

**GRANT AGREEMENT**

**BY AND BETWEEN**

**PINELLAS COMMUNITY FOUNDATION**

**AND**

**PACE CENTER FOR GIRLS, 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 **PACE CENTER FOR GIRLS, INC.**, whose address is 6745 Philips Industrial Blvd. Jacksonville, FL 32256 (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: **Pace Center for Girls, Inc.**

b) Grantee's Contact and Notice Information:

Primary Contact Name: **Chantell Miles, Executive Director (Pinellas)**

Address: **4000 Gateway Centre Blvd Ste 400 Pinellas Park, FL 33782-6141**

Phone Number: **727-456-1566**

Grantee's Data Universal Numbering System (DUNS) number: **189083801**

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: **October 29, 2020 - December 30, 2020**

g) Amount of Funds Awarded: **\$41,206.82** (hereinafter, "Awarded Funds").

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

Federal Awarding Agency:

**United States Department of Treasury**

Pass-Through Entity:

**Pinellas Community Foundation**

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

**Duggan Cooley, CEO, Pinellas Community Foundation**

**17755 US Highway 19 N, Suite 150**

**Clearwater, FL 33764**

i) CFDA Number and Name

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

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

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

**2. Scope of Services:**

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

- a) **GRANTEE** shall administer funding in an amount up to **forty-one thousand two hundred six dollars and 82/100 cents** for expanded local services with up to 0% or \$0.00 allowed for indirect costs.
- b) **GRANTEE** agrees to monitor and deliver these funds pursuant to the following requirements:
  - i. Compliance with all rules and guidelines of the CARES Act including certifications and/or attestations of compliance where appropriate.
  - ii. Compliance with Appendix 1 - CARES Act Guidance and Requirements.
  - iii. Compliance with Appendix 2 – Attestation.
  - iv. Service Provision for the benefit of programming at the Pace Center for Girls location in Pinellas County only.
  - v. Basic weekly reporting of service numbers by type of service and expanded monthly reporting of services, trends, expenditures, and other programmatic information.
  - vi. Maintenance of service level information as appropriate for reporting upon request by the **AGENCY**, including services provided, outcomes and accounting of expenditures.
  - vii. **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.
  - viii. **GRANTEE** understands that priority service areas may be adjusted by written notice of the **AGENCY**.

**3. Term of Agreement.**

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

**4. Compensation.**

a) The **AGENCY** agrees to provide **GRANTEE** an amount not to exceed forty-one thousand two hundred six dollars and 82/100 cents (\$41,206.82) as an award of the Pinellas CARES Nonprofit Partnership Fund for the services described in Section 2 of this Agreement. Up to Zero Dollar and 00/100 cents dollars (\$0.00) equivalent to 0% of the funding may be allowed for approved indirect costs in association with this program. The remainder of the funding will be for competitively awarded expansion of services as defined.

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

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

d) Any funds expended in violation of this Agreement or in violation of appropriate Federal, State, and **AGENCY** requirements shall be refunded in full to the **AGENCY**. If this

Agreement is still in force, future payments shall be withheld by the **AGENCY**.

**5. Performance Measures.**

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

**6. Data Sharing.**

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

**7. Insurance.**

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

**8. Monitoring.**

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

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

**9. Special Situations.**

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



**AGENCY** or **GRANTEE**. Incidents shall be reported to the designated **AGENCY** contact below by phone or email only. Incident report information shall not include any identifying information of the participant.

**10. Amendment/Modification.**

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

**11. Closeout**

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

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

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

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

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

**12. Termination.**

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

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

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

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

**13. Assignment/Subcontracting.**

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

b) The **GRANTEE** is fully responsible for completion of the Services required by this

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

**14. Indemnification.**

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

**15. Business Practices.**

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

- c) All **GRANTEE** records relating to this Agreement are subject to audit by the federal government or its representatives, or the **AGENCY** and its representatives.

**16. Nondiscrimination.**

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

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

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

**17. Independent Contractor.**

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

**18. Additional Funding.**

Funds from this Agreement may not be used as the matching portion for any federal grant

except in the manner provided by Federal and State law and applicable Federal and State rules and regulations. The **GRANTEE** agrees to make all reasonable efforts to obtain funding from additional sources wherever said **GRANTEE** may qualify. Should this Agreement reflect a required match, documentation of said match is required to be provided to the **AGENCY**.

**19. Governing Law.**

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

**20. Conformity to the Law.**

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

**21. Prior Agreement, Waiver, and Severability.**

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

**22. Agreement Management.**

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

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

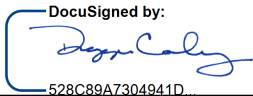
**GRANTEE** designates the following person(s) as the liaison for the **GRANTEE**:

Chantell Miles, Executive Director, Pinellas  
Pace Center for Girls, Inc.  
4000 Gateway Centre Blvd Ste 400  
Pinellas Park, FL 33782-6141  
727-456-1566

SIGNATURE PAGE FOLLOWS

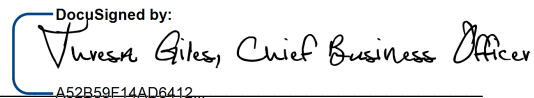
**IN WITNESS WHEREOF**, the parties hereto have caused this instrument to be executed on the day and year written below.

Pinellas Community Foundation

By:   
528C89A7304941D...  
Duggan Cooley  
CEO

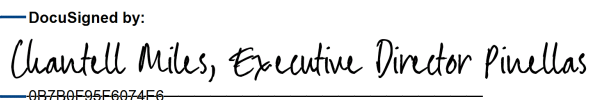
Date: 11/11/2020

GRANTEE: Pace Center for Girls, Inc.

By:   
A52B59E14AD6412...  
Thresa Giles, Chief Business Officer  
thresa.giles@pacecenter.org

Date: 11/13/2020

GRANTEE: Pace Center for Girls, Inc.

By:   
0B7B0F96F6074E6...  
Chantell Miles, Executive Director  
chantell.miles@pacecenter.org

Date: 11/13/2020

## **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, 2020<sup>1</sup>**

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.<sup>2</sup>

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

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

<sup>2</sup> 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 expenditures<sup>3</sup>***

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.<sup>4</sup>
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.

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<sup>3</sup> 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.

<sup>4</sup> 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”).<sup>1</sup> 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.

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<sup>1</sup> 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 GENERALDEPARTMENT 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 payments<sup>1</sup> shall report Coronavirus Disease 2019 (COVID-19) related "costs incurred" during the "covered period"<sup>2</sup> (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 GrantSolutions<sup>3</sup> that is expected to be operational on

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<sup>1</sup> 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.

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

<sup>3</sup> 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.<sup>4</sup> **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 10<sup>th</sup> 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

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<sup>4</sup> 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 incurred<sup>5</sup> 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.

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


## Appendix 2 - Attestation

### ATTESTATION

I, Thresa Giles, Chief Business Officer, am the Title: Chief Business Officer of Name of Organization: Pace Center for Girls, and I certify that:

1. I have the authority on behalf of Pace Center for Girls (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. Pace Center for Girls (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. Pace Center for Girls (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: Thresa Giles, Chief Business Officer (Printed Name)

Signature:  A52B59F14AD6412...

Title: Chief Business Officer

Date: 11/13/2020



### **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)**

## Supporting our Girls at Pace Pinellas

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*Pinellas CARES Nonprofit Partnership Fund*

### ***PACE Center for Girls Inc.***

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4000 Gateway Centre Blvd Ste 400  
Pinellas Park, FL 33782-6141

chantell.miles@pacecenter.org  
O: 727-456-1566

### ***Ms. Chantell Miles***

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4000 Gateway Center Blvd.  
Ste. 400  
Pinellas Park, FL 33782

chantell.miles@pacecenter.org  
O: 727-456-1566

# Application Form

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## *Introduction*

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

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

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

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

### **Priority Funding Areas\***

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

- Food
- Behavioral Health

### **Reimbursement\***

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

Will your organization be applying for this cost reimbursement?

Yes

### **Future Programming\***

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

Yes

### **Project Name\***

Supporting our Girls at Pace Pinellas

**EIN\***

59-2414492

**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.**

189083801

**Mission Statement\***

Pace provides girls and young women an opportunity for better future through education, counseling, training, and advocacy.

**Total Operating Expenditure\***

What are your total annual operating expenses?

\$1,576,276.00

**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.**

\$89,829.48

*Comment: Initial amount requested was entered by the applicant as \$89,857.72. Upon further discussion with CWJ and edits to fiscal portion of the application overall. The applicant confirmed that new*

*and FINAL requested amount is now \$89,829.48. This updated amount was edited in the application administratively since application was already in review.*

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
- People experiencing homelessness
- 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).**

At Pace Center for Girls, Pinellas, we serve young ladies throughout Pinellas county regardless of race, sex, religion, sexual orientation, ethnicity, income level, or political belief. We believe in the futures of girls who have backgrounds of trauma and are specifically working towards turning their tomorrows into lives of empowerment and impact. The risk factors of our girls include, but are not limited to, low academic achievement, family instability, victimization, mental health concerns and maladaptive behaviors. Over 70% of the girls we served in fiscal year 2018- 2019 families' income level ranged from low to extremely low. Because we serve girls throughout Pinellas county, our girls could be experiencing homelessness, live in communities of color, or live with or be cared for by an elderly person or family member (not necessarily a parent).

### 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.**

We provide breakfast, lunch, and secure counseling sessions daily for each girl enrolled in the program. When COVID-19 hit our organization in of March 2020, it became a challenge to continue these two necessities on a consistent and secure basis.

### Service Area\*

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

- Mid-County (locations such as Clearwater, Largo, Safety Harbor)
- South County (locations such as St. Petersburg, Lealman, Kenneth City)

## Impact on Organization\*

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

COVID-19 has impacted Pace Pinellas by disrupting in-person counseling sessions between our girls and their counselors. This has forced us to utilize the online platform Doxy.me. Doxy.me is a Department of Juvenile Justice, HIPPA complaint platform. Unfortunately, our girls did not have the ability to use cameras or often, microphones, to have the secure conversations needed with their counselors. The need arose to purchase efficient computers with up-to-date technology for the girls in the program. We also allowed girls direct access to counselors in case of emergency by providing disposable cellular phones to each counselor. COVID-19 also interrupted our ability to serve breakfast and lunch to our girls daily; nutrition that they may not otherwise get in their home environments. Pace Pinellas does not receive NSLP reimbursement for food unless the girls login each day, yet we are still providing food for the entire week to girls in need. To fill the gap, we began to deliver weekly boxed meals to our girls learning from home, while also creating a food pantry in the Center to allow disadvantaged girls to take food home as needed. Providing appropriate nutrition is a responsibility that we have to our young ladies at Pace. Because of the additional requirements due to COVID-19, we also found it necessary to advance our part-time Administrative Assistant into a staff member full-time to serve the needs of our girls.

## Fiscal Accountability

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### 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.**

PACE Inc 990 2018.pdf

### **Board-Approved Budget\***

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

Pace Pinellas FY 21 Budget\_.pdf

## ***Audited Financial Statements***

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### **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.

Pace Center for Girls, Inc. Audited Financials FY2019.pdf  
The Pace Center for Girls audited financials are attached here.

### **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.**

NA

## ***Expansion or Sustaining of Exact Programming Funded by Another Source***

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### **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.

Nothing has been funded because we are applying for food that is not covered and we have not yet purchased the entirety laptops required for expansion. The laptops and disposable cell phones that have already been purchased were not budgeted for.



## ***Reimbursement of COVID-19 Related Expenses***

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

### **Attestation\***

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

Yes, I affirm the above is accurate and true.

### **Amount of Reimbursement Requested\***

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

\$48,622.66

*Comment: Initial amount requested for reimbursement was entered by the applicant as \$59,709.40. Upon further discussion with CWJ and edits to fiscal portion of the application overall. The applicant confirmed that new and FINAL reimbursement amount requested is now \$48,622.66. This updated amount was edited in the application administratively on 10.27.20 since application was already in review.*

### **Documentation of Expenses\***

**Please use this template to describe the expenses for which you are seeking reimbursement.**

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

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

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

Reimbursement Template Summary of Expenses.pdf

*Comment: Final Approved Reimbursement Expenses provided by the applicant has been attached administratively to replace outdated first draft. Original submission can be viewed in Organizational Documents Tab.*

## Number Served by Funding Area\*

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

### Example

**Food: 1250 people**

**Behavioral Health: 250 people**

Food: 20 girls per week

Behavioral Health (Telehealth): 60 girls per month

Program services: 1

## *Funding and Usage*

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### 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.**

Our desire is to provide daily breakfast and lunch to all ILE girls enrolled at Pace Pinellas throughout the duration of COVID-19 and until all girls return to full-time learning at our Center. While girls are learning remotely from home, breakfasts and lunches are packaged in boxes and delivered to girls' homes each Monday for the entire week. Sisters residing in the same home each receive a box of food to last throughout the week.

In addition and for the girls attending the Center in person, we will start a food pantry so that girls who do not have sufficient nutrition at home may take nonperishables without charge.

In counseling sessions, we have upgraded telehealth capacities to better serve girls in ILE using Doxy.me. This platform is a HIPAA compliant software that streamlines the delivery of telemedicine for over 200,000 providers, including our girls at Pace Pinellas. The virtual waiting room, scheduling capabilities for session appointments, and text and email abilities all allow our counselors to provide therapy in a safe and secure manner to the girls who feel safer learning from home during the challenges of COVID-19. We also provided girls direct access to counselors by purchasing disposable cell phones and monthly airtime minutes for counselors.

Because of the increase in hours from part-time to full-time, our Administrative Assistant is able to make necessary attendance calls to families and submit documentation to Pinellas County Schools, is the face of the Pace Pinellas organization (on the phone, greeting families, assisting with various needs throughout the Center), sets up breakfast and lunch distribution and manages coverage, and ensures that after school dismissal is seamless, safe, and orderly.

Zip codes served through COVID relief are below:

Food distribution: 337- 02, 11, 05, 71, 12, 56, 13, 14, 07, 09, 85, 10, 72, 74, 81, 16, 81, 70, 73, 82, 77, 55, 08, 35, 64 & 34698

Upgraded laptops: 337- 02, 11, 05, 71, 12, 56, 13, 10, 09, 07, 73

## 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?

Although COVID-19 has challenged us to re-think our Pace protocols and get creative about providing program necessities to our girls, we're reminded that we still have a responsibility to serve at-risk young ladies throughout Pinellas county no matter the climate in our world; and, because our staff is trained and prepared to serve such an audience, we've been making every effort to reach girls in need during this time. We have been recruiting and promoting our services to girls via all social media channels (Facebook, Instagram, and Twitter) and engaging with audiences there. We have also reached community partners through our email database and distribution to our board of directors. We have also been fortunate to rely on our partnership with Pinellas County Schools to utilize their email database to share information directly with parents and families of middle and high schoolers throughout the entire county to reach our target girl audience. We regularly host virtual Lunch & Learns to ensure that our local resource agencies are aware that we have the capacity to serve more girls in the Pace program. Should we reach capacity, we will begin a wait list so that we can still follow up and engage with girls and their families who might be a good fit for our unique girl-focused services.

## 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.*

COOP Emergency Plans Combined-Centers-2020-21 Final.pdf  
Our organization's COOP plan has been attached here.

## 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.**

2020-21 Pace Liability - includes SAM.pdf  
Our Certificate of Insurance is attached here.

## Insurance Requirement\*

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

Here is the information for your carrier:

Pinellas Community Foundation  
17755 US Highway 19 N  
Suite 150  
Clearwater, FL 33764  
727-531-0058

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

Yes, I understand this requirement.

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

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**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.

BUDGET SUMMARY.pdf

***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-Grant.pdf

## Capital Requests

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

Please upload in PDF format.

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

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

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

### Are you going to use LPOs in this programming?\*

No

## Food

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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.

20

### September 2020 Projections - Food\*

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

20

### October 2020 Projections - Food\*

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

20

### November 2020 Projections - Food\*

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

20

### December Projections - Food\*

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

20

## *Behavioral Health*

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This grant will require weekly reporting on the following measures:

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

This grant will require monthly reporting on the following measures:

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

### Affirmation of Reporting\*

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

Yes

### Measurement - Behavioral Health\*

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

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

To measure the results of our success at Pace Pinellas, we will be using the Children's Functional Assessment Rating Scale (CFARS) reporting system that our social services counselors will conduct monthly with each girl enrolled in the program. The CFARS is a modified version of the Functional Assessment Rating Scale (FARS) for adults, which was developed in partnership by the Alcohol, Drug Abuse and Mental Health Program Office of the Florida Department of Children and Families with the Lewis de la Parte Florida Mental Health Institute at the University of South Florida to develop procedures to evaluate the effectiveness of publicly funded mental health and substance abuse treatment services for children and adults. There is a high level of inter-rater reliability in the CFARS, which measures a girls functioning in sixteen (16) different domains. Research has also supported a high level of validity for this rating scale.

*Comment: Above Measurement Section was updated administratively after Applicant worked with Dr BMR to revise Methodology.*

*Original Response is saved below:  
To measure the results of our success at Pace Pinellas, we will be using the CFARS (Children's Functional Rating Scale) reporting system that our social services counselors will conduct monthly with each girl in the program.*

## Methodology\*

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

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

Each girl will be rated according to severity and impairment in the following sixteen (16) domains: depression, hyperactivity, cognitive performance, traumatic stress, interpersonal relationships, activity of daily living (ADL) functioning, work/school, danger to others, anxiety, thought process, medical/physical, substance use, behavior in home setting, socio-legal, danger to self, and security/management needs. A score of one (1) to nine (9), ranging from no problem to extreme problem, is assigned to each domain depending on the level of severity and impairment. The social services counselors will administer CFRS assessments monthly to evaluate the current severity, impairment, and any behavioral progress for each girl. For each CFARS administered, a total score will be calculated by totaling the sum of the severity scores in all sixteen (16) domains for each girl. Progress will be determined by comparing the total CFARS score of each assessment administered. Thus, a lower total score would indicate that a girl has improved her overall functioning by reducing her severity ratings. We project a 50% reduction in the median CFARS severity score for the cohort of girls served in each month of this grant period.

*Comment: Above Methodology Section was updated administratively after Applicant worked with Dr BMR to revise Methodology.*

*Original Response is saved below:  
We plan to use the CFRAS, which measures functional assessment information in 17 domains relevant to evaluating children and teens. Social services counselors will perform CFARS assessments monthly to evaluate girls' behavioral progress. We estimate that we will see at least an 80% reduction of presenting problems for all girls enrolled in the program.*



### Number of Clients Served During Grant Period - Behavioral Health\*

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

60

### Estimated Percentage of Progress - Grant Period\*

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

80%

### September Projections - Number Served - Behavioral Health\*

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

58

### September Projections - Progress Rate - Behavioral Health\*

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

0

### October Projections - Number Served - Behavioral Health\*

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

58

### October Projections - Progress Rate - Behavioral Health\*

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

10

### November Projections - Number Served - Behavioral Health\*

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

58

### November Projections - Progress Rate - Behavioral Health\*

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

70

### December Projections - Number Served - Behavioral Health\*

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

58

### December Projections - Progress Rate - Behavioral Health\*

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

70

## *Funder Involvement*

---

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

Foundation for a Healthy St. Petersburg  
Juvenile Welfare Board of Pinellas County  
Pinellas Community Foundation  
Pinellas County Government  
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:

NA

### 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.**

Chantell Miles

## File Attachment Summary

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### *Applicant File Uploads*

- PACE Inc 990 2018.pdf
- Pace Pinellas FY 21 Budget\_.pdf
- Pace Center for Girls, Inc. Audited Financials FY2019.pdf
- Reimbursement Template Summary of Expenses.pdf
- COOP Emergency Plans Combined-Centers-2020-21 Final.pdf
- 2020-21 Pace Liability - includes SAM.pdf
- BUDGET SUMMARY.pdf
- CARES-Partnership-Fund-Budget-Narrative-Grant.pdf

EXTENDED TO MAY 15, 2020

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

**2018**

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the 2018 calendar year, or tax year beginning **JUL 1, 2018** and ending **JUN 30, 2019**

<b>B</b> Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>PACE CENTER FOR GIRLS, INC.</b>		<b>D</b> Employer identification number <b>59-2414492</b>
	Doing business as		<b>E</b> Telephone number <b>(904) 253-6219</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>46,950,939.</b>
	<b>6745 PHILIPS INDUSTRIAL BLVD.</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code <b>JACKSONVILLE, FL 32256</b>		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>F</b> Name and address of principal officer: <b>THRESA GILES</b> <b>SAME AS C ABOVE</b>		<b>H(c)</b> Group exemption number	
<b>I</b> 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			
<b>J</b> Website: <b>WWW.PACECENTER.ORG</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			<b>L</b> Year of formation: <b>1984</b>
<b>M</b> State of legal domicile: <b>FL</b>			

**Part I Summary**

Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO PROVIDE AT-RISK GIRLS AND YOUNG WOMEN AN OPPORTUNITY FOR A BETTER FUTURE</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>16</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>16</b>
	<b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a)	<b>5</b>	<b>636</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>408</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 38	<b>7b</b>	<b>103,399.</b>	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year <b>12,514,748.</b>	Current Year <b>14,045,010.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>27,200,250.</b>	<b>29,393,950.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>289,677.</b>	<b>376,972.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>1,167,961.</b>	<b>-344,517.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>41,172,636.</b>	<b>43,471,415.</b>
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>0.</b>	<b>0.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>26,905,288.</b>	<b>29,516,487.</b>
	<b>16 a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	<b>1,937,382.</b>	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>11,867,363.</b>	<b>14,008,969.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>38,772,651.</b>	<b>43,525,456.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>2,399,985.</b>	<b>-54,041.</b>	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year <b>24,327,499.</b>	End of Year <b>26,383,311.</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>6,278,119.</b>	<b>8,533,658.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>18,049,380.</b>	<b>17,849,653.</b>

**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.

<b>Sign Here</b>	Signature of officer:	Date: <b>12/17/19</b>
	<b>THRESA GILES, CBO</b> Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>MICHELLE M. SANCHEZ, CPA</b>	Preparer's signature	Date <b>12/17/19</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P00848115</b>
	Firm's name <b>WARREN AVERETT, LLC</b>	Firm's EIN <b>45-4084437</b>	Firm's address <b>400 NORTH ASHLEY DRIVE, SUITE 700 TAMPA, FL 33602</b>	Phone no. <b>813-229-2321</b>	

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

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: NONE

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? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 34,435,082. including grants of \$ ) (Revenue \$ 29,760,971. )
PACE CENTER FOR GIRLS, INC. IS A NON-PROFIT, GENDER-SPECIFIC PROGRAM, PROVIDING COMPREHENSIVE ACADEMIC AND THERAPEUTIC PREVENTION AND INTERVENTION TO AT-RISK GIRLS AGES 11-17 AT COMMUNITY BASED CENTERS THROUGHOUT THE STATE OF FLORIDA. PACE WAS ESTABLISHED AS AN ALTERNATIVE TO INSTITUTIONALIZATION OR INCARCERATION FOR ADOLESCENT GIRLS AT-RISK OF HIGH SCHOOL DROPOUT AND INVOLVEMENT IN THE JUSTICE SYSTEM. OPERATING IN FLORIDA SINCE 1985, PACE HAS BEEN RECOGNIZED BY LOCAL, STATE AND NATIONAL GOVERNMENTS AS THE LEADER IN PROVIDING EDUCATIONAL PROGRAMS AND COUNSELING TO AT-RISK GIRLS. ONE YEAR AFTER COMPLETING THE DAY PROGRAM, 95% OF THE GIRLS REMAIN CRIME FREE. ONE YEAR AFTER COMPLETING THE REACH PROGRAM, 97% OF THE GIRLS REMAIN CRIME FREE. PACE SERVED 3,253 GIRLS IN THE YEAR ENDED JUNE 30, 2019 AND 90% OF THE GIRLS

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

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

4e Total program service expenses 34,435,082.

**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>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
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>		X
4	<b>Section 501(c)(3) organizations.</b> 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>	X	
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>		X
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>		X
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>		X
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>		X
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>		X
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>		X
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.		
11a	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>	X	
11b	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>		X
11c	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>		X
11d	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>		X
11e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
11f	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>	X	
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>		X
12b	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>	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	X	
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
14b	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>		X
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>		X
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>		X
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>		X
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>	X	
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>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
20b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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>		X

**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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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>	X	
36	<b>Section 501(c)(3) organizations.</b> 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? <b>Note.</b> 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
<b>2a</b>	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		636
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	X	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>b</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).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	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>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		7d
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	10a	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	11a	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	13a	
<b>b</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	
<b>c</b>	Enter the amount of reserves on hand	13c	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	
<b>15</b>	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.	15	X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	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	16		
b	Enter the number of voting members included in line 1a, above, who are independent		
1b	16		
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
7b	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?	X	
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	
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 **►**  
**THRESA GILES - 904-253-6219**  
**6745 PHILIPS INDUSTRIAL BLVD., JACKSONVILLE, FL 32256**

**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) BILLIE RAWOT CHAIR/ACTING TREASURER	1.00	X		X				0.	0.	0.
(2) JANE WEXTON VICE CHAIR	1.00	X		X				0.	0.	0.
(3) ROBIN WAHBY SECRETARY	1.00	X		X				0.	0.	0.
(4) MARK SNEAD IMMEDIATE PAST CHAIR	1.00	X		X				0.	0.	0.
(5) GORDON BAILEY DIRECTOR	1.00	X						0.	0.	0.
(6) KEITH BELL DIRECTOR	1.00	X						0.	0.	0.
(7) DENISE COBB DIRECTOR	1.00	X						0.	0.	0.
(8) NICOLE DECKER DIRECTOR	1.00	X						0.	0.	0.
(9) GRETA DUPUY DIRECTOR	1.00	X						0.	0.	0.
(10) LOUIS FREEMAN DIRECTOR	1.00	X						0.	0.	0.
(11) NADINE GRAMLING DIRECTOR	1.00	X						0.	0.	0.
(12) JAMES SEALS DIRECTOR	1.00	X						0.	0.	0.
(13) NEIL SKENE DIRECTOR	1.00	X						0.	0.	0.
(14) KERRIE SLATTERY DIRECTOR	1.00	X						0.	0.	0.
(15) IRENE SULLIVAN DIRECTOR	1.00	X						0.	0.	0.
(16) DEBBIE TOLER DIRECTOR	1.00	X						0.	0.	0.
(17) MARY MARX PRESIDENT/CEO	40.00			X					0.	

**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			
(18) THRESA GILES CHIEF BUSINESS OFFICER	40.00			X				0.		
(19) YESSICA CANCEL CHIEF OPERATING OFFICER	40.00			X				0.		
(20) TEDDY THOMPSEN CHIEF ADV OFFICER	40.00			X				0.		
(21) CAROLE C. SAVAGE REGIONAL EXECUTIVE DIRECTOR	40.00				X			0.		
(22) SYLVIA ARMSTRONG EXECUTIVE DIRECTOR	40.00				X			0.		
(23) RENEE MCQEEN SR DIR OF SOCIAL SERVICES	40.00				X			0.		
(24) TANYA HOLLINS REGIONAL EXECUTIVE DIRECTOR	40.00				X			0.		
(25) AGATHA PAPPAS REGIONAL EXECUTIVE DIRECTOR	40.00				X			0.		
<b>1b Sub-total</b>								0.		
<b>c Total from continuation sheets to Part VII, Section A</b>								0.		
<b>d Total (add lines 1b and 1c)</b>								0.		

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 **10**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		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? If "Yes," complete Schedule J for such individual	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? If "Yes," complete Schedule J for such person		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	<b>1 a</b> Federated campaigns	<b>1a</b> 284,193.					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b> 1,659,744.					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b> 2,626,492.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 9,474,581.					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$	203,849.					
	<b>h Total.</b> Add lines 1a-1f		14,045,010.				
Program Service Revenue	<b>2 a</b> DEPARTMENT OF JUVENILE JUSTICE	<b>Business Code</b> 611600	21,364,314.	21,364,314.			
	<b>b</b> SCHOOL BOARD	611600	8,020,036.	8,020,036.			
	<b>c</b> DEFERRED PROSECUTION	611600	9,600.	9,600.			
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f		29,393,950.				
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		298,623.			298,623.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	(i) Real	(ii) Personal				
		<b>b</b> Less: rental expenses					
		<b>c</b> Rental income or (loss)					
		<b>d</b> Net rental income or (loss)					
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		2,983,536.					
		<b>b</b> Less: cost or other basis and sales expenses		2,905,187.			
		<b>c</b> Gain or (loss)		78,349.			
	<b>d</b> Net gain or (loss)			78,349.		78,349.	
	<b>8 a</b> Gross income from fundraising events (not including \$ 1,659,744. of contributions reported on line 1c). See Part IV, line 18	<b>a</b>	161,422.				
		<b>b</b> Less: direct expenses	<b>b</b>	574,337.			
<b>c</b> Net income or (loss) from fundraising events				-412,915.		-412,915.	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>						
	<b>b</b> Less: direct expenses	<b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities						
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>						
	<b>b</b> Less: cost of goods sold	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b> MISCELLANEOUS INCOME	900099		68,398.	68,398.			
<b>b</b>							
<b>c</b>							
<b>d</b> All other revenue							
<b>e Total.</b> Add lines 11a-11d			68,398.				
<b>12 Total revenue.</b> See instructions			43,471,415.	29,462,348.	0.	-35,943.	

**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	1,052,593.	620,162.	159,167.	273,264.
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	23,228,886.	18,902,301.	3,344,515.	982,070.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	322,656.	246,214.	62,933.	13,509.
9 Other employee benefits	3,143,791.	2,539,186.	453,591.	151,014.
10 Payroll taxes	1,768,561.	1,425,749.	250,219.	92,593.
11 Fees for services (non-employees):				
a Management				
b Legal	146,867.	146,867.		
c Accounting	93,420.	22,421.	56,986.	14,013.
d Lobbying	155,673.	155,673.		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	757,325.	328,346.	341,755.	87,224.
12 Advertising and promotion	351,446.	265,077.	62,296.	24,073.
13 Office expenses	1,627,497.	1,139,446.	424,579.	63,472.
14 Information technology	1,276,595.	505,007.	733,589.	37,999.
15 Royalties				
16 Occupancy	3,633,969.	3,383,941.	249,618.	410.
17 Travel	716,775.	666,498.	7,491.	42,786.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	71,426.	71,426.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	765,471.	648,879.	116,592.	
23 Insurance	286,141.	133,212.	152,929.	
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 <b>STUDENT COSTS</b>	1,787,401.	1,671,124.	75,582.	40,695.
b <b>EQUIPMENT</b>	727,848.	554,616.	172,977.	255.
c <b>VEHICLE EXPENSE</b>	409,560.	354,456.	54,897.	207.
d <b>STAFF TRAINING</b>	309,969.	116,728.	172,609.	20,632.
e All other expenses	891,586.	537,753.	260,667.	93,166.
25 <b>Total functional expenses.</b> Add lines 1 through 24e	43,525,456.	34,435,082.	7,152,992.	1,937,382.
26 <b>Joint costs.</b> 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	6,460,238.	1	5,910,343.
	2	Savings and temporary cash investments	135,404.	2	869,373.
	3	Pledges and grants receivable, net	5,825,562.	3	4,289,034.
	4	Accounts receivable, net		4	222,063.
	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		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	459,477.	9	557,410.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 10,545,571.		
	b	Less: accumulated depreciation	10b 3,377,250.	10c	7,168,321.
	11	Investments - publicly traded securities	7,627,630.	11	6,951,633.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	1,546,043.	15	415,134.
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	24,327,499.	16	26,383,311.	
Liabilities	17	Accounts payable and accrued expenses	4,691,979.	17	5,105,768.
	18	Grants payable		18	
	19	Deferred revenue	279,782.	19	259,760.
	20	Tax-exempt bond liabilities		20	
	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	836,494.	23	3,168,130.
	24	Unsecured notes and loans payable to unrelated third parties	461,231.	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	8,633.	25	0.
	26	<b>Total liabilities.</b> Add lines 17 through 25	6,278,119.	26	8,533,658.
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	12,690,057.	27	12,754,191.
	28	Temporarily restricted net assets	5,359,323.	28	5,095,462.
	29	Permanently restricted net assets		29	
	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	<b>Total net assets or fund balances</b>	18,049,380.	33	17,849,653.	
34	<b>Total liabilities and net assets/fund balances</b>	24,327,499.	34	26,383,311.	

**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	43,471,415.
2	Total expenses (must equal Part IX, column (A), line 25)	2	43,525,456.
3	Revenue less expenses. Subtract line 2 from line 1	3	-54,041.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	18,049,380.
5	Net unrealized gains (losses) on investments	5	-145,686.
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	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	17,849,653.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	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.	X	
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?	X	
3b	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	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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

Open to Public Inspection

Name of the organization

PACE CENTER FOR GIRLS, INC.

Employer identification number

59-2414492

**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		
<b>Total</b>						

**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.") .....						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
3 The value of services or facilities furnished by a governmental unit to the organization without charge .....						
4 <b>Total.</b> Add lines 1 through 3 .....						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
6 <b>Public support.</b> Subtract line 5 from line 4.						

**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 .....						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
9 Net income from unrelated business activities, whether or not the business is regularly carried on .....						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
11 <b>Total support.</b> Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions) .....					12	
13 <b>First five years.</b> 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 <b>stop here</b> .....						<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	%
15 Public support percentage from 2017 Schedule A, Part II, line 14 .....	15	%
16a <b>33 1/3% support test - 2018.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>b 33 1/3% support test - 2017.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
17a <b>10% -facts-and-circumstances test - 2018.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2017.</b> 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 <b>stop here.</b> 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 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>	

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.) .....						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) .....						

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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2018</b> (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2017</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

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

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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>b</b> A family member of a person described in (a) above?		
<b>c</b> 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
<b>1</b> 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>		
<b>2</b> 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
<b>1</b> 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
<b>1</b> 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?		
<b>2</b> 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>		
<b>3</b> 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**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> 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>b</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>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> 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>b</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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (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	<b>Distributable Amount.</b> 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 <b>Total annual distributions.</b> 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 <b>Total</b> 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 <b>Excess distributions carryover to 2019.</b> 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 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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

Name of the organization

PACE CENTER FOR GIRLS, INC.

Employer identification number

59-2414492

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 foundationCheck 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).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

**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](http://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 **PACE CENTER FOR GIRLS, INC.** Employer identification number **59-2414492**

**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												
<b>1 a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) .....		155,673.													
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....															
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....		155,673.													
<b>d</b> Other exempt purpose expenditures .....		34,279,409.													
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....		34,435,082.													
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>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.														
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....		250,000.													
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....		0.													
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....		0.													
<b>j</b> 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
<b>2a</b> Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
<b>c</b> Total lobbying expenditures	119,147.	84,135.	91,369.	155,673.	450,324.
<b>d</b> Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
<b>f</b> Grassroots lobbying expenditures	119,147.	84,135.	91,369.	155,673.	450,324.

**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)).

	(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?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
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.

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**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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2018**  
**Open to Public Inspection**

Name of the organization **PACE CENTER FOR GIRLS, INC.** Employer identification number **59-2414492**

**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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ .....

4 Number of states where property subject to conservation easement is located ▶ .....

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ .....

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ .....

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**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.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

**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    |
|--|-----------|
| <b>c</b> Beginning balance             | <b>1c</b> |
| <b>d</b> Additions during the year     | <b>1d</b> |
| <b>e</b> Distributions during the year | <b>1e</b> |
| <b>f</b> Ending balance                | <b>1f</b> |
- 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
<b>1a</b> Beginning of year balance					
<b>b</b> Contributions					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses					
<b>g</b> End of year balance					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment  \_\_\_\_\_ %
  - b** Permanent endowment  \_\_\_\_\_ %
  - c** Temporarily restricted endowment  \_\_\_\_\_ %
- 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:
- |   | Yes           | No |
|---|---------------|----|
| <b>(i)</b> unrelated organizations  | <b>3a(i)</b>  |    |
| <b>(ii)</b> related organizations   | <b>3a(ii)</b> |    |
| <b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <b>3b</b>     |    |

**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
<b>1a</b> Land		444,465.		444,465.
<b>b</b> Buildings		5,976,307.	1,079,463.	4,896,844.
<b>c</b> Leasehold improvements		135,755.	4,525.	131,230.
<b>d</b> Equipment		3,676,018.	2,293,262.	1,382,756.
<b>e</b> Other		313,026.		313,026.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				7,168,321.

**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) .....		
<b>Total.</b> (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) .....		
<b>Total.</b> (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) .....	
(2) .....	
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**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) .....	
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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
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	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
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	
c	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5

**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
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
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	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5

**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 X, LINE 2:**

PACE IS A PRIVATE NOT-FOR-PROFIT CORPORATION AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. PACE-THC, PACE BROWARD-THC, PACE COLLIER AT IMMOKALEE-THC, AND PACE ALACHUA-THC ARE PRIVATE NOT-FOR-PROFIT CORPORATIONS AS DESCRIBED IN SECTION 501(C)(2) OF THE INTERNAL REVENUE CODE. AS SUCH, ALL WILL BE EXEMPT FROM FEDERAL AND STATE INCOME TAXES ON RELATED INCOME PURSUANT TO SECTION 501(A) OF THE INTERNAL REVENUE CODE AND CHAPTER 220.13 OF THE FLORIDA STATUTES, RESPECTIVELY.

THE ORGANIZATION EVALUATES ITS TAX POSITIONS FOR ANY UNCERTAINTIES BASED ON THE TECHNICAL MERITS OF THE POSITIONS TAKEN IN ACCORDANCE WITH AUTHORITATIVE GUIDANCE. THE ORGANIZATION RECOGNIZES THE TAX BENEFIT FROM



**Part XIII** Supplemental Information (continued)

AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE UPHOLD UPON EXAMINATION BY TAXING AUTHORITIES. THE ORGANIZATION HAS ANALYZED THE TAX POSITIONS TAKEN AND HAS CONCLUDED THAT AS OF JUNE 30, 2019 AND 2018, THERE WERE NO UNCERTAIN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE CONSOLIDATED FINANCIAL STATEMENTS.

**PART X, LINE 2**

PACE IS A PRIVATE NOT-FOR-PROFIT CORPORATION AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. AS SUCH, IT WILL BE EXEMPT FROM FEDERAL AND STATE INCOME TAXES ON RELATED INCOME PURSUANT TO SECTION 401(A) OF THE INTERNAL REVENUE CODE AND CHAPTER 220.13 OF THE FLORIDA STATUTES, RESPECTIVELY.

