their need for transportation or their first letter of their last name.
 - i. Neighborly Bus Clients – Monday
 - ii. Neighborly Bus Clients – Tuesday
 - iii. A-H – Wednesday
 - iv. I-P – Thursday
 - v. Q-Z - Friday
 - d. If meal pick-up is not feasible, clients will be temporarily assigned to a Delivery Route.
 - e. All meals will be reported and billed under O3C1 funding.
3. Notification of a confirmed case of the Pandemic
 - a. All services will cease until the site has been sanitized and cleared by public officials to reopen.
 - b. All staff, volunteers, and clients will be notified of the possible exposure and will be advised to self-quarantine for 14-days.
4. Notification of a positive self-screen per the FL DOH Self-Screening Tool
 - a. All clients have been asked to self-screen and notify Neighborly and the FL DOH of a positive screen.
 - b. Neighborly will hold services for that client until they have been cleared by their doctor.

J. NEIGHBORLY TRANSPORTATION PROGRAM (NTP)**A. Purpose:**

To provide planning and preparation for emergencies and disaster within areas and resources related to NTP.

I. Responsibilities:

1. All personnel employed by NTP will insure that their correct residence address and telephone number are on file in the NTP office.
2. All NTP personnel may be required to report for work at other than normal working hours, unless this time away from their family would affect the health and/or welfare of the family, to drive vehicles provided by Neighborly Care Network (NCN) to support an emergency or disaster area.
3. All NTP drivers will refuel their vehicle after each day of service so that vehicles will be ready for dispatch upon call.

4. The maintenance coordinator will keep the NTP dispatchers informed about all vehicles that will be out of service for more than one day at a time. This will provide the dispatchers with their vehicle availability list.
5. NTP dispatchers will maintain a vehicle availability list.
6. Keys for vehicles will be maintained in the NTP Dispatch office when not in use or in the shop. A duplicate set of keys is maintained in the NTP office for emergencies, should keys in normal use be misplaced.
7. Vehicle deficiencies will be reported each day by the driver on the driver daily report form so that all mechanical defects may be corrected, thereby insuring that each vehicle will be ready for unforeseen emergencies.
8. The maintenance coordinator will make arrangements to have the gates at the parking facility opened so the buses may be used by our vehicle drivers, Emergency Management Administration or other emergency authority in charge of that situation. Notification to take this action will come from the NTP Director or an NCN official acting for the Executive Director.
9. The maintenance coordinator will have all vehicles, utilized in emergencies, inspected upon their return noting all deficiencies/damage and speedometer readings. Refueling will be accomplished noting the amount of fuel required by each vehicle.
10. Dispatchers and assistants will report to the NTP administrative office for initial instruction and shift assignments. Communications by telephone may be limited; therefore, a vehicle should be available so that messages can be delivered.

II. Coordination:

1. The senior person in the NTP office will initiate a roll call and report those present to NCN Disaster Planning Coordinator.
2. All requests for use of drivers/vehicles will come from or through the NCN Disaster Planning Coordinator.
3. Statistical data required will be compiled at the direction of the NCN Disaster Planning Coordinator.

III. General Update of Information re: Disaster Planning

1. Alternate NTP Command Post

NTP administrative staff if need be will move its command post to the Largo Adult Day Care (LAD) with the use of the packed emergency office supplies with additional cell phones to establish two way communication. Cell phones will be used to maintain communication with all NTP vehicles. All vehicles will remain at the parking site until NTP receives its assignment. What equipment we take depends on how much time we have before transporting, how much advance warning is given and what each situation may call for.

B. Staff Organization and Staff Responsibilities

I. Site Safety and Operations: (NTP)

1. While all uses of NCN vehicles before, during and after disasters have not been clearly defined, it is clear that vehicles must be prepared at all times to be responsive to emergency needs. Responsibilities include:

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- a) Preparation for gasoline supplies.
- b) Upkeep of all vehicles including immediate repair of any defects.
- c) Protection of vehicles from storm damage.
- d) Planning for effective dispatch to meet immediate and emergency needs.
- e) Protection of bus yard and securing of buildings and equipment both inside and out.

C. Staff Assignments ChecklistI. NTP Drivers & Dispatchers:

1. Under direction of Transportation Director or designee be prepared to adjust regular schedules to meet priority emergency/disaster needs of sites	
2. Review Disaster Plans often and always be in state of readiness to put them into effect	
3. Develop alternative route plans when necessary for participant/staff safety	
4. Perform all tasks authorized by the Executive Director or designee	
5. Read all Disaster Preparedness literature and have own personal/family plans in order (All requests for services from outside agencies will be directed through the Executive Director or designee.)	

II. Site Safety & Operations (NTP):

1. Delegated NTP staff responsible for the adaptation of the Disaster Plan to NTP sites and operations including emergency fact sheets, staff assignments, tornado safety actions and flood precautions	
2. Delegated staff maintain vehicles in state of readiness for emergency/disaster use before, during, and after a disaster	
3. All staff review all NTP Disaster Plans and Procedures frequently and have re-assignments to key responsibilities made promptly, as needed.	
4. Make dual assignments to positions requiring special skills or backup during the emergency/disaster	
5. Pre-arrange adequate supplies of gasoline meet emergency needs	
6. Be prepared to alter routes for safety of vehicles as well as occupants. Plan for occupant safety in all types of emergencies/disasters	
7. Plan for protection of vehicles when not in use. Pre-arrange undercover protection, if possible	
8. Read all disaster Preparedness literature and have own personal/family Disaster Plans in order	
9. Be prepared to operate as requested by the Executive Director of NCN or designee. (All requests for services from outside agencies will be directed through the Executive Director or designee).	

III. NTP Disaster Notification Procedures (OFF DUTY HOURS):

1. Upon official notification from the NCN Disaster Planning Coordinator, the NTP Disaster Notification will be put into operation. (See attached notification tree.)	
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2.	Each designated person is responsible for calling the personnel within their authority line. In the absence of the primary individual, those persons identified by an * will assume the responsibility for notifying their authority line. (See notification tree.)	
3.	Upon notification, complete instructions will be given, i.e., report to work time, be prepared to report to work, report to work location.	
4.	Each primary individual will keep a complete record of those persons not contacted. A list of personnel not notified will be given to the NTP Service Director/or Operations Supervisor upon returning to work.	
5.	The status of all employees will be recorded as employees report for work.	

K. NUTRITION SERVICES PROGRAM

Policy

It is the Policy of Neighborhood Care Network that in the event of a disaster or emergency situation measures will be taken to protect clients and prevent disruptions in meal delivery or the provision of meals as much as possible. All emergency closures, contingency, and reopening plans will be communicated to major funders per contractual agreements.

II. Procedures:

A. Responsibilities

I. Participant Safety

1. All Nutrition administration and dining site staff will be responsible for the following:

- (a) **Top Priority:** Protection of clients, staff, and volunteers at the centers.
- (b) Coordination of resources both within NCN and outside of the agency for participant, staff, and volunteers safety at each site.
- (c) Referrals to emergency resources.
- (d) Distribution of disaster preparedness information and meals to participants and staff.
- (e) Periodic fire drills and other appropriate training for clients and/or staff.
- (f) Identification of tornado and active shooter safety areas at each site.

2. Emergency meals

Nutrition services will provide shelf-stable or frozen meals in the event of an emergency closure.

- (a) Nutrition clients will receive shelf stable meals at the beginning of the hurricane season per funding contracts. Each client is advised to keep the meals in the event Neighborhood closes for a hurricane.
- (b) Emergency meals will be distributed in advance of subsequent disasters, as time and funding allows.
- (c) Nutrition services will resume meal delivery as soon as possible after the disaster is over and it is safe to resume operations.
- (d) If the Caterer's kitchen is closed due to a disaster, meals will be prepared and shipped from one of their other locations as outlined in the Caterer's Emergency Meal Preparation Plan.

- (e) All NCN staff who is able will immediately resume active status to help distribute meals.
- (f) Short term closures – frozen or shelf-stable meals will be provided for the duration of a short-term closure when a departure from normal services is needed. Examples of this include closing due to elections, host requirements, facility maintenance, and repairs.

3. Site

Site coordinators are responsible for the safety of NCN equipment and supplies. Responsibilities include:

- (a) Regular inspection of the site for fire, safety, and health hazards.
- (b) Secure site to prevent vandalism and theft.
- (c) Preparation of equipment and supplies for flooding and wind.
- (d) Assessment of dining site area damage following a disaster.
- (e) Assessment and reporting of contamination and destruction of supplies.
- (f) Assessment and reporting of equipment damage.
- (g) Preparation of priority materials (records, small equipment, etc.) for removal from the site.
- (h) Post-disaster clean up.

B. Staff Checklist

I. Participant Safety

1. Management and Supervisors

(a) Adapt NCN Disaster Plan to specific center including: (1) Adapt Disaster Plan to individual sites (2) Train staff on Disaster Plan and their responsibilities in the event of an emergency closure (3) Designate tornado or active shooter "safe areas" (4) Ensure emergency call down list is updated (5) Distribute emergency call down list to all staff	
(b) Carry out all activities outlined on the Pre- and Post-Disaster Planning Checklists and on the individual center's disaster plans (see Appendix)	
(c) Secure client records and other priority items for quick removal from the center, if needed.	
(d) Complete post-emergency assessment.	

2. Center Staff & Volunteers

(a) Perform all activities assigned by Site Supervisors	
(b) Understand all duties of Site Supervisor and perform duties independently during a disaster	
(c) Identify all fire and other hazards	
(d) Receive training in all disaster planning	
(e) Read all Disaster Preparedness literature and have own personal/family disaster plans in order	

3. In the event of an evacuation, Site coordinators will secure the following items to the best available area to prevent damage:

(a) All client files	
(b) All volunteer records	

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(c) Current MOW Route Book (d) Current Route Sheets (e) Site tablets, laptop computer, and smart phone. Staff may take these items with them for safekeeping.	
(f) Site Host or Facilities Management information (g) Contact Site Host or Facilities Management and inform them of closure	

4. NUTRITION Administrative Staff

(a) Coordinate center openings/closings with Caterer.	
(b) Resume nutrition services when instructed	
(c) Read all Disaster Preparedness literature and have own personal/family Disaster Plans in order	

5. Site/Center

(a) Site Coordinators

(1) Complete all activities outlined in the Pre-and Post-Disaster Planning Checklists and on the individual site's disaster plans	
(2) Maintain close coordination and cooperation with authorized site facilities contacts to prevent, report, and/or clean up structure damage or damage to furniture, other equipment	

(b) Volunteers

(1) Perform all activities assigned by Site Supervisors	
(2) Identify and eliminate all fire and other hazards	

Alternate Sites

In the event one of our original or primary sites must close in an emergency, the following alternate sites will be used.

Original Site	Alternate 1	Alternate 2
CLM	Lealman LANFC 4255 56th Ave N, St. Petersburg, FL 33714 (727) 528-7891 Donna McGill	Lealman Community Center 5175 45th St N, St. Petersburg, FL 33714
DAD	Sunshine Center	Lakewood United Church of Christ 2601 54th Avenue South, St. Petersburg, FL 33712-4700 Pastor Kim Wells (727) 867-7961 Operation Attack 1310 22nd Ave S B, St. Petersburg, FL 33705
GFP	Enoch Davis Center	Operation Attack
NGR	MLK Center 1201 Douglas Ave Clearwater Carmen Lundy 727-434-0321	Barbee Towers 1100 Druid Rd, Clearwater, FL 33756 Samuel White (727) 446-1045, Ext 265 swhite@clearwaterhousingauth.org
PHD	Sunny Harbor ADC	Citizens Alliance for Progress (CAP)

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	1013 Omaha Cir Palm Harbor	401 E Martin Luther King Jr Dr, Tarpon Springs, FL 34689 David Archie (727) 934-5881 ext. 13
PLV	Sunny Harbor	
RDG	Largo Adult Day Center	<i>Indian Rocks Christian?</i>
SUN	Enoch Davis Center	Lakewood United Church of Christ 2601 54th Avenue South, St. Petersburg, FL 33712-4700 Pastor Kim Wells (727) 867-7961

Pandemics

It is our priority to maintain the safety and health of our staff, clients, and volunteers while allowing for the continuity of services for as long as possible. In response to a pandemic, Neighborly will follow all general precautions recommended by the CDC, FL DOH and Pinellas County Emergency Management.

6. Cleaning and sanitizing of common use areas
7. Provision of extra sanitizing supplies to all sites
8. Instructing all drivers to sanitize their hands before and after each delivery
9. Self-screening of staff, volunteers, clients, and visitors
10. All staff, volunteers, and clients have been required to report any onset of symptoms and advised to stay home and seek medical attention
11. Change to weekly meal delivery to decrease the frequency of potential exposure to others
12. Cease client-signature requirements on HDM delivery
13. Maintain as much distance from others as possible during delivery
 - a. Call the client prior to approaching the home
 - b. If the client cannot
 - c. Leave the meal just outside the door or hanging on the door
 - d. Step back and observe the client take the meal

In the event that a departure from normal service is warranted, Neighborly would like to implement the following alternative service plan for *home delivered meals* clients.

5. Notify the Area Agency on Aging of Pasco & Pinellas that a departure from normal service is necessary due to
 - a. Notification from one of our partners that they are closing their facility.
 - b. Notification of a positive self-screen per the FL DOH Self-Screening tool.
 - c. Notification of a confirmed case of the disease.
6. Notification of a partner facility closing
 - a. If a partner facility is closing to the public, but allowing our staff and volunteers to enter the building HDM services will continue as planned.
 - b. If a partner facility will not permit our staff and volunteers to enter the building, we would re-route the clients out of our next closest site or an identified alternate site.
 - c. As needed, paid staff will pack meals out of our administrative site and send out the meals to volunteers at our designated sites for delivery. This will reduce any added driving for our volunteers.
7. Notification of a positive self-screen per the FL DOH Self-Screening Tool
 - a. All clients have been asked to self-screen and notify Neighborly and the FL DOH of a positive screen.
 - b. Neighborly will hold services for that client until they have been cleared by their doctor.
8. Notification of a confirmed case of the disease
 - a. Neighborly will distribute one package of 14 frozen or shelf-stable meals.
 - b. Neighborly will hold services for that client until they have been cleared by their doctor.
 - c. All staff, volunteers, and clients will be notified of the possible direct exposure.
 - d. Anyone who had direct contact with the confirmed case will be advised to self-quarantine per CDC guidance.

