

**GRANT AGREEMENT**

**BY AND BETWEEN**

**PINELLAS COMMUNITY FOUNDATION**

**AND**

**SAFETY HARBOR NEIGHBORHOOD FAMILY CENTER, 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 **SAFETY HARBOR NEIGHBORHOOD FAMILY CENTER, INC.**, whose address is 1003 Dr Martin Luther King Jr St N Safety Harbor, FL 34695 (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: **Safety Harbor Neighborhood Family Center, Inc.**

b) Grantee's Contact and Notice Information:

Primary Contact Name: **Janet Hooper, Executive Director**

Address: **1003 Dr Martin Luther King Jr St N Safety Harbor, FL 34695**

Phone Number: **727-791-8255**

Grantee's Data Universal Numbering System (DUNS) number: **947557609**

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: **November 12, 2020 - December 30, 2020**

g) Amount of Funds Awarded: **\$18,634.00** (hereinafter, “Awarded Funds”).

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

Federal Awarding Agency:

**United States Department of Treasury**

Pass-Through Entity:

**Pinellas Community Foundation**

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

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

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

**Clearwater, FL 33764**

i) CFDA Number and Name

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

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

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

**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 **eighteen thousand, six-hundred and thirty-four dollars and 00/100 cents** for expanded local services with up to 0% or \$0.00 allowed for indirect costs.
- b) Of this funding, up to seven thousand, two-hundred and sixty dollars and 00/100 cents (\$7,260.00) may be used to reimburse COVID-19 related expenditures which were incurred and paid by the **GRANTEE** prior to grant performance period, provided **GRANTEE** produces acceptable documentation of such expenses to **AGENCY**.
- c) **GRANTEE** agrees to monitor and deliver these funds pursuant to the following requirements:
  - i. Compliance with all rules and guidelines of the CARES Act including certifications and/or attestations of compliance where appropriate.
  - ii. Compliance with Appendix 1 - CARES Act Guidance and Requirements.
  - iii. Compliance with Appendix 2 – Attestation.
  - iv. Basic weekly reporting of service numbers by type of service and expanded monthly reporting of services, trends, expenditures, and other programmatic information.
  - v. Maintenance of service level information as appropriate for reporting upon request by the **AGENCY**, including services provided, outcomes and accounting of expenditures.
  - vi. **GRANTEE** understands and agrees that it may be required to adapt and/or respond during hurricane-related emergencies to help meet expanded needs and challenges of COVID-19.

- vii. **GRANTEE** understands that priority service areas may be adjusted by written notice of the **AGENCY**.

**3. Term of Agreement.**

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

**4. Compensation.**

a) The **AGENCY** agrees to provide **GRANTEE** an amount not to exceed eighteen thousand, six-hundred and thirty-four dollars and 00/100 cents (\$18,634.00) as an award of the Pinellas CARES Nonprofit Partnership Fund for the services described in Section 2 of this Agreement. Up to Zero Dollars 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 direct costs which may be adjusted across budget categories as necessary to address direct costs incurred. Budget Plan modifications that do not result in an increase of funding, change the purpose of this Agreement, or otherwise amend the terms of this Agreement, shall be submitted in the format prescribed and provided by the **AGENCY** without the need to amend this Agreement. **GRANTEE** shall provide such changes to **AGENCY** in writing, and **AGENCY** will approve or deny such changes in writing.

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

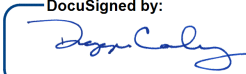
**GRANTEE** designates the following person(s) as the liaison for the **GRANTEE:**

Janet Hooper, Executive Director  
Safety Harbor Neighborhood Family Center, Inc.  
1003 Dr. Martin Luther King St N  
Safety Harbor, FL 34695  
727-791-8255

SIGNATURE PAGE FOLLOWS

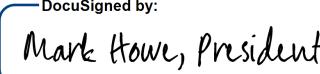
**IN WITNESS WHEREOF**, the parties hereto have caused this instrument to be executed on the day and year written below.

Pinellas Community Foundation

By:   
528C89A7304041D...  
Duggan Cooley  
CEO


Date: 11/24/2020

GRANTEE: Safety Harbor Neighborhood Family Center, Inc.

By:   
504D7DC3EA9942E...  
Mark Howe, President  
mhowe@utbchamber.com

Date: 11/24/2020

GRANTEE: Safety Harbor Neighborhood Family Center, Inc.

By:   
26E6120C657B4EA...  
Janet Hooper, Executive Director  
jhooper@mwnc.org

Date: 11/24/2020

## **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 GENERAL

DEPARTMENT OF THE TREASURY  
WASHINGTON, D.C. 20220

July 2, 2020

OIG-CA-20-021

**MEMORANDUM FOR      CORONAVIRUS RELIEF FUND RECIPIENTS**

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

**SUBJECT:**                  Coronavirus Relief Fund Reporting and Record Retention  
                                        Requirements

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

**Reporting Requirements and Timelines**

Each prime recipient of Coronavirus Relief Fund 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.

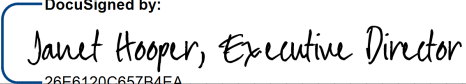
## Appendix 2 - Attestation

### ATTESTATION

I, Janet Hooper, Executive Director, am the Title: Executive Director of Name of Organization: Safety Harbor Neighborhood Family Center Inc, and I certify that:

1. I have the authority on behalf of Safety Harbor Neighborhood Family Center Inc (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. Safety Harbor Neighborhood Family Center Inc (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. Safety Harbor Neighborhood Family Center Inc (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: Janet Hooper, Executive Director (Printed Name)

Signature:  26E6120C657B4EA...

Title: Executive Director

Date: 11/24/2020

### **APPENDIX 3 – Minimum Monitoring Requirements**

1. Mandatory training provided by PCF at onset of grant re: fiscal and accountability
2. Reimbursement preferred or provide advance funds for capital and supplies with provided documentation of bid information from vendor or purchase order; advanced funds limited to 25% of total grant
3. Monthly report requesting reimbursement to include all invoice support, including detail timesheets and paystubs with allocation between payroll supporting this grant and others
4. Obtain close-out report from grantee and reconcile to internal records

**Appendix 4 – Application for Funding (including budget plan)**

Janet Hooper

Safety Harbor Neighborhood Family Center Inc.

## Bridge the Gap

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*Pinellas CARES Nonprofit Partnership Fund*

### ***Safety Harbor Neighborhood Family Center Inc.***

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Ms. Janet Hooper  
1003 Dr Martin Luther King Jr St N  
Safety Harbor, FL 34695-3406

jhooper@mwnfc.org  
O: 727-791-8255  
M: 727-366-1334

### ***Ms. Janet Hooper***

---

1003 Dr ML King Jr St N  
Safety Harbor, FL 34695-3406

jhooper@mwnfc.org  
O: 727-791-8255  
M: 727-366-1334

# Application Form

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## *Introduction*

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**As of 5 PM, 11/12/2020, Behavioral Health proposals for future programming will no longer be accepted. Under the Behavioral Health category, you may only apply for reimbursement of past expenses related to COVID-19.**

**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

### **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?

**As of 5 PM, 11/12/2020, you may no longer apply for future programming for Behavioral Health. You may only apply for reimbursement of already-rendered services related to COVID-19.**



Janet Hooper

Safety Harbor Neighborhood Family Center Inc.

Yes

**Project Name\***

Bridge the Gap

**EIN\***

59-3406671

**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.**

947557609

**Mission Statement\***

We nurture and strengthen children, youth, adults, families, and communities through education, support services and collaborative partnerships to improve people's lives and help them achieve self-sufficiency.

**Total Operating Expenditure\***

What are your total annual operating expenses?

\$662,048.00

### 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.**

\$18,634.00

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

### Priority Populations\*

Please select the priority populations your programming will serve:

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

- Communities of color
- Children and/or the elderly
- Residents with language barriers
- 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).**

The Safety Harbor Neighborhood Family Center DBA Mattie Williams Neighborhood Family Centers serves zip codes 34695, 34677, 33759 and 33761. Our primary client base is low income families which includes communities of color, the Hispanic community, and children and the elderly. The Center has a diverse staff and our Board of Directors is representative of the community. Most importantly, we involve our participants through surveys and outreach to assist us in making decisions affecting them. A prime example is in 2017 when Church and Community Outreach moved the food pantry to another location three miles south. Many participants, 40-50 families, would not be able to get to the new site. We started our own pantry to meet the need and used client feedback to design the pantry to allow participants to select the foods they wanted rather than just be given a bag of food. COVID changed it to a drive thru, but we continued to provide service even though we were closed to the public.

## 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 started our own food pantry in 2017. We are requesting funds for the food pantry to cover the significant increase in clients. In October of 2019 we totaled 158 households, in September 2020 we totaled 401 households- 1029 adults and 545 children.

## Service Area\*

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

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

## Impact on Organization\*

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

Our Center shut down in March, 2020 and the challenge was how to still provide food to those in need and keep our staff, clients and volunteers safe. Our solution was a drive thru service. The next challenge was getting enough food to meet the need. We had restaurants order meat for us when Feeding Tampa Bay had none. We purchased food from Restaurant Depot, milk from Borden's, eggs from the Clearwater Poultry. Our budget for the year was \$15,000, we spent \$42,000. We begged the community for donations, we applied for grants and we tried to be as creative as possible. Our third challenge was how to serve those elderly or high risk clients, so we created a volunteer group to drop off food every Thursday. The staff would contact the client to see what they needed and volunteers would drop the food off at the clients home. Contactless delivery worked great and we now serve 22 clients thru our delivery system. The most important concern is keeping everyone safe, the staff, volunteers, and clients.

## *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?

Janet Hooper

Safety Harbor Neighborhood Family Center Inc.

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.**

Safety Harbor NFC 2018 tax return - 990-signed.pdf

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

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

MWNFC Budget 2020-21.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.

SHNFC Audited Financial Statements.pdf

### **Management Letter\***

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

**If there is no management letter, please explain why.**

SHNFC Audit Management Ltr.pdf

## ***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.

10789\_CDCV19SHNFC - Specific Performance Agreement - FULLY EXECUTED.pdf

We applied for the Pinellas County COVID grant on May 22, 2020. We received a grant of \$40,000 which included \$12,000 for food, \$20,745 for supplies (a storage facility) and pre award food and operating expenses of \$7,255. We purchased a second commercial 3 door refrigerator, which created a strain on our air conditioning in the room. On July 2, 2020 we purchased a mini split air conditioner to resolve the issue. On July 10, 2020 with client numbers rising, we purchased a second two door freezer to store the additional meat we needed weekly. These costs are not covered by the Pinellas COVID grant nor are they part of our JWB normal program contract.

## ***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.

\$7,260.00

### **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.

SHNFC Reimbursement Request.pdf

Food Priority Funding - includes descriptions, receipts, bank statements and Board minutes for approval out of reserves.

## 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**

3/1/2020 thru 9/30/2020 we served 2,361 households representing 6,816 adults and 3,855 children.

## Funding and Usage

### Client Service Delivery\*

Briefly describe the services to be delivered under the programming for which you are requesting funding. Please include when and where the services will occur, how the target population will access the services, and the length of time the services will be provided. **Please specify the zip codes of participants. If not available, specify the zip codes of service delivery points.**

We provide food to residents living in 34695, 34677, 33759 and 33761. Since March, the food pantry has been a drive thru at the Safety Harbor Neighborhood Family Center on Thursday mornings 9-11am and in the evening 5-6:30 pm for those who work. In addition we have a food delivery program for 22 clients unable to safely get to the Center. We acquire food from Feeding Tampa Bay, RCS, individual donations and purchasing food from a variety of sources i.e. Aldi, Sam's Club, Restaurant Depot. At one point we partnered with Oldsmar Cares to purchase meat from local restaurants and in fact share with Oldsmar Cares food when either of us have extra.