THE ORGANIZATION HAS DETERMINED THAT THERE ARE NO UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE. TAX YEARS THAT REMAIN SUBJECT TO EXAMINATION BY MAJOR TAX JURISDICTIONS ARE 2015 AND FORWARD. THE ORGANIZATION HAS NO EXAMINATIONS IN PROGRESS AND IS NOT AWARE OF ANY TAX POSITIONS FOR WHICH IT IS REASONABLY POSSIBLE THAT THE TOTAL AMOUNTS OF UNRECOGNIZED TAX LIABILITIES WILL SIGNIFICANTLY CHANGE IN THE NEXT TWELVE MONTHS.

**SCHEDULE E**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Schools**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.**  
▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

Name of the organization

**PACE CENTER FOR GIRLS, INC.**

Employer identification number

**59-2414492**

**Part I**

	YES	NO
1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>SEE SUPPLEMENTAL PAGE</b>		
4 Does the organization maintain the following?		
a Records indicating the racial composition of the student body, faculty, and administrative staff? .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d Copies of all material used by the organization or on its behalf to solicit contributions? .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If you answered "No" to any of the above, please explain. If you need more space, use Part II.		
5 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Admissions policies? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Employment of faculty or administrative staff? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d Scholarships or other financial assistance? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Educational policies? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f Use of facilities? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g Athletic programs? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h Other extracurricular activities? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.		
6a Does the organization receive any financial aid or assistance from a governmental agency? .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Has the organization's right to such aid ever been revoked or suspended? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If you answered "Yes" on either line 6a or line 6b, explain on Part II.		
7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-60, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Schedule E (Form 990 or 990-EZ) 2018

**Part II** Supplemental information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable.

Also provide any other additional information.

SCHEDULE E, PART I, LINE 3

IN PRINTED AND ELECTRONIC MEDIA AND ALL OF OUR SPECIFIC STUDENT RECRUITMENT LITERATURE, WE PUBLICIZE THAT WE MAINTAIN AN OPEN INTAKE POLICY AND THAT ALL GIRLS ARE ELIGIBLE REGARDLESS OF THEIR BACKGROUNDS, ABILITY TO PAY, RACE, RELIGION, OR CREED.

SCHEDULE E, PART I, LINE 6

THE STATE OF FLORIDA DEPARTMENT OF JUVENILE JUSTICE AND THE RESPECTIVE LOCAL COUNTY SCHOOL BOARDS FUND EACH PACE CENTER. SOME OF THE CENTERS ALSO HAVE GRANTS FROM VARIOUS GOVERNMENT AGENCIES, SUCH AS THE CITY AND COUNTY. SOME FEDERAL DOLLARS ARE ALSO RECEIVED AS PASS THROUGH AMOUNTS FROM THE SCHOOL BOARD OR THE STATE.



**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		ASK EVENTS (event type)	LOVE THAT DRESS (event type)	26 (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	581,144.	371,723.	868,299.	1,821,166.
	2	Less: Contributions	532,410.	345,313.	782,021.	1,659,744.
	3	Gross income (line 1 minus line 2)	48,734.	26,410.	86,278.	161,422.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes	22,153.	50,796.	2,693.	75,642.
	6	Rent/facility costs	1,994.	28,941.	46,147.	77,082.
	7	Food and beverages	95,000.	8,868.	100,124.	203,992.
	8	Entertainment	14,195.	1,700.	33,592.	49,487.
	9	Other direct expenses	21,390.	16,877.	129,867.	168,134.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				574,337.
	11	Net income summary. Subtract line 10 from line 3, column (d)				-412,915.

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)			

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

b If "Yes," explain: \_\_\_\_\_

11 Does the organization conduct gaming activities with nonmembers?  Yes  No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

13 Indicate the percentage of gaming activity conducted in:  
a The organization's facility 

13a	%
13b	%

  
b An outside facility

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:  
Name ▶ \_\_\_\_\_  
Address ▶ \_\_\_\_\_

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_

c If "Yes," enter name and address of the third party:  
Name ▶ \_\_\_\_\_  
Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_  
Gaming manager compensation ▶ \$ \_\_\_\_\_  
Description of services provided ▶ \_\_\_\_\_  
  
 Director/officer     Employee     Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Multiple horizontal lines for supplemental information.



**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

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](http://www.irs.gov/Form990) for instructions and the latest information.

**2018**  
 Open to Public Inspection

Department of the Treasury  
 Internal Revenue Service

Name of the organization

**PACE CENTER FOR GIRLS, INC.**

Employer identification number  
**59-2414492**

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> 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"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
<b>b</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	<b>1b</b>	
<b>2</b> 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?	<b>2</b>	
<b>3</b> 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 checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> 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: <b>a</b> Receive a severance payment or change-of-control payment? <b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? <b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	<b>4a</b> <b>4b</b> <b>4c</b>	 <b>X</b> <b>X</b> <b>X</b>
<b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> 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: <b>a</b> The organization? <b>b</b> Any related organization? If "Yes" on line 5a or 5b, describe in Part III.	<b>5a</b> <b>5b</b>	 <b>X</b> <b>X</b>
<b>6</b> 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: <b>a</b> The organization? <b>b</b> Any related organization? If "Yes" on line 6a or 6b, describe in Part III.	<b>6a</b> <b>6b</b>	 <b>X</b> <b>X</b>
<b>7</b> 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	<b>7</b>	<b>X</b>
<b>8</b> 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	<b>8</b>	<b>X</b>
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	<b>9</b>	

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

Schedule J (Form 990) 2018

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2018**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization **PACE CENTER FOR GIRLS, INC.** Employer identification number **59-2414492**

Part I		(a)	(b)	(c)	(d)
Types of Property		Check if applicable	Number of contributions or items contributed	Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods	X		124,138.	FAIR MARKET VALUE
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ( EVENT ITEMS )	X	312	79,711.	FAIR MARKET VALUE
26	Other ( )				
27	Other ( )				
28	Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2018



**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**Open to Public  
Inspection

Name of the organization

PACE CENTER FOR GIRLS, INC.

Employer identification number  
59-2414492**FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:**

THE MISSION OF PACE IS TO PROVIDE GIRLS AND YOUNG WOMEN AN OPPORTUNITY FOR A BETTER FUTURE THROUGH EDUCATION, COUNSELING, TRAINING, AND ADVOCACY. PACE PROGRAMS SERVE GIRLS BETWEEN THE AGES OF 11 AND 17 WITH THREE OR MORE ADVERSE CHILDHOOD EXPERIENCES AND WHO ARE AT HIGH-RISK FOR DELINQUENT BEHAVIOR AND VICTIMIZATION. PACE EMPLOYS GENDER-RESPONSIVE, TRAUMA-INFORMED, AND STRENGTH-BASED PREVENTION AND EARLY INTERVENTION PROGRAMS AND SERVICES FOR GIRLS WITH MULTIPLE RISK FACTORS. TODAY, THROUGH A STATEWIDE NETWORK OF 21 PACE CENTERS THAT PROVIDE THE FULL ACADEMIC SCHOOL DAY AND COMPREHENSIVE WRAP AROUND SERVICES, PACE ANNUALLY HELPS MORE THAN 3,000 GIRLS GET BACK ON TRACK TO GRADUATE FROM HIGH SCHOOL.

PACE ALSO PARTNERS WITH SCHOOL DISTRICTS AND COMMUNITY HEALTHCARE PARTNERS TO BRING MUCH NEEDED MENTAL HEALTH SERVICES TO YOUNG WOMEN THROUGH ITS PACE REACH PROGRAM.

PACE CURRENTLY OPERATES IN THE COUNTIES OF ALACHUA, BROWARD, CITRUS, CLAY, COLLIER, DUVAL, ESCAMBIA, SANTA ROSA, HERNANDO, HILLSBOROUGH, LEE, LEON, MANATEE, MARION, MIAMI-DADE, ORANGE, PALM BEACH, PASCO, PINELLAS, POLK, ST. LUCIE, AND VOLUSIA-FLAGLER, FLORIDA.

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

ENROLLED IMPROVED ACADEMICALLY THAT YEAR. PACE ALSO ADVOCATES FOR GIRLS ON A NATIONAL AND STATE LEVEL, PROVIDING TRAINING AND CONSULTING TO GIRLS-SERVING AGENCIES VIA PARTNERSHIPS WITH GROUPS SUCH AS THE FLORIDA JUVENILE JUSTICE ASSOCIATION.

Name of the organization

PACE CENTER FOR GIRLS, INC.

Employer identification number

59-2414492

**PACE REACH**

PACE REACH IS A COUNSELING PROGRAM DESIGNED TO RESPOND TO THE SPECIFIC NEEDS OF GIRLS AND YOUNG WOMEN IN FLORIDA COMMUNITIES (BROWARD, ESCAMBIA, HERNANDO, JACKSONVILLE, PALM BEACH, PASCO, CITRUS, LEE, PINELLAS AND TAMPA BAY). THE REACH PROGRAM IS BASED ON A SUCCESSFUL MODEL WHICH HAS BEEN RUNNING IN BROWARD COUNTY FOR THE PAST 10 YEARS.

THIS MODEL INCORPORATES THERAPEUTIC SERVICES WITH A STRENGTH-BASED AND GENDER-RESPONSIVE APPROACH. THE OVERALL GOAL OF THESE PREVENTION SERVICES IS TO DIVERT GIRLS THAT POSE NO REAL THREAT TO PUBLIC SAFETY AWAY FROM THE JUVENILE JUSTICE SYSTEM THROUGH PROGRAMMING THAT SUPPORTS A SAFE GENDER-RESPONSIVE ENVIRONMENT AND PROVIDES GIRLS AND THEIR FAMILIES POSITIVE ALTERNATIVES FOR DELINQUENT BEHAVIOR.

IN ADDITION, SPECIFIC GOALS FOR THE PROGRAM INCLUDE:

1. REDUCE RISK FACTORS RELATED TO VIOLENCE AND DELINQUENCY,
2. PREVENT OR REDUCE SUBSTANCE ABUSE USAGE;
3. DEVELOP POSITIVE BEHAVIORAL CHANGES, AND DECISION MAKING SKILLS;
4. ASSIST IN DEVELOPING POSITIVE SELF-IMAGE AND INCREASE SELF-ESTEEM;

AND

5. IMPROVE ACADEMIC FUNCTIONING.

THE ABOVE GOALS ARE ATTAINED BY APPLYING THE FOLLOWING STRATEGIES:

1. IDENTIFICATION OF DEVELOPMENTAL NEEDS SPECIFIC TO GIRLS AND YOUNG WOMEN.
2. GENDER-RESPONSIVE, EVIDENCE-BASED TREATMENT.
3. FAMILY INTERVENTION.
4. COLLABORATION WITH AND EDUCATION OF COMMUNITY AGENCIES.
5. NURTURING POSITIVE ROLE MODELS.
6. ADVOCACY FOR GIRLS AND YOUNG WOMEN BY LEADING THE COMMUNITY IN

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

Page 2

Name of the organization

PACE CENTER FOR GIRLS, INC.

Employer identification number

59-2414492

OVERCOMING OBSTACLES THAT THEY FACE. PACE REACH ALSO PROVIDES CASE MANAGEMENT AND COUNSELING/THERAPY FOR GIRLS AND THEIR FAMILIES, BASED ON THE INDIVIDUAL PSYCHO-SOCIAL ASSESSMENT.

SERVICES INCLUDE BUT ARE NOT LIMITED TO:

1. CASE MANAGEMENT
2. PSYCHO-SOCIAL ASSESSMENT
3. FAMILY COUNSELING/THERAPY BASED ON THE ASSESSED NEEDS OF THE FAMILY
4. GROUP THERAPY
5. PSYCHO EDUCATION
6. INDIVIDUAL COUNSELING/THERAPY
7. INDIVIDUAL COUNSELING/MENTORING/SKILLS BUILDING

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

THE FINAL FORM 990 DOCUMENTS ARE MADE AVAILABLE TO THE ORGANIZATION'S AUDIT COMMITTEE AND EXECUTIVE BOARD FOR REVIEW AND QUESTIONS/COMMENTS PRIOR TO FILING WITH THE IRS. ADDITIONALLY, THE FINAL FORM IS MADE AVAILABLE TO ALL VOTING MEMBERS OF THE GOVERNING BODY PRIOR TO FILING WITH THE IRS.

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

ALL OFFICERS, DIRECTORS AND KEY EMPLOYEES ARE REQUIRED TO SIGN ANNUALLY A CONFLICT OF INTEREST DISCLOSURE FORM AND ARE ADDITIONALLY REQUIRED TO DISCLOSE TO THE BOARD CHAIR ANY ISSUES THAT ARISE DURING THE INTERIM PERIOD. ADDITIONALLY, THERE ARE PROCEDURES FOR OTHER INDIVIDUALS TO DISCLOSE SUCH ACTS TO THE BOARD CHAIR OR, IF THE MATTER RELATES TO EMPLOYEES, TO A MEMBER OF SENIOR MANAGEMENT. PERIODICALLY, INTERNAL AUDITS OF COMPLIANCE ARE CONDUCTED.

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

Name of the organization <b>PACE CENTER FOR GIRLS, INC.</b>	Employer identification number <b>59-2414492</b>
--	---

IT IS THE POLICY OF THE AGENCY TO PAY SALARIES WHICH REWARD EACH EMPLOYEE  
IN PROPORTION TO THE VALUE OF THE EMPLOYEE'S SERVICES, ACCORDING TO  
ESTABLISHED SALARY LEVELS WHICH, WITHIN THE MEANS OF THE AGENCY, COMPARE  
FAVORABLY WITH RATES PAID BY OTHER SIMILIAR ORGANIZATIONS IN THE AREA WHERE  
EACH INDIVIDUAL SITE IS LOCATED. SALARIES ARE BASED ON THE JOB POSITION AND  
DESCRIPTION LEVEL OF RESPONSIBILITY, EMPLOYEE'S EXPERIENCE AND EDUCATIONAL  
LEVEL, LOCAL COST OF LIVING, AND PERFORMANCE RATINGS. SALARIES ARE  
REEVALUATED EVERY TWO YEARS TO REFLECT CURRENT ECONOMIC  
CONDITIONS.

FORM 990, PART VI, SECTION C, LINE 19:  
THE PACE CENTER FOR GIRLS, INC. MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF  
INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.







**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.

		Yes	No
<b>1</b>	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?		
<b>a</b>	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
<b>b</b>	Gift, grant, or capital contribution to related organization(s)		X
<b>c</b>	Gift, grant, or capital contribution from related organization(s)		X
<b>d</b>	Loans or loan guarantees to or for related organization(s)		X
<b>e</b>	Loans or loan guarantees by related organization(s)		X
<b>f</b>	Dividends from related organization(s)		X
<b>g</b>	Sale of assets to related organization(s)		X
<b>h</b>	Purchase of assets from related organization(s)		X
<b>i</b>	Exchange of assets with related organization(s)		X
<b>j</b>	Lease of facilities, equipment, or other assets to related organization(s)		X
<b>k</b>	Lease of facilities, equipment, or other assets from related organization(s)		X
<b>l</b>	Performance of services or membership or fundraising solicitations for related organization(s)		X
<b>m</b>	Performance of services or membership or fundraising solicitations by related organization(s)		X
<b>n</b>	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
<b>o</b>	Sharing of paid employees with related organization(s)		X
<b>p</b>	Reimbursement paid to related organization(s) for expenses		X
<b>q</b>	Reimbursement paid by related organization(s) for expenses		X
<b>r</b>	Other transfer of cash or property to related organization(s)		X
<b>s</b>	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
<b>(1)</b>	PACE - THC INC	K	73,996.	CASH
<b>(2)</b>	PACE - THC INC	D	1,177,769.	LOAN VALUE
<b>(3)</b>	PACE ALACHUA - THC INC	D	333,614.	LOAN VALUE
<b>(4)</b>				
<b>(5)</b>				
<b>(6)</b>				



**Part VII** Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

FORM 990, SCHEDULE R, PART II, LINE 1, SECTION B

HOLDS TITLE TO ASSETS FOR AND RECEIVES RENT FROM PACE CENTER FOR GIRLS  
INC.

FORM 990, SCHEDULE R, PART II, LINE 2, SECTION B

HOLDS TITLE TO ASSETS FOR AND RECEIVES RENT FROM PACE CENTER FOR GIRLS  
INC.

FORM 990, SCHEDULE R, PART II, LINE 3, SECTION B

HOLDS TITLE TO ASSETS FOR AND RECEIVES RENT FROM PACE CENTER FOR GIRLS  
INC.

FORM 990, SCHEDULE R, PART II, LINE 4, SECTION B

HOLDS TITLE TO ASSETS FOR AND RECEIVES RENT FROM PACE CENTER FOR GIRLS  
INC.

PACE CENTER FOR GIRLS, INC.

59-2414492

Form **990-W**

**Estimated Tax on Unrelated Business Taxable  
Income for Tax-Exempt Organizations**

OMB No. 1545-0976

(Worksheet)

(and on Investment Income for Private Foundations) FORM 990-T

**2019**

Department of the Treasury  
Internal Revenue Service

▶ Go to [www.irs.gov/Form990W](http://www.irs.gov/Form990W) for instructions and the latest information.  
▶ Keep for your records. Do not send to the Internal Revenue Service.

1	Unrelated business taxable income expected in the tax year	1	
2	Tax on the amount on line 1. See instructions for tax computation	2	
3	Alternative minimum tax for trusts. See instructions	3	
4	Total. Add lines 2 and 3	4	
5	Estimated tax credits. See instructions	5	
6	Subtract line 5 from line 4	6	
7	Other taxes. See instructions	7	
8	Total. Add lines 6 and 7	8	
9	Credit for federal tax paid on fuels. See instructions	9	
10a	Subtract line 9 from line 8. <b>Note:</b> If less than \$500, the organization is not required to make estimated tax payments. Private foundations, see instructions	10a	
b	Enter the tax shown on the 2018 return. See instructions. <b>Caution:</b> If zero or the tax year was for less than 12 months, skip this line and enter the amount from line 10a on line 10c	10b	
c	<b>2019 Estimated Tax.</b> Enter the smaller of line 10a or line 10b. If the organization is required to skip line 10b, enter the amount from line 10a on line 10c	10c	10,020.

		(a)	(b)	(c)	(d)
11	Installment due dates. See instructions	11	12/16/19	03/16/20	06/15/20
12	Required installments. Enter 25% of line 10c in columns (a) through (d). But see instructions if the organization uses the annualized income installment method, the adjusted seasonal installment method, or is a "large organization."	12	2,505.	2,505.	2,505.
13	2018 Overpayment. See instructions	13			
14	Payment due (Subtract line 13 from line 12)	14	2,505.	2,505.	2,505.

LHA For Paperwork Reduction Act Notice, see instructions.

Form 990-W (2019)

ESTIMATED TAX	10,020.
AMOUNT PAID	2,505.
AMOUNT DUE	7,515.

**PACE Center for Girls, Inc. - Pinellas**  
**FY 21 Budget**



	<u>FY 21</u>	
<b>REVENUE</b>		
Federal Grant	\$ 23,000	
DJJ	781,293	
School Board	315,000	
Civic	160,000	
Unrestricted Contributions	169,600	
Private Temporary Restricted		
Private Temporary Restricted Fdn	169,000	
Special Events		
Miscellaneous Income		
<b>Total REVENUE</b>	<b>\$ 1,617,893</b>	
<b>EXPENSES</b>		
Salaries and Wages	794,813	
Taxes and Benefits	216,413	
Training and Travel	8,725	
Contract Personnel	-	
Occupancy Costs	143,553	
Telecom Costs	33,379	
Equipment Costs	18,890	
Vehicle Expenses	7,266	
Insurance Costs	8,067	
Professional Fees	-	
Materials & Supplies	10,350	
Board Expenses	-	
Outreach and Community Engagemt	3,500	
Student Costs	51,300	
Program Travel	9,222	
Special Events	32,800	
Depreciaton	20,400	
Other Operating Costs		
Bank and Investment Fees		
Organization Operational Cost	217,598	
<b>Total EXPENSES</b>	<b>\$ 1,576,276</b>	
<b>NET SURPLUS/(DEFICIT)</b>	<b>\$ 41,617</b>	
Fund Balance	74,560	

Working Capital 78,814

ENDING SURPLUS/DEFICIT \$ 37,363

**PACE Center for Girls, Inc. and Affiliates**

**Consolidated Financial Statements  
and Supplementary Information**

**June 30, 2019 and 2018**



**PACE Center for Girls, Inc. and Affiliates**  
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**June 30, 2019 and 2018**

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## Independent Auditors' Report

To the Board of Trustees  
PACE Center for Girls, Inc. and Affiliates

### Report on the Consolidated Financial Statements

We have audited the accompanying consolidated financial statements of PACE Center for Girls, Inc. and Affiliates (the "Organization"), which comprise the consolidated statement of financial position as of June 30, 2019 and the related consolidated statements of activities, cash flows, and functional expenses for the year then ended, and the related notes to the consolidated financial statements.

### Management's Responsibility for the Consolidated Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated 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 consolidated financial statements that are free from material misstatement, whether due to fraud or error.

### Auditors' Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audit. We conducted our audit 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 consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditors consider internal control relevant to the entity's preparation and fair presentation of the consolidated 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 consolidated 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 consolidated financial statements referred to above present fairly, in all material respects, the financial position of PACE Center for Girls, Inc. and Affiliates as of June 30, 2019 and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

## Prior Period Financial Statements

The 2018 consolidated financial statements of PACE Center for Girls, Inc. and Affiliates were audited by other auditors who have expressed an unmodified audit opinion on those audited consolidated financial statements in their report dated October 2, 2018.

## Other Matters

Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The supplementary information on Pages 22 through 25 is presented for purposes of additional analysis and is not a required part of the consolidated 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 for Federal Awards*, and by *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 consolidated 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 consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated 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 consolidated financial statements as a whole.

## Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards*, we have also issued our report dated September 26, 2019 on the Organization's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely 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 the effectiveness of the Organization's 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 the Organization's internal control over financial reporting and compliance.

*Warren Averett, LLC*

Tampa, Florida  
September 26, 2019

## Consolidated Financial Statements

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**PACE Center for Girls, Inc. and Affiliates**  
**Consolidated Statements of Financial Position**  
**June 30, 2019 and 2018**

	2019	2018
<b>Assets</b>		
<b>Current Assets</b>		
Cash and cash equivalents	\$ 5,957,604	\$ 6,642,753
Investments	7,821,005	7,627,630
Contracts and grants receivable	3,867,973	5,231,420
Pledges receivable - current (net of reserves of \$25,367 and \$29,816)	238,695	238,593
Prepaid and other assets	557,412	459,477
<b>Total current assets</b>	<b>18,442,689</b>	<b>20,199,873</b>
<b>Noncurrent Assets</b>		
Pledges receivable - long-term (net of reserves and discounts of \$94,669 and \$110,947)	404,430	355,549
Property and equipment, net	16,014,976	11,869,422
<b>Total noncurrent assets</b>	<b>16,419,406</b>	<b>12,224,971</b>
<b>Total Assets</b>	<b>\$ 34,862,095</b>	<b>\$ 32,424,844</b>
<b>Liabilities and Net Assets</b>		
<b>Current Liabilities</b>		
Lines of credit	\$ -	\$ 836,494
Notes payable - current	415,259	130,855
Accounts payable and accrued expenses	5,097,134	4,691,979
Deferred revenue	259,760	279,782
<b>Total current liabilities</b>	<b>5,772,153</b>	<b>5,939,110</b>
<b>Noncurrent Liabilities</b>		
Notes payable, noncurrent	5,037,389	1,527,293
<b>Total Liabilities</b>	<b>10,809,542</b>	<b>7,466,403</b>
<b>Net Assets</b>		
Without donor restrictions	18,957,091	19,599,117
With donor restrictions	5,095,462	5,359,324
<b>Total net assets</b>	<b>24,052,553</b>	<b>24,958,441</b>
<b>Total Liabilities and Net Assets</b>	<b>\$ 34,862,095</b>	<b>\$ 32,424,844</b>

See accompanying notes to the consolidated financial statements.

**PACE Center for Girls, Inc. and Affiliates**  
**Consolidated Statement of Activities**  
**For the Year Ended June 30, 2019**

	Without Donor Restrictions	With Donor Restrictions	Total All Classes
<b>Support and Revenue</b>			
Public grants - Florida Department of Juvenile Justice	\$ 21,364,311	\$ -	\$ 21,364,311
Public grants - School Boards	8,020,034	-	8,020,034
Grants - other	1,059,817	1,566,676	2,626,493
Contributions	5,661,473	3,982,759	9,644,232
In-kind contributions	295,825	-	295,825
Special events	1,738,154	3,300	1,741,454
Interest and dividend income	160,801	23,657	184,458
Net realized and unrealized gain (loss) on investments	64,175	(1,163)	63,012
Other	(19,677)	88,107	68,430
<b>Total support and revenue</b>	<b>38,344,913</b>	<b>5,663,336</b>	<b>44,008,249</b>
<b>Net assets released from restrictions</b>	<b>5,927,198</b>	<b>(5,927,198)</b>	<b>-</b>
<b>Expenses</b>			
Program services	35,637,299	-	35,637,299
Management and general	6,837,306	-	6,837,306
Fundraising	2,439,532	-	2,439,532
<b>Total expenses</b>	<b>44,914,137</b>	<b>-</b>	<b>44,914,137</b>
<b>Change in net assets</b>	<b>(642,026)</b>	<b>(263,862)</b>	<b>(905,888)</b>
<b>Net assets, beginning of year</b>	<b>19,599,117</b>	<b>5,359,324</b>	<b>24,958,441</b>
<b>Net assets, end of year</b>	<b>\$ 18,957,091</b>	<b>\$ 5,095,462</b>	<b>\$ 24,052,553</b>

See accompanying notes to the consolidated financial statements.

**PACE Center for Girls, Inc. and Affiliates**  
**Consolidated Statement of Activities**  
**For the Year Ended June 30, 2018**

	Without Donor Restrictions	With Donor Restrictions	Total All Classes
<b>Support and Revenue</b>			
Public grants - Florida Department of Juvenile Justice	\$ 19,480,797	\$ -	\$ 19,480,797
Public grants - School Boards	7,710,503	-	7,710,503
Grants - other	1,101,432	1,468,783	2,570,215
Contributions	6,225,642	3,479,873	9,705,515
In-kind contributions	314,431	-	314,431
Special events	1,629,222	-	1,629,222
Interest and dividend income	193,544	22,297	215,841
Amortization of premiums on investments	(9,251)	-	(9,251)
Net realized and unrealized gain on investments	172,629	54,593	227,222
Other	130,357	7,029	137,386
<b>Total support and revenue</b>	<b>36,949,306</b>	<b>5,032,575</b>	<b>41,981,881</b>
<b>Net assets released from restrictions</b>	<b>4,126,062</b>	<b>(4,126,062)</b>	<b>-</b>
<b>Expenses</b>			
Program services	32,145,835	-	32,145,835
Management and general	5,780,915	-	5,780,915
Fundraising	2,142,997	-	2,142,997
<b>Total expenses</b>	<b>40,069,747</b>	<b>-</b>	<b>40,069,747</b>
<b>Change in net assets</b>	<b>1,005,621</b>	<b>906,513</b>	<b>1,912,134</b>
<b>Net assets, beginning of year</b>	<b>18,593,496</b>	<b>4,452,811</b>	<b>23,046,307</b>
<b>Net assets, end of year</b>	<b>\$ 19,599,117</b>	<b>\$ 5,359,324</b>	<b>\$ 24,958,441</b>

See accompanying notes to the consolidated financial statements.

**PACE Center for Girls, Inc. and Affiliates**  
**Consolidated Statements of Cash Flows**  
**For the Years Ended June 30, 2019 and 2018**

	2019	2018
<b>Cash flows from operating activities</b>		
Change in net assets	\$ (905,888)	\$ 1,912,134
Adjustments to reconcile change in net assets to net cash provided by operating activities		
Depreciation and amortization	1,531,124	1,253,964
Loss on disposal of equipment	-	(4,481)
Unrealized loss/(gain) on investments	301,755	(144,002)
Bad debt expense on pledges receivable	66,509	90,334
Changes in:		
Contracts and grants receivable	1,363,447	(944,090)
Pledges receivable	(115,492)	(176,142)
Prepaid expenses and other assets	(113,962)	(302,412)
Accounts payable and accrued expenses	405,155	886,317
Deferred revenue	(20,022)	48,917
Net cash provided by operating activities	<u>2,512,626</u>	<u>2,620,539</u>
<b>Cash flows from investing activities</b>		
Proceeds from sale of investments	6,599,453	185,456
Purchases of land, building, and equipment	(5,660,651)	(885,407)
Purchases of investments	(7,094,583)	(436,614)
Net cash used in investing activities	<u>(6,155,781)</u>	<u>(1,136,565)</u>
<b>Cash flows from financing activities</b>		
Proceeds from lines of credit	-	492,427
Proceeds from notes payable	4,099,780	-
Repayments of lines of credit	(836,494)	(425,859)
Principal repayments of notes payable	(305,280)	(132,362)
Net cash provided by (used in) financing activities	<u>2,958,006</u>	<u>(65,794)</u>
<b>Net change in cash and cash equivalents</b>	<b>(685,149)</b>	<b>1,418,180</b>
<b>Cash and cash equivalents - beginning of the year</b>	<b>6,642,753</b>	<b>5,224,573</b>
<b>Cash and cash equivalents - end of the year</b>	<b><u>\$ 5,957,604</u></b>	<b><u>\$ 6,642,753</u></b>
<b>Supplemental disclosure of cash flow information</b>		
Cash paid for interest expense	<u>\$ 126,242</u>	<u>\$ 103,640</u>

See accompanying notes to the consolidated financial statements.



**PACE Center for Girls, Inc. and Affiliates**  
**Consolidated Statement of Functional Expenses**  
**For the Year Ended June 30, 2019**

	Program Services	Management and General	Fundraising	Total
Salaries	\$ 19,486,994	\$ 3,493,463	\$ 1,242,055	\$ 24,222,512
Payroll taxes and employee benefits	4,831,807	264,612	244,699	5,341,118
Employee training and recruiting	323,522	458,863	23,549	805,934
Contracted personnel	312,051	103,709	11,904	427,664
	<u>24,954,374</u>	<u>4,320,647</u>	<u>1,522,207</u>	<u>30,797,228</u>
Occupancy	3,394,605	280,566	-	3,675,171
Telecommunication	822,586	268,018	-	1,090,604
Equipment	1,062,542	906,566	38,320	2,007,428
Vehicle	354,457	54,897	-	409,354
Business and property insurance	112,824	173,317	-	286,141
Professional fees	217,127	386,170	86,520	689,817
Materials and supplies	259,794	54,779	18,257	332,830
Outreach and community engagement	194,531	62,296	24,073	280,900
Marketing and communications	-	70,187	-	70,187
Student costs	1,679,804	69,900	40,695	1,790,399
Travel	979,301	-	55,909	1,035,210
Special events	28,454	-	559,520	587,974
Depreciation and amortization	1,372,695	158,429	-	1,531,124
Uncollectible accounts	-	-	66,509	66,509
Interest	126,242	-	-	126,242
Other	77,963	31,534	27,522	137,019
<b>Total Expenses</b>	<u><u>\$ 35,637,299</u></u>	<u><u>\$ 6,837,306</u></u>	<u><u>\$ 2,439,532</u></u>	<u><u>\$ 44,914,137</u></u>

See accompanying notes to the consolidated financial statements.

**PACE Center for Girls, Inc. and Affiliates**  
**Consolidated Statement of Functional Expenses**  
**For the Year Ended June 30, 2018**

	Program Services	Management and General	Fundraising	Total
Salaries	\$ 18,235,462	\$ 3,035,330	\$ 879,988	\$ 22,150,780
Payroll taxes and employee benefits	4,237,903	304,625	211,980	4,754,508
Employee training and recruiting	220,944	397,232	18,626	636,802
Contracted personnel	577,951	44,250	106,500	728,701
	23,272,260	3,781,437	1,217,094	28,270,791
Occupancy	2,470,944	319,818	-	2,790,762
Telecommunication	748,485	437,353	-	1,185,838
Equipment	882,182	318,049	25,224	1,225,455
Vehicle	431,602	90,862	-	522,464
Business and property insurance	93,965	90,528	1,000	185,493
Professional fees	135,262	337,823	84,344	557,429
Materials and supplies	240,172	26,042	24,273	290,487
Outreach and community engagement	181,794	47,711	29,917	259,422
Marketing and communications	-	105,522	3,662	109,184
Student costs	1,578,432	6,079	1,075	1,585,586
Travel	869,844	-	33,825	903,669
Special events	1,867	-	596,780	598,647
Depreciation and amortization	1,045,067	199,646	-	1,244,713
Uncollectible accounts	-	-	90,334	90,334
Interest	103,640	-	-	103,640
Other	90,319	20,045	35,469	145,833
<b>Total Expenses</b>	<b>\$ 32,145,835</b>	<b>\$ 5,780,915</b>	<b>\$ 2,142,997</b>	<b>\$ 40,069,747</b>

See accompanying notes to the consolidated financial statements.

**PACE Center for Girls, Inc. and Affiliates**  
**Notes to Consolidated Financial Statements**  
**June 30, 2019 and 2018**

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## 1. Nature of Organization

PACE Center for Girls, Inc. ("PACE") is a not-for-profit organization incorporated under the laws of the State of Florida in 1985.

The mission of PACE is to provide girls and young women an opportunity for a better future through education, counseling, training, and advocacy. PACE programs serve girls between the ages of 11 and 17 with three or more Adverse Childhood Experiences and who are at high-risk for delinquent behavior and victimization. PACE employs gender-responsive, trauma-informed, and strength-based prevention and early intervention programs and services for girls with multiple risk factors. Today, through a statewide network of 21 PACE centers that provide the full academic school day and comprehensive wrap around services, PACE annually helps more than 3,000 girls get back on track to graduate from high school.

PACE also partners with school districts and community healthcare partners to bring much needed mental health services to young women through its PACE Reach Program.

PACE currently operates in the counties of Alachua, Broward, Citrus, Clay, Collier, Duval, Escambia-Santa Rosa, Hernando, Hillsborough, Lee, Leon, Manatee, Marion, Miami-Dade, Orange, Palm Beach, Pasco, Pinellas, Polk, St. Lucie, and Volusia-Flagler, Florida.

PACE-THC, Inc. ("PACE-THC"), PACE BROWARD-THC, Inc. ("PACE BROWARD-THC"), PACE COLLIER AT IMMOKALEE-THC, Inc. ("PACE COLLIER AT IMMOKALEE-THC") and PACE ALACHUA-THC, Inc. ("PACE ALACHUA-THC") are affiliated not-for-profit organizations incorporated under the laws of the State of Florida in 1995, 2001, 2006, and 2009, respectively. Their purpose is to hold title to property in the counties of Duval, Manatee, Escambia, Broward, Collier, Lee, and Alachua, Florida, to be used exclusively for educational, literary, scientific, or charitable purposes, to collect income therefrom, and to turn over the entire amount thereof, less expenses, to PACE.

PACE, PACE-THC, PACE BROWARD-THC, PACE COLLIER AT IMMOKALEE-THC, AND PACE ALACHUA-THC are collectively referred to herein as the "Organization."

## 2. Summary of Significant Accounting Policies

### *Basis of Presentation*

The consolidated financial statements of the Organization are prepared under the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

The Organization reports information regarding its financial position and activities according to two classes of net assets: net assets without donor restriction and net assets with donor restriction.

Net Assets Without Donor Restriction: Net assets that are not subject to or are no longer subject to donor-imposed stipulations.

Net Assets With Donor Restriction: Net assets whose use is limited by donor-imposed and/or purpose restrictions.

**PACE Center for Girls, Inc. and Affiliates**  
**Notes to Consolidated Financial Statements**  
**June 30, 2019 and 2018**

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**2. Summary of Significant Accounting Policies (continued)**

Revenues are reported as increases in net assets without donor restriction unless use of the related assets is limited by donor-imposed restrictions. Expenses are reported as decreases in net assets without donor restrictions. Gains and losses on investments and other assets or liabilities are reported as increases or decreases in net assets without donor restrictions unless their use is restricted by explicit donor stipulation or by law. Expirations of donor restriction on the net assets (i.e., the donor-stipulated purpose has been fulfilled and/or the stipulated time period has elapsed) are reported as reclassifications between the applicable classes of net assets. The Organization has adopted a policy to classify donor restricted contributions as without donor restrictions to the extent that donor restrictions were met in the year the contribution was received.

*Principles of Consolidation*

The accompanying consolidated financial statements include the accounts and activities of PACE, PACE-THC, PACE BROWARD-THC, PACE COLLIER AT IMMOKALEE-THC, and PACE ALACHUA-THC, collectively referred to herein as the "Organization." All significant intercompany accounts and transactions have been eliminated.

*Use of Estimates*

The preparation of consolidated financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the consolidated financial statements, and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

*Cash and Cash Equivalents*

For purposes of the consolidated statements of financial position and the consolidated statements of cash flows, the Organization considers all highly liquid investments with an initial maturity of three months or less to be cash equivalents.

The Organization maintains cash balances in several bank accounts. Each account is insured by the Federal Deposit Insurance Corporation up to \$250,000. Management continually reviews the bank institutions for deposit risk and believes the risk associated with the current banking institutions is minimal.

*Investments*

Investments are stated at fair value based on quoted market prices. If the purchase price of U.S. Government Treasury Notes and other securities is greater than or less than the par value of such individual securities, the difference is calculated and recorded as a premium or discount from par value of the related security, amortized over the remaining life of the individual security and recorded as an increase or reduction of unrestricted support and revenue in the accompanying consolidated statements of activities of the Organization. The net unrealized increase or decrease in fair value is recognized in the accompanying consolidated statements of activities. The objective

**PACE Center for Girls, Inc. and Affiliates**  
**Notes to Consolidated Financial Statements**  
**June 30, 2019 and 2018**

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**2. Summary of Significant Accounting Policies (continued)**

of the Organization's investment policy is to ensure the safety of investment principal, provide for liquidity, and maximize investment income. Investment options include treasury bills, notes and bonds, commercial paper, certificates of deposit, money market accounts, full faith or general faith obligations and credit obligations of the U.S. Government agency securities, equity, balanced, and diversified mutual funds with readily available market values and liquidity. The Finance Committee of the Organization continues to assess investments with a goal of ensuring the safety of the principal by investing with high-quality financial institutions.

*Contracts and Grants Receivable*

Contracts and grants receivable are stated net of an allowance for doubtful accounts. Management evaluates total contracts and grants receivable and includes in the allowance for doubtful accounts an estimate of losses to be sustained. Uncollectible amounts are charged against the allowance account when management determines the possibility of collection is remote. The allowances for doubtful accounts were zero at June 30, 2019 and 2018. The Organization does not charge interest on past due contracts or grant receivables.