L. **ADULT DAY CARE**

A. Staff Organization and Staff Responsibilities

I. Participant Safety (Sites/Centers):

1. All staff at Adult Day Care Centers and Group Dining Sites will be responsible for the following:
 - (a) Protection of clients and staff at the centers (Top Priority), including identification of tornado "Safe Areas".
 - (b) Assurance, as far as possible, of an opportunity for safety of clients and staff away from the centers.
 - (c) Coordination of resources both within NCN and outside of the agency to effect participant/staff safety within the centers' framework.
 - (d) Identification of most vulnerable clients/staff and their referral to emergency resources.
 - (e) Distribution of disaster preparedness information to both clients and staff.
 - (f) Periodic fire and tornado drills and other appropriate training for clients and/or staff.

II. Site/Center Safety:

1. Site Safety includes safety of equipment and supplies as well as safety of the buildings. Responsibilities include:
 - (a) Elimination of hazards of fire, accident, health, vandalism and theft.
 - (b) Preparation of equipment and supplies for special disaster events, e.g. flooding and wind.
 - (c) Preparation of building for disaster events.
 - (d) Assessment of building damage following a disaster.
 - (e) Assessment and reporting of contamination and destruction of supplies.
 - (f) Assessment and reporting of equipment damage.
 - (g) Pre- and post-disaster inventory of equipment, supplies, building contents.
 - (h) Preparation of priority materials (records, small equipment, etc.) for removal from the site.
 - (i) Post-disaster clean up.

III. Staff Assignments Checklist

1. Participant Safety (Sites/Center)
 - (a) Site/Center Supervisors

(1) Adapt NCN Disaster Plan to specific center including: <ol style="list-style-type: none"> a) completion of Emergency fact sheet, location of tornado "safe area", b) assignment of specific staff to specific tasks and training for these 	
(2) Carry out all activities outlined on the Pre- and Post-Disaster Planning Checklists (attached) on the individual center's disaster plans (attached)	
(3) Assemble in one place all disaster-related materials	
(4) Assemble in one package all vital records and other priority items (including participant medications) for quick removal from the center	
(5) Keep as much easily removable equipment as possible in same area as (3) and (4) materials	

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(6) Do Post-Emergency services as directed by NCN Administrative staff	
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(b) Center Staff & Volunteers

(1) Perform all activities assigned by Site/Center Supervisors	
(2) Delegated staff know all duties of Site/Center Supervisor and act in his/her absence	
(3) Share constantly in the identification and elimination of all fire and other hazards	
(4) Receive training in all disaster planning	
(5) Read all Disaster Preparedness literature and have own personal/family disaster plans in order	

2. Site/Center Safety

(a) Center Managers

(1) A major responsibility is for adaptation of disaster plans to the individual site	
(2) See that all activities outlined in the Pre-and Post-Disaster Planning Checklists (Checklist Section) and on the individual site's Disaster Plans are carried out	
(3) Maintain close coordination and cooperation with authorized building contacts to prevent, report, and/or clean up structure damage or damage to furniture, other equipment	
(4) Read all Disaster Preparedness literature and have own personal/family Disaster Plans in order	

(b) Center Staff & Volunteers

(1) Perform all activities assigned by Site/Center Supervisors	
(2) Delegated staff know all duties of Site/Center Supervisor and act in his/her behalf	
(3) Share constantly in the identification and elimination of all fire and other hazards	
(4) Read all Disaster Preparedness literature, have own personal/family Disaster Plans in order	

B. COMMUNICATION

All communications to the Pinellas County Emergency Management Operations Center will be through the Disaster Planning Coordinator or Executive Director. Authorization to communicate with local disaster officials – i.e., fire department, will be authorized by the Disaster Planning Coordinator or a Service Director.

Information regarding closing of sites and/or NCN will be sent to the media by the Executive Director. If employees have questions, they should contact their Service Director.

If telephones are out of order, employees should go to the internet for directions regarding opening/closing of sites and offices and for instructions regarding returning to work. See also "reporting to work."

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If media representatives contact employees the employee will refer that person to the Executive Director in order to ensure that everyone receives the most up-to-date and accurate information. Remember, things will be confusing at this time! You should refer to your particular Program disaster plan which outlines what you should do about site/center damage and operation updates for NCN, which will be communicated to the media on a regular basis.

If the Service Director or other designee is not available, the Program will be assigned one. This person will be in charge of keeping the Executive Director informed about program progress and also keeping the employees updated about agency news and progress, if possible.

Remember that the media may want to interview clients as well. These requests should be forwarded to the Executive Director, who will coordinate these efforts with you.

Above all, be patient. Depending on the seriousness of the disaster, establishing effective communications could take several days.

Area	Responsible Person	Contact Info
Executive Director	[Name]	[Phone]
Service Director	[Name]	[Phone]
Program Manager	[Name]	[Phone]
Administrative	[Name]	[Phone]
IT Support	[Name]	[Phone]

Evacuation Level	Evacuation Route	Assembly Point	Responsible Person
1	[Route]	[Point]	[Person]
2	[Route]	[Point]	[Person]
3	[Route]	[Point]	[Person]
4	[Route]	[Point]	[Person]
5	[Route]	[Point]	[Person]
6	[Route]	[Point]	[Person]

- 1. Evacuation Route
- 2. Assembly Point
- 3. Responsible Person
- 4. Location of Building
- 5. Evacuation Route
- 6. Assembly Point
- 7. Responsible Person
- 8. Location of Building
- 9. Evacuation Route
- 10. Assembly Point
- 11. Responsible Person
- 12. Location of Building

10. The Site/Center Emergency Plan should be completed by each site/center. One copy is to be kept in a central location, as well as a copy at the site/center. Emergency Disaster Plan should be a copy with each site/center.

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SITE/CENTER EMERGENCY FACT SHEET

1. Site Code:	ADM
2. Site Name in Full:	ADMINISTRATIVE OFFICE, TRANSPORTATION
3. Site Address:	13945 EVERGREEN AVENUE, CLEARWATER, FL 33762
4. Nearest Cross St.	ULMERTON ROAD

5. TELEPHONE	COUNTYWIDE	LOCAL
Fire	911	
Police	911	
Sheriff	911	
Highway Patrol	911	
Ambulance	911	
Emerg. Mgmt. Admin.	464-3800	
Water Dept.	464-4000	
Duke Energy	443-2641	
Administration	573-9444	
Site Bldg. Contact	727-919-3838	Person: Keith Carter

6. HURRICANE: EVACUATION LEVEL – STORM CATEGORY – STORM SURGE – EVACUATION ZONE

Evacuation Level (Map)	Storm Category	Storm Surge Water	Evacuation Zone (Map)
A Purple	1	4-5 Ft.	
B. Blue	2	6-8 Ft.	
C. Green	3	9-12 Ft.	
D. Yellow	4	13-18 Ft.	
E. Orange	5	18 --	
F. White	-	Non-Evacuation	

7. TORNADO: (SEE TORNADO POLICY S11-167 and EMERGENCY DISASTER PLANNING CHECKLIST)

8. LOOKOUT PERSON: All Staff at outside windows, receptionistSAFETY LOCATION: All Interior rooms without windows

9. LOCATION OF UTILITIES

a. Electric Panels: Electric Closetb. Gas Valves: N/Ac. Water Valves: Northeast corner of lot (main valve) Northwest corner of building (shutoff)d. ADULT DAY CARE AND GROUP DINING: These services do not exist at this site.

10. The Site/Center Emergency Fact Sheet must be completed by each site/center. One copy is to be posted in a central site/center location, a second copy in the site/center Emergency Disaster Plan packet, and a copy with Administration.

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SITE/CENTER EMERGENCY FACT SHEET

1. Site Code:	CLM
2. Site Name in Full:	CRYSTAL LAKES MANOR
3. Site Address:	4100 62 ND AVE. N., PINELLAS, FL 33781
4. Nearest Cross St.	49 TH ST. N.

5. TELEPHONE	COUNTYWIDE	LOCAL
Fire	911	
Police	911	
Sheriff	911	
Highway Patrol	911	
Ambulance	911	
Emerg. Mgmt. Admin.	464-3800	
Water Dept.	464-4000	
Duke Energy	443-2641	
Administration	573-9444	
Site Bldg. Contact	(727)919-3838	Keith Carter

6. HURRICANE: EVACUATION LEVEL – STORM CATEGORY – STORM SURGE – EVACUATION ZONE

Evacuation Level (Map)	Storm Category	Storm Surge Water	Evacuation Zone (Map)
A. Purple	1	4-5 Ft.	
B. Blue	2	6-8 Ft.	
C. Green	3	9-12 Ft.	
D. Yellow	4	13-18 Ft.	
E. Orange	5	18 --	
F. White	-	Non-Evacuation	

7. TORNADO: (SEE EMERGENCY DISASTER PLANNING CHECKLIST)

8. LOOKOUT PERSON: MOW Site Specialist
 SAFETY LOCATION: Office, restrooms, laundry, halls

9. LOCATION OF UTILITIES

- a. Electric Panels: Hall near Laundry
 b. Gas Valves: PCHA handles (locked up)
 c. Water Valves: PCHA handles (locked up)

ADULT DAY CARE and GROUP DINING: These services do not exist at this site. It is a MOW distribution only site.

10. The Site/Center Emergency Fact Sheet must be completed by each site/center. One copy is to be posted in a central site/center location, a second copy in the site/center Emergency Disaster Plan packet, and a copy with Administration.

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SITE/CENTER EMERGENCY FACT SHEET

1. Site Code:	DAD
2. Site Name in Full:	ENOCH DAVIS CENTER
3. Site Address:	1111 18 TH AVE. S., ST. PETERSBURG, FL 33705
4. Nearest Cross St.	12 TH ST. S.

5. TELEPHONE	COUNTYWIDE	LOCAL
Fire	911	
Police	911	
Sheriff	911	
Highway Patrol	911	
Ambulance	911	
Emerg. Mgmt. Admin.	464-3800	
Water Dept.	464-4000	
Duke Energy	443-2641	
Administration	573-9444	
Site Bldg. Contact	727-919-3838	Keith Carter

6. HURRICANE: EVACUATION LEVEL – STORM CATEGORY – STORM SURGE – EVACUATION ZONE

Evacuation Level (Map)	Storm Category	Storm Surge Water	Evacuation Zone (Map)
A. Purple	1	4-5 Ft.	
B. Blue	2	6-8 Ft.	
C. Green	3	9-12 Ft.	
D. Yellow	4	13-18 Ft.	
E. Orange	5	18 --	
F. White	-	Non-Evacuation	

7. TORNADO: (SEE EMERGENCY DISASTER PLANNING CHECKLIST)

8. LOOKOUT PERSON: City Employees
 SAFETY LOCATION: N/A

9. LOCATION OF UTILITIES

- a. Electric Panels: Outside – north sides of building
 b. Gas Valves: N/A
 c. Water Valves: Outside – south of west entrance

10. The Site/Center Emergency Fact Sheet must be completed by each site/center. One copy is to be posted in a central site/center location, a second copy in the site/center Emergency Disaster Plan packet, and a copy with Administration.

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SITE/CENTER EMERGENCY FACT SHEET

1. Site Code:	GFP
2. Site Name in Full:	GULFPORT MULTIPURPOSE CENTER
3. Site Address:	5501 27 TH AVE. S., GULFPORT, FL 33707
4. Nearest Cross St.	55 TH ST.

5. TELEPHONE	COUNTYWIDE	LOCAL
Fire	911	
Police	911	
Sheriff	911	
Highway Patrol	911	
Ambulance	911	
Emerg. Mgmt. Admin.	464-3800	
Water Dept.	464-4000	
Duke Energy	443-2641	
Administration	573-9444	
Site Bldg. Contact	727-919-3838	Keith Carter

6. HURRICANE: EVACUATION LEVEL – STORM CATEGORY – STORM SURGE – EVACUATION ZONE

Evacuation Level (Map)	Storm Category	Storm Surge Water	Evacuation Zone (Map)
A. Purple	1	4-5 Ft.	
B. Blue	2	6-8 Ft.	
C. Green	3	9-12 Ft.	
D. Yellow	4	13-18 Ft.	
E. Orange	5	18 --	
F. White	-	Non-Evacuation	

7. TORNADO: (SEE EMERGENCY DISASTER PLANNING CHECKLIST)

8. LOOKOUT PERSON: Site Manager
 SAFETY LOCATION: Room 106

9. LOCATION OF UTILITIES

- a. Electric Panels: Outside – north entrance
 b. Gas Valves: East Side of Building
 c. Water Valves: SE corner of lot

GROUP DINING: Refer to EMERGENCY DISASTER PLANNING CHECKLIST

10. The Site/Center Emergency Fact Sheet must be completed by each site/center. One copy is to be posted in a central site/center location, a second copy in the site/center Emergency Disaster Plan packet, and a copy with Administration.

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SITE/CENTER EMERGENCY FACT SHEET

1. Site Code:	LAD
2. Site Name in Full:	LARGO DAY CENTER
3. Site Address:	11095 131 ST ST., LARGO, FL 33744
4. Nearest Cross St.	102 ND AVE.

5. TELEPHONE	COUNTYWIDE	LOCAL
Fire	911	
Police	911	
Sheriff	911	
Highway Patrol	911	
Ambulance	911	
Emerg. Mgmt. Admin.	464-3800	
Water Dept.	464-4000	
Duke Energy	443-2641	
Administration	573-9444	
Site Bldg. Contact	727-919-3838	Keith Carter

6. HURRICANE: EVACUATION LEVEL – STORM CATEGORY – STORM SURGE – EVACUATION ZONE

Evacuation Level (Map)	Storm Category	Storm Surge Water	Evacuation Zone (Map)
A. Purple	1	4-5 Ft.	
B. Blue	2	6-8 Ft.	
C. Green	3	9-12 Ft.	
D. Yellow	4	13-18 Ft.	
E. Orange	5	18 --	
F. White	-	Non-Evacuation	

7. TORNADO: (SEE EMERGENCY DISASTER PLANNING CHECKLIST)

8. LOOKOUT PERSON: Center Administrative Assistant
 SAFETY LOCATION: Men's & Ladies bathrooms-designated safe areas

9. LOCATION OF UTILITIES

- a. Electric Panels: Electrical room, 2nd door to right in main room
 b. Gas Valves: N/A
 c. Water Valves: South side of building, yellow handle by AC

ADULT DAY CARE: The Center Administrative Assistant and Manager will have the emergency participant contact book.

10. The Site/Center Emergency Fact Sheet must be completed by each site/center. One copy is to be posted in a central site/center location, a second copy in the site/center Emergency Disaster Plan packet, and a copy with Administration.