### Communication/Outreach and Community Engagement Efforts\*

In what ways is your organization marketing and communicating its available programming to the community it serves? How will you ensure that your target population is aware of your services and utilizes them?

The Safety Harbor Neighborhood Family Center has been serving the community since 1997, so we have a history of service. Much of the population we serve learn about our services through word of mouth. In the past few years we have invested in increasing our social media presence to increase our reach through out our service area. Four years ago we produced our first Annual Report and two years ago we revamped our logo and brochure. We utilize Facebook, Next-door, the Safety Harbor Chamber email blasts, flyers, yard signs, and City of Safety Harbor publications just to name a few ways we communicate and publicize our programs.

The Executive Director also speaks at local groups about our program and services including Kiwanis, Rotary, Garden Club and Citizen Academy.

### 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.*

SHNFC COOP Plan 2020.pdf

Our entire plan is over 20 MB and includes County information, extensive check lists etc. The attached version is a skeleton version. In addition we will be installing hurricane windows in both buildings this year.

### 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.**

REV Pinellas County Certificate.pdf

We also have the required WC waiver on file.

### 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.

[SHNFC CARES-Partnership-Fund-Budget-Summary-Grant.pdf](#)



## Budget Narrative\*

Please download the budget narrative template **HERE** and complete it.

**The budget narrative needs to do more than define the expenses. It should clearly state what is going to be paid using CARES funds and then justify the expenses as a program expansion (or sustaining an already expanded program) as a result of COVID-19. Do not bold, underline, or italicize. Use dollar amounts that match your Budget Summary.**

**If you have selected multiple Priority Fund Areas, you should include ALL costs in this narrative.**

**CLICK HERE TO SEE AN EXAMPLE OF A PROPERLY COMPLETED BUDGET NARRATIVE.**

**Capital includes buildings, vehicles, equipment at \$3,000 or more per item. The purchase of capital must represent the lower cost option for the period during which the purchased asset would be used for COVID-response activities. Outright purchase must be less than the cost of renting or leasing OR if renting or leasing is not available.**

Please export as a PDF and upload it.

CARES-Partnership-Fund-Budget-Narrative-Grant-2.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.

SHNFC Capiyal Request.pdf

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

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

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

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

Yes

## Logistical Partner Organizations (LPOs)

---

### LPO List\*

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

We partner with Oldsmar Cares - Joanne Fitzpatrick 727-458-4799

We work with other Family Centers specifically Hispanic Outreach Center - Jaclyn Boland 727-12-9464

### Role in Programming\*

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

We share food with Oldsmar Cares

We are working with Hispanic Outreach to serve the Hispanic community on many issues. We are in the process of acquiring a refrigerated van to get food in the communities that cannot get to pantries. And will be working with the two agencies above to do that.

## 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.

6596

### September 2020 Projections - Food\*

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

1574

### October 2020 Projections - Food\*

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

1922

### November 2020 Projections - Food\*

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

1550

### December Projections - Food\*

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

1550

## *Funder Involvement*

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

Funding from a Pinellas County Municipality  
Juvenile Welfare Board of Pinellas County  
Pinellas Community Foundation  
Pinellas County Government  
Regions Bank

## **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:

We applied for the Pinellas County COVID grant on May 22, 2020. We received a grant of \$40,000 which included \$12,000 for food, \$20,745 for supplies (a storage facility) and pre award food and operating expenses of \$7,255. We purchased a second commercial 3 door refrigerator, which created a strain on our air conditioning in the room. On July 2, 2020 we purchased a mini split air conditioner to resolve the issue. On July 10, 2020 with client numbers rising, we purchased a second three door freezer to handle the additional meat. These costs are not covered by the Pinellas COVID grant nor are they part of our JWB normal program contract.

### **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.**

Janet L Hooper

## File Attachment Summary

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### *Applicant File Uploads*

- Safety Harbor NFC 2018 tax return - 990-signed.pdf
- MWNFC Budget 2020-21.pdf
- SHNFC Audited Financial Statements.pdf
- SHNFC Audit Management Ltr.pdf
- 10789\_CDCV19SHNFC - Specific Performance Agreement - FULLY EXECUTED.pdf
- SHNFC Reimbursement Request.pdf
- SHNFC COOP Plan 2020.pdf
- REV Pinellas County Certificate.pdf
- SHNFC CARES-Partnership-Fund-Budget-Summary-Grant.pdf
- CARES-Partnership-Fund-Budget-Narrative-Grant-2.pdf
- SHNFC Capiyal Request.pdf



July 30, 2020

SAFETY HARBOR NEIGHBORHOOD  
FAMILY CENTER  
1003 ML KING STREET NORTH  
SAFETY HARBOR, FL 34695

SAFETY HARBOR NEIGHBORHOOD FAMILY CENTER:

Enclosed is the organization's 2018 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-EO to us by August 17, 2020.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Very truly yours,

Carr, Riggs & Ingram, LLC

Form **8879-EO**

# IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2018, or fiscal year beginning OCT 1, 2018, and ending SEP 30, 2019

# 2018

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**  
▶ **Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**

Name of exempt organization <b>SAFETY HARBOR NEIGHBORHOOD FAMILY CENTER</b>	Employer identification number <b>59-3406671</b>
--	---

Name and title of officer  
**JANET HOOPER  
EXECUTIVE DIRECTOR**

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

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

<b>1a</b> Form 990 check here <input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> <u>953,321.</u>
<b>2a</b> Form 990-EZ check here <input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here <input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here <input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5) .....	<b>4b</b> _____
<b>5a</b> Form 8868 check here <input type="checkbox"/>	<b>b Balance Due</b> (Form 8868, line 3c) .....	<b>5b</b> _____

### Part II Declaration and Signature Authorization of Officer

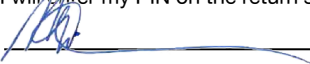
Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare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

#### Officer's PIN: check one box only

I authorize CARR, RIGGS & INGRAM, LLC to enter my PIN 71190  
ERO firm name Enter five numbers, but do not enter all zeros

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

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

Officer's signature  Date 8/7/2020

### Part III Certification and Authentication

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

**61989636331**  
Do not enter all zeros

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

ERO's signature CARR, RIGGS & INGRAM, LLC Date 07/30/20

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

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2018)

EXTENDED TO AUGUST 17, 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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

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

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>SAFETY HARBOR NEIGHBORHOOD FAMILY CENTER</b> Doing business as <b>MATTIE WILLIAMS NEIGHBORHOOD FAM</b> Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>1003 ML KING STREET NORTH</b> City or town, state or province, country, and ZIP or foreign postal code <b>SAFETY HARBOR, FL 34695</b> <b>F</b> Name and address of principal officer: <b>JANET HOOPER</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>59-3406671</b> <b>E</b> Telephone number <b>(727) 791-8255</b> <b>G</b> Gross receipts \$ <b>1,021,484.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <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.MWNFC.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>1996</b> <b>M</b> State of legal domicile: <b>FL</b>

**Part I Summary**

	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>TO NURTURE &amp; STRENGTHEN FAMILIES THROUGH EDUCATION, SUPPORT SERVICES &amp; PARTNERSHIPS.</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>Activities &amp; Governance</b>	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>11</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>11</b>
	<b>5</b>	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	<b>5</b>	<b>31</b>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>125</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
	<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 38	<b>7b</b>	<b>0.</b>
	<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> 737,677.
<b>9</b>		Program service revenue (Part VIII, line 2g)	23,125.	22,363.
<b>10</b>		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	16.	-7,959.
<b>11</b>		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-26,517.	-47,405.
<b>12</b>		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	734,301.	953,321.
<b>Expenses</b>		<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	138,574.
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	346,346.	448,165.
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>36,224.</b>		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	249,466.	245,787.
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	734,386.	841,759.
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	-85.	111,562.
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b> 579,143.	<b>End of Year</b> 800,505.
	<b>21</b>	Total liabilities (Part X, line 26)	25,247.	135,047.
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	553,896.	665,458.

**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 <b>JANET HOOPER, EXECUTIVE DIRECTOR</b> Type or print name and title	Date	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>DAVID SIETSMA</b>	Preparer's signature	Date
	Firm's name ▶ <b>CARR, RIGGS &amp; INGRAM, LLC</b>	Firm's EIN ▶ <b>72-1396621</b>	Check if self-employed <input type="checkbox"/> PTIN <b>P00707792</b>
	Firm's address ▶ <b>600 CLEVELAND STREET, SUITE 1000 CLEARWATER, FL 33755</b>	Phone no. <b>727.446.0504</b>	

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



**SAFETY HARBOR NEIGHBORHOOD  
FAMILY CENTER**

Form 990 (2018)

59-3406671 Page 2

**Part III Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:  
**TO NURTURE AND STRENGTHEN CHILDREN, YOUTH, ADULTS, THEIR FAMILIES, AND COMMUNITIES THROUGH SUPPORT SERVICES, EDUCATION, AND COLLABORATIVE PARTNERSHIPS TO IMPORVE LIVES AND ACHIEVE SELF-SUFFICIENCY.**

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  No  
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

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 \$ 695,191. including grants of \$ 147,807. ) (Revenue \$ 22,363. )  
**BRIDGING THE GAP FOR INDIVIDUALS AND FAMILIES BY PROVIDING AT NO COST CRITICAL BASIC NEEDS SUCH AS FOOD, HYGIENE PRODUCTS, CLOTHING, DIAPERS AND PET FOOD, FINANCIAL ASSISTANCE THROUGH UTILITY FUNDING AND ACCESS (STATE OF FLORIDA AID), APPLICATION ASSISTANCE, CAREER DEVELOPMENT THROUGH COMPUTER TRAINING AND FAMILY SUPPORT FUNDING, AND SCHOOL READINESS/SCHOOL SUCCESS THROUGH EDUCATIONALLY BASED AFTER SCHOOL PRGRAMS AND SUMMER CAMPS. THE CENTER ALSO PROVIDES SCHOOL SUPPLIES AND HOLIDAY GIFTS ANNUALLY TO CHILDREN IN NEED, FOOD BAGS FOR CHILDREN IN NEED ON WEEKENDS AS WELL AS FREE HOLIDAY COMMUNITY MEALS. THE CENTER ALSO PARTNERS WITH OTHER AGENCIES TO PROVIDE SERVICES IN THE COMMUNITY. IT PROVIDES FREE SPACE FOR WOMEN, INFANT AND CHILDREN (WIC), KINSHIP CARE, VITA, AND OTHER COMMUNITY GROUPS.**

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 **695,191.**

**SAFETY HARBOR NEIGHBORHOOD  
FAMILY CENTER**

Form 990 (2018)