*Pledges Receivable*

Unconditional promises to give are recorded as pledges receivable and contribution revenue when received. Pledges receivable which are expected to be collected in more than one year are stated at the present value of estimated receipts. Conditional promises to give are not included in contribution revenue until the conditions are substantially met. Uncollectible amounts are charged against the allowance account when management determines the possibility of collection is remote.

*Property and Equipment*

Property and equipment are recorded at historical cost, or fair value at the date of donation. Land, land improvements, buildings, building improvements, computers, furniture, equipment, and vehicles in excess of \$2,500 are capitalized. Depreciation is computed using the straight-line method over the useful lives of the related assets, ranging generally from 3 to 25 years. Leasehold improvements are amortized over their estimated useful lives, which do not exceed the related lease terms, using the straight-line method.

*Impairment of Long-lived Assets*

The Organization reviews the carrying value of long-lived assets for impairment whenever events or changes in circumstances indicate that the carrying amount of the assets may not be recoverable. Recoverability of long-lived assets is measured by comparing the carrying amount of the asset or asset group to the undiscounted cash flows that the asset or asset group is expected to generate. If the undiscounted cash flows of such assets are less than the carrying amount, the impairment to be recognized is measured by the amount by which the carrying amount, if any, exceeds its fair value. No impairments were deemed to exist at June 30, 2019 and 2018.

**PACE Center for Girls, Inc. and Affiliates**  
**Notes to Consolidated Financial Statements**  
**June 30, 2019 and 2018**

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**2. Summary of Significant Accounting Policies (continued)**

*Contributions Received In-Kind*

The Organization occupies, without charge or for nominal charges, certain facilities used for its program services. In addition, the Organization receives in-kind student costs, supplies, and other expenses. The estimated fair value of donated rent, student costs, supplies, and other expenses are reported in the accompanying consolidated financial statements at the date of receipt.

*Contribution of Services*

Contributed services are recognized and recorded at fair value only to the extent they create and enhance nonfinancial assets or require specialized skills, are provided by individuals possessing those skills, and would typically need to be purchased if not provided by donation. There were no contributed services during 2019 and 2018.

A substantial number of volunteers have donated significant amounts of their time to the Organization. No amounts have been reflected in the consolidated financial statements for contributed services since the contribution of services did not create or enhance non-financial assets or require specialized skills. When professional services are donated, in-kind values are recorded as contributions.

*Public Grants and Grants - Other*

Public grants from government agencies are recorded based on the terms of the grantor allotment which generally provides that revenue is earned when the allowable costs or units of service of the specific grant provisions have been incurred or provided. Such revenue is subject to audit by the grantor and, if the examination results in a non-allowance of units of service or expenses, the Organization will be required to reimburse any overpayments.

*Special Events*

Special events revenue is recognized when events take place. The Organization considers special events to be ongoing major activities; therefore, the gross revenue is reported on the consolidated statements of activities. Expenses related to the special events are reported on the consolidated statements of functional expenses according to the program or supporting service benefitted.

*Income Taxes*

PACE is a private not-for-profit corporation as described in Section 501(c)(3) of the Internal Revenue Code. PACE-THC, PACE BROWARD-THC, PACE COLLIER AT IMMOKALEE-THC, and PACE ALACHUA-THC are private not-for-profit corporations as described in Section 501(c)(2) of the Internal Revenue Code. As such, all will be exempt from federal and state income taxes on related income pursuant to Section 501(a) of the Internal Revenue Code and Chapter 220.13 of the Florida Statutes, respectively.

**PACE Center for Girls, Inc. and Affiliates**  
**Notes to Consolidated Financial Statements**  
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## 2. Summary of Significant Accounting Policies (continued)

The Organization evaluates its tax positions for any uncertainties based on the technical merits of the positions taken in accordance with authoritative guidance. The Organization recognizes the tax benefit from an uncertain tax position only if it is more likely than not that the tax position will be upheld upon examination by taxing authorities. The Organization has analyzed the tax positions taken and has concluded that as of June 30, 2019 and 2018, there were no uncertain tax positions taken or expected to be taken that would require recognition of a liability or disclosure in the consolidated financial statements.

### *Functional Expense Allocation*

The consolidated costs of providing program and management activities have been summarized on a functional basis in the consolidated statements of activities and the consolidated statements of functional expenses. Accordingly, certain costs have been allocated among the programs and supporting services benefitted. The expenses that are allocated include compensation and benefits, which are allocated on the basis of estimates of time and effort, as well as depreciation and amortization and occupancy, which are allocated on a square footage basis.

### *Reclassifications*

Certain minor reclassifications have been made to the 2018 consolidated financial statements to conform to the classifications used in 2019.

### *Impact of Recently Issued Accounting Pronouncements*

#### *Financial Statement Presentation*

During the year ended June 30, 2019, the Organization adopted the requirements of the Financial Accounting Standards Board (FASB) Accounting Standards Update No. 2016-14, *Not-for-Profit Entities (Topic 958): Presentation of Financial Statements of Not-for-Profit Entities* (ASU 2016-14). This update addresses the complexity and understandability of net asset classification, deficiencies in information about liquidity and availability of resources, and the lack of consistency in the type of information provided about expenses and investment return between not-for-profit entities. A key change required by ASU 2016-14 is the net asset classes used in these financial statements. Amounts previously reported as unrestricted net assets are now reported as net assets without donor restrictions and amounts previously reported as temporarily restricted net assets and permanently restricted net assets are now reported as net assets with donor restrictions. A footnote on liquidity has also been added (Note 11).

The accompanying information from the 2018 financial statements has been restated to conform to the 2019 presentation and disclosure requirements of ASU 2016-14.

#### *Revenue*

In May 2014, the FASB issued ASU No. 2014-09, *Revenue from Contracts with Customers (Topic 606)*. This guidance provides a five-step process to determine when and how revenue is recognized. The core principle of the guidance is that an entity should recognize revenue upon transfer of promised goods or services to customers in an amount that reflects the expected consideration to be received in exchange for those goods or services. This update will also result in enhanced disclosures about revenue, providing guidance for transactions that were not previously addressed comprehensively,

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## 2. Summary of Significant Accounting Policies (continued)

and improving guidance for multiple-element arrangements. This update is effective for fiscal years beginning after December 15, 2018 and interim periods within annual reporting periods beginning after December 15, 2019. Management is evaluating the impact of this ASU on the Organization's financial reporting.

### *Leases*

In February 2016, the FASB issued ASU 2016-02, *Leases (Topic 842)*. This guidance amends the existing accounting standards for lease accounting, including requiring lessees to recognize most leases on their statement of financial position. It also makes targeted changes to lessor accounting, including a change to the treatment of initial direct leasing costs, which no longer considers fixed internal leasing salaries as capitalizable costs. The standard is effective fiscal years beginning after December 15, 2019. Management is evaluating the impact of this ASU on the Organization's financial reporting.

## 3. Pledges Receivable

Pledges receivable are comprised of unconditional promises to give with collection periods through June 30, 2025. Pledges receivable are recorded after discounting to the present value of future cash flows using a rate of 4%. Pledges receivable are as follows:

<i>Years ended June 30,</i>	2019	2018
Receivable in less than one year	\$ 264,062	\$ 268,409
Receivable in one to five years	499,099	466,496
	763,161	734,905
Less: discounts to net present value	(46,723)	(59,126)
Less: allowance for doubtful accounts	(73,313)	(81,637)
<b>Net pledges receivable</b>	<b>\$ 643,125</b>	<b>\$ 594,142</b>

## 4. Investments and Fair Value Measurements

Investments are summarized as follows:

<i>June 30,</i>	2019	2018
Mutual funds	\$ 3,249,685	\$ 4,462,857
Fixed income funds	1,796,409	-
Government agencies	1,293,864	3,164,475
Other short-term investments	869,373	298
Corporate bonds	416,325	-
Real estate	195,349	-
<b>Total</b>	<b>\$ 7,821,005</b>	<b>\$ 7,627,630</b>



**PACE Center for Girls, Inc. and Affiliates**  
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#### 4. Investments and Fair Value Measurements (continued)

The Organization's investments are reported at fair value. The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy as described as follows:

*Level 1:* Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Organization has the ability to access.

*Level 2:* Inputs to the valuation methodology include: quoted prices for similar assets or liabilities in the active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means. If that asset or liability has a specified (contractual) term, the level 2 inputs must be observable for substantially the full term of the asset or liability.

*Level 3:* Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The following is a summary of the levels within the fair value hierarchy for the Organization's assets measured at fair value on a recurring basis as of June 30, 2019:

	Level 1	Level 2	Level 3	Total
Mutual Funds	\$ 3,249,685	\$ -	\$ -	\$ 3,249,685
Fixed income funds	1,796,409	-	-	1,796,409
Government agencies	1,293,864	-	-	1,293,864
Other short-term investments	869,373	-	-	869,373
Corporate bonds	416,325	-	-	416,325
Other	195,349	-	-	195,349
<b>Total</b>	<b>\$ 7,821,005</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 7,821,005</b>

The following is a summary of the levels within the fair value hierarchy for the Organization's assets measured at fair value on a recurring basis as of June 30, 2018:

	Level 1	Level 2	Level 3	Total
Mutual Funds - Equity	\$ 3,765,388	\$ -	\$ -	\$ 3,765,388
U.S. Government Obligations	3,164,475	-	-	3,164,475
Mutual Funds - Diversifying	282,725	-	-	282,725
Mutual Funds - Fixed Income	262,764	-	-	262,764
Mutual Funds - Other	151,980	-	-	151,980
Other	298	-	-	298
<b>Total</b>	<b>\$ 7,627,630</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 7,627,630</b>

There were no transfers between Level 1, Level 2, or Level 3 investments during the years ended June 30, 2019 and 2018.

**PACE Center for Girls, Inc. and Affiliates**  
**Notes to Consolidated Financial Statements**  
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## 5. Property and Equipment

Property and equipment consist of the following:

<i>Years ended June 30,</i>	<b>2019</b>	<b>2018</b>
Buildings and improvements	\$ 21,077,060	\$ 16,192,371
Land and improvements	3,049,487	2,479,516
Furniture and equipment	3,160,665	2,161,649
Vehicles	515,355	515,355
Construction in progress	313,026	477,813
Leasehold improvements	135,755	763,993
	28,251,348	22,590,697
Less: accumulated depreciation and amortization	(12,236,372)	(10,721,275)
<b>Total</b>	<b>\$ 16,014,976</b>	<b>\$ 11,869,422</b>

Depreciation expense amounted to \$1,515,097 and \$1,253,964 for the years ended June 30, 2019 and 2018, respectively.

## 6. Notes Payable

Notes payable consist of the following:

<i>Years ended June 30,</i>	<b>2019</b>	<b>2018</b>
Fixed rate term loan dated November 7, 2018 for the Organization's National Office in Jacksonville, Florida. Monthly payments of \$14,114 including interest at 4.87%, with a maturity date of November 1, 2023.	\$ 1,750,494	\$ -
Fixed rate term loan dated November 7, 2018 for the Organization's Broward County facility. Monthly payments of \$11,761 including interest at 4.87%, with a maturity date of November 1, 2023. The note is secured by the land and building of Pace Broward-THC with a net book value of \$981,134.	1,458,745	-
Mortgage payable restated on November 7, 2018 (formerly dated April 21, 2017) for the Organization's Leon County facility. Monthly payments of \$6,164 including interest at 4.55%, with a maturity date of April 21, 2028. The note is secured by the land and building of Pace-THC with a net book value of \$1,146,824.	1,177,769	1,196,917

**PACE Center for Girls, Inc. and Affiliates**  
**Notes to Consolidated Financial Statements**  
**June 30, 2019 and 2018**

**6. Notes Payable (continued)**

<i>Years ended June 30,</i>	2019	2018
Variable rate term loan restated on November 7, 2018 (formerly dated December 8, 2016) for the construction and expansion of the Organization's Leon County facility. Monthly installment payments of \$9,322 plus accrued interest at the 30-day LIBOR plus 1.75% (4.16% at June 30, 2019), with a maturity date of November 8, 2022.	382,203	-
Fixed rate term loan dated November 7, 2018 for the Organization's Alachua County facility. Monthly payments of \$2,689 including interest at 4.87%, with a maturity date of November 1, 2023.	333,613	-
Variable rate term loan restated November 7, 2018 (formerly dated July 5, 2016) for the Organization's Manatee County facility. Monthly installment payments of \$3,000 are applied first to the payment of interest accrued with the balance applied to principal. The monthly payments including interest at the LIBOR daily floating rate plus 2% (4.40% and 4.08% at June 30, 2019 and 2018, respectively), with a maturity date of July 5, 2020.	205,657	232,064
Variable rate term loan restated November 7, 2018 (formerly dated June 5, 2015) for the Organization's Clay County facility. Monthly principal payments of \$5,417 plus accrued interest at the LIBOR daily floating rate plus 2% (4.40% and 4.08% at June 30, 2019 and 2018, respectively), with a maturity date of December 8, 2020.	97,500	162,500
Variable rate term loan restated November 7, 2018 (formerly dated July 5, 2016) for the Organization's Pasco County facility. Installment payments of \$1,667 plus accrued interest are due monthly. The monthly payments include interest at the LIBOR daily floating rate plus 2% (4.40% and 4.08% at June 30, 2019 and 2018, respectively), with a maturity date of July 5, 2020.	46,667	66,667
Total notes payable	5,452,648	1,658,148
Less: notes payable, current	(415,259)	(130,855)
Notes payable, long-term	\$ 5,037,389	\$ 1,527,293

**PACE Center for Girls, Inc. and Affiliates**  
**Notes to Consolidated Financial Statements**  
**June 30, 2019 and 2018**

## 6. Notes Payable (continued)

Scheduled aggregate principal payments on the notes payable are as follows as of:

<i>June 30,</i>	2019
2020	\$ 415,259
2021	550,694
2022	369,873
2023	222,002
2024	2,826,893
Thereafter	1,067,927
<b>Total notes payable</b>	<b>\$ 5,452,648</b>

The notes require the Organization to comply with certain covenants and reporting requirements. The Organization was in compliance with those covenants as of and for the years ended June 30, 2019 and 2018.

## 7. Lines of Credit

The Organization had a master Loan Agreement with Bank of America, N.A. (the "BOA Agreement") dated December 8, 2014. The BOA Agreement allowed for four lines of credit which were convertible to promissory notes upon drawing funds on the individual lines. In addition, a line of credit was available for working capital needs and allowed for maximum borrowings of \$500,000. The Organization had \$342,426 outstanding on this line of credit as of June 30, 2018. An additional line of credit in the amount of \$550,000 was available for the construction and expansion of the Leon County facility. The balance outstanding as of June 30, 2018 was \$494,068. This agreement carried an interest rate of the LIBOR Daily Floating Rate plus 2% (4.08% at June 30, 2018) for all borrowings. The BOA Agreement contained various restrictions. As of June 30, 2018, the Organization was in compliance with the required covenants. The BOA Agreement was consolidated, amended, and restated as of November 7, 2018.

## 8. Lease Commitments

The Organization generally leases its facilities under long-term operating leases, which range from one to eight years. In addition, certain facilities are leased for nominal rent for which the Organization has recorded in-kind contributions and rental expense based upon management's estimate of the fair market value of rent. The following is a summary of rental expenses:

<i>Years ended June 30,</i>	2019	2018
Rent based upon lease terms	\$ 1,945,703	\$ 1,931,823
In-kind contributions	66,503	66,503
<b>Total</b>	<b>\$ 2,012,206</b>	<b>\$ 1,998,326</b>

In addition, the Organization leases various office equipment and vehicles under non-cancelable operating leases expiring at various dates through February 2024. Lease expense under these operating leases was \$351,155 and \$248,239 for the years ended June 30, 2019 and 2018, respectively.

**PACE Center for Girls, Inc. and Affiliates**  
**Notes to Consolidated Financial Statements**  
**June 30, 2019 and 2018**

**8. Lease Commitments (continued)**

Under the terms of all non-cancelable operating leases, the scheduled aggregate minimum lease payments as of June 30, 2019 were as follows:

2020	\$ 1,675,054
2021	1,312,427
2022	625,528
2023	418,885
2024	288,304
Thereafter	284,972
<b>Total</b>	<b>\$ 4,605,170</b>

**9. In-Kind Contributions**

The following is a summary of in-kind contributions which are recorded as revenue and related expenses in the consolidated financial statements for the years ended June 30:

	2019	2018
Student costs	\$ 121,600	\$ 85,383
Special events	93,348	162,545
Occupancy	66,503	66,503
Other	14,374	-
<b>Total</b>	<b>\$ 295,825</b>	<b>\$ 314,431</b>

The in-kind expenses are presented according to the referenced expensed items in the consolidated statements of functional expenses.

**10. Net Assets with Donor Restrictions**

Net assets with donor restrictions are released from donor restrictions by incurring expenses satisfying the restricted purpose or by occurrence of other events specified by donors. Net assets with donor restrictions released were utilized for the following purposes:

<i>Years ended June 30,</i>	2019	2018
Program services	\$ 2,194,015	\$ 3,227,451
Capital campaign	1,874,075	260,757
Grants, student support and other	1,242,011	462,499
Therapist services	376,303	61,944
Georgia expansion fund	145,909	-
Time restrictions: pledge funds	66,499	78,187
Transition services	15,146	22,087
Scholarships	13,240	13,137
<b>Total</b>	<b>\$ 5,927,198</b>	<b>\$ 4,126,062</b>

**PACE Center for Girls, Inc. and Affiliates**  
**Notes to Consolidated Financial Statements**  
**June 30, 2019 and 2018**

### 10. Net Assets with Donor Restrictions (continued)

Remaining net assets with donor restrictions were restricted for the following purposes:

<i>Years ended June 30,</i>	<b>2019</b>	<b>2018</b>
Program services	\$ 1,462,255	\$ 2,283,944
Therapist services	1,191,363	194,722
Capital campaign	1,170,773	1,608,314
Time restrictions: pledge funds	643,125	594,142
Grants, student support and other	344,822	313,319
Scholarships	191,180	147,721
Transition services	91,944	71,253
Georgia transition fund	-	145,909
<b>Total</b>	<b>\$ 5,095,462</b>	<b>\$ 5,359,324</b>

### 11. Liquidity and Availability

At June 30, 2019 and 2018, the Organization has the following amounts available to cover general expenditures:

<i>Years ended June 30,</i>	<b>2019</b>	<b>2018</b>
Total financial assets	\$ 13,778,609	\$ 14,270,383
Restricted funds	5,095,462	5,359,324
<b>Net financial assets available to meet cash needs for general expenditures within one year</b>	<b>\$ 8,683,147</b>	<b>\$ 8,911,059</b>

The Organization receives significant contributions and promises to give restricted by donors, and considers contributions that are designated for activities related to ongoing, major, and central operations to be available to meet cash needs for general expenditures. The Organization manages its liquidity and reserves following three guiding principles: operating within a prudent range of financial soundness and stability, maintaining adequate liquid assets to fund near-term operating needs, and maintaining sufficient reserves to provide reasonable assurance that long-term obligations will be discharged. The Organization has a standard operating procedure to maintain current financial assets less current liabilities at a minimum of three months of expenses. The Organization forecasts its future cash flows and monitors its liquidity quarterly and its reserves annually. During the years ended June 30, 2019 and 2018, the level of liquidity and reserves was managed within these requirements.

### 12. Employee Benefit Plan

Effective July 1, 1994, the Organization established a defined contribution benefit plan (the "Plan") in which all qualified employees 18 years of age may participate. The Plan provides for participants' pre-tax contributions to the Plan pursuant to Section 403(b) of the Internal Revenue Code. The Organization may make a discretionary contribution to the Plan in an amount up to 3% of a participant's compensation. The Organization's contribution to the Plan was \$354,400 and \$300,324, for the years ended June 30, 2019 and 2018, respectively.

**PACE Center for Girls, Inc. and Affiliates**  
**Notes to Consolidated Financial Statements**  
**June 30, 2019 and 2018**

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**13. Funding Dependency**

A substantial amount of the Organization's support is in the form of annual grants and contracts with federal, state, and local government agencies, including a substantial amount from the Florida Department of Juvenile Justice ("DJJ"). This support is partially dependent upon the Organization's continued qualifications for such funding, together with the amount of funds available to the governmental sources. Revenue and support from the DJJ accounted for approximately 48% and 46% of total revenue and support of the Organization for the years ended June 30, 2019 and 2018, respectively. Amounts receivable from the DJJ accounted for approximately 51% and 66% of total contracts and grants receivable of the Organization as of June 30, 2019 and 2018, respectively.

In addition, title to all property and equipment acquired with DJJ funding vests with DJJ upon completion or termination of the related contracts. Property and equipment vested with DJJ, with a net book value of \$405,951 and \$43,363 at June 30, 2019 and 2018, respectively, is included in land, buildings, and equipment on the accompanying consolidated statements of financial position.

**14. Commitments and Contingencies**

The Organization is subject to audit examinations by funding sources to determine compliance with grant conditions. In the event the expenditures would be disallowed, repayment could be required. Management does not believe any disallowed expenditures would have a material impact on the consolidated financial statements.

The Organization is subject to various legal actions and claims arising in the normal course of operations. Litigation is subject to many uncertainties, and the outcome of individual litigated matters is not predictable with assurance. It is the opinion of management that the outcome of such matters will not have a material adverse impact on the consolidated financial position, changes in net assets, or cash flows of the Organization.

**15. Subsequent Events**

Events occurring after June 30, 2019, the date of the most recent financial statements, have been evaluated for possible adjustments to the financial statements or disclosures through September 26, 2019, which is the date the financial statements were available to be issued.

## Supplementary Information

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**PACE Center for Girls, Inc. and Affiliates**  
**Consolidating Statement of Financial Position**  
**June 30, 2019**

	PACE Center for Girls, Inc.	PACE Alachua -THC, Inc.	PACE Broward -THC, Inc.	PACE Collier at Immokalee -THC, Inc.	Pace-THC, Inc.	Eliminations	Total
<b>Assets</b>							
<b>Current Assets</b>							
Cash and cash equivalents	\$ 5,910,337	\$ 8,434	\$ -	\$ 16,285	\$ 22,548	\$ -	\$ 5,957,604
Investments	7,821,005	-	-	-	-	-	7,821,005
Contracts and grants receivable	3,867,973	-	-	-	-	-	3,867,973
Pledges receivable - current (net of reserves of \$25,367)	238,695	-	-	-	-	-	238,695
Due from affiliated entities	406,500	-	385,350	-	-	(791,850)	-
Prepaid and other assets	557,412	-	-	-	-	-	557,412
<b>Total current assets</b>	<b>18,801,922</b>	<b>8,434</b>	<b>385,350</b>	<b>16,285</b>	<b>22,548</b>	<b>(791,850)</b>	<b>18,442,689</b>
<b>Noncurrent assets</b>							
Pledges receivable - long-term (net of reserves and discounts of \$94,669 )	404,430	-	-	-	-	-	404,430
Property and equipment, net	7,168,325	665,614	981,134	3,390,976	3,808,927	-	16,014,976
<b>Total noncurrent assets</b>	<b>7,572,755</b>	<b>665,614</b>	<b>981,134</b>	<b>3,390,976</b>	<b>3,808,927</b>	<b>-</b>	<b>16,419,406</b>
<b>Total Assets</b>	<b>\$ 26,374,677</b>	<b>\$ 674,048</b>	<b>\$ 1,366,484</b>	<b>\$ 3,407,261</b>	<b>\$ 3,831,475</b>	<b>\$ (791,850)</b>	<b>\$ 34,862,095</b>

See independent auditors' report.

**PACE Center for Girls, Inc. and Affiliates**  
**Consolidating Statement of Financial Position**  
**June 30, 2019**

	PACE Center for Girls, Inc.	PACE Alachua -THC, Inc.	PACE Broward -THC, Inc.	PACE Collier at Immokalee -THC, Inc.	Pace-THC, Inc.	Eliminations	Total
<b>Liabilities and Net Assets</b>							
<b>Current Liabilities</b>							
Lines of credit	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Notes payable - current	341,876	16,118	37,363	-	19,902	-	415,259
Accounts payable and accrued expenses	5,097,134	-	-	-	-	-	5,097,134
Due to affiliated entities	-	172,130	-	128,354	491,366	(791,850)	-
Deferred revenue	259,760	-	-	-	-	-	259,760
<b>Total current liabilities</b>	<b>5,698,770</b>	<b>188,248</b>	<b>37,363</b>	<b>128,354</b>	<b>511,268</b>	<b>(791,850)</b>	<b>5,772,153</b>
<b>Noncurrent Liabilities</b>							
Notes payable, noncurrent	2,826,254	317,496	735,772	-	1,157,867	-	5,037,389
<b>Total Liabilities</b>	<b>8,525,024</b>	<b>505,744</b>	<b>773,135</b>	<b>128,354</b>	<b>1,669,135</b>	<b>(791,850)</b>	<b>10,809,542</b>
<b>Net Assets</b>							
Without donor restrictions	12,754,191	168,304	593,349	3,278,907	2,162,340	-	18,957,091
With donor restrictions	5,095,462	-	-	-	-	-	5,095,462
<b>Total net assets</b>	<b>17,849,653</b>	<b>168,304</b>	<b>593,349</b>	<b>3,278,907</b>	<b>2,162,340</b>	<b>-</b>	<b>24,052,553</b>
<b>Total Liabilities and Net Assets</b>	<b>\$ 26,374,677</b>	<b>\$ 674,048</b>	<b>\$ 1,366,484</b>	<b>\$ 3,407,261</b>	<b>\$ 3,831,475</b>	<b>\$ (791,850)</b>	<b>\$ 34,862,095</b>

See independent auditors' report.

**PACE Center for Girls, Inc. and Affiliates**  
**Consolidating Statement of Activities**  
**For the Year Ended June 30, 2019**

	PACE Center for Girls, Inc.	PACE Alachua -THC, Inc.	PACE Broward -THC, Inc.	PACE Collier at Immokalee -THC, Inc.	Pace-THC, Inc.	Eliminations	Total
<b>Unrestricted Support and Revenue</b>							
Public grants - Florida Department of Juvenile Justice	\$ 21,364,311	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 21,364,311
Public grants - School Boards	8,020,034	-	-	-	-	-	8,020,034
Grants - other	1,059,817	-	-	-	-	-	1,059,817
Contributions	5,661,473	-	-	-	-	-	5,661,473
In-kind contributions	295,825	-	-	-	-	-	295,825
Special events	1,738,154	-	-	-	-	-	1,738,154
Interest and dividend income	160,645	17	-	58	81	-	160,801
Net realized and unrealized gain on investments	64,175	-	-	-	-	-	64,175
Other (loss)/income	(19,677)	24,160	-	-	73,966	(98,126)	(19,677)
Net assets released from restriction	5,927,198	-	-	-	-	-	5,927,198
<b>Total unrestricted support and revenue</b>	<b>44,271,955</b>	<b>24,177</b>	<b>-</b>	<b>58</b>	<b>74,047</b>	<b>(98,126)</b>	<b>44,272,111</b>
<b>Expenses</b>							
Program services	34,832,855	26,173	133,612	335,933	308,726	-	35,637,299
Management and general	6,837,306	-	-	-	-	-	6,837,306
Fundraising	2,439,532	-	-	-	-	-	2,439,532
<b>Total expenses</b>	<b>44,109,693</b>	<b>26,173</b>	<b>133,612</b>	<b>335,933</b>	<b>308,726</b>	<b>-</b>	<b>44,914,137</b>
<b>Change in net assets without donor restrictions</b>	<b>162,262</b>	<b>(1,996)</b>	<b>(133,612)</b>	<b>(335,875)</b>	<b>(234,679)</b>	<b>(98,126)</b>	<b>(642,026)</b>

See independent auditors' report.

**PACE Center for Girls, Inc. and Affiliates**  
**Consolidating Statement of Activities**  
**For the Year Ended June 30, 2019**

	PACE Center for Girls, Inc.	PACE Alachua -THC, Inc.	PACE Broward -THC, Inc.	PACE Collier at Immokalee -THC, Inc.	Pace-THC, Inc.	Eliminations	Total
<b>Restricted Support and Revenue</b>							
Public grants - Florida Department of Juvenile Justice	-	-	-	-	-	-	-
Public grants - School Boards	-	-	-	-	-	-	-
Grants - other	1,566,676	-	-	-	-	-	1,566,676
Contributions	3,982,759	-	-	-	-	-	3,982,759
In-kind contributions	-	-	-	-	-	-	-
Special events	3,300	-	-	-	-	-	3,300
Interest and dividend income	23,657	-	-	-	-	-	23,657
Net realized and unrealized loss on investments	(1,163)	-	-	-	-	-	(1,163)
Other income	88,107	-	-	-	-	-	88,107
<b>Total restricted support and revenue</b>	<b>5,663,336</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>5,663,336</b>
<b>Net assets released from restriction</b>	<b>(5,927,198)</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>(5,927,198)</b>
<b>Change in net assets with donor restrictions</b>	<b>(263,862)</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>(263,862)</b>
<b>Change in total net assets</b>	<b>(101,600)</b>	<b>(1,996)</b>	<b>(133,612)</b>	<b>(335,875)</b>	<b>(234,679)</b>	<b>(98,126)</b>	<b>(905,888)</b>
<b>Net assets, beginning of the year</b>	<b>18,049,380</b>	<b>170,300</b>	<b>726,961</b>	<b>3,614,781</b>	<b>2,397,019</b>	<b>-</b>	<b>24,958,441</b>
<b>Net assets, end of the year</b>	<b>\$ 17,947,780</b>	<b>\$ 168,304</b>	<b>\$ 593,349</b>	<b>\$ 3,278,906</b>	<b>\$ 2,162,340</b>	<b>\$ (98,126)</b>	<b>\$ 24,052,553</b>

See independent auditors' report.

## Single Audit Reporting

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**PACE Center for Girls, Inc. and Affiliates**  
**Schedule of Expenditures of Federal Awards and State Financial Assistance**  
**For the Year Ended June 30, 2019**

Federal / State Agency / Pass-Through Entity / Federal Program / State Project	CFDA/ CFSA Number	Contract/ Grant Number	Federal Expenditures	State Expenditures
<b><u>FEDERAL PROGRAMS:</u></b>				
<b>U.S. DEPARTMENT OF JUSTICE</b>				
<i>Passed through Office of Juvenile Justice and Delinquency Prevention</i>				
Reducing Reliance on Secure Placement and Improving Community-Based Responses for Girls-At-Risk of Entering the Juvenile Justice System	16.830	2016-GJ-FX-K002 (2018-2019)	\$ 256,487	\$ -
<b>U.S. DEPARTMENT OF AGRICULTURE</b>				
<i>Passed through State Department of Education</i>				
National School Breakfast and Lunch Program	10.553/10.555	01-371	496,208	-
<b>U.S. DEPARTMENT OF EDUCATION</b>				
<i>Passed through School Board of Collier County</i>				
Title 1 Grants to Local Educational Agencies	84.010	184280	31,450	-
<i>Passed through School Board of Leon County</i>				
Title 1 Grants to Local Educational Agencies	84.010	1503	46,576	-
Subtotal - U.S. Department of Education			78,026	-
<b>U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT</b>				
<i>Passed through the City of Tallahassee</i>				
Department of Economic and Community Development - Human Resource Division:				
Spirited Girls Program and Reach Program	14.218	FYE 2017-2018	4,166	-
<b>Total Expenditures of Federal Awards</b>			<b>\$ 834,887</b>	<b>\$ -</b>

See notes to Schedule of Expenditures of Federal Awards and State Financial Assistance.

**PACE Center for Girls, Inc. and Affiliates**  
**Schedule of Expenditures of Federal Awards and State Financial Assistance**  
**For the Year Ended June 30, 2019**

Federal / State Agency / Pass-Through Entity / Federal Program / State Project	CFDA/ CFSA Number	Contract/ Grant Number	Federal Expenditures	State Expenditures
<b><u>STATE PROJECTS:</u></b>				
<b>FLORIDA DEPARTMENT OF JUVENILE JUSTICE</b>				
PACE Center for Girls - Prevention and Victim Services	80.007	X10051	\$ -	\$ 21,364,311
<b>Total Expenditures of Federal Awards and State Projects</b>			<b>\$ 834,887</b>	<b>\$ 21,364,311</b>

See notes to Schedule of Expenditures of Federal Awards and State Financial Assistance.

**PACE Center for Girls, Inc. and Affiliates**  
**Notes to Schedule of Expenditures of Federal Awards**  
**and State Financial Assistance**  
**For the Year Ended June 30, 2019**

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**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 PACE Center for Girls, Inc. and Affiliates (the "Organization") for the year ended June 30, 2019.

The information in the Schedule is presented in accordance with the requirements of *Title 2 U.S. Code of Federal Regulations (CFR), Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*, and *Chapter 10.650, Rules of the State of Florida Auditor General*. Because the Schedule presents only a selected portion of the operations of the Organization, it is not intended to, and does not present the financial position, changes in net assets, or cash flows of the Organization.

Expenditures reported on the Schedule are reported on the accrual basis of accounting and are recognized following the cost principles contained in *Title 2 U.S. Code of Federal Regulations (CFR), 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.

**2. Pass-Through Awards**

The Organization received certain federal awards and state projects from pass-through awards of the state. The total amount of such pass-through awards is included in the Schedule

**3. Transfers to Subrecipients**

The Organization did not transfer any federal awards or state financial assistance to other entities.

**4. Indirect Cost Rate**

The Organization has elected to use the 10% de minimis indirect cost rate as allowed under the Uniform Guidance, unless otherwise specifically required by applicable grant agreement.

**5. Contingencies**

The programs shown in the Schedule are subject to financial and compliance audits by grantor agencies, which, if instances of material noncompliance are found, may result in disallowable expenditures and affect the Organization's continued participation in specific programs. The amount of expenditures, if any, which may be disallowed by the grantor agencies cannot be determined at this time, although the Organization expects such amounts to be immaterial, if any.

See independent auditors' report.





400 North Ashley Drive, Suite 700  
Tampa, FL 33602  
813.229.2321  
warrenaverett.com

**Independent Auditors' 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***

To the Board of Trustees  
PACE Center for Girls, Inc. and Affiliates

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 consolidated financial statements of PACE Center for Girls, Inc. and Affiliates (the "Organization"), which comprise the consolidated statement of financial position as of June 30, 2019 and the related consolidated statements of activities, cash flows, and functional expenses for the year then ended, and the related notes to the consolidated financial statements (the "financial statements"), and have issued our report thereon dated September 26, 2019.

**Internal Control Over Financial Reporting**

In planning and performing our audit of the financial statements, we considered the Organization'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 the Organization'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 the Organization'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.

*Warren Averett, LLC*

Tampa, Florida

September 26, 2019



400 North Ashley Drive, Suite 700  
Tampa, FL 33602  
813.229.2321  
warrenaverett.com

**Independent Auditors' 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***

To the Board of Trustees  
PACE Center for Girls, Inc. and Affiliates

**Report on Compliance for Each Major Federal Program and State Project**

We have audited PACE Center for Girls, Inc. and Affiliates' (the "Organization") compliance with the types of compliance requirements described in the *OMB Compliance Supplement* and the requirements described in the Executive Officer of the Florida Governor's State Project Compliance Supplement that could have a direct and material effect on each of the Organization's major federal programs and state projects for the year ended June 30, 2019. The Organization's major federal programs and state projects are identified in the summary of auditors' results section of the accompanying schedule of findings and questioned costs.

**Management's Responsibility**

Management is responsible for compliance with federal statutes, regulations, and the terms and conditions of its federal and state awards applicable to its federal programs and state projects.

**Auditors' Responsibility**

Our responsibility is to express an opinion on compliance for each of the Organization's major federal programs and state projects 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; and the audit requirements of *Title 2 U.S. Code of Federal Regulations (CFR), Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (the "Uniform Guidance"), and *Chapter 10.650, Rules of the State of Florida Auditor General*. Those standards and 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 and state project occurred. An audit includes examining, on a test basis, evidence about the Organization'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 each major federal program and state project. However, our audit does not provide a legal determination of the Organization's compliance.

### Opinion on Each Major Federal Program and State Project

In our opinion, the Organization complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal programs and state projects for the year ended June 30, 2019.

### Report on Internal Control Over Compliance

Management of the Organization 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 the Organization'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* and *Chapter 10.650*, 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 the Organization'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. 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* and *Chapter 10.650*. Accordingly, this report is not suitable for any other purpose.

*Warren Averett, LLC*

Tampa, Florida  
September 26, 2019

**PACE Center for Girls, Inc. and Affiliates  
Schedule of Findings and Questioned Costs  
For the Year Ended June 30, 2019**

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**Section I - Summary of Auditors' Results**

Financial Statements

Type of auditors' report issued		<u>Unmodified</u>	
Internal control over financial reporting:			
Material weakness(es) identified?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
Significant deficiency(ies) identified?	Yes <input type="checkbox"/>	None Reported <input checked="" type="checkbox"/>	
Non-compliance material to financial statements noted?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	

Federal and State Awards

Internal control over major federal programs:			
Material weakness(es) identified?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
Significant deficiency(ies) identified?	Yes <input type="checkbox"/>	None Reported <input checked="" type="checkbox"/>	
Internal control over major state projects:			
Material weakness(es) identified?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
Significant deficiency(ies) identified?	Yes <input type="checkbox"/>	None Reported <input checked="" type="checkbox"/>	
Type of auditors' report issued on compliance for major federal programs and state projects		<u>Unmodified</u>	
Any audit findings disclosed that are to be reported in accordance with <i>the Uniform Guidance</i> and <i>Chapter 10.650(1)(h) of Rules of the State of Florida Auditor General</i> ?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	

Identification of major programs:

<u>CFDA Number</u> 10.553 / 10.555	<u>Name of Federal Program</u> National School Breakfast and Lunch Program
<u>CFSA Number</u> 80.007	<u>Name of State Project</u> Practical and Cultural Education (PACE) Center for Girls - Prevention and Victim Services

See independent auditors' report.

**PACE Center for Girls, Inc. and Affiliates**  
**Schedule of Findings and Questioned Costs**  
**For the Year Ended June 30, 2019**

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**Section I - Summary of Auditors' Results (continued)**

Dollar threshold used to distinguish between Type A and  
Type B major federal programs \$ 750,000

Dollar threshold used to distinguish between Type A and  
Type B major state projects \$ 750,000

Auditee qualified as low-risk auditee? Yes  No

**Section II - Financial Statement Findings**

None

**Section III - Federal Award Findings and Questioned Costs**

None

**Section IV - State Award Findings and Questioned Costs**

None

**Section V - Other Issues**

There were no prior audit findings on compliance for each major program, or internal control over compliance, with the requirements described in *Title 2 U.S. Code of Federal Regulations (CFR), Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*, and *Chapter 10.650, Rules of the State of Florida Auditor General*.