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SITE/CENTER EMERGENCY FACT SHEET

1. Site Code:	SHDC	
2. Site Name in Full:	PALM HARBOR DINING	
3. Site Address:	1015 OMAHA CIRCLE, PALM HARBOR, FL 34683	
4. Nearest Cross St.	FLORIDA - GEORGIA	
5. TELEPHONE	COUNTYWIDE	LOCAL
Fire	911	
Police	911	
Sheriff	911	
Highway Patrol	911	
Ambulance	911	
Emerg. Mgmt. Admin.	464-3800	
Water Dept.	464-4000	
Duke Energy	443-2641	
Administration	573-9444	
Site Bldg. Contact	919-3838	Keith Carter

6. HURRICANE: EVACUATION LEVEL – STORM CATEGORY – STORM SURGE – EVACUATION ZONE

	Evacuation Level (Map)	Storm Category	Storm Surge Water	Evacuation Zone (Map)
A.	Purple	1	4-5 Ft.	
B.	Blue	2	6-8 Ft.	
C.	Green	3	9-12 Ft.	
D.	Yellow	4	13-18 Ft.	
E.	Orange	5	18 --	
F.	White	-	Non-Evacuation	

7. TORNADO: (SEE EMERGENCY DISASTER PLANNING CHECKLIST)

8. LOOKOUT PERSON: Site ManagerSAFETY LOCATION: Storage area

9. LOCATION OF UTILITIES

a. Electric Panels: Back hallway, across from kitchen areab. Gas Valves: N/Ac. Water Valves: Directly out back door is the water meter cover. Open cover, shut off behind Meter

ADULT DAY CARE: Anytime the center is evacuated, a designated center staff member will carry the medical information cards and all medicines for participants.

GROUP DINING: Refer to EMERGENCY DISASTER PLANNING CHECKLIST.

10. The Site/Center Emergency Fact Sheet must be completed by each site/center. One copy is to be posted in a central site/center location, a second copy in the site/center Emergency Disaster Plan packet, and a copy with Administration.

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SITE/CENTER EMERGENCY FACT SHEET

1. Site Code:	RDG
2. Site Name in Full:	RIDGECREST COMMUNITY HALL
3. Site Address:	2253 119 TH ST. N., LARGO, FL 33778
4. Nearest Cross St.	ULMERTON ROAD

5. TELEPHONE	COUNTYWIDE	LOCAL
Fire	911	
Police	911	
Sheriff	911	
Highway Patrol	911	
Ambulance	911	
Emerg. Mgmt. Admin.	464-3800	
Water Dept.	464-4000	
Duke Energy	443-2641	
Administration	573-9444	
Site Bldg. Contact	727-410-3141	Stephen Smith

6. HURRICANE: EVACUATION LEVEL – STORM CATEGORY – STORM SURGE – EVACUATION ZONE

	Evacuation Level (Map)	Storm Category	Storm Surge Water	Evacuation Zone (Map)
A.	Purple	1	4-5 Ft.	
B.	Blue	2	6-8 Ft.	
C.	Green	3	9-12 Ft.	
D.	Yellow	4	13-18 Ft.	
E.	Orange	5	18 --	
F.	White	-	Non-Evacuation	

7. TORNADO: (SEE EMERGENCY DISASTER PLANNING CHECKLIST)

8. LOOKOUT PERSON: Site Manager
 SAFETY LOCATION: Hallway

9. LOCATION OF UTILITIES

- a. Electric Panels: South – outside of building
 b. Gas Valves: N/A
 c. Water Valves: Two – south side of building at 18' & 36' intervals from front SW corner

ADULT DAY CARE: Anytime the center is evacuated, a designated center staff member will carry the medical information cards and all medicines for participants.

GROUP DINING: Refer to EMERGENCY DISASTER PLANNING CHECKLIST

10. The Site/Center Emergency Fact Sheet must be completed by each site/center. One copy is to be posted in a central site/center location, a second copy in the site/center Emergency Disaster Plan packet, and a copy with Administration.

SITE/CENTER EMERGENCY FACT SHEET

1. Site Code:	NGR	
2. Site Name in Full:	NORTH GREENWOOD RECREATION AND AQUATIC COMPLEX	
3. Site Address:	900 NORTH MARTIN LUTHER KING JR AVE	
4. Nearest Cross St.	DREW AND ALT. 19	
5. TELEPHONE	COUNTYWIDE	LOCAL
Fire	911	
Police	911	
Sheriff	911	
Highway Patrol	911	
Ambulance	911	
Emerg. Mgmt. Admin.	464-3800	
Water Dept.	464-4000	
Duke Energy	443-2641	
Administration	573-9444	
Site Bldg. Contact	727-442-9162	SEE PHONE TREE

6. HURRICANE: EVACUATION LEVEL – STORM CATEGORY – STORM SURGE – EVACUATION ZONE

	Evacuation Level (Map)	Storm Category	Storm Surge Water	Evacuation Zone (Map)
A.	Purple	1	4-5 Ft.	
B.	Blue	2	6-8 Ft.	
C.	Green	3	9-12 Ft.	
D.	Yellow	4	13-18 Ft.	
E.	Orange	5	18 --	
F.	White	-	Non-Evacuation	

7. TORNADO: (SEE EMERGENCY DISASTER PLANNING CHECKLIST)

8. LOOKOUT PERSON: Site Manager
 SAFETY LOCATION: South wall in dining area

9. LOCATION OF UTILITIES

- a. Electric Panels: Back wall in kitchen has circuit breaker panels
 b. Gas Valves: N/A
 c. Water Valves: Outside – in back of dining site building

ADULT DAY CARE: Anytime the center is evacuated, a designated center staff member will carry the medical information cards and all medicines for participants.

GROUP DINING: Refer to EMERGENCY DISASTER PLANNING CHECKLIST

10. The Site/Center Emergency Fact Sheet must be completed by each site/center. One copy is to be posted in a central site/center location, a second copy in the site/center Emergency Disaster Plan packet, and a copy with Administration.

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SITE/CENTER EMERGENCY FACT SHEET

1. Site Code:	SUN	
2. Site Name in Full:	SUNSHINE CENTER	
3. Site Address:	330 5 TH ST. N., ST. PETERSBURG, FL 33701	
4. Nearest Cross St.	3 RD AVENUE N.	
5. TELEPHONE	COUNTYWIDE	LOCAL
Fire	911	
Police	911	
Sheriff	911	
Highway Patrol	911	
Ambulance	911	
Emerg. Mgmt. Admin.	464-3800	
Water Dept.	464-4000	
Duke Energy	443-2641	
Administration	573-9444	
Site Bldg. Contact	727-893-7101	SEE PHONE TREE

6. HURRICANE: EVACUATION LEVEL – STORM CATEGORY – STORM SURGE – EVACUATION ZONE

Evacuation Level (Map)	Storm Category	Storm Surge Water	Evacuation Zone (Map)
A. Purple	1	4-5 Ft.	
B. Blue	2	6-8 Ft.	
C. Green	3	9-12 Ft.	
D. Yellow	4	13-18 Ft.	
E. Orange	5	18 --	
F. White	-	Non-Evacuation	

7. TORNADO: (SEE EMERGENCY DISASTER PLANNING CHECKLIST)

8. LOOKOUT PERSON: Site Manager
 SAFETY LOCATION: Auditorium

9. LOCATION OF UTILITIES

- a. Electric Panels: Rear wall in Langer Hall
 b. Gas Valves: N/A
 c. Water Valves: Outside – by greenhouse

ADULT DAY CARE: Anytime the center is evacuated, a designated center staff member will carry the medical information cards and all medicines for participants.

GROUP DINING: Refer to EMERGENCY DISASTER PLANNING CHECKLIST

10. The Site/Center Emergency Fact Sheet must be completed by each site/center. One copy is to be posted in a central site/center location, a second copy in the site/center Emergency Disaster Plan packet, and a copy with Administration.

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SITE/CENTER EMERGENCY FACT SHEET

1. Site Code:	EDC	
2. Site Name in Full:	Evergreen Adult Day Care Center	
3. Site Address:	2601 - 54 th Avenue South St. Petersburg, FL 33712	
4. Nearest Cross St.	22 nd Street South	
5. TELEPHONE	COUNTYWIDE	LOCAL
Fire	911	
Police	911	
Sheriff	911	
Highway Patrol	911	
Ambulance	911	
Emerg. Mgmt. Admin.	464-3800	
Water Dept.	464-4000	
Progress Energy	443-2641	
Administration	573-9444	
Site Bldg. Contact	727-410-3141	Person: Stephen Smith

6. HURRICANE: EVACUATION LEVEL – STORM CATEGORY – STORM SURGE – EVACUATION ZONE

Evacuation Level (Map)	Storm Category	Storm Surge Water	Evacuation Zone (Map)
A. Purple	1	4-5 Ft.	
B. Blue	2	6-8 Ft.	
C. Green	3	9-12 Ft.	
D. Yellow	4	13-18 Ft.	
E. Orange	5	18 --	
F. White	-	Non-Evacuation	

7. TORNADO: (SEE TORNADO POLICY S11-167 and EMERGENCY DISASTER PLANNING CHECKLIST)

8. LOOKOUT PERSON: All Staff at outside windowsSAFETY LOCATION: All Interior rooms without windows

9. LOCATION OF UTILITIES

- o Electric Panels: _____
- o Gas Valves: _____
- o Water Valves: _____

10. ADULT DAY CARE: Anytime the center is evacuated, a designated center staff member will carry the medical information cards and all medicines for participants.

GROUP DINING: Refer to EMERGENCY DISASTER PLANNING CHECKLIST

11. The Site/Center Emergency Fact Sheet must be completed by each site/center. One copy is to be posted in a central site/center location, a second copy in the site/center Emergency Disaster Plan packet, and a copy with Administration.

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SITE/CENTER EMERGENCY FACT SHEET

1. Site Code:	PLV	
2. Site Name in Full:	Palm Lake Village	
3. Site Address:	1515 County Road 1, Dunedin, FL, 34698	
4. Nearest Cross St.	CR-1 or "Keene Rd"	
5. TELEPHONE		
Fire	911	
Police	911	
Sheriff	911	
Highway Patrol	911	
Ambulance	911	
Emerg. Mgmt. Admin.	464-3800	
Water Dept.	464-4000	
Progress Energy	443-2641	
Administration	573-9444	
Site Bldg. Contact	(727) 410-3141	Heather Croucher 727.733.8880

6. HURRICANE: EVACUATION LEVEL – STORM CATEGORY – STORM SURGE – EVACUATION ZONE

Evacuation Level (Map)	Storm Category	Storm Surge Water	Evacuation Zone (Map)
A. Purple	1	4-5 Ft.	
B. Blue	2	6-8 Ft.	
C. Green	3	9-12 Ft.	
D. Yellow	4	13-18 Ft.	
E. Orange	5	18 +	
F. White	Non-Evacuation	0	

7. TORNADO: (SEE EMERGENCY DISASTER PLANNING CHECKLIST)

8. LOOKOUT PERSON: NA
SAFETY LOCATION: NA

9. LOCATION OF UTILITIES

- a. Electric Panels: NA
b. Gas Valve: NA
c. Water Valves: NA

GROUP DINING: Site Coordinators: Laura Stetson or Sheri Yeager

SITE/CENTER EMERGENCY FACT SHEET

1. Site Code:	SFH
2. Site Name in Full:	Safety Harbor
3. Site Address:	255 5 th Ave, Safety Harbor FL, 34695
4. Nearest Cross St.	2 nd St S and 6 th Ave S

5. TELEPHONE	COUNTYWIDE	LOCAL
Fire	911	
Police	911	
Sheriff	911	
Highway Patrol	911	
Ambulance	911	
Emerg. Mgmt. Admin.	464-3800	
Water Dept.	464-4000	
Progress Energy	443-2641	
Administration	573-9444	
Site Bldg. Contact	17275153162	Pastor Vicki

6. HURRICANE: EVACUATION LEVEL – STORM CATEGORY – STORM SURGE – EVACUATION ZONE

Evacuation Level (Map)	Storm Category	Storm Surge Water	Evacuation Zone (Map)
A. Purple	1	4-5 Ft.	E
B. Green	2	11 ft	D
C. Yellow	3	9-12 Ft.	C
D. Orange	4	13-18 Ft.	B
E. Red	5	18 --	A
F. White	-	Non-Evacuation	

7. TORNADO: (SEE EMERGENCY DISASTER PLANNING CHECKLIST)

8. LOOKOUT PERSON: _____
SAFETY LOCATION: _____

9. LOCATION OF UTILITIES

- a. Electric Panels: _____
b. Gas Valve: _____
c. Water Valves: _____

ADULT DAY CARE and GROUP DINING: These services do not exist at this site. It is a MOW distribution only site.

NEIGHBORLY CARE NETWORK CONTINUITY OF OPERATIONS PLAN 2020

SECTION I: INTRODUCTION

I-1 Purpose

The Continuity of Operations Plan

- a. To provide simple, logical, and effective plans for Neighborhood Care Network and all of its locations of operations to be used in time of emergency or disaster for the maximum protection of clients, staff, equipment, and property.
- b. To provide, in the master plan, comprehensive data which serves to educate all staff concerning the nature of disasters and the rationale behind the planning to deal with them.

I-2 Supersession

This document supersedes the Neighborhood Care Network Disaster Preparedness and Operations Guideline.

I-3 Authorities

- a. Chapter 252; Chapter 252.365(s), (2), (3), Florida Statutes
- b. Executive Order 01-262 (Emergency Management) dated September 11, 2001.
- c. Chapter No. 2002-43, Florida Statutes
- d. Executive Order 01-262, Dated September 11, 2001
- e. Executive Order 01-300, Dated October 11, 2001

I-4 Policy

In accordance with the Department of Elder Affairs, an Emergency Coordinating Officer, Assistant Officer and Alternate have been appointed for the agency. It is the policy and responsibility of the Emergency Coordinating Officer, Assistant, and Alternate to coordinate with the Department of Elder Affairs (DOEA) and County Emergency Preparedness personnel on emergency preparedness issues, prepare and maintain emergency preparedness, post disaster response and recovery plans for the agency; maintain rosters of personnel to assist in disaster operations, and coordinate appropriate training for agency personnel.

These individuals shall be responsible for ensuring Neighborhood Care Network maintains a Continuity of Operations Plan. The Department is responsible for reviewing and approving the Neighborhood Care Network Continuity of Operations Plan.

The Neighborhood Care Network Continuity of Operations Plan (COOP) was developed to ensure critical service to the aging network in all-hazards environments and to ensure Neighborhood Care Network can continue to provide its mission's essential functions.