59-3406671 Page **3**

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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> .....	<b>X</b>	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i> .....	<b>X</b>	
<b>3</b> 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> .....		<b>X</b>
<b>4 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> .....		<b>X</b>
<b>5</b> 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> .....		<b>X</b>
<b>6</b> 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> .....		<b>X</b>
<b>7</b> 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> .....		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		<b>X</b>
<b>9</b> 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> .....		<b>X</b>
<b>10</b> 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> .....		<b>X</b>
<b>11</b> 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.		
<b>a</b> 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> .....	<b>X</b>	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....		<b>X</b>
<b>c</b> 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> .....		<b>X</b>
<b>d</b> 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> .....		<b>X</b>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>X</b>	
<b>f</b> 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> .....	<b>X</b>	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	<b>X</b>	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....		<b>X</b>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		<b>X</b>
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....		<b>X</b>
<b>15</b> 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> .....		<b>X</b>
<b>16</b> 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> .....		<b>X</b>
<b>17</b> 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> .....		<b>X</b>
<b>18</b> 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> .....	<b>X</b>	
<b>19</b> 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> .....		<b>X</b>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> 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> .....	<b>X</b>	

**SAFETY HARBOR NEIGHBORHOOD  
FAMILY CENTER**

Form 990 (2018)

**Part IV Checklist of Required Schedules** *(continued)*

	Yes	No	
<b>22</b> 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> .....	<b>22</b>	X	
<b>23</b> 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> .....	<b>23</b>		X
<b>24a</b> 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> .....	<b>24a</b>		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	<b>24b</b>		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....	<b>24c</b>		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	<b>24d</b>		
<b>25a 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> .....	<b>25a</b>		X
<b>b</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> .....	<b>25b</b>		X
<b>26</b> 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> .....	<b>26</b>		X
<b>27</b> 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> .....	<b>27</b>		X
<b>28</b> 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):			
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28a</b>		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28b</b>		X
<b>c</b> 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> .....	<b>28c</b>		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	<b>29</b>	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....	<b>30</b>		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....	<b>31</b>		X
<b>32</b> 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> .....	<b>32</b>		X
<b>33</b> 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> .....	<b>33</b>		X
<b>34</b> 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> .....	<b>34</b>		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	<b>35a</b>		X
<b>b</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> .....	<b>35b</b>		
<b>36 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> .....	<b>36</b>		X
<b>37</b> 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> .....	<b>37</b>		X
<b>38</b> 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 .....	<b>38</b>	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
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b>	X

**SAFETY HARBOR NEIGHBORHOOD  
FAMILY CENTER**

Form 990 (2018)

**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	31	
<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		
<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?		
<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?		
<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.		
<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?		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
<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.		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.		X

**SAFETY HARBOR NEIGHBORHOOD  
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Form 990 (2018)

**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
<b>1a</b>	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.	11	
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent	11	
<b>2</b>	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?	2	X
<b>3</b>	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?	3	X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
<b>6</b>	Did the organization have members or stockholders?	6	X
<b>7a</b>	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?	7a	X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	8a	X
<b>b</b>	Each committee with authority to act on behalf of the governing body?	8b	X
<b>9</b>	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	9	X

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?	10a	X
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	
<b>13</b>	Did the organization have a written whistleblower policy?	13	X
<b>14</b>	Did the organization have a written document retention and destruction policy?	14	X
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	15a	X
<b>b</b>	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b	X
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
<b>b</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 **JANET HOOPER - 727-791-8255**  
**1003 ML KING STREET NORTH, SAFETY HARBOR, FL 34695**

**SAFETY HARBOR NEIGHBORHOOD  
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Form 990 (2018)

59-3406671 Page 7

**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) MARK HOWE PRESIDENT	0.25	X		X			0.	0.	0.	
(2) WILLIAM TIEDER VICE PRESIDENT	0.25	X		X			0.	0.	0.	
(3) JENNY HALL TREASURER	0.75	X		X			0.	0.	0.	
(4) PATRICIA KENT SECRETARY	0.50	X		X			0.	0.	0.	
(5) DR. DAVID BECKER DIRECTOR	0.25	X					0.	0.	0.	
(6) ERIC DAVIS DIRECTOR	0.25	X					0.	0.	0.	
(7) LEESTHER DAVIS-WILLIAMS DIRECTOR	0.25	X					0.	0.	0.	
(8) MARCIE FALCO-SALAZAR DIRECTOR	0.25	X					0.	0.	0.	
(9) DAVID LISHAN DIRECTOR	0.25	X					0.	0.	0.	
(10) KAREN OWEN DIRECTOR	0.25	X					0.	0.	0.	
(11) KAREN MCKENNEY DIRECTOR	0.25	X					0.	0.	0.	
(12) JANET HOOPER EXECUTIVE DIRECTOR	40.00			X			62,612.	0.	9,362.	

**SAFETY HARBOR NEIGHBORHOOD  
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**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			
<b>1b Sub-total</b> .....							62,612.	0.	9,362.	
<b>c Total from continuation sheets to Part VII, Section A</b> .....							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b> .....							62,612.	0.	9,362.	

**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 0

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

**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
<b>NONE</b>		

**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

**SAFETY HARBOR NEIGHBORHOOD  
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Form 990 (2018)

**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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	68,344.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	641,547.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	276,431.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....		135,097.				
	<b>h Total.</b> Add lines 1a-1f .....		986,322.				
	<b>Program Service Revenue</b>	<b>2 a</b> AFTER SCHOOL FEES	<b>Business Code</b> 624100	11,224.	11,224.		
<b>b</b> SUMMER CAMP FEES		624100	11,139.	11,139.			
<b>c</b> .....							
<b>d</b> .....							
<b>e</b> .....							
<b>f</b> All other program service revenue .....							
<b>g Total.</b> Add lines 2a-2f .....			22,363.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		267.			267.	
	<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					
		<b>b</b> Less: cost or other basis and sales expenses .....		8,226.			
		<b>c</b> Gain or (loss) .....		-8,226.			
	<b>d</b> Net gain or (loss) .....		-8,226.			-8,226.	
	<b>8 a</b> Gross income from fundraising events (not including \$ <u>68,344.</u> of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>	12,101.				
		<b>b</b> Less: direct expenses .....	<b>b</b>	59,937.			
<b>c</b> Net income or (loss) from fundraising events .....			-47,836.			-47,836.	
<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	431.			431.		
<b>b</b> .....							
<b>c</b> .....							
<b>d</b> All other revenue .....							
<b>e Total.</b> Add lines 11a-11d .....		431.					
<b>12 Total revenue.</b> See instructions .....		953,321.	22,363.	0.	-55,364.		



**SAFETY HARBOR NEIGHBORHOOD  
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Form 990 (2018)

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	10,000.	10,000.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....	137,807.	137,807.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	73,038.	58,430.	10,956.	3,652.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	316,953.	253,563.	47,543.	15,847.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits .....	29,107.	23,285.	4,366.	1,456.
<b>10</b> Payroll taxes .....	29,067.	23,254.	4,360.	1,453.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management .....				
<b>b</b> Legal .....				
<b>c</b> Accounting .....	12,700.		12,700.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	4,127.	2,765.	867.	495.
<b>12</b> Advertising and promotion .....	5,104.	5,104.		
<b>13</b> Office expenses .....	30,360.	20,934.	5,190.	4,236.
<b>14</b> Information technology .....				
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	44,562.	33,567.	7,646.	3,349.
<b>17</b> Travel .....	508.	407.	76.	25.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	732.	585.	110.	37.
<b>20</b> Interest .....	4,179.		4,179.	
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	38,743.	30,995.	5,811.	1,937.
<b>23</b> Insurance .....	25,115.	16,827.	5,274.	3,014.
<b>24</b> 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.)				
<b>a</b> <b>PARTICIPANT EXPENSES</b>	54,806.	54,806.		
<b>b</b> <b>EQUIPMENT RENTAL</b>	6,027.	4,038.	1,266.	723.
<b>c</b> <b>EDUCATIONAL MATERIALS</b>	500.	500.		
<b>d</b> _____				
<b>e</b> All other expenses _____	18,324.	18,324.		
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	841,759.	695,191.	110,344.	36,224.
<b>26</b> <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)

**SAFETY HARBOR NEIGHBORHOOD  
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Form 990 (2018)

**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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	13,354.	<b>1</b>	92,297.
	<b>2</b> Savings and temporary cash investments .....	27,501.	<b>2</b>	27,768.
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	11,352.	<b>4</b>	59,826.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....			<b>5</b>
	<b>6</b> 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 .....			<b>6</b>
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	17,595.	<b>9</b>	14,823.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	928,964.		
	<b>b</b> Less: accumulated depreciation .....	324,573.		
		507,941.	<b>10c</b>	604,391.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	1,400.	<b>12</b>	1,400.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>		
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	579,143.	<b>16</b>	800,505.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	19,529.	<b>17</b>	129,918.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	375.	<b>19</b>	375.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....	5,343.	<b>25</b>	4,754.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	25,247.	<b>26</b>	135,047.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	543,040.	<b>27</b>	658,795.
	<b>28</b> Temporarily restricted net assets .....	10,856.	<b>28</b>	6,663.
	<b>29</b> Permanently restricted net assets .....		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	553,896.	<b>33</b>	665,458.	
<b>34</b> Total liabilities and net assets/fund balances .....	579,143.	<b>34</b>	800,505.	

Form **990** (2018)

**SAFETY HARBOR NEIGHBORHOOD  
FAMILY CENTER**

Form 990 (2018)

59-3406671 Page **12**

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	953,321.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	841,759.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	111,562.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	553,896.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	665,458.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	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.		
<b>2a</b>	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		<b>X</b>
<b>b</b>	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>X</b>	
<b>c</b>	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.	<b>X</b>	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		<b>X</b>
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____		

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 **SAFETY HARBOR NEIGHBORHOOD FAMILY CENTER** Employer identification number **59-3406671**

**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>						

**SAFETY HARBOR NEIGHBORHOOD**

Schedule A (Form 990 or 990-EZ) 2018 **FAMILY CENTER**

**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
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	588,937.	651,061.	688,466.	737,677.	986,322.	3652463.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....	20,076.	23,108.	18,905.	15,955.	36,331.	114,375.
<b>4 Total.</b> Add lines 1 through 3 .....	609,013.	674,169.	707,371.	753,632.	1022653.	3766838.
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						3766838.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b> Amounts from line 4 .....	609,013.	674,169.	707,371.	753,632.	1022653.	3766838.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	12.	2.	23.	16.	267.	320.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	2,639.	251.	11,157.	172.	431.	14,650.
<b>11 Total support.</b> Add lines 7 through 10						3781808.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	115,406.
<b>13 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**

<b>14</b> Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	99.60 %
<b>15</b> Public support percentage from 2017 Schedule A, Part II, line 14 .....	<b>15</b>	99.29 %
<b>16a 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 checked="" 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"/>
<b>17a 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"/>
<b>18 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"/>

SAFETY HARBOR NEIGHBORHOOD

Schedule A (Form 990 or 990-EZ) 2018 FAMILY CENTER

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

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

Section A. Public Support

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2018; Row 16: Public support percentage from 2017 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2018; Row 18: Investment income percentage from 2017 Schedule A, Part III, line 17.

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.

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.

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

**SAFETY HARBOR NEIGHBORHOOD**

Schedule A (Form 990 or 990-EZ) 2018 **FAMILY CENTER**

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

**SAFETY HARBOR NEIGHBORHOOD**

Schedule A (Form 990 or 990-EZ) 2018 **FAMILY CENTER**

**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>		



**SAFETY HARBOR NEIGHBORHOOD**

Schedule A (Form 990 or 990-EZ) 2018 **FAMILY CENTER**

**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.

<b>Section A - Adjusted Net Income</b>		(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	

<b>Section B - Minimum Asset Amount</b>		(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 <b>Part VI</b> ):		
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	

<b>Section C - Distributable Amount</b>		(A) Prior Year	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).		