See Independent Auditors' Report.



**Reimbursement Template  
Summary of Expenses**

For each unbudgeted/unplanned, but COVID-19 related expenditure, provide the following:

- Receipt or invoice for the purchase
- Method of payment for the purchase
- If paid via credit card or credit arrangement, provide a copy of the credit card statement with the appropriate charge (for security REDACT most account numbers)
- Include bank statement demonstrating paying of credit card (for security REDACT most account numbers)

You may add additional rows to the table below in order to properly document expenses. Keep items and documentation in the item order in your summary chart to easily follow the documentation.

Item Number	Quantity	Item Description	Total Cost
1	1	Updated laptops for 40 girls to appropriately utilize telehealth services during ILE.	\$32,437.41
2	1	40 protective cases for 40 laptops	\$950.21
3	1	Salary increase from part-time to full-time for Administrative Assistant	\$1,889.82
4	1	Upgraded Doxy.me service for five counselors for April-October	\$1,050
5	1	Disposable cell phones, monthly fees, and airtime for three counselors for four months	\$534.60
6	1	HVAC systems and ionization purification	\$4,700
7	1	40 Headphones for computer use in classroom	\$340.21
8	1	15 webcams for secure academic and social services connections	\$293.85
9	1	Commercial disinfectant for Center cleaning	\$4,276.53
10	1	Sanitization of Pace Center in August prior to staff and girl return	\$1,059.30
11	1	Cleaning and sanitization supplies	\$1,090.73

12			
13			
14			
15			

**Total Reimbursement Request: \$** 48,622.66





**Microsoft Store USA**  
 One Microsoft Way  
 Redmond, WA 98052  
 USA

## Invoice

### Bill To

**Pace Center for Girls Inc**  
 6745 Philips Industrial Blvd.  
 Jacksonville, FL 32256  
 USA

Invoice# USA-4433752  
 Invoice Date 8/11/2020  
 Terms Net 30 days  
 Due Date 9/10/2020  
 P.O.# USQ-0051-1849  
 SBD Int Ref CAS-77433-W9T7J1 |  
 Matthew Parks

### Ship To

**Pace Center for Girls Inc**  
 6745 Philips Industrial  
 Blvd.  
 Jacksonville, FL 32256  
 0051 - St. Johns Town Center - US-FL-Jacksonville

#	Description	Qty	Unit Price	Line Amount
1	(F9W-00123) Microsoft® Comm Complete for Bus 3YR Warranty US USD Surface Go	40.00	149.00	4,768.00
2	(SUA-00001) Microsoft® Surface Go2 M/8/128 COMM SC English, Canadian French Platinum US/Canada 1 License	40.00	679.99	23,119.60
3	(KCN-00023) Microsoft® Go Type Cover N COMM SC English Black US/Canada 1 License Refresh	40.00	99.99	3,599.60

**Thank you for your business.**

Sub Total 31,487.20  
 Tax 0.00

**Total 31,487.20 USD**

Check by US Mail:  
 Microsoft Corporation, PO Box 840304, Dallas, TX 75284-0304

Check by Courier:  
 Bank of America Lockbox Services, Microsoft Lockbox 840304, 1950 N. Stemmons Fwy, Ste. 5010, Dallas, TX 75202, United States

Wire Transfer:  
 Microsoft Corporation, Account Number: 4427693449, ABA-Int'l Wire: 026009593, ABA Domestic ACH/EFT Routing: 111000012,  
 Swift Number (USD): BOFAUS3N, Tax ID: 91-1144442,  
 C/O Bank Of America, 901 Main Street, Dallas, TX, 75207, United States

Dell Business Credit:  
 If you requested payment to be processed through your Dell Business Credit account, we are currently attempting to process your payment. No further action is required at this time.  
 For questions regarding your Dell Business Credit account, please call 1-866-431-3355 or visit [dfs.dell.com](https://dfs.dell.com).

Terms & Conditions:  
 Please refer to your purchasing agreement for payment terms. Acceptable payment methods are : ACH Transfer, Bank Wire, Dell Business Credit, and Check. Do not send check payments to One Microsoft Way, Redmond, WA 98052 or to any physical Microsoft Store location. Checks not sent to the listed bank address will result in undue delays in the receipt of payment. Late or incomplete payment may result in penalties. For questions about the invoice, please contact Retail Stores Invoice support via email at: [rsinvsup@microsoft.com](mailto:rsinvsup@microsoft.com)



## Final Details for Order #111-7625181-3859402

Order Placed: July 17, 2020  
 PO number : For Pinellas Surface Go  
 Amazon.com order number: 111-7625181-3859402  
 Order Total: \$950.21

Shipped on July 19, 2020	
<b>Items Ordered</b> 40 of: <i>SupCase[UB Pro Series] Case for Microsoft Surface Go 10 inch 2018 / Surface Go 2 10.5 inch 2020, Full-Body Kickstand Rugged Protective Case(Black)</i> Sold by: Supcase ( <a href="#">seller profile</a> ) Business Price Condition: New	<b>Price</b> \$24.24
<b>Shipping Address:</b> Vipul Patel Pace Center for Girls 259 N HIDDEN TREE DR ST AUGUSTINE, FL 32086-5228 United States	Item(s) Subtotal: \$969.60 Shipping & Handling: \$0.00 Promotion Applied: -\$19.39 ----- Total before tax: \$950.21 Sales Tax: \$0.00 ----- <b>Total for This Shipment: \$950.21</b> -----
<b>Shipping Speed:</b> Amazon Day Delivery	

Payment Information	
<b>Payment Method:</b> MasterCard   Last digits: 1906	Item(s) Subtotal: \$969.60 Shipping & Handling: \$0.00 Promotion Applied -\$19.39 -----
<b>Billing Address:</b> Vipul Patel PACE CENTER FOR GIRLS INC 6745 PHILIPS INDUSTRIAL BLVD JACKSONVILLE, FL 32256-3033 United States	Total before tax: \$950.21 Estimated tax to be collected: \$0.00 ----- <b>Grand Total: \$950.21</b> -----

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

**Madalyn Mae Butler - 09475 - Pace Center for Girls, Inc.**

**Job History**

History type  
All

Effective	Job	Alternate Title	Status	Reason	Pay Frequency	Hourly/Salaried	Type	Viewable By Employee	Notes
07/06/2020	ADMNASST - Administrative Assistant		Active	Hours increase	Biweekly	Hourly	Regular FT		
07/01/2020	ADMNASST - Administrative Assistant		Active	New Fund	Biweekly	Hourly	PT Less Than 30 Hours		
07/01/2020	ADMNASST - Administrative Assistant		Active	MANAGER CHANGE	Biweekly	Hourly	PT Less Than 30 Hours		
10/14/2019	ADMNASST - Administrative Assistant		Active	New Fund	Biweekly	Hourly	PT Less Than 30 Hours		
10/14/2019	ADMNASST - Administrative Assistant		Active	New hire	Biweekly	Hourly	PT Less Than 30 Hours		



6745 Philips Industrial Blvd  
Jacksonville, FL 32256

**Pay Statement**

Period Start Date 07/19/2020  
 Period End Date 08/01/2020  
 Pay Date 08/14/2020  
 Document 93636  
 Net Pay \$1,001.33

**Pay Details**

[REDACTED]	<b>Employee Number</b>	09475	<b>Pay Group</b>	Biweekly
	<b>SSN</b>	XXX-XX-XXXX	<b>Location</b>	Pinellas
	<b>Job</b>	Administrative Assistant	<b>Department</b>	AA - Admin - Center Admin
	<b>Pay Rate</b>	\$15.0000	<b>Fund Distrib</b>	S32 - Taekwondo
	<b>Pay Frequency</b>	Biweekly	<b>Region</b>	WCTRL - West Central
			<b>County</b>	PIN - Pinellas

**Earnings**

Pay Type	Hours	Current	YTD
Regular Pay	80.0000	\$1,200.00	\$14,356.80
Wellness Week	0.0000	\$0.00	\$600.00

Total Hours 80.0000

**Deductions**

Deduction	Based On	Pre-Tax	Employee		Employer	
			Current	YTD	Current	YTD
Pretax Dental	\$7.10	Yes	\$7.10	\$7.10	\$6.38	\$6.38
Pretax Vision	\$2.66	Yes	\$2.66	\$2.66	\$0.00	\$0.00
AD&D	\$25,000.00	No	\$0.00	\$0.00	\$0.23	\$0.23
GTL - Life	\$25,000.00	No	\$0.00	\$0.00	\$0.75	\$0.75
Long Term Disab	\$2,600.00	No	\$0.00	\$0.00	\$0.18	\$0.18
Pretax Medical	\$0.00	Yes	\$0.00	\$0.00	\$217.40	\$217.40

**Taxes**

Tax	Based On	Current	YTD
Federal Income Tax	\$1,190.24	\$97.85	\$1,028.98
Employee Medicare	\$1,190.24	\$17.26	\$216.73
Social Security Employee Tax	\$1,190.24	\$73.80	\$926.72

**Paid Time Off**

**Net Pay Distribution**

Account Number	Account Type	Amount
xxxxxxxx4649	Checking	\$1,001.33
<b>Total</b>		<b>\$1,001.33</b>

**Pay Summary**

	Gross	FIT Taxable Wages	Taxes	Deductions	Net Pay
Current	\$1,200.00	\$1,190.24	\$188.91	\$9.76	\$1,001.33
YTD	\$14,956.80	\$14,947.04	\$2,172.43	\$9.76	\$12,774.61



6745 Philips Industrial Blvd  
Jacksonville, FL 32256

**Pay Statement**

Period Start Date 08/02/2020  
Period End Date 08/15/2020  
Pay Date 08/28/2020  
Document 94139  
Net Pay \$1,001.34

**Pay Details**

Employee Number	09475	Pay Group	Biweekly
SSN	XXX-XX-XXXX	Location	Pinellas
Job	Administrative Assistant	Department	AA - Admin - Center Admin
Pay Rate	\$15.0000	Fund Distrib	S32 - Taekwondo
Pay Frequency	Biweekly	Region	WCTRL - West Central
		County	PIN - Pinellas

**Earnings**

Pay Type	Hours	Current	YTD
Regular Pay	80.0000	\$1,200.00	\$15,556.80
Wellness Week	0.0000	\$0.00	\$600.00

Total Hours 80.0000

**Deductions**

Deduction	Based On	Pre-Tax	Employee		Employer	
			Current	YTD	Current	YTD
Pretax Dental	\$7.10	Yes	\$7.10	\$14.20	\$6.38	\$12.76
Pretax Vision	\$2.66	Yes	\$2.66	\$5.32	\$0.00	\$0.00
AD&D	\$25,000.00	No	\$0.00	\$0.00	\$0.23	\$0.46
Bas Emp AD&D	\$0.00	No	\$0.00	\$0.00	\$0.23	\$0.23
Basic Emp Life	\$0.00	No	\$0.00	\$0.00	\$0.63	\$0.63
Basic LTD	\$0.00	No	\$0.00	\$0.00	\$1.68	\$1.68
GTL - Life	\$25,000.00	No	\$0.00	\$0.00	\$0.75	\$1.50
Long Term Disab	\$2,600.00	No	\$0.00	\$0.00	\$0.18	\$0.36
Pretax Medical	\$0.00	Yes	\$0.00	\$0.00	\$217.40	\$434.80

**Taxes**

Tax	Based On	Current	YTD
Federal Income Tax	\$1,190.24	\$97.85	\$1,126.83
Employee Medicare	\$1,190.24	\$17.26	\$233.99
Social Security Employee Tax	\$1,190.24	\$73.79	\$1,000.51

**Paid Time Off**

**Net Pay Distribution**

Account Number	Account Type	Amount
XXXXXXXX4649	Checking	\$1,001.34
Total		\$1,001.34

**Pay Summary**

	Gross	FIT Taxable Wages	Taxes	Deductions	Net Pay
Current	\$1,200.00	\$1,190.24	\$188.90	\$9.76	\$1,001.34
YTD	\$16,156.80	\$16,137.28	\$2,361.33	\$19.52	\$13,775.95



Pace Center for Girls, Inc.  
6745 Philips Industrial Blvd  
Jacksonville, FL 32256

**Pay Statement**

Period Start Date 08/31/2020  
Period End Date 08/31/2020  
Pay Date 09/03/2020  
Document Adjustment  
Net Pay \$0.00

**Pay Details**

[REDACTED]	<b>Employee Number</b>	09475	<b>Pay Group</b>	Biweekly
[REDACTED]	<b>SSN</b>	XXX-XX-XXXX	<b>Location</b>	Pinellas
[REDACTED]	<b>Job</b>	Administrative Assistant	<b>Department</b>	AA - Admin - Center Admin
[REDACTED]	<b>Pay Rate</b>	\$15.0000	<b>Fund Distrib</b>	S32 - Taekwondo
[REDACTED]	<b>Pay Frequency</b>	Biweekly	<b>Region</b>	WCTRL - West Central
			<b>County</b>	PIN - Pinellas

**Earnings**

Pay Type	Week	Job	Hours	Pay Rate	Current
Wellness Week			0.0000	\$0.0000	\$0.00
Regular Pay			0.0000	\$0.0000	\$0.00

Total Hours 0.0000

**Deductions**

Deduction	Based On	Pre-Tax	Employee		Employer	
			Current	YTD	Current	YTD
AD&D	\$0.00	No	\$0.00	\$0.00	\$0.00	\$0.46
Bas Emp AD&D	\$0.00	No	\$0.00	\$0.00	\$0.00	\$0.23
Basic Emp Life	\$0.00	No	\$0.00	\$0.00	\$0.00	\$0.63
GTL - Life	\$0.00	No	\$0.00	\$0.00	\$0.00	\$1.50
Long Term Disab	\$0.00	No	\$0.00	\$0.00	\$0.00	\$0.36
Basic LTD	\$0.00	No	\$0.00	\$0.00	\$0.00	\$1.68
Pretax Medical	\$0.00	Yes	\$0.00	\$0.00	\$0.00	\$434.80
Pretax Vision	\$0.00	Yes	\$0.00	\$5.32	\$0.00	\$0.00
Pretax Dental	\$7.10	Yes	\$0.00	\$14.20	\$0.00	\$12.76

**Taxes**

Tax	Based On	Current	YTD
Federal Income Tax	\$0.00	\$0.00	\$1,126.83
Employee Medicare	\$0.00	\$0.00	\$233.99
Social Security Employee Tax	\$0.00	\$0.00	\$1,000.51

**Paid Time Off**

**Net Pay Distribution**

Account Number	Account Type	Amount
No records found		



6745 Philips Industrial Blvd  
Jacksonville, FL 32256

**Pay Statement**

Period Start Date 08/16/2020  
 Period End Date 08/29/2020  
 Pay Date 09/11/2020  
 Document 95024  
 Net Pay \$1,001.33

**Pay Details**

██████████	Employee Number	09475	Pay Group	Biweekly
██████████	SSN	XXX-XX-XXXX	Location	Pinellas
██████████	Job	Administrative Assistant	Department	AA - Admin - Center Admin
██████████	Pay Rate	\$15.0000	Fund Distrib	S32 - Taekwondo
	Pay Frequency	Biweekly	Region	WCTRL - West Central
			County	PIN - Pinellas

**Earnings**

Pay Type	Hours	Current	YTD
Regular Pay	80.0000	\$1,200.00	\$16,756.80
Wellness Week	0.0000	\$0.00	\$600.00

Total Hours 80.0000

**Deductions**

Deduction	Based On	Pre-Tax	Employee		Employer	
			Current	YTD	Current	YTD
Pretax Dental	\$7.10	Yes	\$7.10	\$21.30	\$6.38	\$19.14
Pretax Vision	\$2.66	Yes	\$2.66	\$7.98	\$0.00	\$0.00
AD&D	\$25,000.00	No	\$0.00	\$0.00	\$0.23	\$0.69
Bas Emp AD&D	\$0.00	No	\$0.00	\$0.00	\$0.23	\$0.46
Basic Emp Life	\$0.00	No	\$0.00	\$0.00	\$0.63	\$1.26
Basic LTD	\$0.00	No	\$0.00	\$0.00	\$1.68	\$3.36
GTL - Life	\$25,000.00	No	\$0.00	\$0.00	\$0.75	\$2.25
Long Term Disab	\$2,600.00	No	\$0.00	\$0.00	\$0.18	\$0.54
Pretax Medical	\$0.00	Yes	\$0.00	\$0.00	\$217.40	\$652.20

**Taxes**

Tax	Based On	Current	YTD
Federal Income Tax	\$1,190.24	\$97.85	\$1,224.68
Employee Medicare	\$1,190.24	\$17.26	\$251.25
Social Security Employee Tax	\$1,190.24	\$73.80	\$1,074.31

Paid Time Off	Net Pay Distribution		
	Account Number	Account Type	Amount
	XXXXXXXX4649	Checking	\$1,001.33
	Total		\$1,001.33

**Pay Summary**

	Gross	FIT Taxable Wages	Taxes	Deductions	Net Pay
Current	\$1,200.00	\$1,190.24	\$188.91	\$9.76	\$1,001.33
YTD	\$17,356.80	\$17,327.52	\$2,550.24	\$29.28	\$14,777.28



6745 Philips Industrial Blvd  
Jacksonville, FL 32256

**Pay Statement**

**Period Start Date** 08/30/2020  
**Period End Date** 09/12/2020  
**Pay Date** 09/25/2020  
**Document** 95530  
**Net Pay** \$1,001.34

**Pay Details**

██████████	<b>Employee Number</b>	09475	<b>Pay Group</b>	Biweekly	
██████████	<b>SSN</b>	XXX-XX-XXXX	<b>Location</b>	Pinellas	
██████████	<b>Job</b>	Administrative Assistant	<b>Department</b>	AA - Admin - Center Admin	
██████████	<b>Pay Rate</b>	\$15.0000	<b>Fund Distrib</b>	S32 - Taekwondo	
	<b>Pay Frequency</b>	Biweekly	<b>Region</b>	WCTRL - West Central	
			<b>County</b>	PIN - Pinellas	

**Earnings**

Pay Type	Hours	Current	YTD
Bereavement	8.0000	\$120.00	\$120.00
Holiday	8.0000	\$120.00	\$120.00
Regular Pay	64.0000	\$960.00	\$17,716.80
Wellness Week	0.0000	\$0.00	\$600.00

Total Hours 80.0000

**Deductions**

Deduction	Based On	Pre-Tax	Employee		Employer	
			Current	YTD	Current	YTD
Pretax Dental	\$7.10	Yes	\$7.10	\$28.40	\$6.38	\$25.52
Pretax Vision	\$2.66	Yes	\$2.66	\$10.64	\$0.00	\$0.00
AD&D	\$25,000.00	No	\$0.00	\$0.00	\$0.23	\$0.92
Bas Emp AD&D	\$0.00	No	\$0.00	\$0.00	\$0.23	\$0.69
Basic Emp Life	\$0.00	No	\$0.00	\$0.00	\$0.63	\$1.89
Basic LTD	\$0.00	No	\$0.00	\$0.00	\$1.68	\$5.04
GTL - Life	\$25,000.00	No	\$0.00	\$0.00	\$0.75	\$3.00
Long Term Disab	\$2,600.00	No	\$0.00	\$0.00	\$0.18	\$0.72
Pretax Medical	\$0.00	Yes	\$0.00	\$0.00	\$217.40	\$869.60

**Taxes**

Tax	Based On	Current	YTD
Federal Income Tax	\$1,190.24	\$97.85	\$1,322.53
Employee Medicare	\$1,190.24	\$17.26	\$268.51
Social Security Employee Tax	\$1,190.24	\$73.79	\$1,148.10

**Paid Time Off**

**Net Pay Distribution**

Account Number	Account Type	Amount
xxxxxxxx4649	Checking	\$1,001.34
<b>Total</b>		<b>\$1,001.34</b>

**Pay Summary**

	Gross	FIT Taxable Wages	Taxes	Deductions	Net Pay
Current	\$1,200.00	\$1,190.24	\$188.90	\$9.76	\$1,001.34
YTD	\$18,556.80	\$18,517.76	\$2,739.14	\$39.04	\$15,778.62





6745 Philips Industrial Blvd  
Jacksonville, FL 32256

**Pay Statement**

**Period Start Date** 09/13/2020  
**Period End Date** 09/26/2020  
**Pay Date** 10/09/2020  
**Document** 96044  
**Net Pay** \$1,001.33

**Pay Details**

██████████ ██████████ ██████████ ██████████	<b>Employee Number</b> 09475	<b>Pay Group</b> Biweekly
	<b>SSN</b> XXX-XX-XXXX	<b>Location</b> Pinellas
	<b>Job</b> Administrative Assistant	<b>Department</b> AA - Admin - Center Admin
	<b>Pay Rate</b> \$15.0000	<b>Fund Distrib</b> S32 - Taekwondo
	<b>Pay Frequency</b> Biweekly	<b>Region</b> WCTRL - West Central
		<b>County</b> PIN - Pinellas

**Earnings**

Pay Type	Hours	Current	YTD
Bereavement	0.0000	\$0.00	\$120.00
Holiday	0.0000	\$0.00	\$120.00
Regular Pay	80.0000	\$1,200.00	\$18,916.80
Wellness Week	0.0000	\$0.00	\$600.00

Total Hours 80.0000

**Deductions**

Deduction	Based On	Pre-Tax	Employee		Employer	
			Current	YTD	Current	YTD
Pretax Dental	\$7.10	Yes	\$7.10	\$35.50	\$6.38	\$31.90
Pretax Vision	\$2.66	Yes	\$2.66	\$13.30	\$0.00	\$0.00
AD&D	\$25,000.00	No	\$0.00	\$0.00	\$0.23	\$1.15
Bas Emp AD&D	\$0.00	No	\$0.00	\$0.00	\$0.23	\$0.92
Basic Emp Life	\$0.00	No	\$0.00	\$0.00	\$0.63	\$2.52
Basic LTD	\$0.00	No	\$0.00	\$0.00	\$1.68	\$6.72
GTL - Life	\$25,000.00	No	\$0.00	\$0.00	\$0.75	\$3.75
Long Term Disab	\$2,600.00	No	\$0.00	\$0.00	\$0.18	\$0.90
Pretax Medical	\$0.00	Yes	\$0.00	\$0.00	\$217.40	\$1,087.00

**Taxes**

Tax	Based On	Current	YTD
Federal Income Tax	\$1,190.24	\$97.85	\$1,420.38
Employee Medicare	\$1,190.24	\$17.26	\$285.77
Social Security Employee Tax	\$1,190.24	\$73.80	\$1,221.90

**Paid Time Off**

**Net Pay Distribution**

Account Number	Account Type	Amount
xxxxxxxx4649	Checking	\$1,001.33
<b>Total</b>		<b>\$1,001.33</b>

**Pay Summary**

	Gross	FIT Taxable Wages	Taxes	Deductions	Net Pay
Current	\$1,200.00	\$1,190.24	\$188.91	\$9.76	\$1,001.33
YTD	\$19,756.80	\$19,708.00	\$2,928.05	\$48.80	\$16,779.95



6745 Philips Industrial Blvd  
Jacksonville, FL 32256

**Pay Statement**

Period Start Date 09/27/2020  
 Period End Date 10/10/2020  
 Pay Date 10/23/2020  
 Document 96545  
 Net Pay \$1,001.35

**Pay Details**

<b>Employee Number</b>	09475	<b>Pay Group</b>	Biweekly
<b>SSN</b>	XXX-XX-XXXX	<b>Location</b>	Pinellas
<b>Job</b>	Administrative Assistant	<b>Department</b>	AA - Admin - Center Admin
<b>Pay Rate</b>	\$15.0000	<b>Fund Distrib</b>	S32 - Taekwondo
<b>Pay Frequency</b>	Biweekly	<b>Region</b>	WCTRL - West Central
		<b>County</b>	PIN - Pinellas

**Earnings**

Pay Type	Hours	Current	YTD
Bereavement	0.0000	\$0.00	\$120.00
Holiday	0.0000	\$0.00	\$120.00
Regular Pay	80.0000	\$1,200.00	\$20,116.80
Wellness Week	0.0000	\$0.00	\$600.00
<b>Total Hours 80.0000</b>			

**Deductions**

Deduction	Based On	Pre-Tax	Employee		Employer	
			Current	YTD	Current	YTD
Pretax Dental	\$7.10	Yes	\$7.10	\$42.60	\$6.38	\$38.28
Pretax Vision	\$2.66	Yes	\$2.66	\$15.96	\$0.00	\$0.00
AD&D	\$25,000.00	No	\$0.00	\$0.00	\$0.23	\$1.38
Bas Emp AD&D	\$0.00	No	\$0.00	\$0.00	\$0.23	\$1.15
Basic Emp Life	\$0.00	No	\$0.00	\$0.00	\$0.63	\$3.15
Basic LTD	\$0.00	No	\$0.00	\$0.00	\$1.68	\$8.40
GTL - Life	\$25,000.00	No	\$0.00	\$0.00	\$0.75	\$4.50
Long Term Disab	\$2,600.00	No	\$0.00	\$0.00	\$0.18	\$1.08
Pretax Medical	\$0.00	Yes	\$0.00	\$0.00	\$217.40	\$1,304.40

**Taxes**

Tax	Based On	Current	YTD
Federal Income Tax	\$1,190.24	\$97.85	\$1,518.23
Employee Medicare	\$1,190.24	\$17.25	\$303.02
Social Security Employee Tax	\$1,190.24	\$73.79	\$1,295.69

**Paid Time Off**

**Net Pay Distribution**

Account Number	Account Type	Amount
xxxxxxxx4649	Checking	\$1,001.35
<b>Total</b>		<b>\$1,001.35</b>

**Pay Summary**

	Gross	FIT Taxable Wages	Taxes	Deductions	Net Pay
Current	\$1,200.00	\$1,190.24	\$188.89	\$9.76	\$1,001.35
YTD	\$20,956.80	\$20,898.24	\$3,116.94	\$58.56	\$17,781.30

# Doxy.me LLC

## Receipt

3445 Winton Place, Ste 120  
Rochester NY 14623  
United States  
+1 844-436-9963  
support@doxy.me

Receipt number 2929-1172  
Invoice number 28F3D013-0001  
Date paid April 9, 2020  
Payment method **MasterCard** - 3488

Paid by  
Sharon.gavin@pacecenter.org

### \$35.00 paid on April 9, 2020

Description	Qty	Unit price	Amount
APR 9 - MAY 9, 2020			
Professional monthly	1	\$35.00	\$35.00
<b>Subtotal</b>			<b>\$35.00</b>
<b>Amount paid</b>			<b>\$35.00</b>

# Doxy.me LLC

3445 Winton Place, Ste 120  
Rochester NY 14623  
United States  
+1 844-436-9963  
support@doxy.me

## Receipt

Receipt number 2954-8036  
Invoice number 28F3D013-0002  
Date paid May 9, 2020  
Payment method **MasterCard** - 3488

Paid by  
Sharon.gavin@pacecenter.org

### \$35.00 paid on May 9, 2020

Description	Qty	Unit price	Amount
MAY 9 – JUN 9, 2020			
Professional monthly	1	\$35.00	\$35.00
<b>Subtotal</b>			<b>\$35.00</b>
<b>Amount paid</b>			<b>\$35.00</b>

# Doxy.me LLC

## Receipt

3445 Winton Place, Ste 120  
Rochester NY 14623  
United States  
+1 844-436-9963  
support@doxy.me

Receipt number 2544-6565  
Invoice number 28F3D013-0003  
Date paid June 9, 2020  
Payment method **MasterCard** - 3488

Paid by  
Sharon.gavin@pacecenter.org

### \$35.00 paid on June 9, 2020

Description	Qty	Unit price	Amount
JUN 9 - JUL 9, 2020			
Professional monthly	1	\$35.00	\$35.00
<b>Subtotal</b>			<b>\$35.00</b>
<b>Amount paid</b>			<b>\$35.00</b>

# Doxy.me LLC

# Receipt

3445 Winton Place, Ste 120  
Rochester NY 14623  
United States  
+1 844-436-9963  
support@doxy.me

Receipt number 2724-0637  
Invoice number 28F3D013-0004  
Date paid July 9, 2020  
Payment method **MasterCard** - 3488

Paid by  
Sharon.gavin@pacecenter.org

## \$35.00 paid on July 9, 2020

Please remit payment within 30 days of receipt of this invoice. For paper checks, please send to:

Doxy.me LLC  
Attn: Rickie A Welch  
3445 Winton Pl, Ste 120  
Rochester, NY 14623  
+1 (844) 436-9963

Description	Qty	Unit price	Amount
JUL 9 – AUG 9, 2020			
Professional monthly	1	\$35.00	\$35.00
		<b>Subtotal</b>	<b>\$35.00</b>
		<b>Amount paid</b>	<b>\$35.00</b>

# Doxy.me LLC

# Receipt

3445 Winton Place, Ste 120  
Rochester NY 14623  
United States  
+1 844-436-9963  
support@doxy.me

Receipt number 2091-1571  
Invoice number 28F3D013-0005  
Date paid August 9, 2020  
Payment method **MasterCard** - 3488

**Paid by**  
Sharon.gavin@pacecenter.org

## \$35.00 paid on August 9, 2020

Description	Qty	Unit price	Amount
<hr/>			
AUG 9 - SEP 9, 2020			
Professional monthly	1	\$35.00	\$35.00
<hr/>			
		<b>Subtotal</b>	<b>\$35.00</b>
<hr/>			
		<b>Amount paid</b>	<b>\$35.00</b>

# Doxy.me LLC

3445 Winton Place, Ste 120  
Rochester NY 14623  
United States  
+1 844-436-9963  
support@doxy.me

## Receipt

Receipt number 2173-7354  
Invoice number 28F3D013-0006  
Date paid September 9, 2020  
Payment method **MasterCard** - 3488

Paid by  
Sharon.gavin@pacecenter.org

### \$35.00 paid on September 9, 2020

Description	Qty	Unit price	Amount
SEP 9 – OCT 9, 2020			
Professional monthly	1	\$35.00	\$35.00
<b>Subtotal</b>			<b>\$35.00</b>
<b>Amount paid</b>			<b>\$35.00</b>



# Doxy.me LLC

3445 Winton Place, Ste 120  
Rochester NY 14623  
United States  
+1 844-436-9963  
support@doxy.me

## Receipt

Receipt number 2277-8309  
Invoice number 28F3D013-0007  
Date paid October 9, 2020  
Payment method **MasterCard** - 3488

Paid by  
Sharon.gavin@pacecenter.org

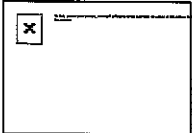
### \$35.00 paid on October 9, 2020

Description	Qty	Unit price	Amount
<hr/>			
OCT 9 - NOV 9, 2020			
Professional monthly	1	\$35.00	\$35.00
<hr/>			
		<b>Subtotal</b>	<b>\$35.00</b>
<hr/>			
		<b>Amount paid</b>	<b>\$35.00</b>

**Heidi Hugh**

---

**From:** Dolly Ferraiuolo, LCSW <Dolly.Ferraiuolo@pacecenter.org>  
**Sent:** Tuesday, October 13, 2020 12:03 PM  
**To:** Chantell Miles; Heidi Hugh  
**Subject:** FW: Your receipt from Doxy.me LLC 8175-2876#



Dolly Ferraiuolo, LCSW  
**Social Service Manager**  
727-456-1566 Ext:1522

**From:** Doxy.me LLC <receipts+IUOUYWrRmTtlUSbeRv4m@stripe.com>  
**Sent:** Tuesday, April 7, 2020 1:47 PM  
**To:** Dolly Ferraiuolo <Dolly.Ferraiuolo@pacecenter.org>  
**Subject:** Your receipt from Doxy.me LLC #2876-8175



## Receipt from Doxy.me LLC

Invoice #DE94B8E8-0001

Receipt #2876-8175

AMOUNT PAID	DATE PAID	PAYMENT METHOD
\$35.00	April 7, 2020	<b>MasterCard</b> – 2171

**SUMMARY**

**APR 7, 2020 – MAY 7, 2020**

Professional monthly × 1 \$35.00

**Amount paid \$35.00**

If you have any questions, contact Doxy.me LLC at [support@doxy.me](mailto:support@doxy.me) or call at +1 844-436-9963.

[Download as PDF](#)

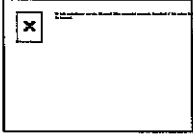
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You're receiving this email because you made a purchase at Doxy.me LLC, which partners with Stripe to provide invoicing and payment processing.

## Heidi Hugh

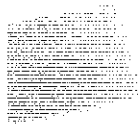
---

**From:** Dolly Ferraiuolo, LCSW <Dolly.Ferraiuolo@pacecenter.org>  
**Sent:** Tuesday, October 13, 2020 12:03 PM  
**To:** Heidi Hugh; Chantell Miles  
**Subject:** FW: Your receipt from Doxy.me LLC 1503-2203#



Dolly Ferraiuolo, LCSW  
**Social Service Manager**  
727-456-1566 Ext:1522

**From:** Doxy.me LLC <receipts+IUOUYWRmTtIUSbeRv4m@stripe.com>  
**Sent:** Thursday, May 7, 2020 2:47 PM  
**To:** Dolly Ferraiuolo <Dolly.Ferraiuolo@pacecenter.org>  
**Subject:** Your receipt from Doxy.me LLC #2203-1503



## Receipt from Doxy.me LLC

Invoice #DE94B8E8-0002  
Receipt #2203-1503

AMOUNT PAID	DATE PAID	PAYMENT METHOD
\$35.00	May 7, 2020	<b>MasterCard</b> – 2171

### SUMMARY

**MAY 7, 2020 – JUN 7, 2020**

Professional monthly × 1 \$35.00

**Amount paid \$35.00**

If you have any questions, contact Doxy.me LLC at [support@doxy.me](mailto:support@doxy.me) or call at +1 844-436-9963.

[Download as PDF](#)

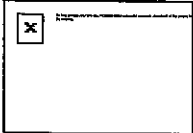
Something wrong with the email? [View it in your browser.](#)

You're receiving this email because you made a purchase at Doxy.me LLC, which partners with Stripe to provide invoicing and payment processing.

**Heidi Hugh**

---

**From:** Dolly Ferraiuolo, LCSW <Dolly.Ferraiuolo@pacecenter.org>  
**Sent:** Tuesday, October 13, 2020 12:03 PM  
**To:** Heidi Hugh; Chantell Miles  
**Subject:** FW: Your receipt from Doxy.me LLC 8573-2186#



Dolly Ferraiuolo, LCSW  
**Social Service Manager**  
727-456-1566 Ext:1522

**From:** Doxy.me LLC <receipts+IUOUYWrRmTtlUSbeRv4m@stripe.com>  
**Sent:** Sunday, June 7, 2020 2:47 PM  
**To:** Dolly Ferraiuolo <Dolly.Ferraiuolo@pacecenter.org>  
**Subject:** Your receipt from Doxy.me LLC #2186-8573



## Receipt from Doxy.me LLC

Invoice #DE94B8E8-0003

Receipt #2186-8573

AMOUNT PAID	DATE PAID	PAYMENT METHOD
\$35.00	June 7, 2020	<b>MasterCard</b> – 2171

**SUMMARY**

**JUN 7, 2020 – JUL 7, 2020**

Professional monthly × 1 \$35.00

**Amount paid \$35.00**

If you have any questions, contact Doxy.me LLC at [support@doxy.me](mailto:support@doxy.me) or call at +1 844-436-9963.