This Continuity of Operations Plan can be implemented as a result of any natural or manmade disaster, which may include hurricanes, tornadoes, civil disturbances, fires, nuclear power plant accidents, bio-terrorism, and hazardous materials.

SECTION II: CONCEPT OF OPERATIONS (CONOP)

II-1 Objectives and Specifics

The objective of this plan is to ensure a viable capability exists to continue essential agency functions of Neighborhood Care Network across a wide range of potential emergencies, specifically when the primary facility in Clearwater or other service locations are either threatened or inaccessible. The specifics of this objective include:

- a. Protecting essential facilities, equipment, records, and other assets;
- b. Reducing disruptions to operations;
- c. Identifying and designating staff to be relocated;
- d. Facilitating decision-making for execution of the Plan and the subsequent conduct of operations; and
- e. Achieving a timely and orderly recovery from the emergency and resumption of full service to elders in Pinellas County.

II-2 Planning Considerations and Assumptions

In accordance with Federal guidance and emergency management principles, a viable COOP capability must:

- a. Be maintained at a high-level of readiness;
- b. Be capable of implementation (with or without warning);
- c. Be operational within three hours of notification and relocation accomplished 3 to 5 days after notification of disaster or emergency; and
- d. Maintain sustained operations in an alternate facility for up to 30 days, if necessary.

The function of state, regional, and local agencies in disaster preparedness, response, recovery, and mitigation procedures is to address and meet the needs of elder citizens through the coordination of mutual assistance. Cooperation and

coordination in the aging network ensures all agencies will provide effective disaster relief services.

The COOP will be reviewed and updated annually.

Assumptions:

This plan will be implemented when emergency conditions are apparent. This will allow response and recovery actions to be implemented quickly and efficiently.

In the event of a major or catastrophic event, natural or manmade, the Florida State Emergency Operations Center will be fully activated and the following will occur:

- a. The Governor issues an Executive Order declaring a state of emergency. This order will direct the Division of Emergency Management (DEM) to implement Florida's Comprehensive Emergency Management Plan and, if necessary, the Continuity of Operations Plan;
- b. The Governor requests activation of the Federal Response Plan. The Federal Emergency Management Agency (FEMA) coordinates and deploys federal resources to the State Emergency Operations Center; and
- c. The Governor requests federal disaster assistance to supplement state and local emergency resources.

Planning Assumptions:

II-3 COOP Execution

Emergencies, or potential emergencies, may affect the ability of Neighborhood Care Network to perform its mission essential functions from its primary office in Clearwater, Florida. The following could mandate the activation of its COOP Plan.

- a. Primary office is closed to normal business activities as a result of an event (whether or not originating in the office), or credible threats of action would preclude access or use of the office and the surrounding area.
- b. The Clearwater area is closed to normal business activities as a result of a widespread utility failure, natural disaster, significant hazardous material incident, civil disturbance, or terrorist or military attack(s). Under these scenarios, there could be uncertainty regarding whether additional events such as secondary explosions or cascading utility failures could occur and will have to activate this plan.

In an event so severe that normal operations are interrupted, or if such an incident appears imminent and it would be prudent to evacuate the Clearwater area as a precaution, the Emergency Coordinating Officer, in consultation with the assistant Emergency Coordinating Officer, will activate the COOP Plan.

- a. Neighborhood Care Network has several alternate facilities. Depending upon the nature of the emergency, one or more will be used. Small, localized emergencies will result in the Neighborhood Care Network staff utilizing one facility. If the primary office is not accessible and a threat exists in the Clearwater area, an alternate facility will be utilized.
- b. When the primary office is again ready for occupancy, the performance of the mission essential functions will be transitioned back to this office.
- c. Such incidents could occur with or without warning and during duty or non-duty hours. Whatever the incident or threat, the COOP Plan will be executed in response to a full-range of disasters and emergencies (natural disasters, terrorist threats and incidents, and technological disruptions and failures).
- d. In most cases, the Emergency Coordinating Officer will receive a warning of at least a few hours prior to an incident. Under these circumstances, the process of activation would normally enable the partial, limited, or full activation of the COOP Plan. Notification of all Neighborhood Care Network personnel and Local Service Providers will occur in a timely manner.
- e. Without warning, the process becomes less routine. The ability to execute the COOP Plan will depend on the severity of the incident's impact on the physical facilities. It will depend on whether Neighborhood Care Network personnel are present in the office or in the surrounding area.
- f. The COOP Evacuation Plan includes accountability of all Neighborhood Care Network personnel.

II-4 Emergency Procedures

When an emergency occurs affecting the health and safety of elders, Neighborhood Care Network will enact the following procedures: Each staff member within Neighborhood Care Network may be called upon to assist at the Clearwater primary office and in the field. A key component is the call down procedures to the Neighborhood Care Network personnel in a disaster or emergency.

If the emergency is a hurricane, notices of various levels are announced by the National Hurricane Center in Miami. Additional information and/or actions are taken by the State Emergency Operations Center. The State Emergency Operations Center, State Warning Point monitors all state activities in the state 24 hours, 7 days a week.

If the emergency is a terrorism or bio-terrorism attack, there may not be a warning prior to the attack. In this case, the State Emergency Operations Center will go immediately to full activation and the Continuity of Operations (COOP) Plan will be activated. The Florida Department of Law Enforcement will be the lead agency in the case of a terrorism or bio-terrorism attack.

Post-Disaster Response/Recovery

Neighborhood Care Network Internal Communications Procedures

When a Disaster Notice or notification of a disaster (natural or manmade) has been received by the Neighborhood Care Network Emergency Coordinating Officer, the notice will be distributed internally as follows:

The Emergency Coordinating Officer will contact the Executive Director (or his designate), Assistant and Alternate Emergency Coordinating Officers when emergency information is transmitted. Additional disaster notifications and updates will be distributed to management who will disseminate to remaining staff. Given sufficient time, notice to all Neighborhood Care Network staff will be disseminated by email.

Physical Securing and Shutdown of Neighborhood Care Network

If Clearwater or the surrounding area will be or has been impacted by a disaster, natural or manmade, upper management will be notified. Notification will be sent to staff along with instructions about shutting down Neighborhood Care Network, if necessary. All units are in charge of directing shutdown activities within their areas.

Responsibilities of Key Staff

Administration

- Approve Agency Continuity of Operations Plan.
- Acts as Alternate and Lead Emergency Coordinating Officer.
- Ensure coordination and continuation of Neighborhood Care Network operations.
- The Emergency Coordinating Officer, in consultation with the Executive Director and the Assistant and Alternate Emergency Coordinating Officer will activate this portion of the plan in an event so severe that normal operations are interrupted, or if such an incident appears imminent and it would be prudent to evacuate the Clearwater area as a precaution.
- Oversee the retrieval and dissemination of information to Neighborhood Care Network staff and Local Service Providers concerning events threatening the health, safety, well-being and independence of Pinellas County elders.
- Participate and attend meetings, trainings, exercises and conferences related to disaster preparedness, response, recovery and mitigation to allow the Emergency Coordinating Officer, Assistant Emergency Coordinating Officer, and Alternate Emergency Coordinating Officer to plan, act and react to any emergency in a better and informed manner.
- Deploy to disaster-impacted areas to coordinate and assist with response and recovery efforts, if necessary

- Responsible for updating the Continuity of Operations Plan annually. Responsible for review and approval of Local Service Provider Continuity of Operations Plans.
- Availability of the Emergency Coordinating Officer, the Assistant Emergency Coordinating Officer or the Alternate Emergency Coordinating Officer by land phone or cell phone.

Planning Unit

- Deploy to disaster-impacted areas to coordinate and assist with response and recovery efforts, if necessary.
- Assist with coordination of disaster field operations and Neighborhood Care Network responsibilities during response and recovery efforts.
- Ensure familiarity and staff awareness of COOP and accuracy of personal response plans for staff.

Program Management Unit

- Deploy to disaster-impacted areas to coordinate and assist with response and recovery efforts, if necessary.
- Assist with coordination of disaster field operations and Neighborhood Care Network responsibilities during response and recovery efforts.
- Ensure familiarity and staff awareness of COOP and accuracy of personal response plans for staff.

II-5 Fiscal and IT Unit

- * Responsible for budgets for programs, accounting for all funds, recording revenues and expenditures, processing invoices, distribution of payroll.
- * Assist with funding requests before, during and after imminent times of disaster.
- * Provide technical assistance regarding emergency purchases of contractual services.
- * Ensure any new contracts or any amendments routing at the time COOP is activated are successfully executed.
- * Ensure any contracts or amendments scheduled to begin during a COOP event are successfully executed.
- * Provide technical assistance regarding emergency purchases of contractual services and ensure compliance with applicable Florida Statutes.
- * Assist in disaster grant application process through Administration on Aging, if requested.
- * Assist with funding requests before, during and after imminent times of disaster.
- * Maintaining and assist in restoring phone systems at the Clearwater office following times of disaster.

- In the event the primary office has to relocate:
 - Obtain fax and modem set-up
 - Obtain alternate communications devices and service.
- Report property damaged, destroyed or missing.
- Coordinate, secure, backup and restore computer equipment at the Clearwater office and/or alternate offices during times of disaster.
- Deploy to disaster-impacted areas to coordinate and assist with response and recovery efforts, if necessary.
- Set up procedures for shut down of system server to include instructions for staff at each computer station.
- Assure readiness of lap top computers.

II-6 Alternate Facilities

The only facility that is in an evacuation zone is the primary facility (administration). The first alternate facility is LAD. This site has a generator and would be the most usable facility for both participants/members and staff. If capacity in LAD is exceeded due to the need to move people from ADMIN to LAD, some participants would be moved to the PHD site. The alternate facilities are thus: LAD, then PHD (in that order).

II-7 Mission Essential Functions

It is important to establish priorities to ensure that mission essential functions can be accomplished without regard to the location of the agency. Any function not considered essential will be deferred until normal operations resume.

II-8 Delineation of Mission Essential Functions

Priorities have been established to ensure that relocated staff can complete Neighborhood Care Network mission essential functions. All Program Directors shall ensure that their essential functions can continue or resume as rapidly and efficiently as possible during an emergency relocation. Any task not deemed essential must be deferred until additional personnel and resources become available.

II-9 Overview of Disasters

This section provides a brief overview of common disasters anticipated and conditions expected during a disaster, natural or manmade, such as hurricanes, tornadoes, civil disturbances, epidemics, fires, nuclear power plant accidents, train derailments, terrorism, bio-terrorism and hazardous materials. In the event of a

disaster, the local county office of emergency management will determine if evacuation is necessary and how to proceed with the evacuation.

Catastrophic disasters will require massive state and federal assistance, including immediate military involvement; **major disasters** will exceed local capabilities and require a broad range of state and federal assistance; and **minor disasters** will be within the response capabilities of local government and result in only a minimal need for state and federal assistance. **Catastrophic or major terrorism and/or bio-terrorism attacks** will require massive state and federal assistance, including immediate military involvement because of the nature of these attacks.

1. Catastrophic Emergency Conditions

The capabilities of state and political subdivisions to provide prompt and effective relief and recovery measures are overwhelmed by a catastrophic event; transportation is damaged and local transportation services are disrupted. There may be damage to commercial telecommunications and communication for government response and recovery will be impaired.

Homes, public buildings, other facilities and equipment are destroyed or severely damaged. Debris makes streets and highways impassable. The movement of emergency relief supplies and resources are impeded. Public utilities are damaged. Many state, regional, and local emergency personnel are victims of the disaster, prohibiting them from performing emergency duties. Fires in urban and rural areas should be anticipated.

After a disaster, numerous victims may be left homeless, injured and require social service assistance. Many victims will be in life-threatening situations requiring immediate rescue and medical care. There will be a shortage of supplies necessary for emergency survival. Hospitals, nursing homes, pharmacies and other health/medical facilities will be severely damaged or destroyed. Medical and health care facilities in operation will be overwhelmed with victims requiring medical attention and medical supplies and equipment will be in short supply.

Damage to facilities, which generate, produce, use, store or dispose of hazardous materials could result in the release of such materials into the environment. Food processing and distribution capabilities will be severely damaged or destroyed. There will be prolonged disruption of energy sources and electric power failure.

2. Types of Disasters

a. Hurricanes

The hurricane season begins June 1 and continues through November 30, with the most hurricanes occurring in August, September and early October. The National Weather Service issues information in the following sequence:

1. **GALE WARNING:** Wind speeds of 38-54 miles per hour.
2. **STORM WARNING:** Part of a tropical cyclone advisory; wind speeds of 55-74 miles per hour.
3. **TROPICAL STORM:** Area of low barometric pressure that tends to move in a circular pattern. Wind speeds between 37-73 miles per hour
 - a. **Tropical Storm Watch:** the alert given when a tropical storm poses a threat to a certain coastal area within the next 36 hours.
 - b. **Tropical Storm Warning:** the alert given when a tropical storm is expected to strike a certain coastal area within the next 24 hours with sustained winds of 39-73 miles per hour.
4. **HURRICANE:** An intense tropical weather system with a well-defined circulation and a sustained wind speed of 74 mph or higher.
 - a. Advisories are numbered consecutively for each storm and issued at six-hour intervals (midnight, 6:00 am, noon, 6:00 pm Eastern Daylight Time). As a storm approaches, shore advisories are issued at more frequent intervals.
 - b. Advisory gives name, eye position, intensity, and forecasts of movement;
 - c. Positions are given in latitude and longitude; and
 - d. National Weather Service issues local statements, which describe the anticipated effect on an area.
5. **HURRICANE WATCH:** Possible hurricane making landfall in 24-36 hours.
6. **HURRICANE WARNING:** Hurricane is expected within 24 hours or less.

The National Hurricane Center in Miami, Florida, monitors hurricanes and broadcasts the information for tracking storms to the news media. The Saffir/Simpson scale categorizes hurricanes based on their wind speed and barometric pressure. Storms are ranked 1 through 5 with a Category 1 being the weakest and a Category 5 being the strongest. The following table lists the ranges in sustained wind speed for each category of storm.

CATEGORY	WIND SPEEDS
1	74 – 95
2	96 – 110
3	111 – 130
4	131 – 155
5	> 155

b. Inland and Coastal Flooding

People who live inland believe they will not be affected by an approaching hurricane. As a hurricane moves inland, its wind forces weaken rapidly and inland flooding from a hurricane or tropical storm can be extensive. Seasonal weather patterns can result in heavy rainfall and flooding for low-lying areas.