Schedule A (Form 990 or 990-EZ) 2018

**SAFETY HARBOR NEIGHBORHOOD**

Schedule A (Form 990 or 990-EZ) 2018 **FAMILY CENTER**

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2018 from Section C, line 6	
<b>10</b> 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
<b>1</b> Distributable amount for 2018 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2018			
<b>a</b> From 2013			
<b>b</b> From 2014			
<b>c</b> From 2015			
<b>d</b> From 2016			
<b>e</b> From 2017			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2018 distributable amount			
<b>i</b> Carryover from 2013 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2018 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2018 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2019.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2014			
<b>b</b> Excess from 2015			
<b>c</b> Excess from 2016			
<b>d</b> Excess from 2017			
<b>e</b> Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

SAFETY HARBOR NEIGHBORHOOD

Schedule A (Form 990 or 990-EZ) 2018 FAMILY CENTER

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

Horizontal lines for supplemental information.

**Schedule B**

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

Name of the organization

**SAFETY HARBOR NEIGHBORHOOD  
FAMILY CENTER**

Employer identification number

**59-3406671**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

Name of organization <b>SAFETY HARBOR NEIGHBORHOOD FAMILY CENTER</b>	Employer identification number <b>59-3406671</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	PINELLAS COUNTY PLANNING COMMUNITY DEVELOPMENT DIVISION  440 COURT ST. 2ND FLOOR  CLEARWATER, FL 33756	\$ 54,561.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	CITY OF SAFETY HARBOR  750 MAIN ST  SAFETY HARBOR, FL 34596	\$ 45,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	CITY OF OLDSMAR  110 STATE STREET WEST  OLDSMAR, FL 34677	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	JUVENILE WELFARE BOARD OF PINELLAS  14155 58TH STREET NORTH  CLEARWATER, FL 33760	\$ 554,569.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>SAFETY HARBOR NEIGHBORHOOD FAMILY CENTER</b>	Employer identification number <b>59-3406671</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization <b>SAFETY HARBOR NEIGHBORHOOD FAMILY CENTER</b>	Employer identification number <b>59-3406671</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization SAFETY HARBOR NEIGHBORHOOD FAMILY CENTER

Employer identification number 59-3406671

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

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number and acreage, number of easements on historic structures, and monitoring expenses.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures.

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

Schedule D (Form 990) 2018



**SAFETY HARBOR NEIGHBORHOOD  
FAMILY CENTER**

Schedule D (Form 990) 2018

59-3406671 Page 2

**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? <input type="checkbox"/> | <b>3b</b>     |    |

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land		109,800.		109,800.
<b>b</b> Buildings		556,806.	242,507.	314,299.
<b>c</b> Leasehold improvements				
<b>d</b> Equipment		182,242.	72,507.	109,735.
<b>e</b> Other		80,116.	9,559.	70,557.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				604,391.

Schedule D (Form 990) 2018

**SAFETY HARBOR NEIGHBORHOOD  
FAMILY CENTER**

Schedule D (Form 990) 2018

59-3406671 Page **3**

**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) <b>CAPITAL LEASE LIABILITY</b>	<b>4,754.</b>
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	<b>4,754.</b>

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

**SAFETY HARBOR NEIGHBORHOOD  
FAMILY CENTER**

Schedule D (Form 990) 2018

59-3406671 Page 4

**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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	1,007,219.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	36,331.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	17,567.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	53,898.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	953,321.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	953,321.

**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.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	895,657.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	36,331.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	17,567.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	53,898.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	841,759.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	841,759.

**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:**

THE ORGANIZATION HAS ADOPTED THE STANDARD FOR ACCOUNTING FOR UNCERTAIN TAX POSITIONS. THE STANDARD PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT PRINCIPLES FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN ON A TAX RETURN THAT ARE NOT CERTAIN TO BE REALIZED.

**PART XI, LINE 2D - OTHER ADJUSTMENTS:**

RECLASSIFIED FUNDRAISING EXPENSES	9,341.
LOSS FROM DISPOSAL OF FIXED ASSETS	8,226.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	17,567.

SAFETY HARBOR NEIGHBORHOOD  
FAMILY CENTER

Schedule D (Form 990) 2018

**Part XIII** Supplemental Information *(continued)*

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RECLASSIFIED FUNDRAISING EXPENSES 9,341.

LOSS FROM DISPOSAL OF FIXED ASSETS 8,226.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 17,567.

Multiple horizontal lines for supplemental information.



**SAFETY HARBOR NEIGHBORHOOD**

Schedule G (Form 990 or 990-EZ) 2018 **FAMILY CENTER**

**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 (add col. (a) through col. (c))	
		BANDS ON THE BAY (event type)	WREATH, TOYS & JOY (event type)	1 (total number)		
Revenue	1	Gross receipts	59,400.	12,558.	7,992.	79,950.
	2	Less: Contributions	55,515.	6,000.	6,829.	68,344.
	3	Gross income (line 1 minus line 2)	3,885.	6,558.	1,163.	11,606.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes		1,800.		1,800.
	6	Rent/facility costs	6,906.	139.		7,045.
	7	Food and beverages	6,800.	64.		6,864.
	8	Entertainment	7,750.	250.		8,000.
	9	Other direct expenses	23,259.	172.	9,341.	32,772.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				56,481.
11	Net income summary. Subtract line 10 from line 3, column (d)				-44,875.	

**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			
	2	Cash prizes			
Direct Expenses	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: \_\_\_\_\_

SAFETY HARBOR NEIGHBORHOOD

Schedule G (Form 990 or 990-EZ) 2018 **FAMILY CENTER**

59-3406671 Page 3

- 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:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 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.

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**SAFETY HARBOR NEIGHBORHOOD**

Schedule G (Form 990 or 990-EZ)

**FAMILY CENTER**

**Part IV Supplemental Information** *(continued)*

Multiple horizontal lines for supplemental information.



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **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 **SAFETY HARBOR NEIGHBORHOOD  
FAMILY CENTER**

**Employer identification number  
59-3406671**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
KIWANIS CLUB OF SAFETY HARBOR FOUNDATION INC. - PO BOX 312 - SAFETY HARBOR, FL 34695	81-3139950	501(C)(3)	10,000.	0.			GENERAL SUPPORT

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... ▶ 1.

**3** Enter total number of other organizations listed in the line 1 table ..... ▶ 0.

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

Schedule I (Form 990) (2018)

**SAFETY HARBOR NEIGHBORHOOD  
FAMILY CENTER**

Schedule I (Form 990) (2018)

59-3406671

Page 2

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
CLOTHING AND HOUSEHOLD ASSISTANCE	1300	0.	104,832.	FMV	CLOTHING & HOUSEHOLD ITEMS
FOOD ASSISTANCE	445	0.	20,265.	FMV	CASES OF FOOD
EMERGENCY ASSISTANCE	127	12,710.	0.		

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

**PART I, LINE 2:**

THE ORGANIZATION PROVIDES EMERGENCY ASSISTANCE TO INDIVIDUALS THAT MEET CERTAIN NEEDS CRITERIA. PAYMENTS ARE MADE DIRECTLY TO SERVICE PROVIDERS ON BEHALF OF THE INDIVIDUALS IN NEED. PARTICIPATION AND EXPENSES ARE DOCUMENTED BY THE ORGANIZATION AND REVIEWED.

**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 **SAFETY HARBOR NEIGHBORHOOD FAMILY CENTER** Employer identification number **59-3406671**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) 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		114,832.	FMV
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	X	18,000	20,265.	FMV
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( )				
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**

- 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.

	Yes	No
30a		X
31	X	
32a		X

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

Schedule M (Form 990) 2018

**SAFETY HARBOR NEIGHBORHOOD**

Schedule M (Form 990) 2018

**FAMILY CENTER**

**59-3406671**

Page 2

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Multiple horizontal lines for supplemental information.

**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 <b>SAFETY HARBOR NEIGHBORHOOD FAMILY CENTER</b>	Employer identification number <b>59-3406671</b>
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FORM 990, PART I, DOING BUSINESS AS:

**MATTIE WILLIAMS NEIGHBORHOOD FAMILY CENTER**

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

**THE ORGANIZATION E-MAILS A COPY OF THE DRAFT FORM 990 TO EACH BOARD MEMBER  
FOR THEIR REVIEW PRIOR TO FILING THE RETURN.**

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

**GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE  
PUBLIC UPON REQUEST.**

## Safety Harbor Neighborhood Family Center 20-21

	2020-21
<b>Account</b>	Approved Budget
<b>Capital</b>	
<b>Contract Funding</b>	
Contract Funding:JWB	\$ 581,213.00
<b>Miscellaneous Income</b>	
Miscellaneous Income:Recycling Income	
Miscellaneous Income: Florida Blue	
<b>Operating Income-City Donations</b>	
In-Kind Donations	
Operating Income-City Donations:City of Oldsn	\$ 25,000.00
Operating Income-City Donations:City of Safet	\$ 40,000.00
Operating Income-City Donations:City of Clean	\$ 10,999.00
<b>Donations Income</b>	
Donations Income:Adopt A Child	\$ 12,000.00
Donation Income:Adopt A Family	\$ 700.00
Donations Income:Food Pantry	\$ 15,000.00
Donations Income:Holiday	
Donations Income:Mayors Breakfast	
Donations Income:Summer Childrens Prg	
Donations Income:Third Friday Night	
Donations Income:Non JWB programs	\$ 20,000.00
Donations Income:Wine Tasting	
Donations Income:Thanksgiving	\$ 200.00
Donations Income: Mattie's Kids	
Donations Income: Children's Scholarships	\$ 3,500.00
<b>Fundraising Income</b>	
Fundraising Income:Back to School	\$ 9,000.00
Fundraising Income:Holiday Wreath	\$ 9,000.00
Fundraising:WHO	
Bands on the Bay	
SH Bands on the Bay	
Program Income	\$ 6,000.00
Grants-PCF	
CDBG-REV	
<b>Total Income</b>	<b>\$ 732,612.00</b>
<b>Expenses</b>	
<b>Capital Equipment &amp; Machinery</b>	
<b>CDBG - EXP</b>	
<b>Depreciation Expense</b>	

In-Kind Assistance	
<b>Payroll</b>	
<b>Reimbursement of Wages</b>	
Payroll:120 · Salaries	\$ 374,724.00
Payroll: 121 Salaries-SHNFC	\$ 59,784.00
Payroll: 122 Salaries Miscellaneous	
Payroll:210 · FICA	\$ 28,666.00
Payroll: 211 FICA - SHNFC	\$ 4,573.00
Payroll 230 Life & Health Ins	\$ 53,838.00
Payroll:231 Life & Health Ins SHNFC	
Payroll:240 · Workers' Comp.	\$ 5,816.00
Payroll: 241 Workers' Comp - SHNFC	
Payroll:250 · Unemployment Compensation	\$ 100.00
Payroll:251 · Unemployment - SHNFC	\$ 100.00
<b>Operational Expenses</b>	
320 · Accounting and Auditing:Audit	\$ 12,000.00
400 · Travel and per diem	\$ 1,008.00
403 Rent/Lease	\$ 5,220.00
<b>405 Educational</b>	
542 Dues and Subscriptions	\$ 500.00
543 · Educational materials	\$ 1,530.00
544 · Staff training	\$ 1,020.00
546 Board Training	
<b>430 Utilities</b>	
430 Utilities: Electric	\$ 11,000.00
410 · Telephone	\$ 7,800.00
431 · Water/Sewer/Sanitation	\$ 5,400.00
4310 - JWB Competitive	
450 · Insurance	\$ 34,784.00
<b>460 Repairs &amp; Maintenance</b>	
441 · Equipment Rental	\$ 900.00
460 · Equipment - repairs & maint.	\$ 1,000.00
461 · Property Repairs & Maintenance	\$ 7,003.00
462 · Grounds - repair & maint.	\$ 2,300.00
463 Vehicle Repair	\$ 900.00
<b>Donations Expenses</b>	
Donations Expenses:Mayors Breakfast	\$ -
Donations Expenses:Third Friday Night	
Donations Expenses:Unrestricted	\$ 300.00