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# Doxy.me LLC

# Receipt

United States  
+1 844-436-9963  
support@doxy.me

Receipt number 2877-2362  
Invoice number C7A8DE3B-0001  
Date paid April 21, 2020  
Payment method **MasterCard** - 4685

Paid by  
darkemia.dubose@pacecenter.org

## \$35.00 paid on April 21, 2020

Description	Qty	Unit price	Amount
APR 21 - MAY 21, 2020			
Professional monthly	1	\$35.00	\$35.00
		Subtotal	\$35.00
		Amount paid	\$35.00



# Doxy.me LLC

# Receipt

United States  
+1 844-436-9963  
support@doxy.me

Receipt number 2528-1075  
Invoice number C7A8DE3B-0002  
Date paid May 21, 2020  
Payment method **MasterCard** - 4685

Paid by  
darkemia.dubose@pacecenter.org

## \$35.00 paid on May 21, 2020

Description	Qty	Unit price	Amount
MAY 21 - JUN 21, 2020			
Professional monthly	1	\$35.00	\$35.00
Subtotal			\$35.00
Amount paid			\$35.00

# Doxy.me LLC

# Receipt

United States  
+1 844-436-9963  
support@doxy.me

Receipt number 2174-2359  
Invoice number C7A8DE3B-0003  
Date paid June 21, 2020  
Payment method **MasterCard** - 4685

Paid by  
darkemia.dubose@pacecenter.org

## \$35.00 paid on June 21, 2020

Description	Qty	Unit price	Amount
<hr/>			
JUN 21 - JUL 21, 2020			
Professional monthly	1	\$35.00	\$35.00
<hr/>			
		<b>Subtotal</b>	<b>\$35.00</b>
<hr/>			
		<b>Amount paid</b>	<b>\$35.00</b>

# Doxy.me LLC

# Receipt

United States  
+1 844-436-9963  
support@doxy.me

Receipt number 2769-9155  
Invoice number C7A8DE3B-0004  
Date paid July 21, 2020  
Payment method **MasterCard** - 4685

Paid by  
darkemia.dubose@pacecenter.org

## \$35.00 paid on July 21, 2020

Please remit payment within 30 days of receipt of this invoice. For paper checks, please send to:

Doxy.me LLC  
Attn: Rickie A Welch  
3445 Winton Pl, Ste 120  
Rochester, NY 14623  
+1 (844) 436-9963

Description	Qty	Unit price	Amount
JUL 21 – AUG 21, 2020			
Professional monthly	1	\$35.00	\$35.00
Subtotal			\$35.00
Amount paid			\$35.00

# Doxy.me LLC

## Receipt

United States  
+1 844-436-9963  
support@doxy.me

Receipt number 2144-4747  
Invoice number C7A8DE3B-0005  
Date paid August 21, 2020  
Payment method **MasterCard** - 4685

Paid by  
darkemia.dubose@pacecenter.org

### \$35.00 paid on August 21, 2020

Description	Qty	Unit price	Amount
AUG 21 - SEP 21, 2020			
Professional monthly	1	\$35.00	\$35.00
<b>Subtotal</b>			<b>\$35.00</b>
<b>Amount paid</b>			<b>\$35.00</b>

# Doxy.me LLC

# Receipt

3445 Winton Place, Ste 120  
Rochester NY 14623  
United States  
+1 844-436-9963  
support@doxy.me

Receipt number 2830-5921  
Invoice number C7A8DE3B-0006  
Date paid September 21, 2020  
Payment method **MasterCard** - 4685

Paid by  
darkemia.dubose@pacecenter.org

## \$35.00 paid on September 21, 2020

Description	Qty	Unit price	Amount
SEP 21 - OCT 21, 2020			
Professional monthly	1	\$35.00	\$35.00
<b>Subtotal</b>			<b>\$35.00</b>
<b>Amount paid</b>			<b>\$35.00</b>

# Doxy.me LLC

# Receipt

United States  
+1 844-436-9963  
support@doxy.me

Receipt number 2474-2303  
Invoice number C5C9DCBF-0001  
Date paid April 7, 2020  
Payment method **MasterCard** - 9943

Paid by  
chelsea.wagner@pacecenter.org

## \$35.00 paid on April 7, 2020

Description	Qty	Unit price	Amount
APR 7 - MAY 7, 2020			
Professional monthly	1	\$35.00	\$35.00
Subtotal			\$35.00
Amount paid			\$35.00

# Doxy.me LLC

# Receipt

United States  
+1 844-436-9963  
support@doxy.me

Receipt number 2032-3123  
Invoice number C5C9DCBF-0002  
Date paid May 7, 2020  
Payment method **MasterCard** - 9943

Paid by  
chelsea.wagner@pacecenter.org

## \$35.00 paid on May 7, 2020

Description	Qty	Unit price	Amount
MAY 7 - JUN 7, 2020			
Professional monthly	1	\$35.00	\$35.00
Subtotal			\$35.00
Amount paid			\$35.00

# Doxy.me LLC

# Receipt

United States  
+1 844-436-9963  
support@doxy.me

Receipt number 2423-6187  
Invoice number C5C9DCBF-0003  
Date paid June 7, 2020  
Payment method **MasterCard** - 9943

Paid by  
chelsea.wagner@pacecenter.org

## \$35.00 paid on June 7, 2020

Description	Qty	Unit price	Amount
JUN 7 - JUL 7, 2020			
Professional monthly	1	\$35.00	\$35.00
<b>Subtotal</b>			<b>\$35.00</b>
<b>Amount paid</b>			<b>\$35.00</b>



# Doxy.me LLC

## Receipt

United States  
+1 844-436-9963  
support@doxy.me

Receipt number 2583-4615  
Invoice number CSC9DCBF-0004  
Date paid July 7, 2020  
Payment method **MasterCard** - 9943

Paid by  
chelsea.wagner@pacecenter.org

### \$35.00 paid on July 7, 2020

Description	Qty	Unit price	Amount
JUL 7 - AUG 7, 2020			
Professional monthly	1	\$35.00	\$35.00
		<b>Subtotal</b>	<b>\$35.00</b>
		<b>Amount paid</b>	<b>\$35.00</b>

# Doxy.me LLC

## Receipt

United States  
+1 844-436-9963  
support@doxy.me

Receipt number 2916-9533  
Invoice number C5C9DCBF-0005  
Date paid August 7, 2020  
Payment method **MasterCard** - 9943

Paid by  
chelsea.wagner@pacecenter.org

### \$35.00 paid on August 7, 2020

Description	Qty	Unit price	Amount
<hr/>			
AUG 7 - SEP 7, 2020			
Professional monthly	1	\$35.00	\$35.00
<hr/>			
		Subtotal	\$35.00
<hr/>			
		Amount paid	\$35.00

# Doxy.me LLC

3445 Winton Place, Ste 120  
Rochester NY 14623  
United States  
+1 844-436-9963  
support@doxy.me

## Receipt

Receipt number 2138-8978  
Invoice number CSC9DCBF-0006  
Date paid September 7, 2020  
Payment method **MasterCard** - 9943

Paid by  
chelsea.wagner@pacecenter.org

### \$35.00 paid on September 7, 2020

Description	Qty	Unit price	Amount
SEP 7 - OCT 7, 2020			
Professional monthly	1	\$35.00	\$35.00
<b>Subtotal</b>			<b>\$35.00</b>
<b>Amount paid</b>			<b>\$35.00</b>

# Doxy.me LLC

3445 Winton Place, Ste 120  
Rochester NY 14623  
United States  
+1 844-436-9963  
support@doxy.me

## Receipt

Receipt number 2372-8520  
Invoice number C5C9DCBF-0007  
Date paid October 7, 2020  
Payment method **MasterCard** - 9943

**Paid by**  
chelsea.wagner@pacecenter.org

### \$35.00 paid on October 7, 2020

Description	Qty	Unit price	Amount
<hr/>			
OCT 7 - NOV 7, 2020			
Professional monthly	1	\$35.00	\$35.00
<hr/>			
		<b>Subtotal</b>	<b>\$35.00</b>
<hr/>			
		<b>Amount paid</b>	<b>\$35.00</b>

# Doxy.me LLC

# Receipt

United States  
+1 844-436-9963  
support@doxy.me

Receipt number 2647-1415  
Invoice number 015B122D-0001  
Date paid April 7, 2020  
Payment method **MasterCard** - 0581

Paid by  
ashly.murray@pacecenter.org

## \$35.00 paid on April 7, 2020

Description	Qty	Unit price	Amount
APR 7 - MAY 7, 2020			
Professional monthly	1	\$35.00	\$35.00
Subtotal			\$35.00
Amount paid			\$35.00

# Doxy.me LLC

# Receipt

United States  
+1 844-436-9963  
support@doxy.me

Receipt number 2515-2832  
Invoice number 015B122D-0002  
Date paid May 7, 2020  
Payment method **MasterCard** - 0581

Paid by  
ashly.murray@pacecenter.org

## \$35.00 paid on May 7, 2020

Description	Qty	Unit price	Amount
MAY 7 - JUN 7, 2020			
Professional monthly	1	\$35.00	\$35.00
		Subtotal	\$35.00
		Amount paid	\$35.00

# Doxy.me LLC

United States  
+1 844-436-9963  
support@doxy.me

## Receipt

Receipt number 2229-6150  
Invoice number 015B122D-0003  
Date paid June 7, 2020  
Payment method **MasterCard** - 0581

Paid by  
ashly.murray@pacecenter.org

### \$35.00 paid on June 7, 2020

Description	Qty	Unit price	Amount
JUN 7 - JUL 7, 2020			
Professional monthly	1	\$35.00	\$35.00
<b>Subtotal</b>			<b>\$35.00</b>
<b>Amount paid</b>			<b>\$35.00</b>

# Doxy.me LLC

## Receipt

United States  
+1 844-436-9963  
support@doxy.me

Receipt number 2642-2179  
Invoice number 015B122D-0004  
Date paid July 7, 2020  
Payment method **MasterCard** - 0581

Paid by  
ashly.murray@pacecenter.org

### \$35.00 paid on July 7, 2020

Description	Qty	Unit price	Amount
<hr/>			
JUL 7 - AUG 7, 2020			
Professional monthly	1	\$35.00	\$35.00
<hr/>			
		<b>Subtotal</b>	<b>\$35.00</b>
<hr/>			
		<b>Amount paid</b>	<b>\$35.00</b>



# Doxy.me LLC

# Receipt

United States  
+1 844-436-9963  
support@doxy.me

Receipt number 2289-4474  
Invoice number 015B122D-0005  
Date paid August 7, 2020  
Payment method **MasterCard** - 0581

Paid by  
ashly.murray@pacecenter.org

## \$35.00 paid on August 7, 2020

Description	Qty	Unit price	Amount
<hr/>			
AUG 7 - SEP 7, 2020			
Professional monthly	1	\$35.00	\$35.00
<hr/>			
		<b>Subtotal</b>	<b>\$35.00</b>
<hr/>			
		<b>Amount paid</b>	<b>\$35.00</b>

# Doxy.me LLC

3445 Winton Place, Ste 120  
Rochester NY 14623  
United States  
+1 844-436-9963  
support@doxy.me

## Receipt

Receipt number 2903-9230  
Invoice number 015B122D-0006  
Date paid September 7, 2020  
Payment method **MasterCard** - 0581

Paid by  
ashly.murray@pacecenter.org

### \$35.00 paid on September 7, 2020

Description	Qty	Unit price	Amount
<hr/>			
SEP 7 - OCT 7, 2020			
Professional monthly	1	\$35.00	\$35.00
<hr/>			
		<b>Subtotal</b>	<b>\$35.00</b>
		<b>Amount paid</b>	<b>\$35.00</b>

# Doxy.me LLC

3445 Winton Place, Ste 120  
Rochester NY 14623  
United States  
+1 844-436-9963  
support@doxy.me

## Receipt

Receipt number 2129-2659  
Invoice number 015B122D-0007  
Date paid October 7, 2020  
Payment method **MasterCard** - 0581

Paid by  
ashly.murray@pacecenter.org

### \$35.00 paid on October 7, 2020

Description	Qty	Unit price	Amount
<hr/>			
OCT 7 - NOV 7, 2020			
Professional monthly	1	\$35.00	\$35.00
<hr/>			
		<b>Subtotal</b>	<b>\$35.00</b>
<hr/>			
		<b>Amount paid</b>	<b>\$35.00</b>

See back of receipt for your chance  
to win \$1000 ID #:7P84QLH1STX

ST 35 35.00  
CARD # 737002350107072

# Walmart

Save money. Live better.

727-576-1770 Mor: THOMAS  
8001 US HIGHWAY 19 N  
PINELLAS PARK FL 33781

ST# 01390 DP# 002447 TEN 70 TR# 06473  
ST 35 061696029884 35.00 0  
E-911 FEE 060538817725 0.40 0

PRODUCT SERIAL #  
B40353566113196920  
POP# 66609484050629223213213  
MOBILE PHONE 061696028397 39.88 0  
SUBTOTAL 75.28  
TOTAL 75.28  
MCARD TEND 75.28

MASTERCARD \*\*\*\* \* 6229 1 2  
APPROVAL # 083982  
REF # 1042000314  
AID A0000000041010  
TC 1875024909060COA  
TERMINAL # 262756714  
\*NO SIGNATURE REQUIRED

04/08/20 11:35:32  
0 MINUTES  
CHANGE DUE 0.00  
# ITEMS SOLD 3  
TC# 8307 7036 5205 5137 5948



04/08/20 11:35:39  
\*\*\*CUSTOMER COPY\*\*\*

See back of receipt for your chance  
to win \$1000 ID #: 7PB4QLH1STW

ST 35 35.00  
CARD # 737002350107070

ST 35 35.00  
CARD # 737002350107071

# Walmart

Save money. Live better.

727-576-1770 Mgr: THOMAS  
8001 US HIGHWAY 19 N  
PINELLAS PARK FL 33781

ST# 01390 OP# 008236 TEN 70 TR# 06472

PRODUCT SERIAL #

840353566113196631

POP# 96607144050629223213212

MOBILE PHONE 061696028397

39.88 0

PRODUCT SERIAL #

840353566113186160

POP# 76703684050629223213212

MOBILE PHONE 061696028397

39.88 0

SUBTOTAL

79.76

ST 35

061696029884

35.00 0

E-911 FEE

060538817725

0.40 0

ST 35

061696029884

35.00 0

E-911 FEE

060538817725

0.40 0

SUBTOTAL

150.56

TOTAL

150.56

MCARD TEND

150.56

MASTERCARD

\*\*\*\* \* 6229 1 2

APPROVAL # 004418

REF # 009900434692

PAYMENT SERVICE - A

AID A000000041010

TC 795A34C8CB0CD2E6

TERMINAL # 262756714

\*NO SIGNATURE REQUIRED

04/08/20

11:33:57

0 MINUTES

0 MINUTES

CHANGE DUE

0.00

# ITEMS SOLD 6

TC# 3505 8540 7164 1160 8131 9



04/08/20

11:34:05

\*\*\*CUSTOMER COPY\*\*\*



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- JOIN REWARDS
- LOGOUT
- MY ACCOUNT

## PAYMENT HISTORY

Begin date  End date

Transaction Date	Payment Date	Serial Number	Transaction ID	Transaction Description	Account Number	Payment Status	Total Paid	Details
2020-06-17 :: 08:36:25	2020-06-17 :: 08:36:25	353566113196631	1433044341	Airtime Purchase	*****4685	Approved	\$38.22	<a href="#">Details</a>
							Subtotal	\$35.0
							Discounts and Credits	\$0.0
							Tax <sup>1</sup>	\$2.47
							Prepaid Wireless 911 <sup>2</sup>	\$0.4
							Federal Universal Service <sup>3</sup>	\$0.28
							Regulatory Cost Recovery <sup>4</sup>	\$0.07
							Purchase Amount	\$38.22

1

<sup>1</sup> Tax: The tax and service charge amounts are estimated based on the home area for your phone. If your billing address is in a different city and ZIP Code, the actual taxes and service charges will be based on your billing address information, so the amounts may vary from the original estimate.

<sup>2</sup> A tax, fee or surcharge to fund state and/or local E911 related programs imposed by law on prepaid wireless users or assessed by us to recover the cost of complying with E911 laws and regulations. In California only: taxes, fees or surcharges include: (1) the Emergency Telephone Users (911) Surcharge, (2) Local Charges on prepaid mobile telephony services for utility user taxes and for access to communication services or to local "911" emergency telephone systems, (3) Public Utilities Commission (PUC) reimbursement (user) fees and (4) the following PUC Public Purpose Program (PPP) surcharges:

- Universal Lifeline Telephone Service (ULTS)
- Relay Serve and Communications Device Fund (CRS/DDTP)
- High Cost Fund A (CHCF-A)
- High Cost Fund B (CHCF-B)
- Telephone Fund (CTF)
- Advanced Services Fund (CASE)



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NO CONTRACT. NO COMPROMISE. Straight Talk wireless

FOR ANSWERS TEXT HELP TO 611611

PAYMENT HISTORY

Begin date End date SUBMIT


Table with columns: Transaction Date, Payment Date, Serial Number, Transaction ID, Transaction Description, Account Number, Payment Status, Total Paid, Details. Includes rows for enrollment charges and purchase amounts.

PREV CUS NEXT

1 Tax: The tax and service charge amounts are estimated based on the home area for your phone. If your address is in a different city and ZIP Code, the actual taxes and service charges will be based on your address information, so the amounts may vary from the original estimate.

2 A tax, fee or surcharge to fund state and/or local E911 related programs imposed by law on prepaid wireless users or assessed by us to recover the cost of complying with E911 laws and regulations. In California only: taxes, fees or surcharges include: (1) the Emergency Telephone Users (911) Surcharge; (2) Local Charges on prepaid mobile telephony services for utility user taxes and for access to communication services or to local "911"





**NO CONTRACT.  
NO COMPROMISE.**

FOR ANSWERS  
TEXT HELP  
TO 611611

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SHOP
REFILL
ACTIVATE
HELP
DEALS
JOIN REWARDS
LOGOUT
MY ACCOUNT

### PAYMENT HISTORY

Transaction date	Payment Date	Serial Number	Transaction ID	Transaction Description	Account Number	Payment Status	Total Paid	Details
2020-07-09 06:05:21	2020-07-09 06:05:21	352568111126920	BP20270702789-069054	First Time Enrollment Charges for Straight Talk Unlimited 9GB	*****0581	Approved	\$37.14	<a href="#">Details</a>
							Subtotal	\$65.0
							Discounts and Credits	\$1.0
							Tax <sup>1</sup>	\$2.4
							Prepaid Wireless 911 <sup>2</sup>	\$0.4
							Federal Universal Service <sup>3</sup>	\$0.27
							Regulatory Cost Recovery <sup>4</sup>	\$0.07
							Purchase Amount	\$37.14
2020-06-09 09:14:37	2020-05-06 09:24:07	252546111196929	BP20200502320-6904	First Time Enrollment Charges for Straight Talk Unlimited 9.3 GB	*****0581	Approved	\$38.22	<a href="#">Details</a>
2020-05-06 12:35:43	2020-05-06 12:35:43	353580111196929	1434424550	Active Purchase	*****0581	Approved	\$38.22	<a href="#">Details</a>

<sup>1</sup>Tax: The tax and service charge amounts are estimated based on the home area for your phone. If your address is in a different city and zip code, the actual taxes and service charges will be based on your address information, so the amounts may vary from the original estimate.

<sup>2</sup>A tax, fee or surcharge to fund state and/or local E911 related programs imposed by law on prepaid wireless users or assessed by us to recover the cost of complying with E911 laws and regulations. In California only: taxes, fees or surcharges include: (1) the Emergency Telephone Users (911) Surcharge, (2) Local Charges on prepaid mobile telephony services for utility user taxes and for access to communication services or to local "911" emergency telephone systems, (3) Public Utilities Commission (PUC) reimbursement (user) fees and (4) the following PUC Public Purpose Program (PPP) surcharges:

Payment History - ...
PACE Publi - Intern
ibus - Abby Maria
Micro

12:44 PM  
7/17/2020



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Español

PAYMENT HISTORY

Begin date:  End date:

Transaction Date	Payment Date	Serial Number	Transaction ID	Transaction Description	Account Number	Payment Total Status	Details
2020-09-09 06:00:07	2020-09-08 06:00:07	353956113126920	BR20204802364745021	Program charges for the cycle 08-08-2020 to 08-07-2021 for Straight Talk Unlimited 3GB	*****0681	Approved \$37.12	<a href="#">Details</a>
						Subtotal	\$34.00
						Discounts and Credits	\$1.00
						Tax <sup>1</sup>	\$2.39
						Prepaid Wireless 911 <sup>2</sup>	\$0.4
						Federal Universal Service <sup>3</sup>	\$0.27
						Regulatory Cost Recovery <sup>4</sup>	\$1.02
						Purchase Amount	\$37.12
2020-07-09 08:05:21	2020-07-09 08:05:21	3535061121899925	BR20202020939450524	First Time Enrollment Charges for Straight Talk Unlimited 3GB	*****0681	Approved \$37.12	<a href="#">Details</a>
2020-06-09 09:24:37	2020-05-08 03:24:07	3535061131150709	BR2020060283241589649	First Time Enrollment Charges for Straight Talk Unlimited B 3 GB	*****0681	Approved \$38.22	<a href="#">Details</a>

<sup>1</sup> Tax: The tax and service charge amounts are estimated based on the home area for your phone. If your address is in a different state and ZIP Code, the actual taxes and service charges will be based on your address information, so the amounts may vary from the original estimate.

<sup>2</sup> A tax, fee or surcharge to fund state and/or local E911 related programs imposed by law on prepaid wireless users or assessed by us to recover the cost of complying with E911 laws and regulations. In California only: taxes, fees or surcharges include: (1) the Emergency Telephone User's (911) Surcharge, (2) Local Charges on prepaid mobile telephony services for utility user taxes and for access to communication services or to local "911" emergency telephone systems, (3) Public Utilities Commission (PUC) reimbursement (user) fees and (4) the following PUC Public Purpose Program (PPP) surcharges:

**TAMPA BAY REGIONAL PLANNING COUNCIL**

**INVOICE**

4000 Gateway Centre Blvd., Suite 100  
Pinellas Park, FL 33782-6136  
Phone 727-570-5151 | Fax 727-570-5166

**INVOICE # 15590006**  
**DATE October 22, 2020**

**TO**

Attention: Chantell Miles  
PACE Center for Girls  
4000 Gateway Centre Blvd  
Suite 400  
Pinellas Park, FL 33782

**HVAC Bipolar Ionization Air  
Purification System**

**Description**

For purchase and installation of a building wide bipolar ionization air purification system	<b>\$4,700.00</b>
---	-------------------

**Total \$4,700.00**

Make all checks payable to TAMPA BAY REGIONAL PLANNING COUNCIL  
Payable to TBRPC within 30 days of receipt.

If you have any questions concerning this invoice, contact Brian Ellis, [brian@tbrpc.org](mailto:brian@tbrpc.org), 727.570.5151 ext. 10.

## Chantell Miles

---

**From:** Sean Sullivan <Sean@tbrpc.org>  
**Sent:** Tuesday, August 25, 2020 4:03 PM  
**To:** Mary Jo Plews; Chantell Miles  
**Cc:** Info; Linda Thielmann  
**Subject:** RE: HVAC Filter Replacement Install

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

Hi Mary Jo,

The building HVAC systems are a shared system. The ionization purification system needs to be ordered and installed and I can't guarantee this can be completed by September 14<sup>th</sup>. Also I am waiting for confirmation that HSC and Pace are financially committed to the ionization purification system and that payment of \$4,700 will be made within 30 days of installation. Once this commitment is made in writing (email is acceptable), I will authorize our HVAC vendor to order the materials and schedule an install.

I hope this information is helpful.

Thanks,

**Sean Sullivan**

Executive Director  
**Tampa Bay Regional Planning Council**

4000 Gateway Centre Blvd  
Pinellas Park, FL 33782  
727-570-5151, Ext 16 - Mobile: (727) 648-1273



[www.tbrpc.org](http://www.tbrpc.org)



 Please consider the environment before printing this e-mail.

**From:** Mary Jo Plews <mjplews@healthystartpinellas.org>  
**Sent:** Tuesday, August 25, 2020 2:44 PM  
**To:** Sean Sullivan <Sean@tbrpc.org>; Chantell Miles <chantell.miles@pacecenter.org>  
**Cc:** Info <info@healthystartpinellas.org>; Linda Thielmann <lthielmann@healthystartpinellas.org>  
**Subject:** RE: HVAC Filter Replacement Install

Sean, sorry if I am repeating myself; we are requesting both the filters and the air purification system be in place prior to Pace students return on 9/14. Pinellas schools had cases the first day and we need to be prepared for the same at some point.

Thanks,  
Mary Jo

**From:** Sean Sullivan <[Sean@tbrpc.org](mailto:Sean@tbrpc.org)>  
**Sent:** Tuesday, August 25, 2020 11:04 AM  
**To:** Mary Jo Plews <[mjplews@healthystartpinellas.org](mailto:mjplews@healthystartpinellas.org)>; Chantell Miles <[chantell.miles@pacecenter.org](mailto:chantell.miles@pacecenter.org)>  
**Subject:** RE: HVAC Filter Replacement Install

Correction to the HVAC filter install date. The date is Wednesday September 16<sup>th</sup>. Sorry for the typo in my original email.


**Sean Sullivan**

Executive Director  
**Tampa Bay Regional Planning Council**  
4000 Gateway Centre Blvd  
Pinellas Park, FL 33782  
727-570-5151, Ext 16 - Mobile: (727) 648-1273



[www.tbrpc.org](http://www.tbrpc.org)



 Please consider the environment before printing this e-mail.

**From:** Sean Sullivan  
**Sent:** Tuesday, August 25, 2020 11:03 AM  
**To:** Mary Jo Plews <[mjplews@healthystartpinellas.org](mailto:mjplews@healthystartpinellas.org)>; Chantell Miles <[chantell.miles@pacecenter.org](mailto:chantell.miles@pacecenter.org)>  
**Subject:** HVAC Filter Replacement Install

Good Morning Ladies,

Our HVAC vendor, ABM Inc., will be installing MERV-10 air filters this quarter on September 14, 2020 beginning at 8:30am in the Planning Council side of the building. The HVAC techs will proceed to your side of the building during the course of the day so as to not interfere with the school day.

I hope this information is helpful.

Stay safe and be well.

**Sean Sullivan**

Executive Director

**Tampa Bay Regional Planning Council**

4000 Gateway Centre Blvd


Pinellas Park, FL 33782

727-570-5151, Ext 16 - Mobile: (727) 648-1273



[www.tbrpc.org](http://www.tbrpc.org)



 Please consider the environment before printing this e-mail.

---

Sean Sullivan  
Executive Director  
Tampa Bay Regional Planning  
Pinellas Park, FL  
<http://www.tbrpc.org>

---

Sean Sullivan  
Executive Director  
Tampa Bay Regional Planning

An official website of the United States government.



## Air Cleaners, HVAC Filters, and Coronavirus (COVID-19)

Air cleaners and HVAC filters are designed to filter pollutants or contaminants out of the air that passes thru them. Air cleaning and filtration can help reduce airborne contaminants, including particles containing viruses. Portable air cleaners (also known as air purifiers) may be particularly helpful when additional ventilation with outdoor air is not possible without compromising indoor comfort (temperature or humidity), or when outdoor air pollution is high.

### Air Cleaners

Portable air cleaners may be particularly helpful when additional ventilation with outdoor air is not possible without compromising indoor comfort (temperature or humidity), or when outdoor air pollution is high.

**Caution:** The use of air cleaners alone cannot ensure adequate air quality, particularly where significant pollutant sources are present and ventilation is insufficient. [Read EPA's "Guide to air cleaners in the home" \(PDF\)](#).

When used properly, air cleaners and HVAC filters can help reduce airborne contaminants including viruses in a building or small space. By itself, air cleaning or filtration is not enough to protect people from exposure to the virus that causes COVID-19. When used along with other best practices recommended by CDC and others, filtration can be part of a plan to protect people indoors.

### Air cleaners and HVAC filters in Homes

Portable air cleaners, also known as air purifiers or air sanitizers, are designed to filter the air in a single room or area. Central furnace or HVAC filters are designed to filter air throughout a home. Portable air cleaners and HVAC filters can reduce indoor air pollutants that are airborne including viruses. By themselves, portable air cleaners and HVAC filters are not enough to protect people from the virus that causes COVID-19. When used along with other best practices recommended by CDC and others, filtration can be part of a plan to protect people indoors. [Learn more about indoor air in homes and Coronavirus \(COVID-19\)](#).

- Read EPA's "Guide to air cleaners in the home" for more information on HVAC filters and placing and operating a portable air cleaner.

## Air cleaners and HVAC filters in Offices, Schools, and Commercial Buildings

### **Do not use ozone generators in occupied spaces.**

Some products sold as air cleaners intentionally generate ozone. These products are not safe to use when people are present because ozone can irritate the airways. **Do not use ozone generators in occupied spaces.** When used at concentrations that do not exceed public health standards, ozone applied to indoor air does not effectively remove viruses, bacteria, mold, or other biological pollutants.

The HVAC systems of large buildings typically filter air before it is distributed throughout a building, so consider upgrading HVAC filters as appropriate for your specific building and HVAC system (consult an HVAC professional). The variety and complexity of HVAC systems in large buildings requires professional interpretation of technical guidelines, such as those provided by ASHRAE and CDC. EPA, ASHRAE and CDC recommend upgrading air filters to the highest compatible with the system and checking the filter fit to minimize filter air bypass.

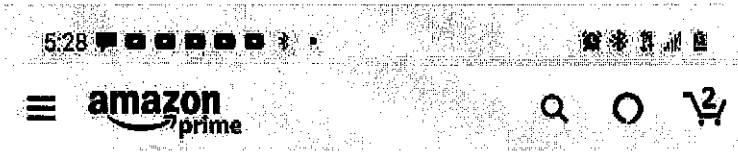
Consider using portable air cleaners to supplement increased HVAC system ventilation and filtration. Directing the airflow so that it does not blow directly from one person to another reduces the potential spread of droplets that may contain infectious viruses. Air cleaning may be useful when used along with source control and ventilation, but it is not a substitute for either method. Source control involves removing or decreasing pollutants such as smoke, formaldehyde or particles with viruses. The use of air cleaners alone cannot ensure adequate air quality, particularly where significant pollutant sources are present and ventilation is insufficient. See ASHRAE and CDC for more information on air cleaning and filtration and other important engineering controls.

- Read ASHRAE guidance. **EXIT**
  - Commercial Buildings
  - Schools and Universities **EXIT**
- Visit the CDC website for more information.

Return to Indoor Air and Coronavirus (COVID-19).



LAST UPDATED ON JULY 16, 2020



### View order details

Order date            Sep 10, 2020  
 Order #                111-4986069-4738644  
 Order total            \$120.51 (18 items)

### Shipment details

One-Day Shipping

### Delivered

Delivery Estimate  
 Saturday, September 12, 2020 by 9pm

 **SoundStrike 3.5mm Foldable Headphone Headset for Dj Headphone Mp3 Mp4...**            \$6.90  
 Qty: 9  
 Sold By: Priority Sales Inc

 **SoundStrike 3.5mm Foldable Headphone Headset for Dj Headphone Mp3 Mp4...**            \$6.49  
 Qty: 9  
 Sold By: Priority Sales Inc

Track shipment >

### Payment information

**Payment Method**  
 MasterCard ending in 8793

**Billing Address**





Headset for Dj  
**Headphone Mp3 Mp4...**

Qty: 9  
Sold By: Priority Sales Inc



**SoundStrike 3.5mm** \$6.49  
**Foldable Headphone**  
**Headset for Dj**  
**Headphone Mp3 Mp4...**

Qty: 9  
Sold By: Priority Sales Inc

Track shipment >

### Payment information

#### Payment Method

MasterCard ending in 8793

#### Billing Address

4000 GATEWAY CENTRE BLVD STE 400  
PINELLAS PARK, FL 33782-6141

### Shipping address

#### Trinity Nash

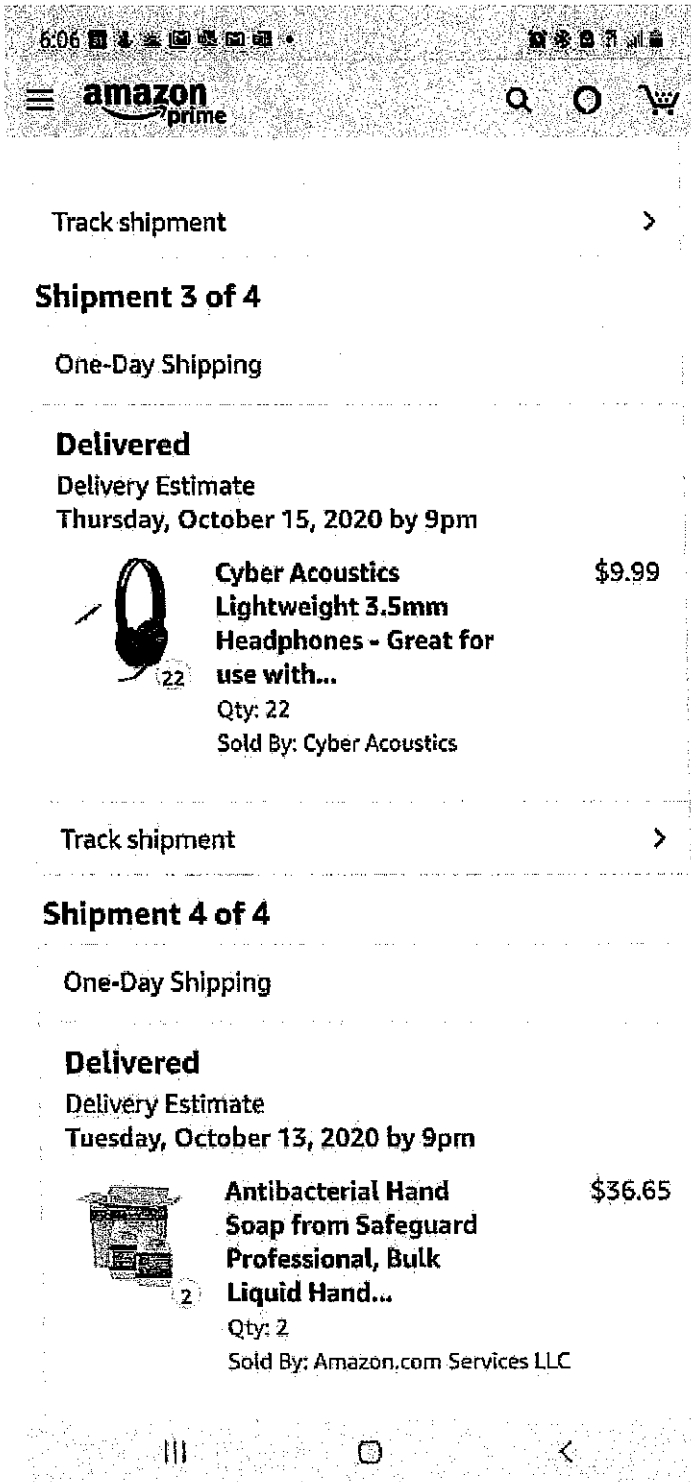
4701 11TH AVE S  
SAINT PETERSBURG, FL 33711-2345

### Order Summary

Items:	\$120.51
Shipping & Handling:	\$0.00
Total Before Tax:	\$120.51
Estimated Tax Collected:	\$0.00
<b>Order Total</b>	<b>\$120.51</b>



Sent from my T-Mobile 4G LTE Device



Sent from my T-Mobile 4G LTE Device

5:29

Signal strength icons

Wi-Fi icons

9:30



### View order details

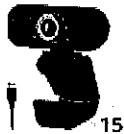
Order date Sep 10, 2020  
 Order # 111-7144138-5970639  
 Order total \$293.85 (15 items)

### Shipment details

One-Day Shipping

### Delivered

Delivery Estimate  
 Sunday, September 13, 2020 by 9pm



HD Webcam, 1080p Live Streaming Camera with Stereo Microphone, 110°...  
 Qty: 15  
 Sold By: look fashion \$19.59

Track shipment >

### Tech support

Talk to an expert for free setup and troubleshooting help.



HD Webcam, 1080p Live Streaming Camera with Stereo Microphone, 110°...



HD Webcam, 1080p Live Streaming

HD Webcam, 1080p Live Streaming Camera with Stereo Microphone, 110°...



HD Webcam, 1080p Live Streaming Camera with Stereo Microphone, 110°...



HD Webcam, 1080p Live Streaming Camera with Stereo Microphone, 110°...



HD Webcam, 1080p Live Streaming Camera with Stereo Microphone, 110°...



HD Webcam, 1080p Live Streaming Camera with Stereo Microphone, 110°...

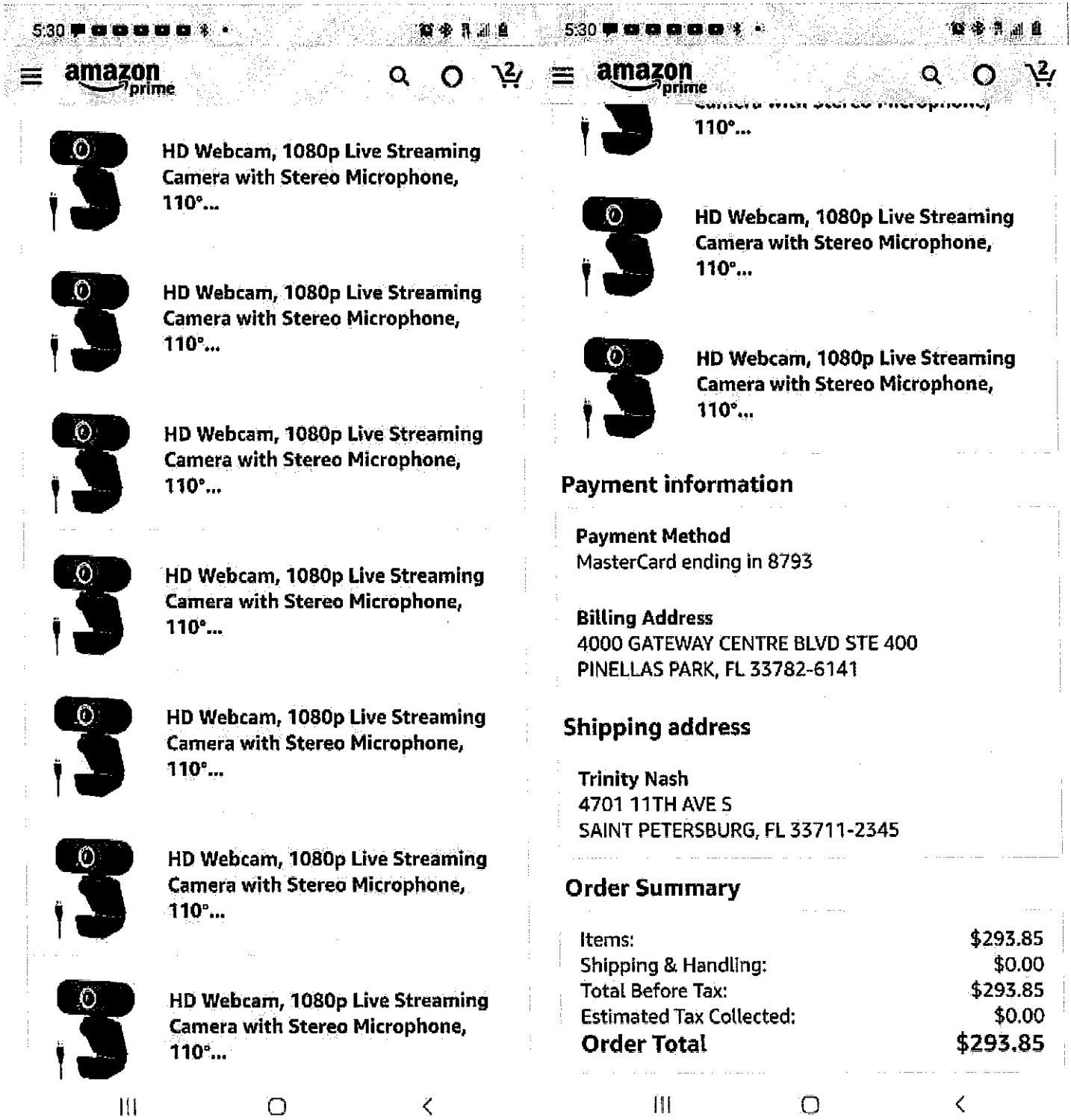


HD Webcam, 1080p Live Streaming Camera with Stereo Microphone, 110°...



HD Webcam, 1080p Live Streaming Camera with Stereo Microphone, 110°...