Coastal areas are subject to flooding when storms or heavy rain showers occur at high tide. This "Storm Surge" is a rise in the tide level caused by the storm as it moves over or near the coastline.

c. Terrorism and/or Bio-Terrorism Attacks

Terrorism or bio-terrorism attacks may occur without warning and can impact elders and services delivered to them.

d. Pandemics

Pandemics are viruses that cause respiratory diseases that mainly spread from person-to-person. To reduce the spread of viruses, a variety of approaches will be used, including keeping those who are sick away from others and promoting healthy hygiene strategies. Additional recommendations for ways to contain virus spread could include canceling of events that attract large numbers of people.

e. Other Disasters

There are other disasters that may occur which are not weather related. Incidents such as train derailments, plane or major interstate car crashes, civil disturbances, epidemics, fires, nuclear power plant accidents, and hazardous materials can impact elders and services delivered to them.

II-10 Warning Conditions

Upon receiving notification that a disaster has occurred or is about to occur, Neighborhood Care Network will respond in accordance with the Continuity of Operations Plan.

Activation Phase:

1. The notification procedure is facilitated in the following manner:
 - a. All communications to the Pinellas County Emergency Management Operations Center will be through the Disaster Planning Coordinator or Executive Director.
 - b. Authorization to communicate with local disaster officials – i.e., fire department, will be authorized by the Disaster Planning Coordinator or a Designee.

2. The alert phase requires two plans:
 - a) During normal working hours; and
 - b) After hours, weekends and holidays. Both plans include the following:
 - 1) The Neighborhood Care Network Disaster Coordinator, Assistant and Alternate Emergency Coordinating designees maintain current listings of home addresses, home telephone numbers, work numbers and cell phone numbers of all Neighborhood Care Network staff.
 - 2) The Neighborhood Care Network Disaster Coordinator, Assistant and Alternate maintain current listings of home telephone numbers, work numbers, cell phone numbers, and pager numbers of Local Service Provider staff who are assigned disaster/emergency responsibilities.
 - 3) The Disaster Coordinator, Assistant or Alternate alerts Local Service Providers on disaster status and begins preparation for potential mobilization.
 - 4) The Disaster Coordinator, Assistant, or Alternate, in consultation with the Executive Director, makes assessments as to the safety of the Neighborhood Care Network facilities, equipment and records.
 - 5) The Disaster Coordinator in consultation with the Executive Director will notify the Neighborhood Care Network staff to activate and start preparation for relocation in an event so severe that normal operations are interrupted, or if such an incident appears imminent and it would be prudent to evacuate the Clearwater area as a precaution.

II-11 Support Activities

Support activities will include the provision of assistance in the relocation of participants/members and in the cessation of operations when a facility must be closed and people moved. This would include transportation, clinical staff, Aides, identified management and administrative staff. Dietary staff would be utilized to

ensure that participants/members being relocated had the medicine, supplies and food needed. The receiving facility staff would be essential in preparing for the arrival of additional participants/members and staff. If the second alternate site needed to be used, the staff would be so advised. Phone lists that include both participants/members' family/caregiver contact information and numbers would be immediately used to for urgent notification. Staff would be queried as to issues they might have that would necessitate their being relieved immediately (i.e., children, elderly relatives, etc.). Should other Local Service Providers be in need of urgent assistance, Neighborhood Care Network, to the extent possible, would respond to requests for help.

II-12 Direction and Control

This provides for the continuity of essential functions through the orderly succession of staff of Neighborhood Care Network to the position of Executive Director in case of the Executive Director's absence, a vacancy in that position, or the inability of the Executive Director to act during a disaster or other emergency situation when normal operations are disrupted.

II-13 Hours of Operation for Alternate Facility

Neighborhood Care Network will operate Monday through Friday, 8:00 am to 5:00 pm. In the event of the need for additional hours or weekends, a schedule will be established for this purpose.

II-14 Alert and Notification of Neighborhood Care Network Personnel

If the situation allows for warning, staff may be alerted prior to a notification of a COOP activation and the possibility of having to relocate to alternate facility.

1. Information and guidance for Neighborhood Care Network employees - notification will be by telephone using the existing telephone call down (**see Appendix X** for staff call down and staff emergency listing). Depending on the situation, current information will also be available as follows:
 - a. An agency-wide broadcast giving current information will be available through Neighborhood Care Network's main phone number or employees' direct line.
 - b. Announcements will be released to local radio and TV stations.
2. Most employees, unless otherwise identified, should listen for specific instructions. All Neighborhood Care Network employees should remain at their office or home until specific guidance is received.
3. Employees should be prepared to start relocation procedures to the alternate facility, if necessary.

4. The Emergency Coordinating Officer, Assistant, or Alternate will oversee the activation of any portion of the Neighborhood Care Network COOP Plan.

Upon notification to activate the relocation phase of the Neighborhood Care Network COOP Plan:

1. The Emergency Coordinating Officer, Assistant, or Alternate notifies the Neighborhood Care Network personnel informing them of the current situation and that the COOP is being activated.
2. The Emergency Coordinating Officer, Assistant, or Alternate notifies the alternate site facilities that the Neighborhood Care Network will likely need to relocate.
3. If any individual cannot be reached, a message will be left in their voicemail.
4. For personnel who were not contacted, once they receive the message, they should immediately contact their supervisor.
5. The Emergency Coordinating Officer will notify the Local Service Providers that the Neighborhood Care Network COOP (relocation phase) is being activated.

SECTION III: RESPONSIBILITIES AND PROCEDURES

III-1 Neighborhood Care Network Responsibilities

When disasters or other emergency events (such as terrorism or bio-terrorism attacks) impact Pinellas County, the Neighborhood Care Network staff members will provide the manpower needed to carry out the agency's continuity of operations plan.

Planning Responsibilities

Primary responsibility for the Neighborhood Care Network Continuity of Operations Plan falls under the duties of the Emergency Coordinating Officer (ECO), Assistant, and Alternate who have been designated by the Executive Director of Neighborhood Care Network. The Emergency Coordinating Officer, Assistant, and Alternate will assist in updating:

- Neighborhood Care Network standard operating procedures for coordination with and incorporation in the Continuity of Operations Plan;
- Procedural guidelines for the agency;
- Training and technical assistance to the Leadership Team and management personnel on the development and implementation of the Continuity of Operations Plan;
- Plan for annual disaster preparedness/continuity of operations workshops for Local Service Providers;

Training Activities

Neighborhood Care Network will ensure information is distributed to staff on how to develop a personal disaster plan. Training will be made available to Neighborhood Care Network emergency staff in disaster preparedness response and recovery. Training will be provided annually to agency staff on developing a personal/family disaster plan.

III-2 Alternate Relocation Point Facility Manager Responsibilities

Neighborhood Care Network will have procedures in place to ensure the smooth transition of the Neighborhood Care Network mission essential functions, personnel, equipment, and vital records from the Neighborhood Care Network primary office to the alternate facility.

General responsibilities for the alternate facility (ies):

- Identify mission essential functions that can be deferred or terminated in the event the Neighborhood Care Network COOP Plan is implemented.
- Provide proper storage of backup copies of vital records and databases, and other pre-positioned resources and assets.
- Maintain a current roster of designated COOP site-support staff personnel.
- Support the transition of all Neighborhood Care Network functions, personnel, equipment and records from the alternate facility to a new or restored Neighborhood Care Network office.

III-3 Personnel Coordination

The following persons will serve as point of contact at the various alternate sites:

Mona Allen

Anita Frankhauser

Disaster Coordinator

Assistant Disaster Coordinator

III-4 Vital Records and Databases

The responsibility of each Neighborhood Care Network department is to identify emergency operating records, legal and financial documents essential to the continued functioning of the agency in the event of relocation to an alternate facility.

The protection of vital records that are needed to support essential functions of the agency at an alternate facility is an important objective. Categories of these types of vital records and databases may include:

- 1) Emergency Operating Records to include the emergency plans and directives; orders of succession; delegations of authority; and staffing assignments.
- 2) Legal and Financial Rights Records to include vital records critical to carrying out the Neighborhood Care Network essential legal and financial functions and activities; and protecting the financial rights of individuals directly affected by its activities.

Included are accounts receivable; contracting and acquisition files; official personnel files; Social Security, payroll, retirement, and insurance records, and property management and inventory records.

III-5 Resources at Alternate Facility

Each Neighborhood Care Network department will ensure that irreplaceable databases and other resources supporting the identified Neighborhood Care Network mission essential functions will be available at the alternate facility, or at a minimum, well-protected at primary office.

III-6 Drive-Away Kits

The contact person of each alternate facility (see III-3) will be responsible for overseeing the gathering of the contents of these kits, which may contain such items as participant/member supplies, software, databases, publications, laptop computers, office supplies, etc.

Given the limited resources of Neighborhood Care Network, the drive-away kits will need to be carried away, rather than be pre-positioned at alternate facility.

III-7 Telecommunications and Information Technology Support

Listed below is a list of the capability of **Neighborhood Care Network** to back up and restore its network systems:

- a. All server hard drives containing agency data and system information are backed up utilizing Backup Exec and Carbonite softwares, which has been pre-configured by the IT Manager to do a backup on a nightly basis.
- b. Backup's success or failure is e-mailed to IT Manager by Backup Exec and Carbonite softwares.
- c. Backup files are stored on external hard drives at our Admin building, which is rated to withstand a Cat 4 hurricane.

Under development is the plan to deploy Versa Shadow Protect backup system. This system will operate on a Shadow Backup and Recovery Server. The backups will be stored both on this server and uploaded to the cloud in a secure facility. This system will minimize the recovery time while restoring system data. Also in development is

the virtualization of key servers to further minimize the possibility of hardware failure. The agency also has laptop computers that will be a resource for staff relocated to alternate facilities or home office. Users have the ability to access all essential applications remotely from any internet connection.

III-8 Transportation, Lodging, and Food

The Neighborhood Care Network selected alternate sites are generally in the local area of the Neighborhood Care Network primary office. Therefore, transportation, lodging and food are not anticipated to be needed when the COOP Plan is activated. General information about transportation, lodging, and food is provided below:

- a. Transportation – Privately-owned vehicles will be used to commute to the alternate facilities.
- b. Lodging – Reasonable accommodations will be sought in the local communities surrounding the alternate facility only in circumstances when staff cannot commute safely due to condition of roads.
- c. Food – Restaurants should be available in the local communities surrounding the alternate facility.

III-9 Security and Access Controls

Each division/section supervisor is responsible for the protection of personnel and vital records and databases before, during, and after COOP operations that require relocation to an alternate facility.

Cyber Security

The IT manager has developed measures for the prevention of, and protection against, access to information/systems by unauthorized recipients, and intentional but unauthorized destruction or alteration of our computer system.

Physical Security

Neighborhood Care Network leases space in a four-story building within a half mile of a major road in Clearwater. External doors of the building and agency suite doors are locked during after-hours and only employees with an active pass card are able to access the building.

Access Controls

All Neighborhood Care Network Administration employees are given an active pass card to access the Administration building, when locked. Also, ID badges are provided all staff of the agency. Badges have a picture and name ID for general use with clients and/or professionals.

III-10 Personal Preparedness

To prepare for the possibility of relocating to an alternate facility, the following recommendations for personal preparedness are made to all staff involved in relocation:

- a. Personal Items – staff members will bring appropriate personal items and changes of clothing, if so desired.
- b. Clothing – While staff is at the alternate facility, casual dress would be appropriate.
- c. Medical Support – An adequate supply of medicines should be part of the items included in the “personal go-kits”.

III-11 Site-Support Procedures

The alternate facilities will provide at a minimum: facility access and control, space sufficient for the number of Neighborhood Care Network staff, physical security, communications support and information systems support.

SECTION IV: RELOCATION TO ALTERNATE FACILITY

In general, the following procedures will be followed in the execution of the Neighborhood Care Network COOP Plan. This will depend on the emergency, the amount of warning received, whether personnel are on duty at the office or off duty at home, and the extent of damage to the Neighborhood Care Network primary office.

IV-1 Notification Procedures for Relocation to Alternate Facility

The notification process is intended to allow smooth transition to the alternate facility and to continue the mission essential functions for the agency.

- a. The Emergency Coordinating Officer, Assistant, or Alternate Emergency Coordinating Officer will notify the contact person at the alternate facility(s) that relocation to an alternate facility is imminent and to start procedures for relocation.
- b. The Emergency Coordinating Officer, Assistant, or Alternate Emergency Coordinating Officer will then notify agency staff to initiate procedures to relocate to alternate facility.

IV-2 Initial Actions

Based on the situation and circumstances of an imminent event, the Emergency Coordinating Officer, in consultation with the Assistant and Alternate Emergency Coordinating Officer, will evaluate the length of closure of Neighborhood Care Network

and a determination is made with the Executive Director concerning actions to be taken during office hours or outside of office hours.

- a. If it is determined that Neighborhood Care Network will be closed up to five days based on the magnitude of the event, the most appropriate alternate facility will be chosen.
- b. If it is determined Neighborhood Care Network will be closed up to 30 days, a decision will be made to relocate to multiple alternate facilities.
- c. The Neighborhood Care Network staff will deploy to the designated alternate facility (s) to assume the agency's mission essential functions.
- d. Staff who has established drive-away kits ensures that they are complete, with current documents and equipment. They can begin moving the resources.
- e. Neighborhood Care Network will maintain its regular work hours at the alternate facility(s) and will be operational 8:00 am to 5:00 pm, Monday through Friday, unless conditions warrant longer periods of time.

IV-3 Activation Procedures Duty Hours

If it is determined that relocation is imminent during regular work hours, the Disaster Coordinator, in consultation with the Executive Director, Assistant and/or Alternate will notify the Point of Contact at the alternate facility(s) of the emergency requiring activation of the COOP Plan and relocation to the designated alternate facility(s).

- a. The Neighborhood Care Network staff will deploy to the designated alternate facility(s) and assume the agency's mission essential functions, where feasible.
- b. The tasks in Section IV-2 –Initial Actions will be completed in its entirety.

IV-4 Key Staff Not on Duty

If it is determined that relocation is imminent during non-working hours, the Disaster Coordinator will contact the Executive Director, Assistant, and Alternate who will notify all agency staff (according to emergency call-down procedures) of the emergency requiring activation of the Neighborhood Care Network COOP Plan and relocation to the designated alternate facility(s).

- a. The Disaster Coordinator notifies the appropriate alternate facility manager on when to expect the relocated staff.
- b. The Disaster Coordinator, Assistant and Alternate utilize the Neighborhood Care Network call-down list to notify all staff members of plans.
- c. The agency staff deploys to the designated alternate facility(s) in a timely manner and assumes the agency's mission essential functions, where feasible. "Timely manner" will be defined by the type of emergency that constituted the need for activating the COOP. For example, following a catastrophic hurricane hitting the Tampa Bay area, more time would be

required to relocate to alternate facilities, than if a fire affected the Neighborhood Care Network office.