Donations Expenses:Wine Tasting	
Donations Expenses: Thanksgiving	\$ 300.00
Donations Expenses: Mattie's Kids	
<b>514 Food &amp; Nutrition</b>	
5109 Food Pantry	\$ 21,679.00
525: BIYD Program	\$ 3,000.00
<b>515 · Participant expenses</b>	
BIYD Program Supplies	\$ 9,000.00
402 Transportation	\$ 1,000.00
Donations Expenses:Adopt A Child	\$ 11,300.00
Donation Expenses:Adopt A Family	
Donations Expenses:Senior Holiday	\$ 1,200.00
Donations Expenses:Childrens Program	
515 · Participant expenses:517 · Flex Funds-C	\$ 4,000.00
515 · Participant expenses:518 · Flex Funds -	\$ 9,000.00
515 · Participant expenses:519 · Flex Funds -	\$ 4,020.00
515 Participant Expenses Other	
<b>520 · Operating Supplies</b>	
412 · Postage and Delivery	\$ 1,199.00
471 · Printing	\$ 2,400.00
481 · Advertising	
510 · Office Supplies	\$ 8,000.00
520 · Operating Supplies:Other	\$ 4,900.00
520 · Operating Supplies:General	\$ 770.00
Bright Ideas School	\$ 3,000.00
Bright Ideas Camp	\$ 3,000.00
<b>Fundraising Expenses</b>	
Fundraising Expenses:Back to School	\$ 9,000.00
Fundraising Expenses:Holiday Wreath	\$ 435.00
Fundraising: Bands on the Bay	
Fundraising: SH Bands on the bay	
521 · Business Expenses	\$ 900.00
311 · Professional Services	\$ 13,687.00
<b>600 · Miscellaneous</b>	
313 Council on Accreditation	
321 · Bank Service Charges	\$ 806.00
<b>Total Expenses</b>	<b>\$ 732,862.00</b>
Interest Income	\$ 250.00
<b>Net Income</b>	<b>\$ -</b>



**SAFETY HARBOR NEIGHBORHOOD FAMILY CENTER, INC.**  
**FINANCIAL STATEMENTS**  
**YEARS ENDED SEPTEMBER 30, 2019 AND 2018**



[CLAconnect.com](http://CLAconnect.com)

WEALTH ADVISORY  
OUTSOURCING  
AUDIT, TAX, AND  
CONSULTING

**SAFETY HARBOR NEIGHBORHOOD FAMILY CENTER, INC.  
TABLE OF CONTENTS  
YEARS ENDED SEPTEMBER 30, 2019 AND 2018**

<b>INDEPENDENT AUDITORS' REPORT</b>	<b>1</b>
<b>FINANCIAL STATEMENTS</b>	
<b>STATEMENTS OF FINANCIAL POSITION</b>	<b>3</b>
<b>STATEMENTS OF ACTIVITIES</b>	<b>4</b>
<b>STATEMENTS OF FUNCTIONAL EXPENSES</b>	<b>6</b>
<b>STATEMENTS OF CASH FLOWS</b>	<b>8</b>
<b>NOTES TO FINANCIAL STATEMENTS</b>	<b>9</b>
<b>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 <i>GOVERNMENT AUDITING STANDARDS</i></b>	<b>15</b>
<b>SUMMARY SCHEDULE OF FINDINGS AND RESPONSES</b>	<b>17</b>



## INDEPENDENT AUDITORS' REPORT

Board of Directors  
Safety Harbor Neighborhood Family Center, Inc.  
Safety Harbor, Florida

We have audited the accompanying financial statements of Safety Harbor Neighborhood Family Center, Inc. (a nonprofit organization), which comprise the statements of financial position as of September 30, 2019 and 2018, and the related statements of activities, functional expenses, and cash flows for the years then ended, and the related notes to the financial statements.

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

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

### ***Auditors' Responsibility***

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

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

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

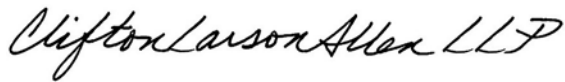
Board of Directors  
Safety Harbor Neighborhood Family Center, Inc.

***Opinion***

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Safety Harbor Neighborhood Family Center, Inc. as of September 30, 2019 and 2018, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

***Other Reporting Required by Government Auditing Standards***

In accordance with *Government Auditing Standards*, we have also issued our report dated February 26, 2020, on our consideration of Safety Harbor Neighborhood Family Center, Inc.'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 result of that testing, and not to provide an opinion on the effectiveness of Safety Harbor Neighborhood Family Center, Inc.'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 Safety Harbor Neighborhood Family Center, Inc.'s internal control over financial reporting and compliance.



**CliftonLarsonAllen LLP**

Lakeland, Florida  
February 26, 2020

**SAFETY HARBOR NEIGHBORHOOD FAMILY CENTER, INC.**  
**STATEMENTS OF FINANCIAL POSITION**  
**SEPTEMBER 30, 2019 AND 2018**

	2019	2018
<b>ASSETS</b>		
<b>CURRENT ASSETS</b>		
Cash	\$ 97,624	\$ 18,681
Certificates of Deposit	22,441	22,174
Other Receivables	59,826	11,352
Prepaid Expenses	14,823	17,595
Other Assets	1,400	1,400
Total Current Assets	196,114	71,202
<b>NON-CURRENT ASSETS</b>		
Property and Equipment, Net	604,391	507,941
Total Assets	\$ 800,505	\$ 579,143
<b>LIABILITIES AND NET ASSETS</b>		
<b>CURRENT LIABILITIES</b>		
Accounts Payable	\$ 4,038	\$ 1,712
Accrued Expenses	18,267	17,817
Capital Lease Obligation - Current Portion	845	451
Deferred Revenue	375	375
Total Current Liabilities	23,525	20,355
<b>LONG-TERM LIABILITIES</b>		
Other Liabilities	107,613	-
Capital Lease Obligation	3,909	4,892
	111,522	4,892
Total Liabilities	135,047	25,247
<b>NET ASSETS</b>		
Without Donor Restrictions	658,795	543,040
With Donor Restrictions	6,663	10,856
Total Net Assets	665,458	553,896
Total Liabilities and Net Assets	\$ 800,505	\$ 579,143

See accompanying Notes to Financial Statements.

**SAFETY HARBOR NEIGHBORHOOD FAMILY CENTER, INC.**  
**STATEMENT OF ACTIVITIES**  
**YEAR ENDED SEPTEMBER 30, 2019**

	<u>Without Donor Restrictions</u>	<u>With Donor Restrictions</u>	<u>Total</u>
<b>REVENUES AND OTHER SUPPORT</b>			
Juvenile Welfare Board of Pinellas County, Inc.	\$ 553,639	\$ -	\$ 553,639
Contributions and Other Grants	131,771	97,471	229,242
In-Kind Donations	135,097	-	135,097
Donated Services	36,331	-	36,331
Net Special Events:			
Proceeds	80,445	-	80,445
Special Events Expenses	(50,596)	-	(50,596)
Program Income	22,363	-	22,363
Interest Income	267	-	267
Other	431	-	431
Net Assets Released From Restrictions:			
Satisfaction of Program Restrictions	101,664	(101,664)	-
Total Revenues and Other Support	<u>1,011,412</u>	<u>(4,193)</u>	<u>1,007,219</u>
<b>EXPENSES</b>			
Program Services	749,089	-	749,089
Management and General	110,344	-	110,344
Fundraising	36,224	-	36,224
Total Expenses	<u>895,657</u>	<u>-</u>	<u>895,657</u>
<b>CHANGE IN NET ASSETS</b>	115,755	(4,193)	111,562
Net Assets - Beginning of Year	<u>543,040</u>	<u>10,856</u>	<u>553,896</u>
<b>NET ASSETS - END OF YEAR</b>	<u>\$ 658,795</u>	<u>\$ 6,663</u>	<u>\$ 665,458</u>

See accompanying Notes to Financial Statements.

**SAFETY HARBOR NEIGHBORHOOD FAMILY CENTER, INC.**  
**STATEMENT OF ACTIVITIES**  
**YEAR ENDED SEPTEMBER 30, 2018**

	<u>Without Donor Restrictions</u>	<u>With Donor Restrictions</u>	<u>Total</u>
<b>REVENUES AND OTHER SUPPORT</b>			
Juvenile Welfare Board of Pinellas County, Inc.	\$ 419,201	\$ -	\$ 419,201
Contributions and Other Grants	67,043	86,355	153,398
In-Kind Donations	109,233	-	109,233
Donated Services	15,955	-	15,955
Net Special Events:			
Proceeds	67,623	-	67,623
Special Events Expenses	(58,215)	-	(58,215)
Program Income	23,125	-	23,125
Interest Income	16	-	16
Other	172	-	172
Net Assets Released From Restrictions:			
Satisfaction of Program Restrictions	84,737	(84,737)	-
Total Revenues and Other Support	<u>728,890</u>	<u>1,618</u>	<u>730,508</u>
<b>EXPENSES</b>			
Program Services	605,988	-	605,988
Management and General	92,570	-	92,570
Fundraising	32,035	-	32,035
Total Expenses	<u>730,593</u>	<u>-</u>	<u>730,593</u>
<b>CHANGE IN NET ASSETS</b>	(1,703)	1,618	(85)
Net Assets - Beginning of Year	<u>544,743</u>	<u>9,238</u>	<u>553,981</u>
<b>NET ASSETS - END OF YEAR</b>	<u>\$ 543,040</u>	<u>\$ 10,856</u>	<u>\$ 553,896</u>

See accompanying Notes to Financial Statements.