Sent from my T-Mobile 4G LTE Device



**Neutron Industries**  
 7107 North Black Canyon Highway  
 Phoenix, Arizona 85021-7619  
 Phone: 800-421-8481  
 Fax: 877-646-7337  
 Federal Tax ID: 34-0552740

# CREDIT CARD RECEIPT

PAGE: 1 OF 1

Document Number	Document Date	Due Date
901610857	07/29/2020	PAID

Check Out Our New Website And Get Registered Today!  
 Newest Feature: Pay Your Invoices Online!  
<https://www.neutronindustries.com/login>

## WE APPRECIATE YOUR BUSINESS!

**BILL TO:**

836581  
 PACE CENTER FOR GIRLS  
 6745 PHILIPS INDUSTRIAL BLVD  
 JACKSONVILLE FL 32256-3033  
 USA

**SHIP TO:**

838424  
 PACE CENTER FOR GIRLS - PINELLAS  
 4000 GATEWAY CENTER BLVD  
 PINELLAS PARK FL 33782  
 USA

Purchase Order		Reference		Delivery		Document Number	
CHANTELL		500880174		803840108		901610857	
Account Manager				Taxable			
90313430 DARCY ANDERSON				NO			
Open Qty	Order Qty	Billed Qty	U M	Item	Description	Unit Price	Extended Price
0.000	24.000	24.000	CS	125514	WE ARE NOT ACCEPTING RETURNS ON DISINFECTANTS AND HANDCARE PRODUCTS		
					TRIPLE QUICK FRESH AND CLEAN QT12	161.00	3,864.00
0.000	48.000	48.000	EA	107905	SPRAYER 16-32 TRIGGER DEVICE	0.00	0.00

Net Sales	Shipping & Processing	Sales Tax	Total
3,864.00	412.53	0.00	4,276.53

----- THIS IS A CREDIT CARD RECEIPT - DO NOT PAY -----

Document No	Due Date	Customer No	Account Mgr	Total Due
901610857	PAID	836581	90313430	0.00
CREDIT CARD INFORMATION				
<b>Merchant ID</b>		652974		
<b>Merchant Name</b>		NEUTRON INDUSTRIES		
<b>Credit Card Information</b>		MCRD		
EXP Date: 01/31/2021		Card Number Ending: 9432		
<b>Authorization Number</b>		060941		



**Red Coats, Inc.**

6702 Benjamin Road Suite 100  
 Tampa, FL 33634  
 Phone (813) 621-6878

Invoice Date: 8/14/2020

Prepared by: Mauricio Lopez

PO Number:

**Site Location(s):**

Contact Name: Brian Ellis  
 Company Name: Tampa Bay Regional Planning Council

Billing Address: (if different)

PACE Center For Girls Pinellas

Street Address: 4000 Gateway Centre Blvd  
 Suite #:   
 City, State & Zip: Pinellas Park, FL 33782  
 Phone: 727-570-5151 Ex: 10  
 E-Mail: [brian@tbrpc.org](mailto:brian@tbrpc.org)

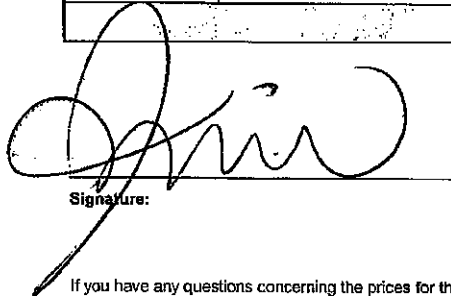
Street Address: 4000 Gateway Centre Blvd  
 Suite #: Ste. 400  
 City, State & Zip: Pinellas Park, FL 33782  
 Phone: 727-456-1566  
 E-Mail: [Fatimah.Nash@pacecenter.org](mailto:Fatimah.Nash@pacecenter.org)

**Comments or Special Instructions:**

The following service is for Electrostatic Spraying of Suite 400 (PACE). This invoice includes all labor and supplies.

**PROPOSED SERVICES**

Location	Service & Details	Frequency/Qty	Cost	TOTAL COST
184030930	Electrostatic Spraying of PACE	1	\$1,059.30	\$1,059.30
				\$0.00
				\$0.00
				\$0.00
	Certificate Number 85-8012529627C-8	Tax Exempt		N/A
				<b>\$1,059.30</b>
				\$0.00
				\$0.00
				\$0.00
				\$0.00
	Sales Tax		0.00%	\$0.00
<b>Total</b>				<b>\$0.00</b>
<b>Grand Total</b>				<b>\$1,059.30</b>

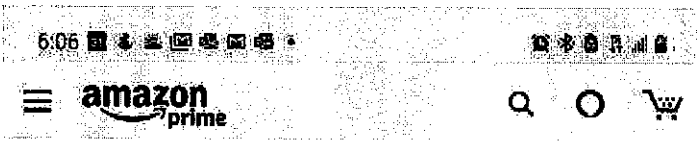
  
 Signature:

9/3/2020  
 Date:

If you have any questions concerning the prices for the following services, please do not hesitate to call.

THANK YOU FOR THIS OPPORTUNITY!





### View order details

Order date	Oct 12, 2020
Order #	111-8388428-8916243
Order total	\$373.10 (26 items)

### Shipment 1 of 4

One-Day Shipping

#### Delivered

Delivery Estimate  
 Wednesday, October 14, 2020 by 9pm



**AmazonCommercial**      \$34.99  
**Ultra Plus Center Pull**  
**Towels, 600 Towels per**  
**Roll,...**  
 Qty: 1  
 Sold By: Amazon.com Services LLC

Track shipment >

### Shipment 2 of 4

One-Day Shipping

#### Delivered

Delivery Estimate  
 Wednesday, October 14, 2020 by 9pm



**AmazonCommercial**      \$34.99  
**Ultra Plus Center Pull**  
**Towels, 600 Towels per**  
**Roll,...**





**Delivered**

Delivery Estimate

Wednesday, October 14, 2020 by 9pm



**AmazonCommercial** \$34.99  
**Ultra Plus Center Pull  
Towels, 600 Towels per  
Roll,...**  
Qty: 1  
Sold By: Amazon.com Services LLC

Track shipment >

**Shipment 3 of 4**

One-Day Shipping

**Delivered**

Delivery Estimate

Thursday, October 15, 2020 by 9pm



**Cyber Acoustics** \$9.99  
**Lightweight 3.5mm  
Headphones - Great for  
use with...**  
Qty: 22  
Sold By: Cyber Acoustics

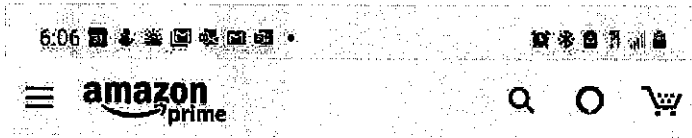
Track shipment >

**Shipment 4 of 4**

One-Day Shipping

**Delivered**





Track shipment >

### Shipment 3 of 4

One-Day Shipping

#### Delivered

Delivery Estimate

Thursday, October 15, 2020 by 9pm



22

**Cyber Acoustics  
Lightweight 3.5mm  
Headphones - Great for  
use with...**

\$9.99

Qty: 22

Sold By: Cyber Acoustics

Track shipment >

### Shipment 4 of 4

One-Day Shipping

#### Delivered

Delivery Estimate

Tuesday, October 13, 2020 by 9pm



2

**Antibacterial Hand  
Soap from Safeguard  
Professional, Bulk  
Liquid Hand...**

\$36.65

Qty: 2

Sold By: Amazon.com Services LLC



Sent from my T-Mobile 4G LTE Device



Item	Qty	Total
<b><u>Basic Equipment Large Vinyl Disposable Gloves, 100ct.</u></b> <b>\$6.84</b>	10	\$68.40
<b><u>Basic Equipment XL Vinyl Disposable Gloves, 100ct.</u></b> <b>\$6.84</b>	10	\$68.40
<b><u>Great Value Fresh Seal Double Zipper Storage Bags, Quart, 75 Count</u></b> <b>\$2.88</b>	10	\$28.80

Items may arrive in multiple boxes on different days.

---

## Ships from Walmart

### Arrives by

Tue, Aug 11  
We'll send an email with tracking info  
when your order ships.

### Shipping to

Fatimah Nash  
4000 Gateway Center Blvd  
Suite 400  
Pinellas Park, FL 33782

---

Item	Qty	Total
<b><u>Sterilite 32 Qt. Latch Box Stadium Blue Case of 6</u></b> <b>\$35.12</b>	7	\$245.84
<b><u>VELCRO Brand Sticky Back 15m x 38mm tape. black. 6/case</u></b> <b>\$55.64</b>	1	\$55.64

Items may arrive in multiple boxes on different days.

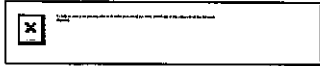
---

## Order summary

Order subtotal:	\$467.08
Walmart shipping	FREE

**Fatimah Nash**

**From:** Staples <orders@staplesadvantage.com>  
**Sent:** Monday, July 20, 2020 4:22 PM  
**To:** Fatimah Nash  
**Subject:** Your Staples Order #7310138500 order status

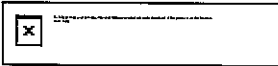


**Thank you for your order!**

We have received your order and are preparing your items for fulfillment.

**ORDER INFORMATION**

Date: Jul 20, 2020 | 04:16 PM ET  
Order#: 7310138500  
Account#: 1051113



**SHIPPING INFORMATION**

Fatimah Nash  
Pace Center For Girls  
4000 Gateway Centre Blvd  
Suite 400  
Pinellas Park, FL 33782

Need to make changes? Most orders can be cancelled within 30 minutes after placing it.

**Processing**

Expected on: Tuesday, July 21, 2020 (11 items)

	HP 950XL/951 Black High Yield, Cyan/Magenta/Yellow Standard Yield Ink Cartridges, 4/Pack (C2P01FN) Item: 108230   Model: C2P01FN#140	1@ \$114.99 each	<del>\$114.99</del> <b>\$114.99</b>
	Brighton Professional Centerpull Paper Towel, 2-Ply, White, 660 Sheets/Roll, 6 Rolls/Cartron (CW26115) Item: 962055   Model: CW26115/BP26115	4@ \$48.86 each	<del>\$195.44</del> <b>\$195.44</b>
	Coastwide Professional Indoor Trash Can Without Lid, Black Soft Molded Plastic, 10.25 Gallon (CW56433) Item: 125039   Model: CW56433	6@ \$11.21 each	<del>\$67.26</del> <b>\$67.26</b>

**ACCOUNTING INFORMATION**

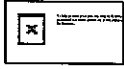
Account#: 1051113

**PAYMENT INFORMATION**

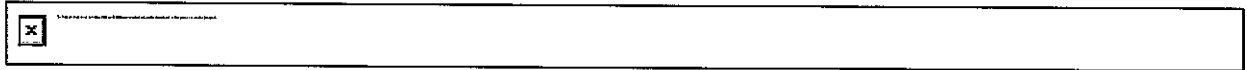
Subtotal: \$377.69  
Shipping: FREE  
**Order Total: \$377.69**

**Payment Method**

MC ending in 8793 : \$377.69



Have a question about your order? Try our [Help Center](#) for quick and easy order modifications, returns, tracking and more.



**IDEAS, INSIGHTS AND MORE** 

**STAY CONNECTED**     

Staples, 500 Staples Drive, Framingham, MA 01702





### Details for Order #113-9702412-3510633

Print this page for your records.

**Order Placed:** May 20, 2020  
**Amazon.com order number:** 113-9702412-3510633  
**Order Total: \$282.34**

### Not Yet Shipped

#### Items Ordered

5 of: *Alcohol Spray Hospital Hand Sanitizer Machine Soap Dispenser Automatic Touchless Touch Free Wall Mounted Motion Sensor Smart Soap Dispenser for Toilet Restaurants Home 1200ML*  
Sold by: URIBAKE ([seller profile](#))

**Price**  
\$49.98

Condition: New

#### Shipping Address:

Pace Center for Girls  
4000 GATEWAY CENTRE BLVD STE 400  
PINELLAS PARK, FL 33782-6141  
United States

#### Shipping Speed:

Expedited Shipping

### Payment information

#### Payment Method:

MasterCard | Last digits: 8793

Item(s) Subtotal: \$249.90  
Shipping & Handling: \$32.44

#### Billing address

Pace Center for Girls  
4000 GATEWAY CENTRE BLVD STE 400  
PINELLAS PARK, FL 33782-6141  
United States

-----  
Total before tax: \$282.34  
Estimated tax to be collected: \$0.00  
-----

**Grand Total: \$282.34**

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



Our response to COVID-19 >

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Limited Time!

**FREE SHIPPING ON ORDERS \$39+**

+ Apply Promo

**Ultimate Summer FUN Sale - up to 65% off**

Save on 1000s of FUN Items!

**Graduation Sale - up to 60% off**  
Celebrate Your Class of '20 Grad!

**Activity Kits- Save up to 20%**  
Kits for Outdoor & Indoor Family FUN!

**Outdoor Toys Sale - up to 50% off**

Save on Water Toys, Games & More!

# Order Receipt

PRINT

THANK YOU!

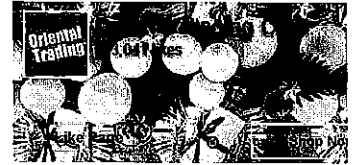
Your order has been received. Next you will receive the following messages about this order:

Confirmation email with order details within 24 hours.

Shipping confirmation email with tracking information.

If you have any questions about your order, please contact us at **1-800-875-8480** or email us at [orders@oriental.com](mailto:orders@oriental.com)

Please keep your order number handy and print this page for future reference.



Be the first of your friends to like this



Oriental Trading Company

**Order Number: 704233411**

**Placed On: 7/14/20**

## Shipping

Fatimah Nash  
c/o Pace Center for Girls

4000 Gateway Centre Blvd  
Suite 400  
PINELLAS PARK, FL 33782  
United States  
(727) 456-1566

STANDARD:

\*FREE

Estimated Delivery Date:

Jul 21, 2020

In order to deliver your order as soon as possible, your order may be shipped in multiple packages.

## Payment

Fatimah Nash

c/o Pace Center for Girls  
4000 Gateway Centre Blvd  
Suite 400  
PINELLAS PARK, FL 33782  
United States  
727-456-1566

Fatimah.Nash@PaceCenter.org

Master Card

XXXX-XXXX-XXXX-8793

06/21



Your credit card will be billed as  
**OTC Brands, Inc.**

## Order Summary

Item Count:	5
Subtotal:	\$67.45
Shipping:	\$12.99
Shipping Discount:	-\$12.99
Sales Tax:	\$0.00
<b>ORDER TOTAL:</b>	<b>\$67.45</b>

## Cart

5 Item(s)

ITEM	QTY	PRICE	TOTAL
Paw Print Floor Decals	5	\$13.49	\$67.45

Feedback



#36/2588  
Per Dozen

Est Delivery: Jul 21, 2020

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SIGN UP

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- Graduation
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- Employment
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- 110% Lowest Price Guarantee
- 100% Happiness Guarantee
- Our Family Of Brands
- Company News

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- Your California Privacy Rights
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Shop by category

Search for

All Categories

Search

[Advanced](#)

## Your order's in!

Thanks for trying us out. We'll email updates to [Fatimah.Nash@pacecenter.org](mailto:Fatimah.Nash@pacecenter.org).

You should get it by **Sep 17**.

**Order total: \$39.28**

### Shipping to:

4000 Gateway Centre Blvd, Ste 400, Pinellas Park, FL 33782-6141, United States

Order number: 26-05662-84758



Social Distancing Floor Sticker - Paw...

Quantity: 8

You should get this by **Sep 17**.

Ad

**Free shipping** You've qualified for \$10 on this order! [Click Here!](#)

Under \$10 1/4

WELLS FARGO

Buy the gardening tools  
Redeem for the green stuff



Cash Wise Visa® card

\$150 cash rewards bonus offer with \$0 annual fee

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WELLS FARGO

Get the card.  
Earn cash rewards.  
Simple as that.

Cash Wise Visa® card



Unlimited 1.5% cash rewards  
\$150 cash rewards bonus offer  
Low intro APR for 15 months.

[Learn More](#)

Terms apply



AMS OIL Racing  
Sticker

**\$4.00**  
Free shipping



PEACE SIGN AMERI-  
CAN FLAG BUMPER

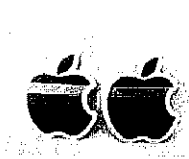
**\$3.50**  
Free shipping



Motorcycl  
Sticker Bl

**\$1.99**  
Free shippi

People who shopped for this item also looked at



2 x Vintage Retro Apple Shop Mac

**\$4.50**  
Free shipping



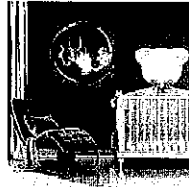
Aqua Teen Hunger Force MAS-

**\$4.20**  
Free shipping



The Flash Sloth 4 Stickers 4X4 Inch

**\$4.98**  
Free shipping



24" Porthole Space Window

**\$24.75**  
+ \$9.99 shipping



Delaware Pinup Vintage Style

**\$4.53**  
Free shipping



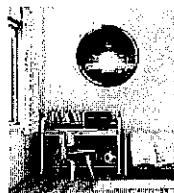
aqua teen hunger force sticker carl

**\$3.99**  
Free shipping



Mighty Mouse Vinyl Decal Sticker

**\$4.98**  
Free shipping  
Popular



24" Porthole Space Window

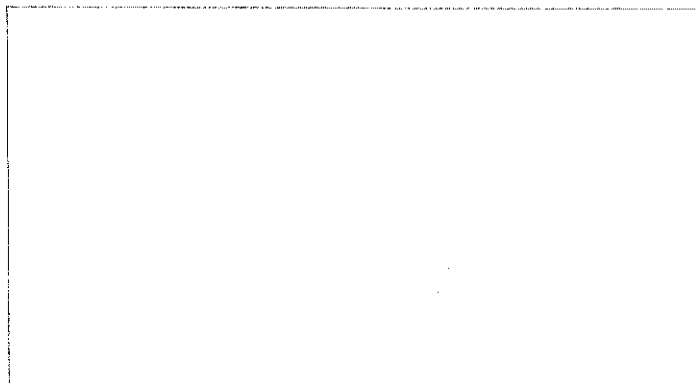
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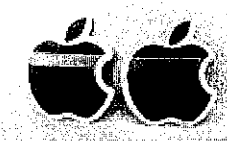

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**CONTINUITY OF OPERATIONS PLAN (COOP)**

**2020-2021**

## Pace Center for Girls, Inc. - Continuity of Operations Plan 2020-2021

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### INTRODUCTION AND PURPOSE

Pace Center for Girls, Inc. (Pace) is committed to ensuring that employees are sufficiently prepared to manage all hazards and emergencies. The objective of this Continuity of Operations Plan (COOP) is to ensure that Pace can continue mission essential functions across a wide range of potential hazards and emergencies, through plans and procedures that ensure the safety and well-being of employees, girls and visitors.

Pace has Emergency Response Plans both at the National Office level and each Pace Center that address potential emergency situations and outline action steps to be taken.

### ESSENTIAL EMPLOYEES

During certain emergencies, essential employees are necessary for continuity of services and to enable employees to work remotely and provide support to all Pace locations. Essential employees must be available by cellular phone during emergencies that require facilities to be vacated. Essential employees include, but are not limited to:

- Executive Leadership Team
- Regional Executive Directors
- Executive Directors
- Senior Director of Compliance and Risk
- Senior Director of Information Technology
- Director of Finance/Comptroller
- Director of Organizational Development
- Director of Brand Strategy
- All IT employees
- All Facility employees
- Benefits and Payroll Manager

### ESSENTIAL FUNCTIONS

- Communications – a variety of communication methods are in place, including Pace Intranet, telephone trees, and social media. Based on emergency response needed, the Executive Leadership Team (ELT) determines the schedule and type of communication as well as essential employees to be included in the communications.
- Alternative locations – all Pace centers should have alternative locations in the event the main location is inaccessible.
- Continuity of learning – plans are in place to initiate virtual education and social services, with equipment loans available for girls if needed.
- Continuity of meals – plans are in place to ensure that meals are provided to girls as needed.



## Pace Center for Girls, Inc. - Continuity of Operations Plan 2020-2021

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### LEADERSHIP AUTHORITY

Leadership authority within Pace Center for Girls, Inc., lies with the Executive Leadership Team (ELT) consisting of the President & CEO, Chief Business Officer, Chief Operating Officer, and Chief Advancement Officer. Should all ELT members become unable or unavailable to exercise their duties, assumption of authority will lie with the Regional Executive Directors.

At Pace Centers, leadership authority during an emergency situation lies with the COO in conjunction with the Regional Executive Director and the Center management employees.

### COMMUNICATION

- During an emergency, the following means and methods of communication will be used:
  - Computerized Emergency Alert System (CAS): An automated communication that sends mobile and email alerts simultaneously in emergency situations. The CAS will be layered to notify Executive Leadership prior to alerting all employees.
  - Cellular phones and texting will be used during facility closures.
  - The intranet, pacecenter.org, and/or social media will house updated information during facility closures.
  - Each center will maintain up-to-date lists of an employee phone tree for communication needs.
  - Each center will maintain up-to-date lists of names/addresses and telephone numbers of all enrolled girls as well as guardian(s).
- The Sr. Director of Compliance and Risk Management or the Associate Director of Compliance will notify the Department of Juvenile Justice (DJJ) by emailing the current DJJ contract manager and calling the Central Communication Center at 1-800-355-2280.
- All inquiries from the media during or after an emergency will be addressed by the Chief Advancement Officer. In the event the Chief Advancement Officer is not available, the President & CEO will be consulted prior to releasing any information to the media.

### VITAL RECORDS MANAGEMENT

The Pace Information Technology Services Department has authority and responsibility to ensure proper policies and procedures are developed and followed for the security of all Pace files and records stored on Pace equipment and servers.

Pace Centers must ensure that plans are in place to secure any paper files and records in the event of emergencies and virtual working environments.

## Pace Center for Girls, Inc. - Continuity of Operations Plan 2020-2021

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### **NECESSARY EXPECTATIONS WHEN THE COOP IS ACTIVATED**

Pace has policies, procedures, formal plans, and trainings to ensure the following:

- Employees have access to health care plans as well as EAP.
- Employees continue to receive payroll and benefits as established by Pace.
- Employees have a clear understanding of what they are supposed to do in an emergency through training and exercises.
- Girls and families have a clear understanding for the continuity of learning expectations.
- Accommodations and modifications for employees with disabilities and special needs are identified and provided.
- Services necessary for girls with IEPs are identified and provided during prolonged school interruption.
- Girls eligible for medical and food services are provided with continued services.
- Employees with “essential function” responsibilities are trained in advance and are kept continually informed.
- Employees receive continued communication from the President & CEO of Pace or designee.
- The Senior Leadership Team (SLT), consisting of the Pace National Office Directors and Senior Directors, is responsible for ensuring guidelines are in place for virtual work environments to include:
  - HIPAA guidelines during virtual education and social services appointments
  - Ensuring security is maintained at each Pace Center location
  - Guidelines for virtual work to ensure ease of operations

### **RECONSTITUTION OPERATIONS**

The resumption of normal operations and restoration of the learning environment is dependent on the type of emergency situation. The COO along with ELT and SLT will construct a plan to restore Pace Centers to normal day-to-day operations and to develop communication plans to ensure employees, girls and their families are notified.



**EMERGENCY PREPAREDNESS PLAN**

**2020-2021**

## Pace Center for Girls, Inc. - Emergency Preparedness Plan 2020-2021

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### INTRODUCTION AND PURPOSE

Pace Center for Girls, Inc. (Pace) is committed to the safety and well-being of employees, girls, volunteers, and visitors. The objective of this Emergency Preparedness Plan is to outline measures that Pace has put into place to ensure that employees are sufficiently prepared to manage all hazards and emergencies.

### PLANNING

**Emergency Response Plans**, both at the National Office level and each Pace Center, outline action steps to be taken in the following potential emergency situations, as well as recovery and resumption of services, if needed:

- Suicide Ideation
- Overdose Response
- Threat Assessment
- Weather-related:
  - Tornado
  - Hurricane/Tropical Storm
  - Floods
- Fire
- Medical Emergencies
- Communicable Disease/Pandemic Illnesses
- Hostage Situations
- Bomb Threat
- Suspicious Letter, Package or Object
- Weapons/Armed Students
- Drive-by Shooting
- Active shooter
- Riots
- Chemical Accidents

**Continuity of Operations Plan (COOP)** provides directions for the continued operations of all Pace Centers during emergency situations. It stipulates essential employees, essential functions, and delegation of authority for assumption of leadership if needed.

All plans are reviewed annually and updated as necessary.

These plans are available to all Pace employees, girls, volunteers and visitors via the Pace Intranet or upon request.

## Pace Center for Girls, Inc. - Emergency Preparedness Plan 2020-2021

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### TRAINING AND EXERCISES

- All employees receive CPR, AED and first aid training and are recertified every two years.
- All employees and girls are trained on evacuation and sheltering procedures in the event of emergencies.
- Employees and girls participate in unannounced monthly fire drills and emergency response drills at a minimum quarterly. Active shooter drills are held quarterly. At least one of the quarterly emergency drills simulates a medical emergency such as the administration of CPR or other major medical emergency procedures such as overdose, choking, bleeding, allergic reaction, burns, etc. All drills are documented on appropriate forms.
- Girls receive emergency procedure training during the intake process.
- Employees receive emergency procedure training during new-hire orientation, which includes at a minimum:
  - Operation of the fire alarm system and automatic detection system
  - Proper use of all available fire protection equipment
  - Location of first aid kits, AEDs, fire extinguishers and fire alarms
  - Review of evacuation plans
  - Information on fire and emergency drills.

### PROTECTIVE MEASURES

- **First Aid Kits**
  - All Pace locations and fleet vehicles have a first aid kit that meets American National Standards Institute (ANSI) requirements, which are enforced by the Occupational Safety and Health Administration (OSHA) requirements.
  - Each first aid kit must be adequate for the number of people occupying the building area or vehicle where the kit is located.
  - First aid kits are inspected monthly to ensure they are fully stocked, in good condition, and items have not expired.
- **Automated External Defibrillator (AED)**
  - AEDs are accessible to everyone and highly visible, with unobstructed access
  - AED signage is mounted on a wall to ensure clear sightlines
  - AEDs are inspected and tested monthly to ensure they are fully stocked and are working properly.
- All Pace employees are made aware of the location of first aid kits and AEDs.

## Pace Center for Girls, Inc. - Emergency Preparedness Plan 2020-2021

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- Requirements for first aid kits and AEDs are outlined in Pace Administrative Policy PA1.26.
- **Emergency Supply Kit**  
Each Pace Center maintains an emergency supply kit as stipulated in Pace Administrative Policy PA1.03.
- **Emergency Phone Numbers** such as 9-1-1, local fire department, hospitals, Poison Control and the police department are included in the Emergency Response Plan and are posted near phones throughout all Pace Centers.
- **Egress Plans** showing the locations of exits, first aid kits, AEDs, and other emergency equipment are included in the Emergency Response Plan and posted in every classroom, office area, common area, and hallway of all Pace locations.

### COMMUNICATION

- **Communication Methods**

During an emergency, the following means and methods of communication are used:

- Computerized Emergency Alert System (CAS): An automated communication that sends mobile and email alerts simultaneously in emergency situations. The CAS is layered to notify Executive Leadership prior to alerting all employees.
- Cellular phones and texting are used during facility closures.
- Walkie-talkies (long distance capability) are used during system failures.
- The Intranet, pacecenter.org, and/or social media house updated information during facility closures.
- Scheduled phone conferences are used when possible to keep staff informed and up to date on the emergency situation.

- **Emergency Response Codes**

Pace Centers utilize a three-code system that notifies all employees there is an emergency on site, or within the immediate area:

CODE RED – Stop and stay

- Remain in current location until further instructed
- Lock door(s)
- Close blinds and stay away from windows

CODE YELLOW – Stay and take caution

- Remain in current location until further instructed
- Exercise care

CODE GREEN – Exit the building following the evacuation plan

## Pace Center for Girls, Inc. - Emergency Preparedness Plan 2020-2021

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- **Emergency Contact Lists**

- All Pace locations maintain current emergency contact information and Phone Trees for employees. This list is provided to all employees and is included in the Emergency Response Plan.
- An Emergency Notification Roster is maintained in each Pace Center for the girls in care as well as their parents/guardians, and appropriate employees are provided a copy of this roster for use in disaster or emergency situations.
- Each center maintains a roster of guests to ensure all visitors within the facility are accounted for during emergency situations or evacuations.

- **Safety Committees**

Safety committees are used to determine if there are emerging risks in Pace's facilities and safety precautions that should be implemented.



**Pace Center for Girls of \_\_\_\_\_**

**Emergency Response Plan**

**2020-2021**



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## INTRODUCTION AND PURPOSE

Pace \_\_\_\_\_ is committed to the safety and well-being of girls, employees, volunteers and visitors who are present in the facility in the event of an emergency, external/internal threat, or severe weather. This plan will outline the steps to be taken to prepare or respond to an emergency affecting Pace\_ \_\_\_\_\_.

## LEADERSHIP AUTHORITY

Leadership authority during an emergency lies with the Executive Director and the Center management employees.

The Executive Director/Center management employees shall be responsible for assigning employees to perform specific duties during an emergency.

## GENERAL EMERGENCY PROCEDURES

In the event of an emergency situation, girls and employees will be notified by Center leadership as soon as possible (after ascertaining the validity and true nature of the emergency). When warranted, girls will be notified either through advisor/classroom announcements, general assembly or via the communication system. When necessary, written notification of an emergency situation will be given to the girls to take home to their parents/guardians to make them aware of the occurrence. Depending upon the severity/nature of the situation, parental contact may be made via telephone by assigned employees to inform parents/guardians of the situation.

In the event of an emergency or crisis, phone calls received at the Pace center shall be answered in a courteous and calm manner. **Employees are not to transmit messages of insecurity or fear to a caller and are not to provide information unless instructed to do so by the Executive Director or designee. All news media inquiries must be coordinated through the Chief Advancement Officer at the Pace National Office.**

Employees are to ensure that the girls remain calm. Employees are to be in control of the girls' environment as emergency procedures are initiated. If the facility is to be evacuated, employees will ensure that girls are provided with the resources and services needed to return home.

Employees not assigned to supervising girls will be assigned to securing the facility, student records, computers including back-up hardware and software, petty cash funds, checkbooks, vehicles, keys, etc.

## PROTECTIVE MEASURES

- Emergency/Disaster Supplies
  - An Emergency Supply Kit shall be maintained using the Emergency Supply Checklist (PA006) and all employees shall be made aware of the location of the kit.
  - A First Aid Kit shall be maintained using the First Aid Kit Checklist (BSRM002) with all employees aware of the location.
- Emergency Contact Lists
  - Center Administration shall maintain current emergency contact information for employees and Emergency Phone Tree (Appendix B).
  - All employees are provided a copy of the Emergency Phone Tree and contact information to expedite communication needs.

PACE CENTER FOR GIRLS OF \_\_\_\_\_ EMERGENCY RESPONSE PLAN

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- An Emergency Notification Roster (Form PA017-Appendix C) will be maintained for the girls using information on the Emergency Notification Form (Enrollment Form 003) and appropriate employees will be given a copy of the roster for use in disaster or emergency situations.
- Designated Pace employees are to be prepared with a current telephone list for girls assigned to their care to inform them if the Pace Center will be closed or open for operation.
- Training and Exercises
  - All employees and girls will be trained on evacuation and sheltering procedures in the event of emergencies.
  - Employees and girls will participate in unannounced monthly fire drills and emergency response drills at a minimum quarterly. At least one of the quarterly emergency drills will simulate a medical emergency such as the administration of CPR or other major medical emergency procedures such as overdose, choking, bleeding, allergic reaction, burns, etc.
  - Girls will receive emergency procedure training during the intake process. New employees will receive emergency procedure training during new-hire orientation.
- Annual Review - The plan shall be reviewed and updated annually.

### NOTIFICATION PROCEDURES

Notification and Incident Reporting - Once all girls, employees and visitors are safe, the Executive Director or designee will immediately notify the Chief Operating Officer at the Pace National Office and the Regional Executive Director. Incident reports will be prepared and submitted in accordance with Pace and DJJ policy. CCC must be notified within two (2) hours of occurrence.

Parent/Guardian Notification - If it is determined that girls are to be sent home, parents/guardians will be contacted using the Emergency Notification Roster (Appendix C). If needed, contact information for girls and parents/guardians can be obtained by contacting the Pace National Office. No girl will be allowed to leave the care of Pace unless turned over to the care of a parent/guardian or a Pace employee has arranged to return the girl home or other location designated by the parent/guardian.

#### Notification of Property Damage

- The Executive Director or designee shall contact the Compliance and Risk Department at the Pace National Office to start the process of insurance company notification. Any damage, no matter how minor, must be reported. If possible, pictures should be taken to document the property damage.
- A Vehicle/Facility/Liability Report Form (BSRM014) must be completed the same day of the incident.
- The printed, signed form as well as photographs must be emailed to the National Office Compliance and Risk Department on the date the Incident Report is completed, if possible.

### MEDIA INQUIRIES/PUBLIC RELATIONS

In the event of a disaster or emergency, Pace employees are not to comment, answer questions or engage in conversations with representatives of the media. All inquiries from the media relating to an emergency must be coordinated through the Chief Advancement Officer at the Pace National Office.

In the case of media involvement as result of an emergency, Pace employees will ensure the privacy of the girls and families.

Media personnel will be contained in a designated area. Unless approval is given by the Chief Advancement Officer, media are not to have free access to the Pace campus.

Pace employee(s) can legally deny access or request the press to leave the Pace Center if deemed necessary. If access is granted, members of the media will be required to show proper identification, wear visible nametags, and if girls are present, go through Raptor.

Press representatives will be required to sign the guest log and Pace employee(s) will remain with them at all times.

CCC must be notified within two (2) hours of occurrence.

### EMERGENCY RESPONSE CODES

- ✓ Pace Center for Girls, Inc., has a three-code system consisting of CODE RED, CODE YELLOW, and CODE GREEN that notifies all employees there is an emergency on site, or within the immediate area.
- ✓ Depending on the severity of the situation, employees will initiate the appropriate code via telephone intercom, hand-held intercom radio, or fire alarm to ensure all employees are aware of the potentially dangerous situation.
- ✓ Upon hearing the code announcement, all employees with girls in their care are to take the appropriate response as follows:

#### CODE RED – Stop and Stay

- Remain in your current location until further instruction
- Lock your door(s)
- Close your blinds and stay away from windows

CODE RED signifies the need to stop and stay and is also known as a LOCK DOWN. Employees will remain with girls and visitors in their current location, lock their door(s) and close the blinds. Employees and girls are to remain in the room away from the windows and out of sight of the door window vent, sitting on the floor below window level until further instruction is given. Employees will report any missing girls using their hand-held intercom radios. Employees without girls will secure themselves in their present location unless they are called upon for assistance. A CODE RED will be used in the event of an intruder, hostage situation, disturbance in the immediate area, and/or weapon on campus. The facility will remain in CODE RED/lock down until supervisors notify employees that the CODE RED alert has been lifted.

#### CODE YELLOW – Stay and Take Caution

- Remain in your current location until further instruction
- Care is to be exercised

CODE YELLOW signifies the need to be cautious. Employees, girls and visitors will remain in their current location until otherwise notified. A CODE YELLOW will be used in the event of a chemical spill, altercation/fight between girls, emergency medical situation or other event that does not call for complete evacuation or locking of doors, but caution and care are to be exercised. Girls will be instructed by employees to remain in their designated area until the CODE YELLOW alert has been lifted. Designated center leadership will respond to the situation.

**CODE GREEN – Exit the Building**

- All employees, girls and visitors must exit the building
- Employees will accompany girls and visitors in their area to a meeting location outside the facility
- Follow the evacuation plan
- Take attendance immediately

CODE GREEN signifies that all girls, employees and visitors are to evacuate/go – exit the building. In the case of a fire, the Center shall employ this code via the fire alarm by pulling one of the nearest fire alarm pull stations. In the case of any other emergency where the facility must be evacuated, notice and instruction will be given via the overhead paging system and hand-held intercom radios. Employees will accompany girls that are assigned to their care to the designated safety area outlined in the Emergency Evacuation Plan. The evacuation procedure will be followed for taking attendance. Employees will follow any other directives given by the Executive Director or designee. CODE GREEN will be used in the event of fire, flood, bomb threat or other dangerous situation requiring facility evacuation.

- ✓ Girls, employees and visitors are to remain in the appropriate location to wait for further instruction. No one should be sent away from his or her group to get information. Use of the telephone should be for emergencies only. Cellular phones will be used to contact emergency support systems e.g. EMS, law enforcement, etc.
- ✓ Once the emergency/crisis has passed, the Executive Director or designee will determine when it is safe to resume normal operation of the Center. If law enforcement has been involved, the on-site official will determine if it is safe to reenter the facility or lift an emergency code.
- ✓ The Executive Director or designee will notify the Chief Operating Officer at the Pace National Office and the Regional Executive Director. Incident reports will be prepared and submitted in accordance with Pace and DJJ policy. CCC must be notified within two (2) hours of occurrence.

**EMERGENCY CATEGORIES****SUICIDE RESPONSE PROTOCOL**

Every member of the Center’s community (including girls, parents, teachers, counselors, volunteers, lay and professional employees) should be aware of the potential signs of and response to self-destructive and suicidal behavior. Every center should have resource programs/services readily available to girls, parents and employees for local/county hospital, local police precinct, local fire department station, and community health agencies that respond to suicidal behaviors and 24-hour crisis hotlines and support services. The response protocol for suicidal ideation (Appendix G) outlines steps employees should take to ensure the physical, emotional and mental safety of the girls in care when a girl reports suicidal ideation, attempts suicide, requires safety planning or is transitioning back to school after a Baker Act

**OVERDOSE RESPONSE**

An opioid overdose needs immediate medical attention. The Steps for Overdose Response (Appendix H) outlines the signs of opioid overdose and action to be taken if an overdose is suspected.

**THREAT ASSESSMENT**

Pace's approach is to help prevent violence by identifying problems early on, before they escalate into threatening and violent incidences. A Threat Assessment Manual has been developed which establishes procedures and practices for violence prevention and assessing incidences Appendix I – Threat Assessment Flowchart outlines how potential threats are assessed and the level of threat is determined.

**TORNADO**

A **tornado watch** means tornadoes could potentially develop. A **tornado warning** means a tornado has been sighted.

When the National Weather Service (NWS) announces a **tornado watch**, administrative employees will monitor social media (iPhone, etc.) and/or television weather broadcasts for updated information. Should a **tornado warning** be issued, all girls and personnel will be notified via the paging system.

In the event a **tornado warning** is issued, all employees, girls, and visitors are to gather in hallways or in one of the tornado designated areas (any interior room without windows). Everyone should remain calm, crouch on the floor with heads down and covered, facing the wall. When the tornado has passed and/or the warning is lifted, the Executive Director/designee shall assess any casualties, injuries and facility damage. Contact will be made with law enforcement, EMS, and other disaster support systems for assistance, if needed. Employees trained in CPR and First Aid will administer assistance as deemed necessary.