- d. The tasks in Section IV-2 –Initial Actions will be completed in its entirety.

IV-5 Deployment and Departure Procedures

Neighborhood Care Network staff relocate to the designated alternate facility(s), taking with them all office drive-away kits and, if necessary, their personal preparedness bags. All Neighborhood Care Network staff will be considered essential personnel. Staff will be using privately owned vehicles for transporting to the designated alternate facility.

SECTION V: OPERATIONS AT ALTERNATE FACILITY

V-1 Execution of Mission Essential Functions

Upon notification that relocation to an alternate facility is imminent, the Disaster Coordinator Assistant and Alternate will provide support for the following functions:

- a. Monitor and assess the situation that required the relocation;
- b. Monitor the status of personnel and resources; and
- c. Continue Neighborhood Care Network essential functions.

V-2 Establishment of Communications

Once established at the alternate facility(s), a network of communication is established.

- a. Determine with the point of contact at the alternate facility(s), what forms of communication are viable, based on the nature of the emergency.
- b. If feasible, obtain use of at least one computer, one land phone, and one fax machine at each facility where staff is relocated.
- c. Identify availability of cell phone resources of staff at relocated site and communicate to other staff.
- d. Once a system of reliable communication is determined, ensure all staff at relocated site knows of pertinent numbers.
- e. If more than one alternate facility is used, communication between and among multiple sites must be set up.

V-3 Relocation Group Responsibilities

During the days and weeks after a disaster has passed, the Neighborhood Care Network staff should focus on recovery activities. These activities should consist of:

1. Initiate, maintain and control communications.
2. Assess damage and safety of offices and facilities utilized for services. Plans should address repairs needed and/or relocation to alternate facilities.
3. Coordinate with DOEA, Emergency Management, Red Cross, service providers and other responsible agencies regarding the number of elderly affected, short-term needs of elders, and lack of basic services involved.
4. Establish direction and coordination of available Neighborhood Care Network personnel. Develop a reporting system and establish where and when they will report for work.
5. Coordinate and dispatch of staff and service provider resources to shelters and other disaster sites with high concentration of elders (see procedure above).
6. Re-establish office and service facility functions
7. Prioritize services most vital to clients and direct their delivery.
8. Assist agencies with plans for relocating their programs serving seniors.
9. Provide technical assistance regarding reimbursement for services and/or damage to service providers.
10. Document ALL disaster-related work.
11. Disseminate information and public education concerning available resources
12. Man Disaster Recovery Centers and coordinate service provider assistance if needed.

SECTION VI: RECONSTITUTION AND TERMINATION

VI-1 Overview

Within 24 hours of an emergency relocation, all available managers from Neighborhood Care Network will initiate operations to salvage, restore, and recover the Neighborhood Care Network primary office after the approval of the local and Federal law enforcement and emergency services involved. Reconstitution procedures will commence when the Disaster Coordinator, Assistant, and Alternate in consultation with the other authorized persons ascertains that the emergency situation has ended and is unlikely to recur.

VI-2 Procedure

All staff will be called upon to assist with the orderly transition of all Neighborhood Care Network functions, personnel, equipment, and records from the alternate facility to a restored Neighborhood Care Network office facility.

Prior to relocating back to the current Neighborhood Care Network facility, the Executive Director or designee will conduct appropriate security, safety, and health assessments for suitability.

VI-3 After-Action Review

The Disaster Coordinator will obtain information from the point of contacts at each alternate facility utilized to record comments about any action, strength, weakness observed at the alternate facility(s). This information will be obtained after Neighborhood Care Network resumes normal operations.

As a result of the information obtained, changes to the COOP Plan, alternate facilities and any new SOPs will be developed and incorporated into the COOP.

SECTION VII: DISASTER RECOVERY**VII-1 Financial Assistance**

Two categories of disaster related financial assistance are available to Local Service Providers:

- 1) Funds to assist public and private nonprofit agencies to recover losses; and
- 2) Funds to assist in providing needed services to older persons. Financial assistance can be through the Older Americans Act, private donations, private insurance, and FEMA.

Older Americans Act Funds:

DOEA is eligible to apply for Disaster Relief Assistance from the Administration on Aging (AOA) Older Americans Act Funds when a disaster has been presidentially declared. Additional funds can be sought by the Administration on Aging on behalf of the impacted state(s), in conjunction with other federal agencies, through a supplemental appropriation request to Congress. These funds may be used for the following:

1. Expansion of Information and Referral;
2. Transportation;
3. Disaster outreach and advocacy;
4. Licensed appraisal services;

5. Chore services;
6. Legal services;
7. Moving and storage assistance;
8. Home delivered and congregate meals;
9. Homemaker services;
10. Other direct services to older persons;
11. Repairs for provider agencies that are not covered by other funding sources;
and
12. Gap-Filling services.

Eligibility for the funds is limited to the Department, Area Agencies on Aging and Local Service Providers in the counties within the presidentially declared disaster areas. Eligible organizations may also make applications on behalf of individual elders for specific needs. These funds are available to reimburse the cost of service units in excess of budgeted units (additional services not in the Area Plan, services to an expanded clientele not normally participating in aging network programs, and other specialized disaster-related services).

Private Donations:

DOEA may receive donated funds from private organizations and individuals. Some of these funds may be discretionary, while some may be designated for specific purposes. There are no specific requirements for the use of these funds by service providers other than that they are used for disaster-related purposes and would be received and disbursed on behalf of disaster survivors through the Department of Elder Affairs Trust Fund.

Private Insurance:

As part of our emergency preparedness plan, Neighborhood Care Network periodically reviews and updates insurance coverage.

Federal Emergency Management Agency (FEMA):

Local governments and private nonprofit organizations in declared disaster areas may be eligible for reimbursement from FEMA and other federal agencies (i.e. Small Business Administration) for damages and expenses. Private nonprofit organizations should be guided by the following information:

The Area Agencies on Aging and Local Service Providers are included in the local Continuity of Operations Plan. This helps to ensure that the needs of the area's elders are represented at the local level. More important, agencies included in local county plans are eligible for reimbursement for activities they have taken as part of their response to the local plan.

1. To be eligible for financial assistance, an item of work must:
 - a. Be required as the result of the declared disaster event;
 - b. Be located within a designated area; and
 - c. Be the legal responsibility of an eligible applicant.

2. Categories of Eligible Work:
 - a. Debris removal;
 - b. Emergency protective measures;
 - c. Road systems;
 - d. Water control facilities;
 - e. Building and equipment;
 - f. Utilities; and
 - g. Parks, recreational and other (for example – playgrounds, swimming pools, ball parks [including fences, lighting, scoreboards], cemeteries, trees, grass, gymnasiums, golf courses, YMCA facilities, and marinas).

The above includes emergency work performed immediately after the event to eliminate or lessen any threat of life, public health and safety, or protect improved property with protective measures or repairs. Public buildings and related equipment, which are maintained and in active use are eligible when damaged or destroyed. Costs for temporary relocation may be eligible.

Under the Public Assistance portion of the Stafford Act, administered by FEMA, “any private, nonprofit organization, having certain un-reimbursed expenses associated with declared disasters may be eligible for reimbursement of those expenses provided the organization is providing essential services of a governmental nature to the general public.” Emergency services such as congregate or home-delivered meals, transportation, homemaker service, housekeeping service, and other needed support services delivered to persons not normally receiving or eligible for the service should be partially or totally reimbursable by FEMA.

Time Limitations:

Public agencies must file a FEMA “Notice of Intent” Form to the Governor’s Appointed Representative (GAR) at the State Emergency Operations Center within 30 days following the county of operation’s designation as an official disaster area.

Accurate documentation must be kept in order to receive the maximum reimbursement for which an applicant organization may be entitled. This includes documentation of time and overtime earnings, use of equipment, material and supplies.

Individual Assistance:

Below is a listing and brief description of the services available under the Federal Emergency Management Act Individual Assistance Program. Unless referred to another organization within the descriptive paragraph, in-depth information regarding each program is available from the Disaster Recovery Center (DRC), the number and address of which will be published in the event of a disaster. In most instances all organizations will have representatives at the Center.

1. **Temporary Housing Program:** Provides suitable rental housing, mobile homes or rental assistance to persons in need due to a major disaster.
2. **Federal Unemployment Assistance:** May be provided to an individual who is unemployed as a result of a major disaster. The assistance will be for the weeks of such unemployment that the individual is not entitled to by other unemployment compensation. The assistance may continue until the individual is employed or up to a maximum of 26 weeks after the disaster declaration.
3. **Individual and Family Grant Program:** Provides grants of up to \$12,500 to individuals adversely affected by a major disaster. The grant is to enable them to meet their disaster-related serious needs and necessary expenses when they are unable to meet such expenses or needs through other means. The federal share of the grant is 75%; the state must match the other 25%.
4. **Food Coupons:** Distribution may be authorized to disaster survivors if they are unable to purchase nutritious food as a result of a major disaster.
5. **Disaster Legal Services:** Legal services, including legal advice, counseling and representation in non-fee generating cases may be provided to low-income individuals. Such services may be provided by volunteer lawyers by agreement, private lawyers paid by FEMA (when no other means are available), or by federal lawyers. Legal services include: replacing legal documents, transferring titles, contracting problems, wills and probate, insurance problems, and certain landlord-related problems. Contact your local legal aid society or call a Disaster Hotline.
6. **Crisis Counseling:** Available from the federal government upon request, provided the state has initiated an assessment to determine the needs and cost. If the state determines that immediate services are required, the state may immediately request funds under a separate application from the Regional Director.

An individual may be eligible for crisis counseling if he or she was a resident of the designated disaster area or was present in the area at the time of the disaster, and if he or she has a mental health problem which was caused or aggravated by the disaster or aftermath or if he or she may benefit from preventive care techniques.

The Department of Children and Families has the responsibility to coordinate mental health services through its network of area Community Mental Health Centers (CMHC) in support of an emergency recovery operation.

VII-2 Documentation for Funding

General Process for Requesting Funds: The application form for disaster assistance from the Administration on Aging is the standard AoA grant application form.

In order to expedite the process for requesting and receiving assistance, documentation of services and expenditures and their relation to the disaster is necessary. To the extent possible, normal reporting processes should be maintained and additional or new clients should be added. If this is not possible due to power outages or destruction of offices and records, a backup system should be planned.

At a minimum, Local Service Providers should maintain individual logs on:

1. Clients served and the types of service;
2. Staff hours in excess of normal working hours;
3. Damages to facilities and equipment; and
4. Record of expenditures for special equipment or other specific disaster needs outside the normal budget.

If normal record-keeping systems are in place, it is not necessary to duplicate information. DOEA is limited in its ability to justify its request to the Administration on Aging for disaster relief if needs are not quantified. FEMA will require sound documentation of losses and expenses incurred. At the time of an actual disaster, the Department will provide the Area Agencies on Aging and Local Service Providers procedures and timeframes for submission. Questions should be addressed to the Emergency Coordinating Officer. At this time the Department's expenses are not eligible for reimbursement by FEMA but the Department can apply through the Older Americans Act if they meet the stipulations noted above. The initial amount is very limited for each presidential declared disaster and has been set by the Administration on Aging. FEMA reimbursement forms and Administration on Aging grant application forms and instructions will be provided.

Accountability for Funds: The following principles should be followed to ensure adequate accountability:

1. Appropriate accountability for disaster related revenues and expenditures are essential. Funds must be recorded to accurately and clearly establish an adequate audit trail for all disaster assistance activities.
2. Funds from different sources (for example – Title III, private donations/foundation grants, etc.) may not be commingled and must be accounted for separately.
3. Expenditures of Title III funds, Community Care for the Elderly, and Emergency Home Energy Assistance Program must be accounted for in the usual manner, regardless if it is from a current grant, augmentation of the usual allotment, or for ongoing or disaster related activities.

Leadership Team Disaster Notification

David Lomaka	727-798-0093	
Employee Name	Phone #	Alt. Phone #
Mona Allen	727-272-0029	
Kelly Robinson	727-420-0244	
Jenni White	727-430-0987	727-623-0547
Jenny Caamano	727-434-0867	
Susan McIntyre	727-612-0631	
Stephen Smith	727-410-2244	813-690-5807

Finance Department Disaster Notification

Jenni White	727-430-0987	
Employee Name	Phone #	Alt. Phone #
Paige Crump	860-389-0874	
Elizabeth Mauck	727-808-5019	
Latina Norris	727-301-0530	

Development Disaster Notification

Susan McIntyre	727-612-0631	n/a
Employee Name	Phone #	Alt. Phone #
Hilary Douglass	(603) 918-6262	n/a
Maycie Macdonald	847-505-5361	

Operations Team Disaster Notification

Mona Allen	727-272-0029	
Employee Name	Phone #	Alt. Phone #
Tim Lindell	727-251-5415	
Maribeth Braden	727-415-7748	
Anita Frankhauser	727-410-7239	

Administration Disaster Notification

Jenny Caamano	727-434-0867	
Employee Name	Phone #	Alt. Phone #
Angela Pabarace	813-613-7240	
Carmen Ortiz	787-674-3992	
Faith Wilcox	727-686-1226	727-548-6156
Johanna Castellanos	813-585-0036	

NTP Disaster Notification

Tim Lindell	727-251-5415	
Employee Name	Phone #	Alt. Phone #
Julie Curtis	951-850-6042	
Samuel Fernandez	727-495-9962	
Pat Monnett	727-410-2159	727-459-0204
David Cabey	727-410-1264	727-360-7978
Tyler Loyd-Calhoun	727-410-3691	727-207-4543

Employee Name	Phone #	Alt. Phone #
Alan Brown	727-410-2797	727-510-3394
Nelson Buitrago	727-410-0966	727-259-9344
Willie Dela Cruz	727-410-5257	863-578-5966
Jim Drysdale	727-410-2992	954-895-9617
Robert Evans	727-410-1739	727-509-3250
Paul Friedmann	727-410-1748	727-409-4421
Sharon Goins	727-410-5296	727-637-6429
Deb Gosche	727-410-5578	727-433-2262
Rodney Hardy	727-410-1769	727-934-5475
Alvin Lewis	727-410-3606	727-674-3303
Joel Licary	727-410-2963	727-215-4722
Chris Powell	727-410-3964	727-433-4012
Wayne Richardson	727-410-4359	727-559-1208
Errol Rickerts	727-410-1883	727-251-7754
Daniela Smyth	727-410-5551	727-365-4076
Tommie Stewart	727-410-4796	727-275-4010
Lee Whittaker	727-410-2252	
Daryl Williams	727-410-1810	727-520-6154

Neighborhood Care Network Continuity of Operations Plan (COOP)

June 2020

Adult Day Care - Disaster Notification

Employee Name	Phone #	Alternate Phone #
Maribeth Braden – ADC Director	727-415-7748	

Employee Name	Phone #	Alternate Phone #
Michele Michaels - Social Work	727-902-9006	
Debbie Davis - Admin Assistant	727-418-2299	727-384-6751

Employee Name	Phone #	Alternate Phone #
Amber Broughton - EDC	727-417-4912	727-692-3145
Monique Brown - LAD	727-324-7969	
Maryann Browne – LAD	727-564-8701	
Drena Bunjevack – SHDC	727-251-1216	
Larquita Ethridge - EDC	863-484-4332	
Elaine Hardy - SHDC	727-515-8225	
Sandra Keen - LAD	863-440-9110	
Robin Lloyd - EDC	727-504-6257	
Lloyd McLane - SHDC	727-512-1161	
Vicki McLane - SHDC	727-244-9325	
Cassie Molina - SHDC	727-600-6063	
Leon Ploski - LAD	727-666-0309	
Demetra Scouras – SHDC	727-734-1601	
Nan Sheetz - SHDC	727-485-5746	
Chris Turner – LAD	727-657-0695	727-539-6518
LaQuandra Washington-LAD	727-698-8299	727-342-2791
		June 2020

Neighborhood Care Network Continuity of Operations Plan (COOP)

June 2020

NEIGHBORLY CARE NETWORK
Nutrition Services Organizational Emergency Chart
 Some numbers are UNLISTED - DO NOT GIVE OUT!