**SAFETY HARBOR NEIGHBORHOOD FAMILY CENTER, INC.**  
**STATEMENT OF FUNCTIONAL EXPENSES**  
**YEAR ENDED SEPTEMBER 30, 2019**

	Program		Total Program Services	Support		Totals
	Juvenile Welfare Board	Other Program Services		Management and General	Fundraising	
<b>SALARIES AND RELATED EXPENSES</b>						
Salaries	\$ 233,736	\$ 72,382	\$ 306,118	\$ 57,397	\$ 19,132	\$ 382,647
Employee Benefits	23,918	5,242	29,160	5,468	1,823	36,451
Payroll Taxes	17,700	5,554	23,254	4,360	1,453	29,067
Total Salaries and Related Expenses	<u>275,354</u>	<u>83,178</u>	<u>358,532</u>	<u>67,225</u>	<u>22,408</u>	<u>448,165</u>
<b>EXPENSES</b>						
Accounting and Auditing	-	-	-	12,700	-	12,700
Advertising and Promotion	-	5,104	5,104	-	-	5,104
Back to School Celebration	-	9,341	9,341	-	-	9,341
Clothing and Other In-Kind Assistance	-	171,428	171,428	-	-	171,428
Contractual Services	2,492	273	2,765	867	495	4,127
Depreciation	-	30,995	30,995	5,811	1,937	38,743
Educational Materials	-	500	500	-	-	500
Equipment Rental	3,417	621	4,038	1,266	723	6,027
Participant Expenses	10,049	57,467	67,516	-	-	67,516
Insurance	21,688	(4,861)	16,827	5,274	3,014	25,115
Interest Expense	-	-	-	4,179	-	4,179
Operating and Office Supplies	5,170	10,207	15,377	4,820	2,754	22,951
Other Expenses	10,259	16,291	26,550	-	-	26,550
Repairs and Maintenance	1,668	21,168	22,836	4,282	1,427	28,545
Telephone and Internet	-	5,557	5,557	370	1,482	7,409
Special Event Expenses	-	-	-	-	50,596	50,596
Training	-	585	585	110	37	732
Travel and Auto Mileage	-	407	407	76	25	508
Utilities	10,731	-	10,731	3,364	1,922	16,017
Total Expenses	<u>340,828</u>	<u>408,261</u>	<u>749,089</u>	<u>110,344</u>	<u>86,820</u>	<u>946,253</u>
Less Expenses Netted Against Revenues on the Statement of Activities:						
Special Event Expenses	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>(50,596)</u>	<u>(50,596)</u>
Total Expenses Included in the Expense Section of the Statement of Activities	<u>\$ 340,828</u>	<u>\$ 408,261</u>	<u>\$ 749,089</u>	<u>\$ 110,344</u>	<u>\$ 36,224</u>	<u>\$ 895,657</u>

See accompanying Notes to Financial Statements.



**SAFETY HARBOR NEIGHBORHOOD FAMILY CENTER, INC.**  
**STATEMENT OF FUNCTIONAL EXPENSES**  
**YEAR ENDED SEPTEMBER 30, 2018**

	Program		Total Program Services	Support		Totals
	Juvenile Welfare Board	Other Program Services		Management and General	Fundraising	
<b>SALARIES AND RELATED EXPENSES</b>						
Salaries	\$ 232,541	\$ -	\$ 232,541	\$ 43,602	\$ 14,534	\$ 290,677
Employee Benefits	27,178	-	27,178	5,096	1,699	33,973
Payroll Taxes	17,308	49	17,357	3,254	1,085	21,696
Total Salaries and Related Expenses	<u>277,027</u>	<u>49</u>	<u>277,076</u>	<u>51,952</u>	<u>17,318</u>	<u>346,346</u>
<b>EXPENSES</b>						
Accounting and Auditing	-	-	-	11,200	-	11,200
Advertising and Promotion	-	2,360	2,360	-	-	2,360
Back to School Celebration	-	8,983	8,983	-	-	8,983
Children Programs	-	103	103	-	-	103
Clothing and Other In-Kind Assistance	15,955	109,233	125,188	-	-	125,188
Contractual Services	2,962	464	3,426	1,074	614	5,114
Depreciation	8,814	18,098	26,912	5,046	1,682	33,640
Educational Materials	-	600	600	-	-	600
Equipment Rental	3,417	519	3,936	1,234	705	5,875
Participant Expenses	20,664	68,124	88,788	-	-	88,788
Insurance	12,023	-	12,023	3,769	2,154	17,946
Interest Expense	-	-	-	3,878	-	3,878
Operating and Office Supplies	3,484	15,785	19,269	6,040	3,451	28,760
Other Expenses	550	1,578	2,128	-	-	2,128
Repairs and Maintenance	2,814	3,610	6,424	1,204	401	8,029
Telephone and Internet	-	7,167	7,167	478	1,911	9,556
Special Event Expenses	-	-	-	-	58,215	58,215
Training	-	281	281	53	18	352
Travel and Auto Mileage	-	327	327	61	20	408
Utilities	10,046	10,951	20,997	6,581	3,761	31,339
Total Expenses	<u>357,756</u>	<u>248,232</u>	<u>605,988</u>	<u>92,570</u>	<u>90,250</u>	<u>788,808</u>
Less Expenses Netted Against Revenues on the Statement of Activities:						
Special Event Expenses	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>(58,215)</u>	<u>(58,215)</u>
Total Expenses Included in the Expense Section of the Statement of Activities	<u>\$ 357,756</u>	<u>\$ 248,232</u>	<u>\$ 605,988</u>	<u>\$ 92,570</u>	<u>\$ 32,035</u>	<u>\$ 730,593</u>

See accompanying Notes to Financial Statements.

**SAFETY HARBOR NEIGHBORHOOD FAMILY CENTER, INC.**  
**STATEMENTS OF CASH FLOWS**  
**YEARS ENDED SEPTEMBER 30, 2019 AND 2018**

	<u>2019</u>	<u>2018</u>
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>		
Change in Net Assets	\$ 111,562	\$ (85)
Adjustments to Reconcile Change in Net Assets to Net Cash Provided by Operating Activities:		
Depreciation Expense	38,743	33,640
Loss on Disposal of Fixed Assets	8,226	-
(Increase) or Decrease in Assets:		
Other Receivables	(48,474)	(3,959)
Prepaid Expenses	2,772	(2,787)
Other Assets	(267)	(15)
Increase or (Decrease) in Liabilities:		
Accounts Payable	2,326	(30,911)
Accrued Expenses	450	1,505
Deferred Revenue	-	375
Other Liabilities	107,613	-
Net Cash Provided (Used) by Operating Activities	<u>222,951</u>	<u>(2,237)</u>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>		
Purchase of Property and Equipment	(143,419)	(28,109)
Net Cash Used by Investing Activities	<u>(143,419)</u>	<u>(28,109)</u>
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>		
Repayment of Capital Lease Obligation	(589)	(2,179)
Net Cash Used by Financing Activities	<u>(589)</u>	<u>(2,179)</u>
<b>NET INCREASE (DECREASE) IN CASH</b>	78,943	(32,525)
Cash - Beginning of Year	<u>18,681</u>	<u>51,206</u>
<b>CASH - END OF YEAR</b>	<u>\$ 97,624</u>	<u>\$ 18,681</u>
<b>SUPPLEMENTAL DISCLOSURE OF CASH FLOW INFORMATION</b>		
Interest Paid	<u>\$ 4,179</u>	<u>\$ 3,878</u>
<b>NONCASH INVESTING ACTIVITIES</b>		
Assets Acquired from Capital Lease Obligation	<u>\$ -</u>	<u>\$ 2,799</u>

See accompanying Notes to Financial Statements.

**SAFETY HARBOR NEIGHBORHOOD FAMILY CENTER, INC.  
NOTES TO FINANCIAL STATEMENTS  
SEPTEMBER 30, 2019 AND 2018**

**NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

**Description of Organization**

Safety Harbor Neighborhood Family Center, Inc. (the Organization) was chartered as a Florida nonprofit corporation on September 24, 1996. The Organization operates a neighborhood family center with a mission to nurture and strengthen children, youth, adults, families, and communities through education, support services, and collaborative partnerships to improve lives and achieve self-sufficiency. Services are provided primarily to individuals and families residing in the cities of Safety Harbor, Oldsmar, and eastern Clearwater (zip codes 33759 and 33761) in Pinellas County, Florida. The Organization's primary sources of funding are grants and contributions.

The Organization's programs and services fall into four main categories:

- Critical basic needs - providing food, clothing, and hygiene products.
- Financial assistance and referrals - help with water, electric and transportation bills, access site to apply for state of Florida financial assistance, and holiday gifts to children who would go without.
- Career development - provide a job club, assistance in employment searches, technology training, and life coaching.
- School readiness/school success - provide back to school supplies to children, after school tutoring program to improve school success, and summer camp with educational components.

**Basis of Accounting**

The Organization follows standards of accounting and financial reporting prescribed for voluntary health and welfare organizations. It uses the accrual basis of accounting, which recognizes revenue when earned and expenses as incurred.

**Certificates of Deposit**

Certificates of deposit having initial maturities of more than three months and are recorded at cost.

**Property and Equipment**

Furniture, equipment, and vehicles are stated at cost, if purchased, or at estimated market value at the date of receipt if acquired by gift. It is the Organization's policy to capitalize items with cost or donated values in excess of \$1,000. Depreciation is calculated using the straight-line method over the estimated useful lives of the respective assets. Property acquired with restricted contributions or government funds is considered to be owned by the Organization while used in the program for which it was purchased or in future authorized programs; however, its disposition, as well as the ownership of any proceeds there from, is subject to applicable restrictions.

**SAFETY HARBOR NEIGHBORHOOD FAMILY CENTER, INC.**  
**NOTES TO FINANCIAL STATEMENTS**  
**SEPTEMBER 30, 2019 AND 2018**

**NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)**

**Revenue Recognition**

Revenue is recognized when earned. Program service fees and payments under cost-reimbursable contracts received in advance are deferred to the applicable period in which the related services are performed or expenditures are incurred, respectively. Contributions are recognized when cash, securities or other assets, or an unconditional promise to give is received. A receivable is recognized by the Organization for grants and contracts to be received from the grantor or donor. The Organization considers its receivables to be fully collectible. The Organization does not charge interest on outstanding accounts receivable. No allowance for doubtful accounts is required.

**Net Assets**

Net assets, revenues, gains, and losses are classified based on the existence or absence of donor or grantor imposed restrictions. Accordingly, net assets and changes therein are classified and reported as follows:

*Net Assets Without Donor Restrictions* – Net assets available for use in general operations and not subject to donor (or certain grantor) restrictions.

*Net Assets With Donor Restrictions* – Net assets subject to donor- (or certain grantor) imposed restrictions. Some donor-imposed restrictions are temporary in nature, such as those that will be met by the passage of time or other events specified by the donor. Other donor-imposed restrictions are perpetual in nature, where the donor stipulates that resources be maintained in perpetuity. Gifts of long-lived assets and gifts of cash restricted for the acquisition of long-lived assets are recognized as restricted revenue when received and released from restrictions when the assets are placed in service. Donor-imposed restrictions are released when a restriction expires, that is, when the stipulated time has elapsed, when the stipulated purpose for which the resource was restricted has been fulfilled, or both.

**Donated Services**

In accordance with generally accepted accounting principles the value of donated services is reported in the financial statements when the services require specialized skills that would have been purchased if not donated. All such amounts are included in donated services from Juvenile Welfare Board of Pinellas County, Inc. in the accompanying statements of activities. A number of volunteers have donated significant amounts of time to the Organization's operations. However, they are not reflected on the accompanying financial statements, since they do not meet the requirements.

**Functional Expenses**

The costs of program and supporting services activities have been summarized on a functional basis in the statements of activities. The statements of functional expenses present the natural classification detail of expenses by function. Accordingly, certain costs such as depreciation, repairs and maintenance, and insurance expenses have been allocated among the programs and supporting services benefited based on the approximate usage of the property and equipment. Costs such as utilities, office supplies, operating expenses and telephone usage are based on the approximate time allocation of the Organization's employees.