Employees will be divided among the girls and visitors as they are assigned to various designated safe places in the facility. Employees will ensure that all girls and visitors are accounted for by using the daily student attendance roster and the visitor log.

First aid kits, flashlights, radios, and batteries should be stored in the designated safe areas, and employees will distribute these items as necessary.

Center Leadership employees will monitor the weather to determine when the crisis has passed and notify employees to leave the safe areas.

Center Leadership employees will inspect the building and determine if it is safe to return to classrooms or if the building needs to be evacuated by following fire evacuation procedures and whether the girls and employees and any visitors should be moved to a safer location.

If it is determined that girls are to be sent home, parents/guardians will be contacted using the Emergency Notification Roster (Appendix C). If needed, contact information for girls and parents/guardians can be obtained by contacting the Pace National Office. No girl will be allowed to leave the care of Pace unless turned over to the care of a parent/guardian or a Pace employee has arranged to return the girl home or other location designated by the parent/guardian.

Once all girls, employees and visitors are safe, the Executive Director or designee will immediately notify the Chief Operating Officer at the Pace National Office and the Regional Executive Director. Incident reports will be prepared and submitted in accordance with Pace and DJJ policy. CCC must be notified within two (2) hours of occurrence.

### HURRICANE – TOPICAL STORM

**Tropical Storm** – A tropical storm has maximum sustained surface winds ranging from 39-73 mph. A **tropical storm watch** is issued when tropical storm conditions pose a possible threat to a specified coastal area within 48 hours or less. A **tropical storm warning** is issued when tropical storm conditions are expected in a specified coastal area within 36 hours or less.

**Hurricane** – A **hurricane watch** is issued when a hurricane becomes a threat to a coastal area. A **hurricane warning** is issued within 36 hours when winds are 74 mph or higher, or a combination of dangerously high water and rough seas are expected in the area within hours.

At the time of enrollment, parents/guardians and girls are advised to follow social media and television media reports for announcements of public-school closings from the \_\_\_\_\_ County School Board in the event of a storm-related emergency.

To inform girls and families of Hurricane Preparation and Procedures, Pace \_\_\_\_\_ will send an informational letter home with girls. The letter will include details on Pace operating procedures before, during and after storm watches and warnings, contact information for when the facility is closed, and information relative to program relocation, should it be necessary. Pace \_\_\_\_\_ will remain closed for girls until the \_\_\_\_\_ County School Board resumes classes providing the facility is fully operational.

In the event a tropical storm/hurricane watch or warning is issued by the National Weather Service:

- If a **tropical storm/hurricane watch or warning** is issued when area schools are open-
  - The Executive Director or designee will contact the \_\_\_\_\_ County School Board to determine if the public schools are dismissing at the regular time. If schools are dismissing early, Pace will ensure that every girl is returned home safely. Parents/guardians will be contacted using the Emergency Notification Roster (Appendix C). If needed, contact information for girls and parents/guardians can be obtained by contacting the Pace National Office. No girl will be allowed to leave the care of Pace unless turned over to the care of a parent/guardian or a Pace employee has arranged to return the girl home or other location designated by the parent/guardian.
  - If the decision is made to close the facility, the Executive Director or designee will immediately notify the Chief Operating Officer at the Pace National Office and the Regional Executive Director. Incident reports will be prepared and submitted in accordance with Pace and DJJ policy. CCC must be notified within two (2) hours of occurrence.
- In the event a **tropical storm/hurricane watch or warning** is issued when area schools are closed during the weekend, holidays, and evening hours –
  - The \_\_\_\_\_ County School Board and \_\_\_\_\_ County Emergency Management Agency will notify the community via local media on school status. The Executive Director and/or designee will initiate a telephone chain system for employees. Pace employees will contact girls and families/guardians under their care.
  - If the decision is made to close the facility, the Executive Director or designee will immediately notify the Chief Operating Officer at the Pace National Office and the Regional Executive Director. Incident reports will be prepared and submitted in accordance with Pace and DJJ policy. CCC must be notified within two (2) hours of occurrence.

Facility Preparation:

- Electronics
  - Turn off/shut down and unplug all electronic equipment including computers, servers, networking equipment, copiers, televisions, etc.
  - Place all equipment on tables or desks and off the floors and away from windows.
  - Notify the National Office IT Department, which will then notify the internet/phone company why they are alerted to an alarm at the center location.
  - Check with IT to ensure all server data is backed up at the National Office in case of a power loss.
  - Contact numbers: (each center has different IT rep)
  - Matthew Parks, Sr. Director of Information Technology – Office 904-421-0896,  
Mobile 904-352-9687
- Medication  
Any medications stored for girls will be returned to each girl before closure of the facility.
- Kitchen/Cafeteria
  - Remove all perishable food items from the refrigerator in the event of long-term power loss.
  - Inventory and replenish the Center’s disaster kit for needed supplies (Form PA006- Emergency Supply Checklist).
- Vehicles  
Pace owned/leased vehicles should be locked and stored as securely as possible.

After the storm:

- If electrical power is lost for several days at Pace \_\_\_\_\_, alternative arrangements will be made to get required tasks completed (e.g. contact girls from home, conduct emergency home visits, etc.).
- Once electrical power and telephone services are restored to Pace \_\_\_\_\_, the phone service will be activated in order that messages can be recorded and retrieved.
- If an employee is unable to get to work safely, they are to maintain contact with their supervisor to inform and/or update them of their current status.
- If any questions and concerns arise, employees are encouraged to contact their supervisor. Common sense should be utilized always keeping in mind to follow the close direction of the local/ community emergency management systems.
- In the event of severe damage precluding occupancy, the program will be relocated to the Alternate Location (Appendix J) or virtually.
- The Executive Director will activate the phone chain to provide 24-hour notice for the resumption of programming. If phone lines are down, employees will be instructed to report to the Center for further instruction on the following workday, only if it is safe for them to travel. If relocation is required, visible signage will be posted at the Center with alternative location information.



- If the Center phone system is not working, the Executive Director or designee will use social media or cellular phones and notify local media regarding the status of programming and alternative site information as necessary. Girls and their families/guardians are instructed to listen to the media and to follow the schedule issued by \_\_\_\_\_ Schools.
- If the Center is required to resume programming at an alternative site, designated employees will contact their assigned girls. Relocation information will be included in the phone system automated attendant and/or included on social media and/or local media for status updates. Signs will be placed on the entrance doors if a relocation site is established. Providing it is safe to do so, a Pace employee will be on the premises to direct girls/families/guardians to the alternative site.

### FIRE SAFETY AND EMERGENCY EVACUATION PROCEDURES

The Pace \_\_\_\_\_ Center shall meet all regulations and standards in accordance with the local and state fire safety authorities and Pace Center for Girls, Inc. policies and procedures.

Local, State and Pace Regulations and Procedures:

- A qualified and licensed contracted company shall inspect fire extinguishers, the fire sprinkler system (if applicable), and the fire alarm system annually. The Center will test the fire alarm system monthly during fire drills.
- The \_\_\_\_\_ Fire Department telephone number and/or 9-1-1 shall be posted near all facility telephones. In the event facility phones are inoperable, employees will access emergency assistance using their cellular phones.
- All fire exits shall be clearly marked with signs that are appropriately lit.
- Fire exit evacuation plans shall be properly posted in all general rooms and classrooms of the facility.
- Girls and employees shall be informed of fire and emergency evacuation procedures during their orientation process.
- Monthly fire drills shall be held and documented by Pace \_\_\_\_\_ employees. Employees shall be instructed annually in the use of fire extinguishers by a trained professional.

Response to Fire Related Emergencies

- In the event of a fire:
  - Activate the nearest fire alarm pull station and call 9-1-1
  - Evacuate the building
- If you see smoke or flames: Use **CARE**
  - **C**ontain the fire by closing all doors as you leave
  - **A**ctivate the nearest Fire Alarm
  - **R**eport the fire by calling 9-1-1
  - **E**vacuate or extinguish the fire (in most cases, it is best to evacuate)
- All employees, girls and visitors will remain away from the building until Fire and Safety Units arrive to determine the facility's condition.

- Depending on the severity of the situation, a designated employee will inform adjoining neighbors to evacuate their properties as well.
- If the situation permits, fire extinguishers may be used to put out fires. Use a fire extinguisher only after girls are evacuated and only if:
  - You have been trained
  - You have access to an unobstructed exit
  - You have a fully charged and proper type unit for the fire you are fighting
  - The fire is contained, and you have reported the fire by Fire Alarm or 9-1-1 activation
  - There is little smoke or flames
- Never fight a fire if:
  - You lack a safe way to escape should your efforts fail
  - It has left its source of origin
  - You are unsure of the type of extinguisher you need or have
  - If you cannot control the fire within 5 seconds, abandon your efforts, close the door, and evacuate
- When the fire alarm has sounded, all employees are responsible to evacuate their classrooms and offices, close doors (leaving doors unlocked) and guide girls and visitors out of the building in a quiet and orderly manner to the evacuation meeting location (Appendix I). If the evacuation meeting location is unacceptable for safety and logistics reasons, the Executive Director or designee will direct the girls, employees and visitors to an alternative site. A gathering location may also be chosen by the fire/emergency personnel in which case employees and girls are to follow their instructions.
- During a fire-related evacuation, employees are to remain calm and to supervise their girls and visitors throughout the entire emergency situation. Employees are to ensure all girls move directly toward the designated fire exits and nowhere else in the facility. Employees and girls are not permitted to return to their classrooms or offices once a fire alarm has been activated.
- Once outside the building, employees will account for all girls that were under their care when the evacuation order was given.
- After evacuation, no re-entry will be made unless an “All Clear” has been given by fire/emergency personnel.
- A report will be collected as soon as possible from the attending fire department.
- If it is determined that girls are to be sent home, parents/guardians will be contacted using the Emergency Notification Roster (Appendix C). If needed, contact information for girls and parents/guardians can be obtained by contacting the Pace National Office. No girl will be allowed to leave the care of Pace unless turned over to the care of a parent/guardian or a Pace employee has arranged to return the girl home or other location designated by the parent/guardian.

Once all girls, employees and visitors have safely evacuated the facility, the Executive Director or designee will immediately notify the Chief Operating Officer at the Pace National Office and the Regional Executive Director. A report will be collected as soon as possible from the attending fire department. Incident reports will be prepared and submitted in accordance with Pace and DJJ policy. CCC must be notified within two (2) hours of occurrence.

**MEDICAL EMERGENCIES**

If a girl, an employee or a visitor is injured or becomes ill:

- Stay calm.
- Dial 9-1-1 and explain the type of emergency, the location, conditions, and number of victims.
- Inform the dispatcher of any safety hazards (chemical spill, fire, fumes, etc.)
- Do not hang up unless told to do so by the dispatcher.
- Do not move the person unless there is an immediate danger to life and health situation or danger of further injury if person is not moved.
- Render First-aid, CPR/AED only if you have been trained.
- Do not leave the injured person except to summon help.
- Comfort the person until emergency medical services arrive.
- Another employee should wait outside the building to flag down the emergency medical services when they reach the facility.
- The Executive Director shall be notified immediately when 9-1-1/EMS has been called.
- Parents/guardians or family members shall immediately be notified, and an Incident Report prepared and submitted in accordance with Pace and DJJ Policy with a notation in the girl's file, if applicable. CCC must be notified within two (2) hours of occurrence.
- Emergency protocols for injury or illness to one or more of our girls are contained in Appendix D.
- If several girls are involved in the medical emergency, notify the Chief Operating Officer and the Compliance and Risk Management Department at the Pace National Office.

**COMMUNICABLE DISEASE/PANDEMIC ILLNESS**

Among the many emergencies to which Pace centers must be prepared to respond is the possibility of a local and community-wide infectious disease outbreak. While it is difficult to predict if or when an illness will rise to an epidemic or even pandemic level, there are steps that Pace centers can take to work collaboratively and effectively with local and state authorities in order to limit the spread of disease and to provide safe learning environments.

When a potential threat exists, local media should be monitored for information and updates. The Center for Disease Control website (CDC.gov) and the local health department website are also good sources for information.

**Public Health Actions**

- Encourage girls to engage in health-promoting behaviors that prevent spread of illness:
  - Practice social distance or isolate as advised by the CDC.
  - Wear face mask if directed by the CDC.
  - Wash hands multiple times a day for at least 20 seconds.
  - Use hand sanitizer as directed by the CDC.
  - Refrain from touching your face.

- Do not share food or drinks or any items.
- Practice giving fist or elbow bumps instead of handshakes; fewer germs are spread this way.
- Encourage employees and girls to eat a balanced diet, get enough sleep, and exercise regularly to help develop strong immune systems capable fighting illness.
- Practice activities that help reduce the spread of infectious diseases:
  - Provide training about transmission and control measures. Train employees and girls to cover their mouths with a tissue when they sneeze or cough and throw out the tissue immediately, or to sneeze or cough into the bends of their elbows.
  - Educate employees, visitors, and girls not to come to the center if they have symptoms.
  - Reinforce to families to keep sick girls home.
  - Reinforce procedures for how the center is notified if a girl is sick. These procedures should include letting the center know why the girl has been kept home to be able to track symptoms.
- Attend to the building itself. For example:
  - Consider changing the air conditioning filters.
  - During the day, where possible, increase ventilation.
  - Following each school day, the building should be thoroughly ventilated and cleaned. Ventilating can be done by opening all doors and windows or turning the air conditioning or heating systems up.
  - To prepare for disease outbreaks, identify a main entrance and an indoor area where girls and employees can be screened prior to moving to classrooms or other areas of the building.

#### Medical Actions

- Identify areas within the building that can be used for isolation and quarantine.
- Inventory and replenish infection-control supplies, if needed.
- Isolate and send home employees or girls with symptoms, utilizing supervised quarantine areas in the building. Access to this room should be strictly limited and monitored (i.e. parents/guardians picking up ill girls should be escorted to and from the isolation area).

The following procedures and activities should be followed in suspected communicable/infectious disease situations:

- If a Pace employee has reason to believe a girl has a communicable infectious disease (other than HIV/AIDS), the information shall immediately be reported to the Executive Director/designee.
- If the girl is in school, she should be removed from the classroom and isolated.
- The Executive Director/designee will notify the parents/guardians and recommend that the girl see a physician, if not already seen for this condition.
- Upon receiving confirmation that the girl has a communicable/infectious disease, report this information to the Chief Operating Officer, the Regional Executive Director and the Compliance and Risk Management Department at the Pace National Office. CCC must be notified within two (2) hours of occurrence. The local county health department should be notified with reportable diseases.
- The county health department will advise if a letter should be sent home, or if any action steps are required at the center.

- In some instances, a girl returning to Pace after being out with a communicable/infectious disease (except HIV/AIDS) must provide a healthcare provider's note indicating the girl is no longer contagious and may return to classes.
- If an Employee is believed to have a communicable infectious disease (other than HIV/AIDS), the information should be reported to the Executive Director or Regional Director for appropriate action.

### HOSTAGE SITUATIONS

Hostage situations are among the most serious and complex incidents which impact schools. Usually, perpetrators are either mentally ill, political or religious extremists, or fleeing criminals seeking a hiding place. Typically, the hostage taker is agitated and unpredictable. Consequently, he/she should be considered extremely dangerous.

All Pace employees must be prepared to carry out plans in the event of a hostage situation at Pace or in the community. In the event of this incident occurring, the following actions should be taken to maintain the safety of all girls and employees.

Use the Hostage Call Checklist to gather information (Form PA019-Appendix F).

#### Immediate response

- Call 9-1-1
- Notify the Executive Director/designee
- Initiate CODE RED
- Follow police direction
- Goal is to de-escalate the situation
- Try not to allow additional hostages to be taken
- Compartmentalize (contain) the situation to one area if possible; try not to allow the situation to go mobile. Utilizing active listening skills is crucial to de-escalating hostage situations.

#### What to do outside of the hostage area

- If hostage situation develops, call 9-1-1. When talking with the dispatcher be sure he/she understands clearly that there is a hostage situation in progress that (if applicable) involves school children.
- Immediately cordon off the area where the hostage situation is located. Attempt to evacuate everyone (except the hostages) from the immediate area. Do not attempt to evacuate everyone if it would create an even more dangerous situation or enhance the chance of injury. For example, if a hostage is being held in a classroom and the hostage taker threatens anyone who comes near him/her, do not attempt to evacuate other classrooms in the immediate vicinity of where the hostage situation is located. Classroom doors should be locked from the inside, and the occupants should remain there and be as quiet as possible.
- Make no attempt to establish contact with the hostage taker. If, however, he/she makes demands, listen carefully and do not attempt to solicit additional information. Advise the hostage taker that you will pass on the demands to the appropriate individual. This is a stall tactic; accordingly, you must be calm and convincing.

**What to do if you become a hostage**

- Above all else try to maintain your composure. The object is to survive; therefore, do exactly as you are told. If you become emotional, it may cause the hostage taker to become angry and even more irrational.
- Look for and mentally plan your escape route. No attempts should be made to escape, however, unless the situation seriously deteriorates or you receive such instructions from the police.
- If more than one adult is taken hostage, one person should try to serve as spokesperson for the group. Obviously, this cannot be discussed among the hostages. The rule of thumb to follow is that the oldest person present or the person with the most composure should respond to questions from the hostage taker.
- If girls are included as hostages, make every effort to keep them calm. Exercise firm authority.
- Take no further action. Wait to be rescued or released.

If it is determined that girls not involved in the hostage situation are to be sent home, parents/guardians will be contacted using the Emergency Notification Roster (Appendix C). If needed, contact information for girls and parents/guardians can be obtained by contacting the Pace National Office. No girl will be allowed to leave the care of Pace unless turned over to the care of a parent/guardian or a Pace employee has arranged to return the girl home or other location designated by the parent/guardian.

The Executive Director or designee will immediately notify the Chief Operating Officer and the Compliance and Risk Management Department at the Pace National Office and the Regional Executive Director. Incident reports will be prepared and submitted in accordance with Pace and DJJ policy. CCC must be notified within two (2) hours of occurrence.

**BOMB THREAT**

If you receive a bomb threat, remain calm and obtain as much information as possible:

- The employee receiving the call should call 9-1-1 and notify the Executive Director/designee ASAP.
- The Executive Director or designee will immediately initiate a CODE GREEN.
- In case of system failure, if possible, signal or pass a note to another employee to help notify authorities.
- The employee receiving the call should complete the Bomb Threat Checklist (Form PA-018, Appendix E).
- DO NOT use cellular phones or radios, as those signals have the potential to detonate a bomb.
- Once an evacuation order has been issued, employees will exit the facility with girls following the fire evacuation plan.
- Once outside the building, employees will account for all girls and visitors that were under their supervision when the evacuation order was given.
- No re-entry will be made unless an "All Clear" has been given by law enforcement or the Executive Director or designee.

- If it is determined that girls are to be sent home, parents/guardians will be contacted using the Emergency Notification Roster (Appendix C). If needed, contact information for girls and parents/ guardians can be obtained by contacting the Pace National Office. No girl will be allowed to leave the care of Pace unless turned over to the care of a parent/guardian or a Pace employee has arranged to return the girl home or other location designated by the parent/guardian.

The Executive Director or designee will immediately notify the Chief Operating Officer and the Compliance and Risk Management Department at the Pace National Office and the Regional Executive Director. Incident reports will be prepared and submitted in accordance with Pace and DJJ policy. CCC must be notified within two (2) hours of occurrence.

### **SUSPICIOUS LETTER, PACKAGE OR OBJECT**

If an employee has any reason to believe that a letter, package, or object is suspicious, immediately notify a member of Center leadership.

- Call 9-1-1.
- Provide the location and description of object.
- DO NOT touch, tamper, attempt to move or open the letter, package, or object.
- Isolate the letter, package, or object.
- Mark the location by using 12" bright tape/duct tape at eye level on the wall near the object or use a bright laminated (pre-made) arrow to pin or tape on the wall pointing towards the object.
- Initiate a CODE GREEN using the emergency alert system.
- DO NOT use cellular phones or radios, as those signals have the potential to detonate a bomb.
- Once an evacuation order has been issued, employees will exit the facility with girls following the fire evacuation plan (Appendix H).
- Once outside the building, employees will account for all girls and visitors that were under their supervision when the evacuation order was given.
- If it is determined that girls are to be sent home, parents/guardians will be contacted using the Emergency Notification Roster (Appendix C). If needed, contact information for girls and parents/ guardians can be obtained by contacting the Pace National Office. No girl will be allowed to leave the care of Pace unless turned over to the care of a parent/guardian or a Pace employee has arranged to return the girl home or other location designated by the parent/guardian.

Characteristics of a suspicious package:

- Special deliveries, foreign mail, or air mail
- Restrictive markings such as "Confidential" or "Personal"
- Excessive postage
- Handwritten or poorly typed addresses
- Incorrect titles
- Misspelled words
- Stains or discoloration on the package

Strange sounds  
 Strange odors  
 Excessive weight  
 Rigid, lopsided, or uneven envelopes  
 Protruding wires or aluminum foil  
 Excessive tape or string  
 Visual distractions such as illustrations  
 No return address  
 Backpacks that seem out of place

Once the situation has been cleared and determined to be safe by Center leadership/designee/or First Responder, the Executive Director or designee will immediately notify the Chief Operating Officer at the

Pace National Office and the Regional Executive Director. Incident reports will be prepared and submitted in accordance with Pace and DJJ policy. CCC must be notified within two (2) hours of occurrence.

### **WEAPONS/ARMED STUDENTS**

If weapon is visible:

- STOP – DO NOT APPROACH the girl or attempt to confiscate weapon. If weapon is visible, RETREAT!
- If the threat is immediate, call 9-1-1.
- Notify the Executive Director or other Center leadership ASAP.
- Escort law enforcement to scene and work with officers as they direct.
- If recommended by law enforcement:
  - Initiate CODE RED, or
  - Initiate CODE GREEN and evacuate the building
  - DO NOT use the fire alarm system
- If evacuation order is given, employees will escort girls and visitors to the evacuation location and account for all girls that were under their care when the evacuation order was given.

If Weapon is Suspected:

- Have law enforcement bring the girl to the Executive Director's office. Ensure that at least two female employees and law enforcement officers are present in the office.
- Tell the girl calmly what is suspected and ask her where the weapon is located.
- If the girl does not produce the weapon, follow the procedure outlined in Pace Policy PA1.10- Student Searches.
- If a weapon is found, law enforcement or Executive Director/designee will make the final decision to remove the girl from the facility.
- Notify the girl's parents/guardians.

In either situation, if it is determined that girls are to be sent home, parents/guardians will be contacted using the Emergency Notification Roster (Appendix C). If needed, contact information for girls and parents/guardians can be obtained by contacting the Pace National Office. No girl will be allowed to leave the care of Pace unless turned over to the care of a parent/guardian or a Pace employee has arranged to return the girl home or other location designated by the parent/guardian.



Once all girls, employees and visitors are safe, the Executive Director or designee will immediately notify the Chief Operating Officer at the Pace National Office and the Regional Executive Director. Incident reports will be prepared and submitted in accordance with Pace and DJJ policy. CCC must be notified within two (2) hours of occurrence.

### **DRIVE-BY SHOOTING**

- If shots are heard, direct girls, employees and visitors to “get down on the floor.”
- Notify the Executive Director/designee ASAP and report any injuries.
- Executive Director/designee/Center leadership will call 9-1-1 and issue CODE RED.
- Secure the building by locking doors and windows and have everyone remain on the floor.
- Upon arrival of law enforcement, follow all instructions provided.

If it is determined that girls are to be sent home, parents/guardians will be contacted using the Emergency Notification Roster (Appendix C). If needed, contact information for girls and parents/guardians can be obtained by contacting the Pace National Office. No girl will be allowed to leave the care of Pace unless turned over to the care of a parent/guardian or a Pace employee has arranged to return the girl home or other location designated by the parent/guardian.

Once all girls, employees and visitors are safe, the Executive Director or designee will immediately notify the Chief Operating Officer at the Pace National Office and the Regional Executive Director. Incident reports will be prepared and submitted in accordance with Pace and DJJ policy. CCC must be notified within two (2) hours of occurrence.

### **ACTIVE SHOOTER**

#### ACTIVE SHOOTER OUTSIDE THE BUILDING

- Seek sanctuary by proceeding to a room that can be locked. Close and lock all windows and doors and turn off all lights. If doors do not lock, try to block doors with furniture.
- If possible, get down on the floor and ensure that no one is visible from outside the room.
- Call 9-1-1 and advise the dispatcher of the events and inform him/her of your location.
- Remain in place until law enforcement or an administrator known to you gives the “All Clear.”

#### ACTIVE SHOOTER INSIDE THE BUILDING

- Shelter in place. Close and lock all windows and doors and turn off all lights.
- Or, if you can do so safely, exit the building.

#### ACTIVE SHOOTER ENTERS YOUR OFFICE OR CLASSROOM

- Try and remain calm and dial 9-1-1, if possible, to alert police of the shooter’s location.
- If you cannot speak, leave the line open so the dispatcher can listen to what is taking place.
- **Attempting to overpower the shooter with force should be considered as a last resort after all other options have been exhausted.**
- If the shooter leaves the area, proceed immediately to a safer place and do not touch anything that was in the vicinity of the shooter.

**THREE ACTIONS THAT CAN BE TAKEN IN THE EVENT OF AN ACTIVE SHOOTER:****1. RUN**

- If there is an accessible escape path, attempt to evacuate
- Be sure to have an escape route and plan in mind
- Evacuate regardless of whether others agree to follow
- Leave belongings behind
- Help others if possible (if others refuse to leave the vicinity, leave them)
- Call 9-1-1 when safe

**2. HIDE**

- Lock the door
- Blockade the door with heavy furniture
- Silence all cellular phones and instruct everyone in the room not to use their cellular phones
- Turn off any source of noise (computers, televisions, etc.)
- Hide behind large items (cabinets, desks)
- Remain quiet
- Hiding place should be out of the shooter's view, provide protection from bullets, and not trap or restrict options for movement

**3. FIGHT****Fight the shooter as a last resort after all other options have been exhausted.**

- Attempt to disrupt or incapacitate the shooter
- Act with physical aggression
- Throw items and improvise weapons
- Commit to taking the shooter down, no matter what
- Distract, Disrupt and Disarm

**INFORMATION TO GIVE 9-1-1**

- ✓ Location of shooter(s)
- ✓ Number of shooter(s)
- ✓ Physical description of shooter(s)
- ✓ Number and type of weapons held by shooter(s)
- ✓ Number of potential victims at location

**LAW ENFORCEMENT**

The first responders on the scene are NOT there to evacuate or tend to the injured. They are well-trained and there to stop the shooter.

- Remain calm and follow instructions
- Keep your hands visible at all times
- Avoid pointing or yelling
- Know that help for the injured is on the way

Once you have reached a safe location or an assembly point, you will likely be held in that area by law enforcement until the situation is under control and all witnesses identified and questioned. No one is to leave the safe location or assembly point until instructed by law enforcement authorities.

**NOTIFICATIONS AND POST EVENT**

- If it is determined that girls are to be sent home, parents/guardians will be contacted using the Emergency Notification Roster (Appendix C). If needed, contact information for girls and parents/guardians can be obtained by contacting the Pace National Office. No girl will be allowed to leave the care of Pace unless turned over to the care of a parent/guardian or a Pace employee has arranged to return the girl home or other location designated by the parent/guardian.
- The Executive Director or designee will immediately notify the Chief Operating Officer at the Pace National Office and the Regional Executive Director.
- Incident reports will be prepared and submitted in accordance with Pace and DJJ policy. CCC must be notified within two (2) hours of occurrence.
- After the event:
  - Prepare a written statement for the girls to take home
  - Hold a meeting to inform and update employees
  - Hold a management meeting to debrief and assess responses
- After an active shooter experience, employees may have mental trauma. The OD Division will employ assistance as needed for mental stress.

**RIOTS**

**DEFINITION: Riot** - a tumultuous disturbance of the public peace by three or more persons assembled together and acting with a common intent.

If a Pace \_\_\_\_\_ employee is made aware of a riot situation, the incident should be immediately reported to the Executive Director or designee.

The Executive Director or designee will immediately call 9-1-1.

**If the riot situation occurs in the area but not on Pace property**, all girls, employees and visitors will remain inside the building until “All Clear” is given by law enforcement.

**If the riot occurs on Pace \_\_\_\_\_ property**, all girls, employees and visitors not involved will immediately be removed from the area. Girls must remain with a Pace \_\_\_ employee.

If it becomes necessary to send the girls home, parents/guardians will be contacted using the Emergency Notification Roster (Appendix C). If needed, contact information for girls and parents/guardians can be obtained by contacting the Pace National Office. No girl will be allowed to leave the care of Pace unless turned over to the care of a parent/guardian or a Pace employee has arranged to return the girl home or other location designated by the parent/guardian.

Once the situation has been cleared and determined to be safe by Center leadership/designee or law enforcement, the Executive Director or designee will immediately notify the Chief Operating Officer at the Pace National Office and the Regional Executive Director. Incident reports will be prepared and submitted in accordance with Pace and DJJ policy. CCC must be notified within two (2) hours of occurrence.

**CHEMICAL ACCIDENTS**

Anytime a chemical is purchased for use at Pace Center for Girls, it will be placed on the chemical Inventory list and a MSDS (Material Supply Data Sheet) will be obtained and kept on file (Reference Policy PA1.24).

If a girl has improperly used a chemical, employees will assess the situation, follow instructions from the MSDS, and call paramedics if necessary.

In the event of a chemical spill:

- Notify the Executive Director or designee.
- The Executive Director or designee will call 9-1-1 and relay the name of the material, location of the spill, and approximate volume of spilled material.
- Evacuate all girls from the classroom following fire evacuation procedures.
- Evacuate adjacent rooms if the spread of contamination is enough to affect them.
- Do not permit anyone to enter the spill area, contact the spilled material, or place themselves at risk unless they have appropriate training and personal protective equipment.
- Take immediate steps to prevent spilled materials from entering drains or spreading to other environmentally sensitive areas. These steps include placing absorbent materials around the perimeter of the spill and blocking drains.
- If the chemical is a toxic chemical, leave the area immediately, issue a CODE GREEN, and evacuate the building immediately. Once outside, employees will account for all girls that were under their care when the building was evacuated.
- No re-entry to the building will be allowed until the “All Clear” is given by First Responders.
- If it is necessary to evacuate the area, parents/legal guardians will be notified of the need to send their daughter home using the Emergency Notification Roster (Appendix C). If needed, contact information for girls and parents/guardians can be obtained by contacting the Pace National Office. No girl will be allowed to leave the care of Pace unless turned over to the care of a parent/guardian or a Pace employee has arranged to return the girl home or other location designated by the parent/guardian.

The Executive Director or designee will immediately notify the Chief Operating Officer at the Pace National Office and the Regional Executive Director. Incident reports will be prepared and submitted in accordance with Pace and DJJ policy. CCC must be notified within two (2) hours of occurrence.

## FLOODS

Pace \_\_\_\_\_ is located in flood zone \_\_\_\_\_, which indicates a **low, moderate or high** risk of flooding.

A **flood watch** is issued when conditions are favorable for flooding. Those in the affected area are urged to be ready to take quick action if a Flash Flood Warning is issued or flooding is observed.

A **flash flood warning** is issued when a flash flood is in progress, imminent or highly likely. Those in the affected area should evacuate immediately or move to higher ground if possible. If you are in a flood prone area, move immediately to high ground. A flash flood is a sudden violent flood that can take from minutes to hours to develop. It is even possible to experience a flash flood in areas not immediately receiving rain.

If a flash flood warning is issued while in the facility:

- Girls, employees and visitors will proceed to the safest area in the building or evacuation procedures will be initiated to return girls to their families as quickly as possible. No girl will be released until her parent/guardian has been notified by designated employees.

- Designated employees will monitor emergency radio and/or local media to see if shelters are open or if girls, employees and visitors should evacuate to a secondary location.
- Should it be necessary to evacuate the facility, girls, employees and visitors will exit the building in accordance with the fire evacuation procedures (Appendix H).
- If time permits, turn off all power at the main switch and move valuables to a higher floor or location.
- Do not attempt to cross flooded areas. Water often is deeper than it appears, and roadways can be washed out below the surface. Avoid wading in flooded areas due to possible contamination.
- If the decision is made to close the facility or if evacuation becomes necessary, the Executive Director or designee will immediately notify the Chief Operating Officer at the Pace National Office and the Regional Executive Director. Incident reports will be prepared and submitted in accordance with Pace and DJJ policy. CCC must be notified within two (2) hours of occurrence.

If a flash flood warning is issued when area schools are closed during the weekend, holidays, and evening hours:

- The \_\_\_\_\_ County School Board and \_\_\_\_\_ County Emergency Management Agency will notify the community via television and social media on school status. The Executive Director and/or designee will initiate a telephone chain system for employees. Pace employees will contact girls and families/guardians under their care.
- If the decision is made to close the facility, the Executive Director or designee will immediately notify the Chief Operating Officer at the Pace National Office and the Regional Executive Director. Incident reports will be prepared and submitted in accordance with Pace and DJJ policy. CCC must be notified within two (2) hours of occurrence

## **EMERGENCY PHONE NUMBERS**

Will include numbers such as local hospitals, local fire department, Poison Control, County Emergency Management, National Chemical Spill Response Center and any other contact numbers the Center would like to add.

**EMPLOYEE EMERGENCY CONTACT INFORMATION/PHONE TREE**





## EMERGENCY PROTOCOL FOR INJURY OR ILLNESS

Situations may arise where emergency response for one or more of our girls becomes necessary. In those moments, it is important to remember to act with urgency and extreme care. The information below outlines the proper ways to respond and what is within the scope of Pace's responsibilities and constraints.

A medical emergency is a condition that involves the immediate onset of symptoms, including pain, **severe enough to lead a reasonable person with an average knowledge of health and medicine to believe that immediate medical attention is needed** to avoid serious threat to the health of the individual. Emergency conditions include sudden or extreme difficulty breathing, sudden loss of consciousness, severe bleeding, severe abdominal pain, excessive vomiting and dehydration and/or injuries to one or both eyes. When an emergency occurs, proceed as follows:

- **Call for help** A staff member with first aid training will stay with the girl and render first aid while a designated person contacts additional emergency assistance if required. If the situation is an emergency, **call 911** immediately. Center personnel should then **notify the parent or legal guardian** of the emergency as soon as possible to determine the appropriate course of action. Please report to the CCC.
- **If the parent or legal guardian cannot be reached, notify the secondary emergency contact person(s) identified by the parent/guardian at intake.**
- **DO NOT give medications** unless there has been prior approval by the parent or guardian. Follow procedures outlined in Pace's medication policy (PA1.18).
- **DO NOT move** a severely injured or ill girl unless it is absolutely necessary for immediate safety.
- **DO NOT send an injured or sick child home** unless there has been prior contact with and approval by the parent or guardian. Under no circumstances should a sick or injured girl be sent home without the knowledge and permission of the parent or guardian.
- **Upon arrival of Emergency Medical Services (EMS)**, staff should provide situational information and may provide medical history from the girls record that may be pertinent to her condition and/or treatment.

**DO NOT provide any permissions or discuss treatment options on behalf of the girl.** If it is necessary to transport the injured girl by EMS to a hospital or medical facility, a staff member may, though it is not required, accompany the girl for **emotional support only**. **When in doubt, err on the side of caution. The decision to transport will be made by EMS personnel after they have arrived at the scene and assessed the incident. As such, know that your choice to call 911 will not be the determining factor with respect to emergency transport, and emergency calls should be made.**

Please note that outside of an emergency, staff is not to contact physicians on behalf of a girl for any reason to include requesting advice or to report a medical situation. Additionally, all CPR/First Aid and AED training must be provided by a person certified to teach the course. When you enroll a girl that is prone to Seizures, you must receive training by a person certified to train.

# BOMB THREAT CHECKLIST

## TELEPHONE BOMB THREAT CHECKLIST

Instructions: BE CALM. BE COURTEOUS. LISTEN. DO NOT INTERRUPT THE CALLER.

Your Name: \_\_\_\_\_ Time: \_\_\_\_\_ Date: \_\_\_\_\_

Caller's Identity:

Sex: Male \_\_\_\_\_ Female \_\_\_\_\_ Adult \_\_\_\_\_ Juvenile \_\_\_\_\_ Approximate Age \_\_\_\_\_

Origin of Call: Caller ID Number \_\_\_\_\_ City, State \_\_\_\_\_

VOICE CHARACTERISTICS	SPEECH	LANGUAGE
<input type="checkbox"/> Loud <input type="checkbox"/> Soft <input type="checkbox"/> High Pitch <input type="checkbox"/> Deep <input type="checkbox"/> Raspy <input type="checkbox"/> Pleasant <input type="checkbox"/> Intoxicated <input type="checkbox"/> Other	<input type="checkbox"/> Fast <input type="checkbox"/> Slow <input type="checkbox"/> Distinct <input type="checkbox"/> Distorted <input type="checkbox"/> Stutter <input type="checkbox"/> Nasal <input type="checkbox"/> Slurred <input type="checkbox"/> Other	<input type="checkbox"/> Loud <input type="checkbox"/> Soft <input type="checkbox"/> High Pitch <input type="checkbox"/> Deep <input type="checkbox"/> Raspy <input type="checkbox"/> Pleasant <input type="checkbox"/> Intoxicated <input type="checkbox"/> Other
ACCENT	MANNER	BACKGROUND NOISES
<input type="checkbox"/> Local <input type="checkbox"/> Not Local <input type="checkbox"/> Foreign <input type="checkbox"/> Region <input type="checkbox"/> Race	<input type="checkbox"/> Calm <input type="checkbox"/> Angry <input type="checkbox"/> Rational <input type="checkbox"/> Irrational <input type="checkbox"/> Coherent <input type="checkbox"/> Incoherent <input type="checkbox"/> Deliberate <input type="checkbox"/> Emotional <input type="checkbox"/> Righteous <input type="checkbox"/> Laughing	<input type="checkbox"/> Factory <input type="checkbox"/> Trains <input type="checkbox"/> Machines <input type="checkbox"/> Animals <input type="checkbox"/> Music <input type="checkbox"/> Quiet <input type="checkbox"/> Office <input type="checkbox"/> Voices <input type="checkbox"/> Street <input type="checkbox"/> Airplanes <input type="checkbox"/> Traffic <input type="checkbox"/> Party

### BOMB FACTS

**PRETEND DIFFICULTY HEARING – KEEP CALLER TALKING – IF CALLER SEEMS AGREEABLE TO FURTHER CONVERSATION, ASK QUESTIONS LIKE:**

When will it go off? Certain Hour \_\_\_\_\_ Time Remaining \_\_\_\_\_

Where is it located? Building \_\_\_\_\_ Area \_\_\_\_\_

What kind of bomb? \_\_\_\_\_

What kind of package? \_\_\_\_\_



# HOSTAGE CALL CHECKLIST

Instructions: BE CALM. BE COURTEOUS. LISTEN. DO NOT INTERRUPT THE CALLER.  
SPEAK IN A NORMAL TONE. ASK THE CALLER TO REPEAT THE MESSAGE.