Anita Frankhauser- DIRECTOR
 727-410-7239, 608-960-3166

GA Foods -
Stephanie Bell 18008522211 336
Robert Goucher 727-417-4128

AAA - Jason M
727-570-9696 x272

Food Service Manager
Carol Kitchen
702 400 3187

Administrative Assistant
Maureen V
727-501-6010
moetom@a11.net

Routing Manager - PAID Drivers Mgr
Cathy Christmas
727-212-6580

Licensed Dietitian
Synovia Simons
727-542-3896
252-267-6580

FLOAT
Patricia J
614-607-3950

FLOAT
Luis Dominguez
954-673-8034
Sandra Williams
727-637-6640

MOW Staff

Intake Specialist
Desiree Baighley
727-309-1248
727-657-7039

MOW Coordinator
Larry Motisi
201-323-3300
MOW Coordinator
Vacant

Assessors
Kerry Grafmyra
727-565-7979

Susan Jerome
727-254-6404
727-207-1666

Helen Cartner
727-403-4206

Outreach
Tommy Williams
727-317-2800

Miley P - FREEZER
727-542-3011 (NCN) 516-383-7043
William S

727-742-0143
Cathy K

727-280-4713
Archie J

727-348-6933
Tom F

727-744-4865
John M

727-738-1242
727-215-1445
Nancy B

727-460-7725
Scott B

727-481-0293
David S - FREEZER

727-482-8649
Joanne C

727-657-2673
Joe B - Hernando County Driver

352-666-0450
352-346-0542
Walter B

813-495-7737
C Cheryl K

727-460-4767
Niles O

813-323-1989

Updated 6/22/20

Client#: 31363

NEIGHBOR1

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/27/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer any rights to the certificate holder in lieu of such endorsement(s).


PRODUCER Marsh & McLennan (CLW) 101 N Starcrest Dr. Clearwater, FL 33765 727 447-6481	CONTACT NAME: PHONE (A/C, No, Ext): 727 447-6481 FAX (A/C, No): 727 449-1267 E-MAIL ADDRESS: clicerts@bouchardinsurance.com	
	INSURER(S) AFFORDING COVERAGE NAIC #	
INSURED Neighborly Care Network, Inc. 13945 Evergreen Avenue Clearwater, FL 33762	INSURER A: Market Global Reinsurance Company 10829	
	INSURER B: Associated Industries Ins Co 23140	
	INSURER C: Century Surety Company 36951	
	INSURER D:	
	INSURER E:	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			FITGL393902020	06/01/2020	06/01/2021	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMP/OP AGG \$3,000,000 \$
	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/>			FITAU393902020	06/01/2020	06/01/2021	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			FITXS393902020L1	06/01/2020	06/01/2021	EACH OCCURRENCE \$1,000,000 AGGREGATE \$1,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	AWC1147452	04/01/2020	04/01/2021	PER STATUTE OTH-ER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000
C	2nd Layer Excess			FITXS393902020L2	06/01/2020	06/01/2021	\$1,000,000/\$1,000,000
A	Professional/Malpractice			FITGL393902020	06/01/2020	06/01/2021	\$1,000,000/\$3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER Neighborly Care Network 13945 Evergreen Ave Clearwater, FL 33762	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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PI-NPD-1 (01-02)



**PHILADELPHIA
INSURANCE COMPANIES**

A Member of the Tokio Marine Group

One Bala Plaza, Suite 100
Bala Cynwyd, Pennsylvania 19004
610.617.7900 Fax 610.617.7940
PHLY.com

**FLEXIPLUS FIVE
NOT-FOR-PROFIT ORGANIZATION DIRECTORS & OFFICERS LIABILITY INSURANCE
EMPLOYMENT PRACTICES LIABILITY INSURANCE
FIDUCIARY LIABILITY INSURANCE
WORKPLACE VIOLENCE INSURANCE
INTERNET LIABILITY INSURANCE**

Philadelphia Indemnity Insurance Company

Policy Number: PHSD1508518

DECLARATIONS

NOTICE: EXCEPT TO SUCH EXTENT AS MAY OTHERWISE BE PROVIDED HEREIN, THIS POLICY IS WRITTEN ON A CLAIMS MADE BASIS AND COVERS ONLY THOSE CLAIMS FIRST MADE DURING THE POLICY PERIOD AND REPORTED IN WRITING TO THE INSURER PURSUANT TO THE TERMS HEREIN. THE AMOUNTS INCURRED FOR DEFENSE COST SHALL BE APPLIED AGAINST THE RETENTION.

Item 1. Parent Organization and Address:
NEIGHBORLY CARE NETWORK INC
13945 Evergreen Ave
Clearwater, FL 33762-4525

Internet Address: [www. neighborly.org](http://www.neighborly.org)

Item 2. Policy Period: From: 12/31/2019 To: 06/01/2021
(12:01 A.M. local time at the address shown in Item 1.)

Item 3.	Limits of Liability:		
(A)	Part 1, D&O Liability:	\$	1,000,000 each Policy Period.
(B)	Part 2, Employment Practices:	\$	1,000,000 each Policy Period.
(C)	Part 3, Fiduciary Liability:	\$	1,000,000 each Policy Period.
(D)	Part 4, Workplace Violence:	\$	each Policy Period.
(E)	Part 5, Internet Liability:	\$	each Policy Period.
(F)	Aggregate, All Parts:	\$	1,000,000 each Policy Period.

PI-NPD-1 (01-02)

Item 4. Retention:

(A)	Part 1, D&O Liability:	\$	7,500 for each Claim under Insuring Agreement B & C.
(B)	Part 2, Employment Practices:	\$	20,000 for each Claim.
(C)	Part 3, Fiduciary Liability:	\$	2,500 for each Claim.
(D)	Part 4, Workplace Violence:	\$	for each Workplace Violence Act.
(E)	Part 5, Internet Liability:	\$	for each Claim.

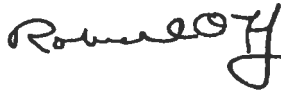
Item 5. Prior and Pending Date: Part 1 12/31/2003 Part 2 12/31/2003 Part 3 12/31/2003
 Part 4 No Date Applies Part 5 No Date Applies

Item 6. Premium: Part 1 \$ 3,455.00 Part 2 \$ 3,379.00 Part 3 \$ 130.00
 Part 4 Part 5

State Surcharge/Tax: Total Premium: \$ 6,964.00

Item 7. Endorsements: PER SCHEDULE ATTACHED

In witness whereof, the Insurer issuing this Policy has caused this Policy to be signed by its authorized officers, but it shall not be valid unless also signed by the duly authorized representative of the Insurer.



Authorized Representative

Countersignature

Countersignature Date

Pinellas Community Foundation
Pinellas CARES Nonprofit Partnership Fund Grant Application

Organization Name: Neighborhood Care Network

Project Name: Nutrition Services CARES Act Meals funding

FROM (date): 9/1/20 TO (date): 12/30/20

Budget Category/Line Item	Program Budget - Total	Pinellas CARES Grant
Personnel (<i>salaries, wages, benefits, payroll taxes, time allocation on the project for all personnel involved in program</i>)	1099753	13,786
Equipment (<i>computers, furniture, etc., less than \$3,000 per item</i>)	26207	21,571
Supplies (<i>office materials, program related purchases, program necessities to deliver services, etc.</i>)	28675	37,742
Occupancy (property rent, mortgage, utilities, telephone, internet, etc. assigned as program expenses)	81145	-
Local Travel (mileage, tolls, parking for regular local travel, rental/leasing cost of transportation)	39350	300
Training (<i>staff development, conferences, long distance travel</i>)	2000	
Design, Printing, Marketing & Postage (for direct program related services only)	350	2,983
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>)		20,000
Purchased Services (<i>consultants, legal, accounting services, logistical partner costs, technology enhancements, computer software licensing/agreements</i>)	1535824	8,070
Extended Meals program currently served through Federal contract with Area Agency on Aging of Pasco-Pinellas; contract for this program attached to grant application.		2,160,540
Other Costs Related to Food Delivery		217,235
Indirect Costs (pre-negotiated federal rate, de minimus rate of 10%, or none)	244,792	0.00
TOTAL	3,058,096	2,482,226

Pinellas Community Foundation
PCF CARES Application
BUDGET NARRATIVE FORM - REVISED

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: **Neighborly Care Network, Inc.**

Project Name: Nutrition Services CARES Act Meals funding

FROM (month/year): 9/20

TO (month/year): 12/20

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

- 1 FTE Driver \$24,960(wages) + \$12,258 (benefits)=\$37,218; request is for 4 months only \$37,218/12 mos per year= \$3,101.50/month X 4 months=\$12,406;
 - This position was not funded for 2020, nor planned for 2021. It is in response to increased demand for meals from homebound seniors.
- 40 hours for IT manager's time to provide set up, training and follow up FOR EQUIPMENT PURCHASE AND IMPLEMENTATION OF ELECTRONIC ROUTE SHEETS = \$54,870 (gross wages) + \$16,880 (fringe)=\$71,750 / 52 weeks = \$1,379.81 (40 hours/one week of personnel expenses)

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

- 125 tablets Samsung Galaxy Tab A 8.4" from Verizon (1 per route) @100.00=\$12,500
- 125 cases Armor-X PXT-SS-T307@39.99=\$4998.75 (Incl. screen protector and shoulder strap).
- 125 Data plans @ \$16.29/month X NOV & DEC (2 months) = \$4,072.50

With increased deliveries comes increased paperwork. Volunteer drivers carry 1 to 3 food packages to the door along with a large clipboard that holds the route sheets, maps, pens, etc. Utilizing ServTracker (meal delivery tracking platform we already use) with portable tablets will improve efficiency and increase security with client information, this process will reduce the time and renewable materials needed each month to gather and record the data.

Currently, home delivered meals routes are printed and those printouts are given to volunteers or paid drivers, who then drive the routes and have clients sign beside their names and personal information. (Signatures are currently suspended in Florida). With the average number of homes on each route rising, drivers would be able to save time as well.

This creates situations where a clipboard of route sheets could be lost, stolen, or copied, a potential HIPAA violation. Also, processing the route sheets in this manner amounts to the printing and storage after delivery of more than 44,000 sheets of paper per year, all individually handled by a staff member every week.

Using electronic tablets will eliminate both of those issues. First, the tablets will be secured and accessed only by authorized users. Second, there will be no need to print and store or scan that many pages, since all will be generated and stored as electronic documents, thereby saving considerable paid staff time.

These tablets will also allow volunteers to note any Change of Condition of a client in real time, allowing Nutrition staff to respond to any concerns about a client's well-being in a more timely and efficient manner.

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

- High efficiency insulated bags-100 X \$160 holds **16 meals**=\$16,000
- High efficiency insulated bags-100 X \$145 holds **12 meals**=\$14,500 (total bag costs=\$30,500);
- Vendor is Meals on Wheels Store <http://mowstore.com/product-category/thermal-bags/>
- Volunteer Orientation/On-boarding supplies for 500 new volunteers (27-page Orientation packets, Badges/lanyards=**\$2,777.55**)

Item	Qty.	Cost	
Name badge lanyards	500	\$613	
paper insert	2 box	\$47.38	(comes in box of 400 so need 2 boxes)
plastic badge holder	10 pkg	\$147.8	(comes in box of 50)
color printing of 500 badges	62.5	\$34.375	.55 per color copy
purple folders	20	\$180	(ea box has 25 folders)
500 sets B&W photo copies	27 pp	\$1755	(.13 per copy)

- Electrostatic Disinfectant Sprayers (3 for Adult Day Centers and 3 for Transportation for buses and cars). 6 X \$699=**\$4,194**
- 6 Gallons disinfectant solutions @ \$45/gallon=**\$270**

Occupancy (property rent, mortgage, utilities, telephone, internet, etc. assigned as program expenses)
NONE**Local Travel** (mileage, tolls, parking for regular local travel, rental/leasing cost of transportation)

- Community Engagement Manager local mileage 600 miles X .50/mile=**\$300**;
 - With efforts to engage workplaces and other groups to Adopt-A-Route, Manager is targeting more such organizations and will coordinate Orientations at their chosen locations in Pinellas County if they prefer. This is not the norm so was not in our 2020 budget.