**SAFETY HARBOR NEIGHBORHOOD FAMILY CENTER, INC.  
NOTES TO FINANCIAL STATEMENTS  
SEPTEMBER 30, 2019 AND 2018**

**NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)**

**Income Taxes**

The Organization is exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code. Accordingly, no provision for federal and state income taxes has been made in the accompanying financial statements.

The Organization has adopted the standard for accounting for uncertain tax positions. The standard prescribes a recognition threshold and measurement principles for the financial statement recognition and measurement of tax positions taken or expected to be taken on a tax return that are not certain to be realized.

The Organization's tax returns are subject to review and examination by federal and state authorities. The Organization is not aware of any activities that would jeopardize its tax-exempt status. The Organization is not aware of any activities that are subject to tax on unrelated business income or excise taxes.

**Use of Estimates**

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

**Change in Accounting Principle**

On August 18, 2016, FASB issued Accounting Standards Update (ASU) 2016-14, Not-for-Profit Entities (Topic 958) – Presentation of Financial Statements of Not-for-Profit Entities. The 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. The Organization has implemented ASU 2016-14 and has adjusted the presentation in these financial statements accordingly. The ASU has been applied retrospectively to all periods presented, with the exception of liquidity disclosure as permitted by the standard only presented for the year ended September 30, 2019.

**Subsequent Events**

Management has performed an analysis of the activities and transactions subsequent to September 30, 2019 to determine the need for any adjustments to and/or disclosures within the audited financial statements for the year ended September 30, 2019. Management has performed their analysis through February 26, 2020, the date the financial statements were available to be issued.

**SAFETY HARBOR NEIGHBORHOOD FAMILY CENTER, INC.**  
**NOTES TO FINANCIAL STATEMENTS**  
**SEPTEMBER 30, 2019 AND 2018**

**NOTE 2 LIQUIDITY AND AVAILABILITY**

Financial assets available for general expenditure, that is, without donor or other restrictions limiting their use, within one year of the statement of financial position date, comprise the following:

Cash	\$ 97,624
Certificates of Deposit	22,441
Other Receivables	59,826
Total	<u>\$ 179,891</u>

The Organization regularly monitors the availability of resources required to meet its operating needs and other contractual commitments. For purposes of analyzing resources available to meet general expenditures over a 12-month period, the Organization considers all expenditures related to its ongoing activities as well as the conduct of services undertaken to support those activities to be general expenditures.

**NOTE 3 PROPERTY AND EQUIPMENT**

Property and equipment consist of the following at September 30:

	2019	2018	Estimated Original Useful Lives
Land	\$ 109,800	\$ 109,800	
Buildings and Improvements	662,024	635,914	39 Years
Furniture and Fixtures	39,455	12,600	5 Years
Vehicles	73,685	-	5 Years
Computers and Office Equipment	37,569	37,569	3 to 5 Years
Signs	6,431	6,431	7 Years
Total Property and Equipment	<u>928,964</u>	<u>802,314</u>	
Less: Accumulated Depreciation	<u>(324,573)</u>	<u>(294,373)</u>	
Total	<u>\$ 604,391</u>	<u>\$ 507,941</u>	

Depreciation expense for the years ended September 30, 2019 and 2018 was \$38,743 and \$33,640, respectively.

The land, building and improvements are subject to donor restrictions whereby ownership of the land, building, and improvements may revert back to the donor if the Organization fails to follow the restrictions imposed by the donor, which includes using the donated property for the purpose of housing a neighborhood family center and day care facility.

**NOTE 4 CONTINGENCY**

The Organization is subject to audit examination by funding sources to determine compliance with grant conditions. In the event that any expenditure would be disallowed, repayment could be required.

**SAFETY HARBOR NEIGHBORHOOD FAMILY CENTER, INC.**  
**NOTES TO FINANCIAL STATEMENTS**  
**SEPTEMBER 30, 2019 AND 2018**

**NOTE 5 NET ASSETS WITH DONOR RESTRICTIONS**

Net assets with donor restrictions were available for the following purposes as of September 30:

	2019	2018
Back Pack Buddies	\$ 2,243	\$ 2,243
Food Pantry	2,231	6,252
Child/Family Support	1,405	1,577
Emergency-SHARE	784	784
Total	<u>\$ 6,663</u>	<u>\$ 10,856</u>

The net assets released from grant and contract restrictions by incurring expenses satisfying the restricted purpose during September 30 were as follows:

	2019	2018
Safety Harbor Funds	\$ 50,177	\$ 51,143
Food Pantry	21,952	12,258
Child/Family Support	13,687	14,671
Back Pack Buddies	7,993	28
Childrens' Scholarships	7,855	6,637
Total	<u>\$ 101,664</u>	<u>\$ 84,737</u>

**NOTE 6 CONCENTRATIONS**

Revenue received from the Juvenile Welfare Board of Pinellas County, Inc. represent 59% and 60% of total revenue for the years ended September 30, 2019 and 2018, respectively. Funds receivable from Juvenile Welfare Board of Pinellas County, Inc. represent 100% of accounts receivable as of September 30, 2019. There were no funds receivable from Juvenile Welfare Board of Pinellas County, Inc. as of September 30, 2018.

**NOTE 7 LONG TERM LIABILITY**

The Organization has recorded a long term liability that is due to Juvenile Welfare Board of Pinellas County (JWB) for amounts advanced to the Organization. The funds are not required to be paid back while the Organization is engaged in a funding agreement with the JWB. Should either JWB or the Organization choose to discontinue the funding relationship, the payable would be due upon termination of the funding agreement.

**SAFETY HARBOR NEIGHBORHOOD FAMILY CENTER, INC.**  
**NOTES TO FINANCIAL STATEMENTS**  
**SEPTEMBER 30, 2019 AND 2018**

**NOTE 8 CAPITAL LEASE OBLIGATIONS**

The Organization leases equipment under capital lease agreements which expires in 2023. The liability, representing the present value of the future minimum lease payments, is recorded on the accompanying statements of financial position. The leased assets are amortized over their estimated productive lives. Amortization of assets under capital lease is included in depreciation expense. The cost of the leased equipment is \$5,798 and \$5,798 as of September 30, 2019 and 2018, respectively, and related accumulated amortization \$2,609 and \$1,449 as of September 30, 2019 and 2018 respectively.

Aggregate future minimum lease payments under capital lease obligation as of September 30, 2019 are as follows:

<u>Year Ending September 30,</u>	<u>Amount</u>
2020	\$ 4,630
2021	4,630
2022	2,958
2023	<u>1,968</u>
Total Future Minimum Lease Payments	14,186
Less: Amount Representing Interest	(9,432)
Present Value of Future Minimum Lease Payments	<u><u>\$ 4,754</u></u>

**NOTE 9 OPERATING LEASES**

The Organization leases one automobile for \$5,118 per year under a three-year lease agreement expiring March 6, 2020. Future minimum lease payments that are due under these leases are as follows:

<u>Year Ending September 30,</u>	<u>Amount</u>
2020	\$ 2,125
Total Future Minimum Lease Payments	<u><u>\$ 2,125</u></u>

**NOTE 10 DONATED SERVICES**

The Contributions of services were recognized based on the criteria that they created or enhanced nonfinancial assets. A number of volunteers have donated significant amounts of their time to the Organization's operations. However, these donated services are not reflected in the financial statements since these services do not meet the criteria for recognition as contributed services. The value of donated services in the financial statements and the corresponding management and general expenses for the years ended September 30, 2019 and 2018 are \$36,331 and \$15,955, respectively.





**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***

Board of Directors  
Safety Harbor Neighborhood Family Center, Inc.  
Clearwater, Florida

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of Safety Harbor Neighborhood Family Center, Inc. (the Organization), which comprise the statement of financial position as of September 30, 2019, and the related statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated February 26, 2020.

**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 and therefore, material weaknesses or significant deficiencies may exist that have not been identified. We consider the deficiency described in the accompanying schedule of findings and responses as item 2019-001 to be a material weakness.

**Board of Directors**

Safety Harbor Neighborhood Family Center, Inc.

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. We consider the deficiency described in the accompanying schedule of findings and responses as item 2019-002 to be a significant deficiency.

**Compliance and Other Matters**

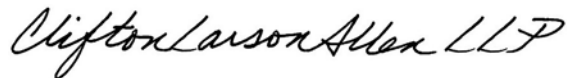
As part of obtaining reasonable assurance about whether the Organization's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material 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*.

**Safety Harbor Neighborhood Family Center, Inc.'s Response to Findings**

Safety Harbor Neighborhood Family Center, Inc.'s response to the findings identified in our audit is described in the accompanying schedule of findings and responses. Safety Harbor Neighborhood Family Center, Inc.'s responses were not subjected to the auditing procedures applied in the audit of the financial statements and accordingly, we express no opinion.

**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 result of that testing, and not to provide an opinion on the effectiveness of the entity'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 entity's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.



**CliftonLarsonAllen LLP**

Lakeland, Florida  
February 26, 2020

**SAFETY HARBOR NEIGHBORHOOD FAMILY CENTER, INC.  
SCHEDULE OF FINDINGS AND RESPONSES  
SEPTEMBER 30, 2019**

**Material Weakness**

**2019-001:**

**MATERIAL AUDIT ADJUSTMENTS**

**Condition:** During our audit, we noted material audit adjustments were required to be posted to the financial statements in order to properly state the balances at year-end in accordance with generally accepted accounting principles.

**Criteria:** All accounting transactions should be properly recorded during the year.

**Effect:** The financial statements were materially incorrect.

**Cause:** Internal controls over the preparation of the general ledger by the outside accountants did not identify the misstatements.

**Recommendation:** We recommend management establish an internal control process to ensure the general ledger is prepared accurately and reflects all activity of the Organization.

**Corrective Action Plan:** This year our primary funder JWB required the use of an Accounting Service Organization (ASO) to handle our accounting functions. The contract was held between JWB and the ASO. Our organization was the third party to the agreement. The transition created some difficulties. New procedures are being implemented to ensure that all transactions are recorded correctly.

**Significant Deficiencies**

**2019-002:**

**IMPROVE MONTH-END AND YEAR-END CLOSING PROCESSES**

**Condition:** Several journal entries were provided by the outside accountants after the year-end close process was completed and there was no evidence of management approval of journal entries performed during the year.

**Criteria:** All accounting transactions should be properly recorded during the year in accordance with generally accepted accounting principles and journal entries should be reviewed and approved timely.

**Effect:** There was a delay in producing the year-end entries to convert the general ledger from modified cash basis and there could be misstatements in the accounting records due to the lack of review.

**Cause:** All of the journal entries required to convert the general ledger from modified cash basis had not been made at year-end. During the transition to a different accounting function, the Organization did not update all of their procedures.

**Recommendation:** We recommend management establish an internal control process to ensure all entries are made at year-end to reflect the accrual basis of accounting. We also recommend internal controls be put in place to allow for review and approval for journal entries.

**SAFETY HARBOR NEIGHBORHOOD FAMILY CENTER, INC.  
SCHEDULE OF FINDINGS AND RESPONSES  
SEPTEMBER 30, 2019**

**Significant Deficiencies – Continued**

**2019-002: IMPROVE MONTH-END AND YEAR-END CLOSING PROCESSES**

**Corrective Action Plan:** Due to the changes during the fiscal year, new processes need to be implemented to ensure year-end procedures are completed appropriately and that a new process for journal entries be instituted immediately.



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**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***

Board of Directors  
Safety Harbor Neighborhood Family Center, Inc.  
Clearwater, Florida

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of Safety Harbor Neighborhood Family Center, Inc. (the Organization), which comprise the statement of financial position as of September 30, 2019, and the related statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated February 26, 2020.