Your Name: \_\_\_\_\_ Time of call: \_\_\_\_\_ Date of call: \_\_\_\_\_

Origin of Call: Caller ID Number \_\_\_\_\_ City, State \_\_\_\_\_

Exact wording of the threat:

Ask:

1. Who has been taken hostage?
2. Who are you?
3. How can we be sure you have the person(s) you say you do and that the person(s) is unharmed?
4. May I speak to the hostage?
5. What do you want from us?
6. When will he/she/they be released?
7. If we meet your demands, how do we know he/she/they will be released unharmed?
8. Where and how can we reach you?

Caller's Identity:

Sex: Male \_\_\_\_\_ Female \_\_\_\_\_ Adult \_\_\_\_\_ Juvenile \_\_\_\_\_ Approximate Age \_\_\_\_\_

VOICE CHARACTERISTICS	SPEECH	LANGUAGE
<input type="checkbox"/> Loud <input type="checkbox"/> Soft <input type="checkbox"/> High Pitch <input type="checkbox"/> Deep <input type="checkbox"/> Raspy <input type="checkbox"/> Pleasant <input type="checkbox"/> Intoxicated <input type="checkbox"/> Other	<input type="checkbox"/> Fast <input type="checkbox"/> Slow <input type="checkbox"/> Distinct <input type="checkbox"/> Distorted <input type="checkbox"/> Stutter <input type="checkbox"/> Nasal <input type="checkbox"/> Slurred <input type="checkbox"/> Other	<input type="checkbox"/> Loud <input type="checkbox"/> Soft <input type="checkbox"/> High Pitch <input type="checkbox"/> Deep <input type="checkbox"/> Raspy <input type="checkbox"/> Pleasant <input type="checkbox"/> Intoxicated <input type="checkbox"/> Other
ACCENT	MANNER	BACKGROUND NOISES
<input type="checkbox"/> Local <input type="checkbox"/> Not Local <input type="checkbox"/> Foreign <input type="checkbox"/> Region <input type="checkbox"/> Race	<input type="checkbox"/> Calm <input type="checkbox"/> Angry <input type="checkbox"/> Rational <input type="checkbox"/> Irrational <input type="checkbox"/> Coherent <input type="checkbox"/> Incoherent <input type="checkbox"/> Deliberate <input type="checkbox"/> Emotional <input type="checkbox"/> Righteous <input type="checkbox"/> Laughing	<input type="checkbox"/> Factory <input type="checkbox"/> Trains <input type="checkbox"/> Machines <input type="checkbox"/> Animals <input type="checkbox"/> Music <input type="checkbox"/> Quiet <input type="checkbox"/> Office <input type="checkbox"/> Voices <input type="checkbox"/> Street <input type="checkbox"/> Airplanes <input type="checkbox"/> Traffic <input type="checkbox"/> Party

Additional remarks:



# Pace Center for Girls, Inc.

## Response Protocol for Suicidal Ideation

**CONTENTS:** When a Student Verbalizes Suicidal Thoughts at Center  
Suicide Ideation Response Flowchart, Grades 10<sup>th</sup> – 12<sup>th</sup>  
Suicide Ideation Response Flowchart, Grades 7<sup>th</sup> – 9<sup>th</sup>  
Center Re-Entry Protocol  
Sample Suicide Ideation Questionnaire<sup>1</sup>  
Safety Plan  
Instructions for Teachers  
Document for Parents with At-Risk Students

**WHO:** Counselors, Center Staff, Center Administrators

**WHEN:** This is to be used in situations when:

- A student reports suicidal ideation (through intake assessment, written or verbally)
- A student attempts suicide
- A safety plan is needed
- A student is transitioning back to school after suicidal ideation or an attempt.

Once completed, send an email to inform the Program Director and/or Associate Executive Director/Executive Director.

Counselor will ensure all required documentation is uploaded into the Student Management System, as needed, or maintain records confidentially as required.

<sup>1</sup>SIQ Forms Copyright 1987, by subscription, PAR, Inc., [www.parinc.com](http://www.parinc.com)

# When a Student Verbalizes Suicidal Thoughts at School

(To be used by counselors, center staff and center administrators.)

Suicide Risk identified during PAT assessment at intake or suicide statement (verbal/written) is made/identified during care.

**What grade is the student in?**

**10<sup>th</sup> – 12<sup>th</sup>**

Complete the Full Suicide Ideation Questionnaire (SIQ).

**\*Only staff trained to complete the assessment is permitted to administer the SIQ.**

Refer to Suicide Ideation Response Flowchart for Students Grade 10<sup>th</sup> – 12<sup>th</sup> (page 3)

**7<sup>th</sup> – 9<sup>th</sup>**

Complete the Suicide Ideation Questionnaire – Junior (SIQ-Jr).

**\*Only staff trained to complete the assessment is permitted to administer the SIQ.**

Refer to Suicide Ideation Response Flowchart for Students Grade 7<sup>th</sup> – 9<sup>th</sup> (page 4)

\*\*If a student identifies as at-risk during the PAT at intake or communicates thoughts of suicide, you **MUST** screen for risk using the Suicide Ideation Questionnaire (SIQ) or SIQ-Jr. Only staff trained in the assessment tool is permitted to administer the SIQ/SIQ-Jr. Always consult with a licensed staff and err on the side of caution.

- **Follow the Steps outlined in the Suicide Ideation Response Flowchart based on the student's grade level**
- **Do not leave student alone**
- **Escort the student to a private location where the student can be monitored and away from other students for privacy.**
- **Notify the administrator on-site licensed professional, if available.**
- **Complete an Internal/External Referral in the Student Management System indicating the following:**
  - SIQ scoring- Above/Below Raw score threshold and/or Above/Below Critical Item threshold:
  - Date/Time parent notified
  - Safety plan completed/not completed
  - Referred/Not referred for services
  - Narrative should explain any decision making, reason for Licensed team member overriding results of SIQ/SIQ-Jr (if applicable), safety planning action steps, and other relevant information
- **Do not send student home unless released to a **parent or** medical practitioner.**
- **Document date of risk assessment, person/agency contacted and resulting plan.**
- **Follow Re-Entry Procedure and complete/implement Safety Plan upon student's return**

# Suicide Ideation Response Flowchart For Girls Grade 10<sup>th</sup> – 12<sup>th</sup>

Suicide Risk identified during PAT assessment at intake or suicide statement (verbal/written) is made/identified during care

Girl is in grade 10<sup>th</sup> – 12<sup>th</sup>, complete the Full Suicide Ideation Questionnaire (SIQ).

**\*Only staff trained to complete the assessment is permitted to administer the SIQ.**

SIQ raw score is 41+

OR

3 or more critical items have a score of 5 or higher  
(critical items are: #2,3 ,4,7,8,9,13, & 18)

**YES**

**NO**

Does center have a Licensed Professional on staff?

**YES**

**NO**

- Complete **internal referral** in referral section of Student Management System
- Licensed professional further assesses

Is there a need for Baker Act?

**YES**

**NO**

- Complete **external referral** in referral section of Student Management System
- Notify parent

**\*STOP HERE\***

- Contact law enforcement to complete Baker Act
- Complete Professional Certificate to coordinate hospitalization
- Notify parent and document in Student Management System
- Complete an Internal Incident Report in Student Management System

**\*STOP HERE\***

SIQ raw score is 40 or below

AND

No more than 2 critical items have a score of 5+

- Create safety plan with girl,
- Obtain required signatures (girl, staff and JPO, if required),
- Upload plan in Student Management System,
- Create MH alert in Student Management System

- Notify parent and document in Student Management System
- Notify center staff that girl has active Safety Plan
- Notify teachers/staff of plan using internal alert process – include warning signs and coping strategies.
- Review plan periodically.

**\*STOP HERE\***

# Suicide Ideation Response Flowchart For Girls Grade 7<sup>th</sup> – 9<sup>th</sup>

Suicide Risk identified during PAT assessment at intake or suicide statement (verbal/written) is made/identified during care

Girl is in grade 7<sup>th</sup> – 9<sup>th</sup>, complete the Suicide Ideation Questionnaire - Junior (SIQ-Jr.).  
**\*Only staff trained to complete the assessment is permitted to administer the SIQ-Jr.\***

SIQ raw score is 31+

OR

3 or more critical items have a score of 5 or higher  
(critical items are: #2,3 ,4,7,8, & 9)

**YES**

**NO**

Does center have a Licensed Professional on staff?

**YES**

**NO**

- Complete **internal referral** in referral section of Student Management System
- Licensed professional further assesses

Is there a need for Baker Act?

**YES**

- Contact law enforcement to complete Baker Act
- Complete Professional Certificate to coordinate hospitalization
- Notify parent and document in Student Management System
- Complete an Internal Incident Report in Student Management System

**\*STOP HERE\***

- Complete **external referral** in referral section of Student Management System
- Notify parent

**\*STOP HERE\***

**NO**

SIQ raw score is 30 or below

AND

No more than 2 critical items have a score of 5+

- Create safety plan with girl,
- Obtain required signatures (girl, staff and JPO, if required),
- Upload plan in Student Management System,
- Create MH alert in Student Management System

- Notify parent and document in Student Management System
- Notify center staff that girl has active Safety Plan
- Notify teachers/staff of plan using internal alert process – include warning signs and coping strategies.
- Review plan periodically.

**\*STOP HERE\***

Name \_\_\_\_\_

Age \_\_\_\_\_ Grade \_\_\_\_\_

Sex \_\_\_\_\_ Date \_\_\_\_\_

# ABOUT MY LIFE

*SIQ Form HS*

by William M. Reynolds, PhD

## Side One Directions

On the back of this page are a number of sentences about thoughts that people sometimes have. You will be reading each sentence and deciding how often you have the thought the sentence describes. There are no right or wrong answers. Just remember to answer the way you really think.

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**Side Two Directions**

Listed below are a number of sentences about thoughts that people sometimes have. Please indicate which of these thoughts you have had in the past month. Fill in the circle under the answer that best describes your own thoughts. Be sure to fill in a circle for each sentence. Remember, there are no right or wrong answers.

This thought was in my mind:	Almost every day.	Couple of times a week.	About once a week.	Couple of times a month.	About once a month.	I had this thought before but not in the past month.	I never had this thought.
1. I thought it would be better if I was not alive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I thought about killing myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I thought about how I would kill myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I thought about when I would kill myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I thought about people dying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I thought about death	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I thought about what to write in a suicide note	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I thought about writing a will	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I thought about telling people I plan to kill myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. I thought that people would be happier if I were not around	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. I thought about how people would feel if I killed myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. I wished I were dead	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. I thought about how easy it would be to end it all	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. I thought that killing myself would solve my problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. I thought others would be better off if I was dead	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. I wished I had the nerve to kill myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. I wished that I had never been born	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. I thought if I had the chance I would kill myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. I thought about ways people kill themselves	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. I thought about killing myself, but would not do it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. I thought about having a bad accident	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. I thought that life was not worth living	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. I thought that my life was too rotten to continue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. I thought that the only way to be noticed is to kill myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. I thought that if I killed myself people would realize I was worth caring about	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. I thought that no one cared if I lived or died	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. I thought about hurting myself but not really killing myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. I wondered if I had the nerve to kill myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. I thought that if things did not get better I would kill myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. I wished that I had the right to kill myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

TS	
TOTAL %	
_____ %	

CI	



### Safety Plan

Keep this plan in a place you can easily access. For example, your cell phone or cell phone case, your purse, backpack, wallet, etc. This document may be reviewed with your parent/guardian. Remember to start at step one and move through the steps until you feel safe.

- 1. NOTICE WARNING SIGNS:** In your own words, write down as many of your warning signs that you can think of here (thoughts, moods, situations, images and/or behaviors) that might show you a crisis may be developing.


- 2. USE COPING STRATEGIES:** Identify things that you can do by yourself so you will NOT act on your thoughts of harming yourself.


- 3. SOCIALIZE WITH FRIENDS/FAMILY/OTHERS** who may offer you support and/or help distract from the current crisis. (Make a list of those people and their phone numbers, as well as social settings that are good ways to take your mind off things.)

- |    |     |
|----|-----|
| 1. | 6.  |
| 2. | 7.  |
| 3. | 8.  |
| 4. | 9.  |
| 5. | 10. |

- 4. CONTACT SOMEONE YOU KNOW WHO MAY HELP TO RESOLVE YOUR SITUATION OR CRISIS:** List the names and phone numbers of those who support you and will listen when you are in crisis or under stress.

- 1.
- 2.
- 3.
- 4.
- 5.

**5. CONTACT AGENCIES OR MENTAL HEALTH PROFESSIONALS:**

- |    |                                      |
|----|--------------------------------------|
| 1. | 5. 9-1-1                             |
| 2. | 6. Suicide Prevention 800-273-8255   |
| 3. | 7. Local Suicide Prevention Hotline: |
| 4. |                                      |

**6. ENSURE YOUR ENVIRONMENT IS SAFE:** Identify things in your environment that you've thought of using to harm yourself. Write down ways to limit access to them.


**Girl's Signature:**

**Date:**

\_\_\_\_\_

\_\_\_\_\_

**Counselor's/Therapist's Signature:**

**Date:**

\_\_\_\_\_

\_\_\_\_\_

**Notification of Parent/Guardian (Identify who was notified):**

**Date:**

\_\_\_\_\_

\_\_\_\_\_

**Notification of Juvenile Probation Officer (if applicable):**

**Date:**

\_\_\_\_\_

\_\_\_\_\_

**7. ADDITIONAL TIPS**

You should definitely call someone if...

- You feel like you want to die or to kill yourself.
- You are looking for a way to kill yourself, such as searching for methods online or buying a gun.
- You are feeling hopeless or like you have no reason to live.
- You are feeling trapped or like you cannot handle the pain.
- You are feeling suicidal and are drinking alcohol and/or using drugs.
- You feel out of control and want to seek revenge.
- You are having extreme mood swings.

## **RE-ENTRY PROTOCOL**

Re-entry meetings will take place after a Baker Act and upon the student returning to school. Re-entry meetings will be documented in the Student Management System. Meetings should be scheduled in partnership with counselor, student, parent and administrator.

### **Purpose of the re-entry meeting:**

- Review steps taken by family and student to follow up on suicidal ideation or attempt.
- Discuss resources in place or connect to additional resources.
  - Family is encouraged to bring documentation from Baker Act assessment facility.
  - Family is encouraged to bring any current Safety Plans.
- Share recommendations by center for student safety.
- Clarify *Teacher/Staff Instructions for Support of Safety Plan*.
- Address questions/concerns about missed class assignments, credits, absences etc.
- Create or discuss school safety plan. Include in discussion:
  - Access to bathrooms
  - Notification of teachers/staff when feeling unsafe
  - Supervision during off-site/field trip activities, if applicable
  - Duration of safety plan
- Next steps in case of continued safety concern (when a student is sent home and with whom)

## **Instructions for Teachers/Staff support of Safety Plan**

- Notify Teachers/Staff that student is on current Safety Plan and duration of safety plan.
- Remind staff of sensitive nature of safety plan items and need for privacy.
- Identify where Teachers/Staff can access Safety Plan (include date of safety plan)
- Review any monitoring or additional safety steps that are needed, if any (i.e. additional bathroom supervision, supervision when using utensils, pens/pencils, etc.)
- Identify actions that a Teacher/Staff can take to support student prior to and when feeling unsafe (i.e. identify triggers, coping skills, steps staff can take to assist, etc.)
- Outline steps for notification of safety concerns and subsequent documentation, if needed.
- Provide therapist contact information in event of concerns.

# Suicide Prevention Steps for Parent/Guardians

- 1.) Show you care - Listen carefully and talk openly with your student about their thoughts and feelings (specifically about suicide and/or self-harm). And take care of yourself too-crisis lines/websites are also great resources for parents.
  
- 2.) Contact your medical care provider for an appointment and/or referral for treatment.
  
- 3.) Remove potential threats to safety, for example: weapons, medications, sharps, toxic household substances (e.g. bleach), belts, etc.
  
- 4.) Supervise and monitor - Avoid leaving your child alone or letting them isolate themselves behind closed doors.
  
- 5.) Communicate with your student's counselor and administrator before your student returns to school to make sure that safety protocols are in place for continued monitoring.

**Counselor:** \_ \_ \_ \_ \_

**Phone#:** \_ \_ \_ \_ \_

## **STEPS FOR OVERDOSE RESPONSE**

The steps outlined in this section are recommended to reduce the possibility of death resulting from opioid overdoses.

### **STEP 1: EVALUATE FOR SIGNS OF OPIOID OVERDOSE**

Signs of OVERDOSE, which often results in death if not treated, include:

- Unconsciousness or inability to awaken.
- Slow or shallow breathing or breathing difficulty such as choking sounds or a gurgling/snoring noise from a person who cannot be awakened.
- Fingernails or lips turning blue/purple.

If an opioid overdose is suspected, stimulate the girl:

- Call the girl's name.
- If this doesn't work, vigorously grind knuckles into the sternum (the breastbone in middle of chest) or rub knuckles on her upper lip.
- If the girl responds, assess whether she can maintain responsiveness and breathing.
- Continue to monitor the girl, including breathing and alertness, and try to keep her awake and alert.

If she does not respond, call 911, provide rescue breathing if she is not breathing on her own, and administer one dose of naloxone.

### **STEP 2: CALL 911 FOR HELP**

AN OPIOID OVERDOSE NEEDS IMMEDIATE MEDICAL ATTENTION. An essential step is to get someone with medical expertise to see the girl as soon as possible. If no emergency medical services (EMS) or other trained personnel is on the scene, call 911 immediately. All you have to say is "Someone is unresponsive and not breathing." Be sure to give a specific address and/or description of your location. After calling 911, follow the dispatcher's instructions. If appropriate, the 911 operator will instruct you to begin CPR (technique based on rescuer's level of training).

### **STEP 3: ADMINISTER NALOXONE**

If the girl overdosing does not respond within 2 to 3 minutes after administering a dose of naloxone, administer a second dose of naloxone.

Naloxone should be administered to anyone who presents with signs of opioid overdose or when opioid overdose is suspected. Naloxone is approved by the Food and Drug Administration (FDA) and has been used for decades by EMS personnel to reverse opioid overdose and resuscitate individuals who have overdosed on opioids.

Naloxone can be given by intranasal spray and by intramuscular (into the muscle), subcutaneous (under the skin), or intravenous injection.

All naloxone products are effective in reversing opioid overdose, including fentanyl-involved opioid overdoses, although overdoses involving potent (e.g., fentanyl) or large quantities of opioids may require more doses of naloxone.

### **DURATION OF EFFECT**

The duration of effect of naloxone depends on dose, route of administration, and overdose symptoms and is shorter than the effects of some opioids. The goal of naloxone therapy should be to restore adequate spontaneous breathing, but not necessarily complete arousal.

More than one dose of naloxone may be needed to revive someone who is overdosing. People who have taken longer acting or more potent opioids may require additional intravenous bolus doses or an infusion of naloxone.

Comfort the person being treated, as withdrawal triggered by naloxone can feel unpleasant. Some people may become agitated or confused, which may improve by providing reassurance and explaining what is happening.

### **SAFETY OF NALOXONE**

The safety profile of naloxone is remarkably high, especially when used in low doses and titrated to effect. When given to individuals who are not opioid intoxicated or opioid dependent, naloxone produces no clinical effects, even at high doses. Moreover, although rapid opioid withdrawal in opioid-tolerant individuals may be unpleasant, it is not life threatening.

Naloxone can be used in life-threatening opioid overdose circumstances in pregnant women.

The FDA has approved an injectable naloxone, an intranasal naloxone, and a naloxone auto-injector as emergency treatments for opioid overdose. People receiving naloxone kits that include a syringe and naloxone ampules or vials should receive brief training on how to assemble and administer the naloxone to the victim. The nasal spray is a prefilled, needle-free device that requires no assembly and that can deliver a single dose into one nostril. The auto-injector is injected into the outer thigh to deliver naloxone to the muscle (intramuscular) or under the skin (subcutaneous). Once turned on, the currently available device provides verbal instruction to the user describing how to deliver the medication, similar to automated defibrillators. Both the nasal spray and naloxone auto-injector are packaged in a carton containing two doses to allow for repeat dosing if needed.

### **FENTANYL-INVOLVED OVERDOSES**

Suspected opioid overdoses, including suspected fentanyl-involved overdoses, should be treated according to standard protocols. However, because of the higher potency of fentanyl and fentanyl analogs compared to that of heroin, multiple doses of naloxone may be required to reverse the opioid-induced respiratory depression from a fentanyl-involved overdose.

Many anecdotes report more rapid respiratory depression with fentanyl than with heroin, although other reports do not reflect such rapid depression. Because of these effects, quicker oxygenation efforts and naloxone delivery may be warranted with fentanyl-involved overdoses compared with heroin-only overdoses. However, naloxone is an appropriate response for all opioid overdoses, including fentanyl-involved overdoses.



**STEP 4: SUPPORT THE GIRL'S BREATHING**

Ventilatory support is an important intervention and may be lifesaving on its own. Rescue breathing can be very effective in supporting respiration, and chest compressions can provide ventilatory support. Rescue breathing for adults involves the following steps:

- Be sure the person's airway is clear (check that nothing inside the person's mouth or throat is blocking the airway).
- Place one hand on the girl's chin, tilt the head back, and pinch the nose closed.
- Place your mouth over the girl's mouth to make a seal and give two slow breaths.
- Watch for the girl's chest (but not the stomach) to rise.
- Follow up with one breath every 5 seconds.

Chest compressions for adults involve the following steps:

- Place her on her back.
- Press hard and fast on the center of the chest.
- Keep your arms extended.

**STEP 5: MONITOR THE GIRLS'S RESPONSE**

All girls should be monitored for recurrence of signs and symptoms of opioid toxicity for at least 4 hours from the last dose of naloxone or discontinuation of the naloxone infusion. Girls who have overdosed on long-acting opioids should have more prolonged monitoring.

Most people respond by returning to spontaneous breathing. The response generally occurs within 2 to 3 minutes of naloxone administration. (Continue resuscitation while waiting for the naloxone to take effect.

Because naloxone has a relatively short duration of effect, overdose symptoms may return. Therefore, it is essential to get the girl to an emergency department or other source of medical care as quickly as possible, even if the person revives after the initial dose of naloxone and seems to feel better.

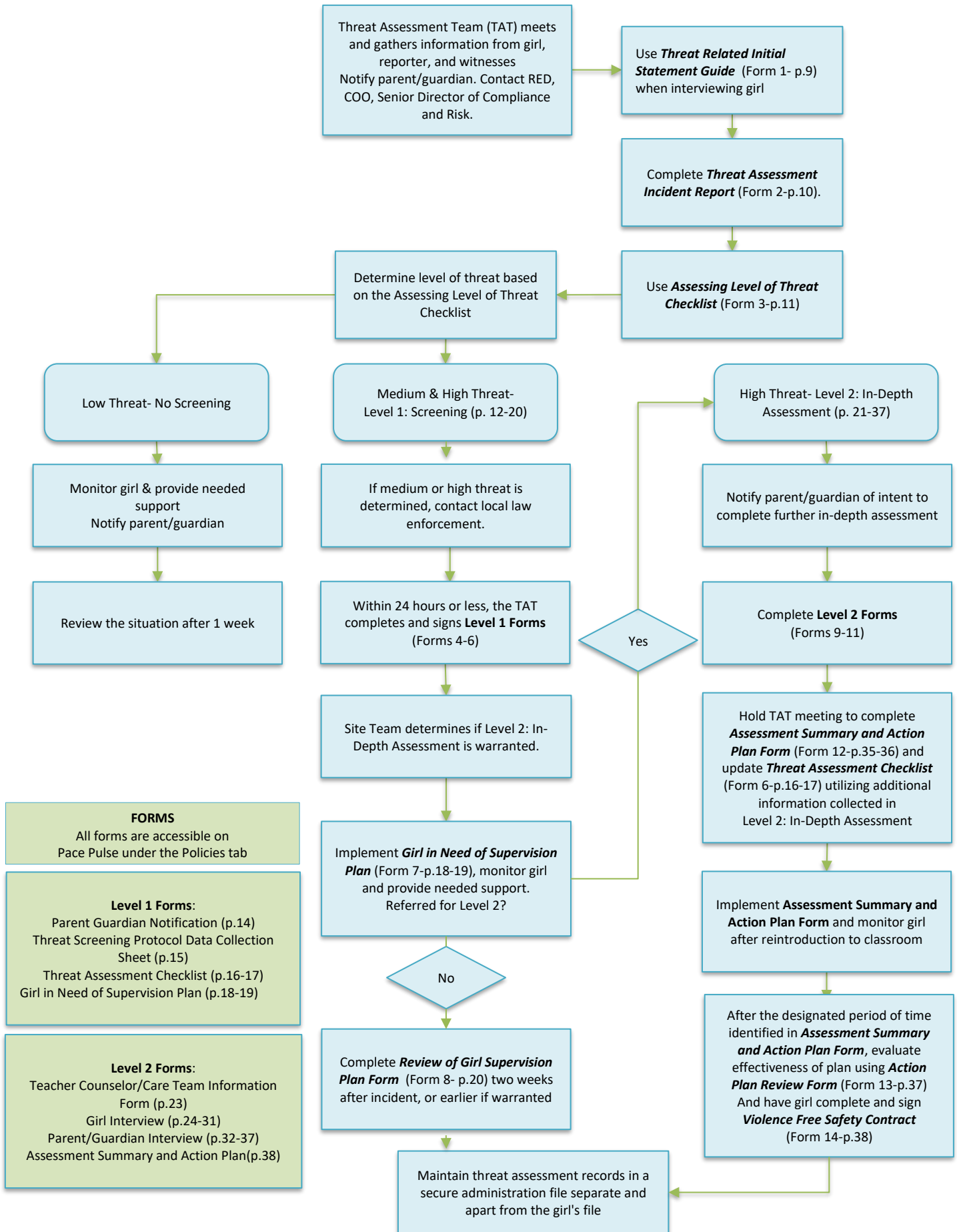
**SIGNS OF OPIOID WITHDRAWAL**

The signs and symptoms of opioid withdrawal in an individual who is physically dependent on opioids may include body aches, diarrhea, tachycardia, fever, runny nose, sneezing, piloerection (gooseflesh), sweating, yawning, nausea or vomiting, nervousness, restlessness or irritability, shivering or trembling, abdominal cramps, weakness, tearing, insomnia, opioid craving, dilated pupils, and increased blood pressure. These symptoms are uncomfortable, but not life threatening. After an overdose, a girl dependent on opioids should be medically monitored for safety and offered assistance to get into treatment for opioid use disorder.

If she does not respond to naloxone, an alternative explanation for the clinical symptoms should be considered. The most likely explanation is that she is not overdosing on an opioid but rather some other substance or may be experiencing a non-overdose medical emergency.

In all cases, support of ventilation, oxygenation, and blood pressure should be sufficient to prevent the complications of opioid overdose and should be given priority if the response to naloxone is not prompt.

# Threat Assessment Flow



**FORMS**  
All forms are accessible on Pace Pulse under the Policies tab

**Level 1 Forms:**  
Parent Guardian Notification (p.14)  
Threat Screening Protocol Data Collection Sheet (p.15)  
Threat Assessment Checklist (p.16-17)  
Girl in Need of Supervision Plan (p.18-19)

**Level 2 Forms:**  
Teacher Counselor/Care Team Information Form (p.23)  
Girl Interview (p.24-31)  
Parent/Guardian Interview (p.32-37)  
Assessment Summary and Action Plan(p.38)

## **FIRE EXIT EVACUATION PLAN**

## **EVACUATION MEETING LOCATION**

**ALTERNATE LOCATION**

## FIRE MARSHALL APPROVAL

### COMMENTS:

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\_\_\_\_\_  
Printed Name of Fire Marshall

\_\_\_\_\_/\_\_\_\_\_  
Signature/Date



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
7/23/2020

**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 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 rights to the certificate holder in lieu of such endorsement(s).**

<b>PRODUCER</b> Harden and Associates 501 Riverside Avenue, Suite 1000 Jacksonville FL 32202	<b>CONTACT NAME:</b> <b>PHONE (A/C. No. Ext):</b> 904-354-3785 <b>FAX (A/C. No):</b> <b>E-MAIL ADDRESS:</b> info@hardeninsight.com														
<b>INSURED</b> Pace Center for Girls 6745 Phillips Industrial Blvd. Jacksonville FL 32256	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Philadelphia Insurance Company</td> <td style="text-align: center;">23850</td> </tr> <tr> <td>INSURER B : Philadelphia Indemnity Ins Co</td> <td style="text-align: center;">18058</td> </tr> <tr> <td>INSURER C : Associated Industries Ins Co</td> <td style="text-align: center;">23140</td> </tr> <tr> <td>INSURER D : Twin City Fire Insurance Co</td> <td style="text-align: center;">29459</td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Philadelphia Insurance Company	23850	INSURER B : Philadelphia Indemnity Ins Co	18058	INSURER C : Associated Industries Ins Co	23140	INSURER D : Twin City Fire Insurance Co	29459	INSURER E :		INSURER F :	
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INSURER F :															

**COVERAGES** **CERTIFICATE NUMBER: 892706134** **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
B	<b>GENERAL LIABILITY</b> <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			PHPK2149829	6/30/2020	6/30/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 20,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> Comp \$500 <input checked="" type="checkbox"/> Coll \$1000			PHPK2149829	6/30/2020	6/30/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ 1,000,000 PROPERTY DAMAGE (Per accident) \$ 1,000,000 \$
B	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			PHUB728091	6/30/2020	6/30/2021	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	TWC3890183	6/30/2020	6/30/2021	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
B A D	Professional Liab D&O & Crime Cyber, and see below			PHPK2149829 PHSD1554707 21MB034465920	6/30/2020 6/30/2020 6/30/2020	6/30/2021 6/30/2021 6/30/2021	Ea Occ/Aggregate \$1M/2M Ea Claim/Aggregate \$3M/3M Limit per Coverage 1,000,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)**  
 Cyber Liability includes Data Privacy Breach, Network Security Liability, and Notification and Identity Expenses.

Sexual Abuse and Molestation - \$1,000,000 per Occurrence/ \$2,000,000 Aggregate, Philadelphia Indemnity Ins. Co. - policy #PHPK1998322, 6/30/20-6/30/21. No Deductible  
 Volunteer Accident coverage included, \$25,000 each/\$150,000 Aggregate. Federal Insurance Company, Policy #9906-8701, 6/30/20-6/30/21

<b>CERTIFICATE HOLDER</b>  <div style="text-align: center; padding: 20px;">Proof of Insurance</div>	<b>CANCELLATION</b>  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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**Pinellas Community Foundation**  
**Pinellas CARES Nonprofit Partnership Fund Grant Application**

Organization Name: Pace Center for Girls, Pinellas

Project Name: Supporting Our Girls At Pace Pinellas

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

<b>Budget Category/Line Item</b>	<b>Program Budget - Total</b>	<b>Pinellas CARES Grant</b>
Personnel ( <i>salaries, wages, benefits, payroll taxes, time allocation on the project for all personnel involved in program</i> )	1011225	5327.02
Equipment ( <i>computers, furniture, etc., less than \$3,000 per item</i> )	18,890	22347.2
Supplies ( <i>office materials, program related purchases, program necessities to deliver services, etc.</i> )	10350	11204
Occupancy ( <i>property rent, mortgage, utilities, telephone, internet, etc. assigned as program expenses</i> )	143,553.00	0
Local Travel ( <i>mileage, tolls, parking for regular local travel, rental/leasing cost of transportation</i> )	9222	0
Training ( <i>staff development, conferences, long distance travel</i> )	8725	0
Design, Printing, Marketing & Postage ( <i>for direct program related services only</i> )	0	0
Capital ( <i>Buildings, vehicles, equipment \$3,000 or more per item. The purchase of capital must represent the lower cost option for the period during which the purchased asset would be used for COVID-response activities</i> )	0	0
Purchased Services ( <i>consultants, legal, accounting services, logistical partner costs, technology enhancements, computer software licensing/agreements</i> )	217598	2328.6
<b>TOTAL</b>	<b>1419563</b>	<b>41206.82</b>



Pinellas Community Foundation  
PCF CARES Application  
**BUDGET NARRATIVE FORM- FUTURE EXPENSES AT PACE PINELLAS**

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

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

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

Organization Name: Pace Center for Girls, Pinellas

Project Name: Supporting our Girls at Pace Pinellas

FROM (month/year): November 2020

TO (month/year): December 2020

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

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

Define each position and indicate how the costs you are requesting expands your COVID-19-related programming and/or how it was unbudgeted as of 3/1/2020 or later. Be sure to include as much detail as possible for each position, e.g. rate per hour and number of hours for new position due to COVID-19 or increased hours as a result of COVID-19 (see example if needed).

The determination was made in July 2020 to make the Administrative Assistant full-time due to the increased demands stemming from the COVID-19 pandemic. Because of COVID-19, the Administrative Assistant worked with teachers to track girls' attendance (for DJJ and Pinellas County Schools). The Administrative Assistant also made daily calls to families for girls who were not in attendance online for classes. Attendance calls are normally made by counselors but due to the increase of counseling sessions as a result of COVID-19, the Administrative Assistant made those calls instead. Because the attendance tracking is vastly different between the two platforms along with the addition of the daily phone calls, it requires more time and effort that the teachers and counselors cannot take on; the Administrative Assistant took on this duty in July with her increased amount of availability.

Effective August 24<sup>th</sup>, we began breakfast and lunch home deliveries to the girls who were attending online. The Administrative Assistant was essential to executing this procedure. Due to the additional precautions put in place because of COVID-19, the Administrative Assistant has been needed for distributing computers to girls, being responsible for the cleanliness of the materials for girls, recording temperature checks each morning for staff and girls, and covering classes during lunch.

Due to the COVID-19 pandemic, we have been forced to change our overall procedures in the Center. Girls and staff are no longer able to congregate in a large space, which means girls spend more time in the physical classrooms, requiring classroom monitoring all day every day, leaving less staff available to provide assistance where necessary throughout the day. Having the Administrative Assistant available for full-time hours allows her more flexibility to step in for essential duties where needed.

In July, the Administrative Assistant went from 28 hours per week to 40 hours per week.

We plan to pay \$2,338.14 in Administrative Assistant salary costs (including benefits of \$538.14) from November through the end of 2020. (\$15/hr. x 15 hrs./wk. on project)

We will utilize \$1,730.08 in funding to cover five hours per for the Center's Executive Director for the oversight and reporting of the CARES grant. (\$43.27/hr. x 5 hrs./wk. on project)

We will utilize \$528 in funding to cover two hours per week for the Center's Senior Accountant for fiscal management of the CARES grant. (\$33/hr. x 2 hrs./wk. on project)

Our Office Manager will help oversee the food pantry through shopping, inventory, and distribution. This expense will cost us \$730.80 in total. (\$18.27/hr. x 5 hrs./wk. on project)

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

Define each individual piece of equipment, where it will be purchased from, how much it costs, and how the costs you are requesting expands your COVID-19-related programming. Including estimates, quotes, or print offs from a supplier website is helpful to defend these costs.

After researching our options (links below), we plan to spend \$2,599 to purchase a commercial deep freezer so that we may store frozen food items (purchased from community partner, Meals on Wheels) to offer to girls and their families as food pantry items for those who have experienced financial hardships due to COVID-19.

[Freezer Option #1](#)

[Freezer Option #2](#) - \*selected freezer of choice

[Freezer Option #3](#)

If we are awarded this funding opportunity, we would like to purchase an additional 20 computers (\$13,599.80), along with their warranties (\$2,980.00), licensing (\$1,999.80), and protective cases (\$484.80), totaling \$19,064.40, to ensure that every girl in the program has updated computers and software. We currently have 57 girls enrolled but have the capacity to serve 60 young ladies total.

To hold the 20 additional computers, we will need to purchase a charging cart for storage and charging for the devices. One of these will cost us \$683.80.

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

Define each supply requested, where it will be purchased from, how much it costs, and how the costs you are requesting expands your COVID-19-related programming.

Although we serve up to 60 girls per month, not every girl needs the additional breakfasts and lunches. We estimate that approximately 20 individuals will need breakfast and lunch as a supplement due to COVID-19 hardships. We would purchase 20 boxes of food per week for the remainder of the year (nine weeks) through Meals on Wheels for \$27.80 per box, and utilize this contents in each box for the frozen food pantry (and store items in the purchased freezer).

We would purchase nine weeks of food totaling \$5,004 which would take us through the end of this year which includes the two weeks that girls are out of school for the holidays.

To continue providing services in a clean environment while at Pace Pinellas, we will purchase additional PPE and sanitization supplies to keep our girls and staff safe. Items to include gloves, disinfectant, hand sanitizer, and paper towels will cost approximately \$1,200.

We will also purchase a considerable amount of shelf-stable foods (non-perishable food items) to have available for the food pantry. Items will total an estimate of \$5,000.

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

Define each occupancy-related item, the supplier of the service, how much it costs, the % which is appropriately allocated to this grant, and how the costs you are requesting expands your COVID-19-related programming.

NONE

Local Travel (mileage, tolls, parking for regular local travel, rental/leasing cost of transportation)  
Define each travel item, the person who will be incurring the cost (for staff travel), the supplier of the services (for rental/leasing), and how the costs you are requesting expands your COVID-19-related programming.

NONE

Design, Printing, Marketing & Postage (for direct program related services only)  
Define each item, the supplier of the services, the cost, and how the costs you are requesting expands your COVID-19-related programming.

NONE

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

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

NONE

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

Define each item, the vendor supplying the purchased services, the cost of the services per a specified period of time, and explain how this is necessary for the expansion of your COVID-19-related programming.

Before COVID-19, girls met with their counselors in the Center, having in-person access to them for counseling sessions. Because of the COVID-19 pandemic and girls and staff being away from the Center, counselors began using Doxy.me for weekly counseling sessions with girls, as Doxy.me is a DJJ approved, HIPPA compliant platform.

We plan to spend an additional \$210 on the Doxy.me platform so that counselors can continue providing online, secure counseling sessions to girls learning from home through the end of 2020.

If awarded grant funding, we would spend \$2,118.60 to have the Pace Center deep cleaned and sanitized in November and December (during the Thanksgiving and winter holidays).