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

- Printed messages of laughter and encouragement to be delivered with meals:
 - 2000 messages twice per week for 11 weeks - **\$2982.99**

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)

- 1 vehicle - \$57,031; Request is for \$20,000. Neighborly will cover the remaining cost of the vehicle.
- Short-term leases for this type of specialized vehicle are not available. The shortest lease is \$1,920 per month for an Isuzu van for 36-months. This vehicle is less suitable because of its smaller capacity and is less likely to accommodate the increase demand for frozen meals. Many MOW clients are still skittish about 5 visits to their homes because of virus concerns. They are requesting weekly deliveries of frozen meals instead. The freezer truck is a better solution to meet the needs of our seniors. **The attached loan request illustrates the cost of purchasing the vehicle.**

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

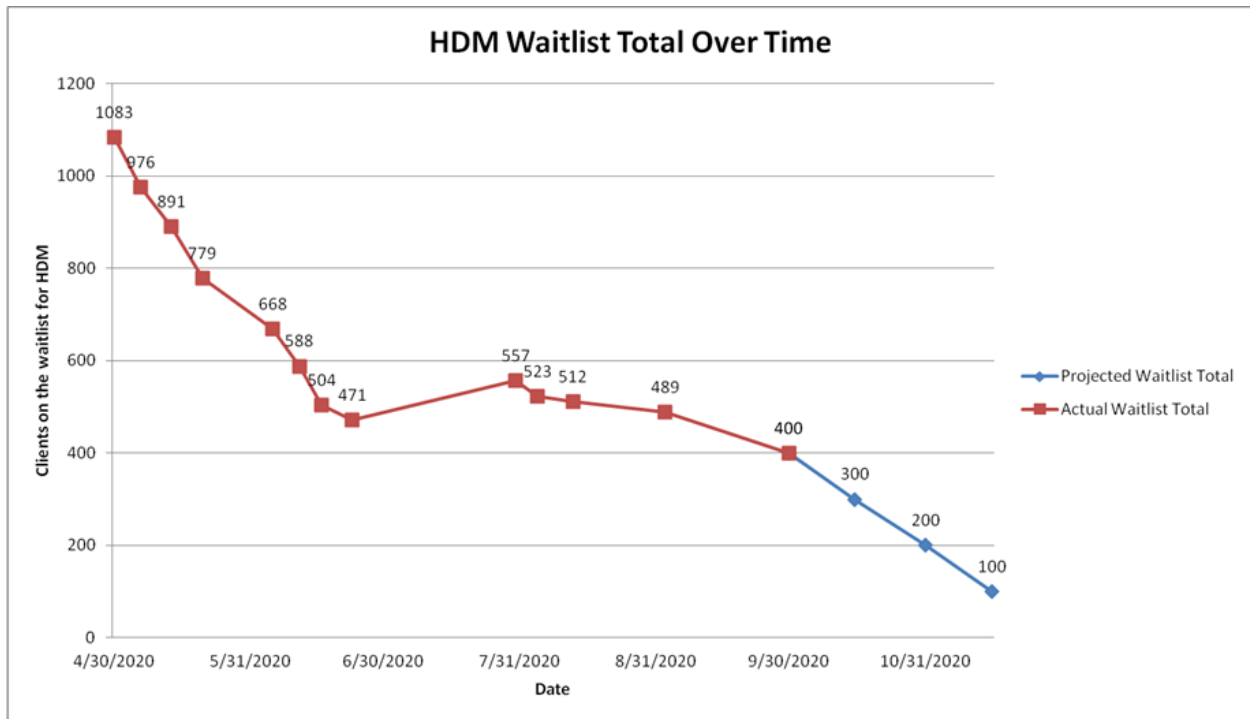
- Social Media Specialist for Volunteer Recruitment-outsourced: **\$5,000 for October 5 through December 30**. The following is the lowest bid for our recruitment efforts, 25% higher than we anticipated. We need these extra volunteers because of the COVID related increase in need for Meals on Wheels.
 - **Reach the Locals Package (BOTH I LOVE THE BURG & THAT'S SO TAMPA)**
 - 1 Priority Ad placement per month in the "Weekly Weekend What To Do List" subscribers
 - 1 Tweet Per Week
 - 1 Instagram/Facebook Story Per Week
 - Rotating Inclusion in "Made Possible By..." Accompanying Facebook Posts
 - Website Banner Placement
 - This also includes a feature editorial to highlight the organization and what it does for the community including the campaign for volunteer recruitment and how its urgency especially during these times. This editorial is also distributed across all platforms and republished month to month with updates if need be.

- Background checks for volunteers who serve more than 20 hours per month @ 45.25 X 30 volunteers =**\$1,357.50**. The Vendor is the Florida Department of Law Enforcement.
 - Most volunteers serve one shift per week. For those willing to cover more, their hours might exceed 20 hours per month, thereby requiring a Level II background check. With recruitment. That number is trending upward so we estimate 30 volunteers will require Level II checks from September 10 through December 30.

- Volgistics (Volunteer Management software) \$98/month for increased capacity X 4 mos=**\$392**;
 - Increase to accommodate 500 more volunteers. \$98 represents the difference between our present monthly fee of \$65 and \$163 for increased volume.

- Temporary Staff Support for @ \$15/hr @ 8hrs/week @11 weeks= **\$1,320** to assist with processing new volunteers and background checks.
 - This position was not funded for 2020, nor planned for 2021. This part-time support is to ensure that the volunteers' paperwork and Level I background checks are processed quickly in order to place them within a few days of completing orientation.

MEALS NEEDED TO CONTINUE WAITLIST REDUCTION



- Shelf Stable Meals 90 meals X 1000 clients X \$7.17/meal=\$645,300
 - Please see attached description
- Meals program currently served under AAAPP;
 - 2000 meals served per day
 - 40% of meals from GA Foods: 72,000 @ \$7.17 X 90 days=\$ 516,240.
 - 60% of meals from restaurants: 108,000 @ \$9.25 X 90 days=\$ 999,000.

OTHER COSTS RELATED TO FOOD DELIVERY - \$217,235

Neighborly relies on hundreds of volunteers to deliver Meals on Wheels. Due to COVID19, over 100 volunteers had to step back from their service. While intensifying our volunteer recruitment efforts, (which yielded 272 new volunteer drivers since April 1) we still needed more paid drivers and support with delivery preparation.

Here's what we did:

- A number of our volunteers took on additional routes to compensate for the volunteers who needed to step back. When a volunteer serves for than 20 hours per month we are required to do a Level II background check. Since April we needed 32 background checks. This was not in our 2020 budget. We only did one Level II in 2019.
 - 32 Level II Background Checks x \$45.25 each = \$1,448
- Meals on Wheels and Senior Café share costs of church-owned site in Palm Harbor. Without Senior Café generating income, MOW must pay 100 % of rent instead of 33%. Also, church will not allow Senior Café to reopen until 2021.
 - \$600 x 66.6% = \$400 x 9 months (April through December) = \$3,600
- Our Adult Day Care staff was re-directed to Nutrition Services for coordinating the distribution sites, preparing meal bags for deliveries, and delivering to clients. Because our unit rate with the Area Agency on Aging does not include the use of additional personnel costs from other programs in our meal rate, **we experienced additional personnel costs and expect to have same through December:**

	# Day Care Staff working for Nutrition Services	Avg. hours worked per day	Avg. Hrly Pay incl. benefits	Service Days	ADC Personnel Costs spent on Nutrition Services
June	14	6	25	20	\$ 42,000.00
July	5	6	25	20	\$ 15,000.00
August	3	6	25	20	\$ 9,000.00
September 1 -9	3	6	25	9	\$ 4,050.00
				Total Cost:	\$ 70,050.00

	# Day Care Staff working for Nutrition Services	Avg. hours to be worked per day	Avg. Hourly Pay incl. benefits	Service Days	ADC Personnel Costs spent on Nutrition Services
September 10 – December 30	3	6	25	73	\$ 32,850
				Total Cost:	\$ 32,850

- Neighborly’s cost of utilizing our buses to transport Dining Out At Home restaurant meals from the restaurants to the MOW distribution sites was not reimbursed. With this grant we hope to cover the personnel and vehicle costs to move **95,000 restaurant meals** since April and approximately **74,000 meals** for the rest of 2020:

Transportation PERSONNEL COSTS ONLY	# Drivers each Day	Average hours of non- reimbursed time	Avg Pay including benefits	99 Service days - April 27 th through Sept. 9	72 Service days from September 10 through end of year	Personnel Cost
				99	72	
Drivers	8	x2	X \$20/Hr	x 171 days		\$54,720
Dispatcher		2	\$19.23	99	72	\$4,673
					TOTAL PERSONNEL COSTS	\$59,393

VEHICLE USE:

Avg HOURLY Cost of Vehicle (maintenance, fuel, insurance)	Hours per day	# of Vehicles/day	99 Service days - April 27 th through Sept. 9	72 Service days from September 10 through	Cost of Vehicles for time period
			99	72	
\$ 18.23	X 2	X 8	x171		\$49,894.

\$ 1,448	Level II Background Checks April through September 9
102,900	Adult Day Care Personnel to Nutrition Services
59,393	Redirected Transportation Personnel to Nutrition Services
49,894	Vehicle Usage for Nutrition Services
<u>3,600</u>	Rent for Palm Harbor MOW/Senior Dining Site
\$217,235	Total request for reimbursement for other costs related to food delivery

Because Neighborly has well-screened, cross trained, and mission-driven employees, these transitions happened smoothly. We did not lose time hiring and training new people during a crisis. We did not have to furlough any of these employees. As we review our own performance during the pandemic, we consider our ability to pivot as quickly as we have to respond immediately to all of Pinellas County. Only with the financial support from the Pinellas CARES Nonprofit Partnership will we be able to continue this additional support for the rest of 2020.

Emerald Transportation Solutions

185 Etowah Trace
 Fayetteville, GA 30214
 Phone (404) 362-0092
 Fax (678) 827-7535

STOCK# _____ DATE 8/18/20
 BUYERS NAME Neighborhood Care Network
 ADDRESS 13945 Evergreen Ave.
 CITY/STATE/ZIP Clearwater FL 33762
 RES. PHONE _____ BUS. PHONE _____

New Used Demonstrator

Year and Make 2019 Chevrolet Model and Body Type 3500 Cutaway
 Serial No. TBD Mileage 300 Color White

CASH PRICE OF VEHICLE	\$52,900.00	1. Cash price of Vehicle and Equipment	\$56,460.00
ADDITIONAL EQUIPMENT		2. Trade in:	
6.0L Vortec V8 Engine		Trade Allowance	
Automatic		Amount owed	\$0.00
Air Conditioning		Net Trade	\$0.00
AM/FM Stereo			
Cloth Seats, Tilt/Cruise		3. Unpaid balance after trade	
139" WB		(No. 1 minus No. 2)	\$56,460.00
9,900 lb GVW		4. Other Charges	
See attached for detailed specifications		Dealer's Business	
		License Tax	
11' Insulated Van Body 71" IH x 84" IW		Sales Tax	
Full opening rear doors		Title fee	\$86.00
Flat Floor with 12" aluminum scuff protection		License fee	\$186.00
2 Rows E Track each side			
Curbside door w/ tri step and grab handle	\$1,450.00	Processing fee for	\$299.00
		Consumer services	
Thermo King V520 MAX w/ 230/1/60 electric standby	\$1,710.00	Total Other Charges	\$571.00
		5. Balance after other charges	
FOB Clearwater	\$400.00	(No. 3 plus No.4)	\$57,031.00
CASH PRICE OF VEHICLE AND EQUIPMENT	\$56,460.00	6. Cash down payment:	
		Rec. No. _____	
		Rec. No. _____ \$ -	
		Rec. No. _____ \$ -	
		Total Cash down	\$0.00
		7. Unpaid balance after cash	
		(No. 5 minus No.6)	\$57,031.00

SIGNATURE _____ DATE _____

NO LIABILITY INSURANCE INCLUDED

The front and back of this order comprise the entire agreement affecting this purchase. By executing this order, Purchaser acknowledges he has read all of its terms and has received a fully completed copy. Purchaser certifies he/she is 18 years of age or older. This order no valid unless signed and accepted by Dealer or his authorized representative.

Salesperson Joe Dickman Signed _____
Purchaser SSN/Driver's License No.

Approved Emerald Transportation Solutions Signed _____
Dealer or Authorized Representative Purchaser SSN/Driver's License No.

Customer net payoff _____ Date _____	Year & Make of Trade _____
Account # _____	Model & Body Type _____
Good until _____	Serial No. _____ ACV _____
Bank _____	Mileage _____
Address _____	
Phone# _____	
1st Lien to: _____	I Warrant and Guarantee a Title to the above named vehicle will be furnished to the Truck Source Inc. free and clear of all encumbrances within 4 days hereof in consideration of trade allowances.
Address _____	
Type/Amount _____ Date _____	Signed _____

Logistical Partner Organizations

<u>SITE</u>	<u>ADDRESS, COORDINATOR, FOOD AIDE</u>	<u>SERVING TIME</u>	<u>HOURS & PHONE</u>
CLM	CRYSTAL LAKES MANOR 4100 62nd Ave N., Pinellas Park 33781 Regina Booker	12:00	8:30-2:30 727.443.7684 x 3050
DAD	ENOCH DAVIS CENTER 1111 18th Ave S., St. Petersburg 33705 Lynette Buchanan	12:00	8:30-2:30 Fax - 893-7288 727-893-7134
EDC*	EVERGREEN DAY CENTER Lakewood United Church of Christ 2601 54th Ave S, St Petersburg 33712 Pastor Kim Wells	12:00	(7:30-4:30) 727-867-7961
GFP	GULFPORT MULTIPURPOSE CENTER 5501 27th Ave S., Gulfport 33707 Rachel Cataldo	11:45	8:30-2:30 727-893-1231
LAD*	LARGO DAY CENTER 11095 131st St, Largo 33774 Lee Ploski	11:45	7:30-4:30 727-593-1253
NGR	NORTH GREENWOOD RECREATION AND AQUATIC COMPLEX 900 North Martin Luther King Jr. Avenue, Clearwater, FL 33755 Matthew Jackson	12:00	8:30-2:30 727-439-5274
PHD	NEIGHBORLY SENIOR CAFE AT PALM HARBOR 1700 Klosterman Rd, Palm Harbor, FL 34683 Pastor Bert Ferguson	12:00	8:30-2:30 727-239-8930
PLV	NEIGHBORLY SENIOR CAFÉ AT PALM LAKE VILLAGE 1515 County Rd 1, Dunedin, FL 34698 Regina Booker	12:00	8:30-2:30 PLV Office 733-8880 727-443-7684 x 3050
RDG	RIDGECREST COMMUNITY CENTER 2253 119th St N., Largo 33778 Steven Beal	12:00	8:30-2:30 727-692-0139
SFH	SAFETY HARBOR MOW SITE AT FIRST PRESBYTERIAN CHURCH 255 5th Ave S, Safety Harbor, FL 34695 Marilyn Cromwell		8:30-1:30 727-946-5319
SHDC*	SUNNY HARBOR DAY CENTER 1015 Omaha Circle, Palm Harbor, FL 34683 Amber Broughton Center Manager	12:00	7:30-4:30 727-754-1100
SUN	SUNSHINE CENTER 330 5th Street North, St. Petersburg, 33701 Sally Marvin	11:45	8:30-2:30 727-893-7190