**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 and therefore, material weaknesses or significant deficiencies may exist that have not been identified. We consider the deficiency described in the accompanying schedule of findings and responses as item 2019-001 to be a material weakness.

Board of Directors  
Safety Harbor Neighborhood Family Center, Inc.

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. We consider the deficiency described in the accompanying schedule of findings and responses as item 2019-002 to be a significant deficiency.

### **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*.

### **Safety Harbor Neighborhood Family Center, Inc.'s Response to Findings**

Safety Harbor Neighborhood Family Center, Inc.'s response to the findings identified in our audit is described in the accompanying schedule of findings and responses. Safety Harbor Neighborhood Family Center, Inc.'s responses were not subjected to the auditing procedures applied in the audit of the financial statements and accordingly, we express no opinion.

### **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 result of that testing, and not to provide an opinion on the effectiveness of the entity'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 entity's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.



**CliftonLarsonAllen LLP**

Lakeland, Florida  
February 26, 2020

**SAFETY HARBOR NEIGHBORHOOD FAMILY CENTER, INC.  
SCHEDULE OF FINDINGS AND RESPONSES  
SEPTEMBER 30, 2019**

**Material Weakness**

**2019-001:**

**MATERIAL AUDIT ADJUSTMENTS**

**Condition:** During our audit, we noted material audit adjustments were required to be posted to the financial statements in order to properly state the balances at year-end in accordance with generally accepted accounting principles.

**Criteria:** All accounting transactions should be properly recorded during the year.

**Effect:** The financial statements were materially incorrect.

**Cause:** Internal controls over the preparation of the general ledger by the outside accountants did not identify the misstatements.

**Recommendation:** We recommend management establish an internal control process to ensure the general ledger is prepared accurately and reflects all activity of the Organization.

**Corrective Action Plan:** This year our primary funder JWB required the use of an Accounting Service Organization (ASO) to handle our accounting functions. The contract was held between JWB and the ASO. Our organization was the third party to the agreement. The transition created some difficulties. New procedures are being implemented to ensure that all transactions are recorded correctly.

**Significant Deficiencies**

**2019-002:**

**IMPROVE MONTH-END AND YEAR-END CLOSING PROCESSES**

**Condition:** Several journal entries were provided by the outside accountants after the year-end close process was completed and there was no evidence of management approval of journal entries performed during the year.

**Criteria:** All accounting transactions should be properly recorded during the year in accordance with generally accepted accounting principles and journal entries should be reviewed and approved timely.

**Effect:** There was a delay in producing the year-end entries to convert the general ledger from modified cash basis and there could be misstatements in the accounting records due to the lack of review.

**Cause:** All of the journal entries required to convert the general ledger from modified cash basis had not been made at year-end. During the transition to a different accounting function, the Organization did not update all of their procedures.

**Recommendation:** We recommend management establish an internal control process to ensure all entries are made at year-end to reflect the accrual basis of accounting. We also recommend internal controls be put in place to allow for review and approval for journal entries.

**COMMUNITY DEVELOPMENT BLOCK GRANT – CORONAVIRUS RESPONSE PROGRAM SUBAWARD  
SPECIFIC PERFORMANCE AGREEMENT**

This COMMUNITY DEVELOPMENT BLOCK GRANT – CORONAVIRUS RESPONSE PROGRAM SUBAWARD (AGREEMENT), is made by and between **Pinellas County** (hereinafter **COUNTY**), a political subdivision of the State of Florida, having its principal office at 315 Court Street, Clearwater, Florida 33756 and **Safety Harbor Neighborhood Family Center, Inc. d/b/a Mattie Williams Neighborhood Family Center** (hereinafter **AGENCY**), a not-for-profit corporation organized under the laws of the State of Florida, having its principal office at 1003 Dr. Martin Luther King Street North, Safety Harbor, Florida 34695:

WHEREAS, the **COUNTY'S** long-term community development goal is to develop livable communities by providing decent housing, a suitable living environment and expanded economic opportunities, principally for persons of low and moderate income, and to aid in the prevention and elimination of slums and blight; and

WHEREAS, the **COUNTY'S** 2019-2020 Community Development Annual Action Plan (Action Plan) includes Community Development Block Grant (CDBG) funds from the Department of Housing and Urban Development (HUD) under Title 1 of the Housing and Community Development Act of 1974, as amended (42 U.S.C. 5301 et seq.) to provide housing, public services, community development and other assistance to eligible beneficiaries; and

WHEREAS, the 2019-2020 Action Plan certifies the **COUNTY'S** compliance with Community Development Block Grant (CDBG), HOME Investment Partnerships Program (HOME), and Emergency Solutions Grant (ESG) regulations and specifies projects to be funded under those grants; and

WHEREAS, the Board of County Commissioners, in Resolution 19-48, approved the 2019-2020 Action Plan; and

WHEREAS, through the Coronavirus Aid, Relief and Economic Security Act (CARES Act) (Public Law 116-136), a supplemental award of CDBG Coronavirus Response funds (CDBG-CV) was made available for grants to prevent, prepare for, and respond to the Coronavirus pandemic (COVID-19); and

WHEREAS, HUD has allocated CDBG-CV funds to Pinellas County to be used to fund activities that mitigate the impacts of COVID-19 on low- and moderate-income residents; and

WHEREAS, the Board of County Commissioners approved a Substantial Amendment to the 2019-2020 Action Plan to include CDBG-CV funds in order to carry out eligible activities; and

WHEREAS, HUD has approved the **COUNTY'S** Action Plan and use of funds for the activities identified in the Action Plan and Substantial Amendment to the Action Plan; and

WHEREAS, as a result of the submission and approval of the **COUNTY'S** Action Plan and Substantial Amendment to the Action Plan, **COUNTY** and HUD have entered into Funding Approval/Agreements; and



WHEREAS, the **AGENCY** has requested funding for costs to prevent, prepare for, and respond to COVID-19, hereinafter referred to as the Mattie Williams Neighborhood Family Center Operations Project; and

WHEREAS, this is an eligible project and meets the criteria of a National Objective under CDBG regulations at 24 CFR Part 570.201(e) and 24 CFR Part 570.208(a)(2)(i)(A); and

WHEREAS, the CDBG-CV Public Services Program was approved as a project in the Substantial Amendment to the Action Plan and the **AGENCY'S** request for funding is eligible under the project; and

WHEREAS, the **COUNTY** will serve as a pass-through entity for **AGENCY** to receive CDBG-CV funding for the project; and

WHEREAS, under the CDBG-CV Grant and other applicable Federal law, it is required that the **COUNTY** and the **AGENCY** enter into a written subrecipient agreement for the implementation of this activity; and

WHEREAS, the Pinellas County Housing and Community Development Department (DEPARTMENT) administers the CDBG program, including the CDBG-CV funding, on behalf of the **COUNTY**.

NOW, THEREFORE, in consideration of the mutual performance of the promises and covenants contained herein, **COUNTY** and **AGENCY** agree as follows:

## 1. PROJECT DESCRIPTION

- a) **COUNTY** shall provide funds to **AGENCY** under this AGREEMENT for costs associated with transitioning to a drive-through food distribution process, pick-up food distribution, home delivery, food storage, and supplies at the **AGENCY'S** Mattie Williams Neighborhood Family Center located at 1103 Dr. Martin Luther King Street North, Safety Harbor, FL 34695, for the benefit of approximately 320 low- and moderate-income households.
- b) **AGENCY** agrees that any equipment purchases to be reimbursed under this AGREEMENT shall be approved in advance by **COUNTY**, if expense is estimated to be \$500 or more. **AGENCY** agrees that it is **AGENCY'S** responsibility to notify **COUNTY** and provide two bids with notice of said items. Any said purchases made without prior **COUNTY** approval shall not be eligible for reimbursement.

## 2. MONITORING

**COUNTY** shall have the right to monitor the **AGENCY** to ensure funding provided by this AGREEMENT is used for authorized purposes, and that performance goals are achieved by evaluating performance against goals and standards as stated above.

Depending on the **COUNTY'S** assessment of risk of performance by **AGENCY**, additional requirements may be imposed on the **AGENCY**, including training, technical assistance, desk-top and on-site reviews.

Substandard performance as determined by the **COUNTY** will constitute noncompliance with this AGREEMENT.

### 3. TERM OF AGREEMENT; EFFECTIVE DATE

This AGREEMENT shall become valid and binding upon proper execution by the parties hereto, and unless terminated pursuant to the terms herein, shall continue in full force and effect until **December 31, 2020**, or until **COUNTY'S** full and complete disbursement of funding to **AGENCY**, whichever comes first. **AGENCY** may use the funds provided herein to cover eligible PROJECT expenses incurred by the **AGENCY** between **March 27, 2020 – December 31, 2020**.

### 4. FUNDING

- a) **COUNTY**, through DEPARTMENT, shall pay **AGENCY** a maximum of **\$40,000.00 (Forty Thousand and NO/100 Dollars)** in CDBG-CV funding for the PROJECT described in Section 1 (“Project Description”) of this AGREEMENT.
- b) If **AGENCY** receives notification from a third-party funding source of an offer for additional funding to complete the PROJECT, **AGENCY** shall notify **COUNTY** in writing within thirty (30) days of receiving notification and submit a cost allocation plan for approval by **COUNTY** within forty-five (45) days of said notification. Should **AGENCY** collect any third-party payments for eligible activities for which **COUNTY** has reimbursed **AGENCY**, **AGENCY** shall reimburse **COUNTY** up to the total amount reimbursed by **COUNTY**.
- c) **COUNTY** shall pay **AGENCY**, on a reimbursement basis only, for all allowable agreed upon expenses to complete the PROJECT. Reimbursement will be provided only for costs that can be documented as being directly related to the PROJECT, “including allowable indirect costs, if pre-approved in the award letter.” Project Budget shall consist of, and be limited to, the following expenditures, shown in the Project Budget table below, and be documented in accordance with 2 CFR Part 200.413 and 2 CFR Part 200.414. However, the **AGENCY** may reallocate funds for allowable direct costs, or move funds between Project Budget line items, as long as the net cost line item modification does not exceed ten percent (10.0%) of the total maximum funding amount under this AGREEMENT.

(REMAINDER OF PAGE INTENTIONALLY BLANK)

Project Budget	Amount
<b>Direct Costs:</b>	
Food	\$12,000.00
Operating Expenses-Supplies	\$20,745.00
Pre-Award Food	\$2,563.00
Pre-Award- Operating Expenses-Supplies	\$4,692.00
<b>Subtotal:</b>	<b>\$40,000.00</b>
<b>Indirect Cost Rate</b> (choose only one of the following, or insert "N/A" if not requesting reimbursement for indirect costs)	
___ % Federally Negotiated Rate	<b>N/A</b>
10% de Minimis rate of Modified Total Direct Costs (MTDC)	
<b>TOTAL:</b>	<b>\$40,000.00</b>
* Per Section 4 (c) the <b>AGENCY</b> may reallocate funds for allowable direct costs or move funds between Project Budget line items as long as the net cost line item modification does not exceed ten percent (10.0%) of the total maximum funding amount under this AGREEMENT.	

- d) **AGENCY** shall submit supporting documentation with each request for reimbursement of actual costs incurred by **AGENCY** in carrying out the PROJECT as described in Project Description. All requests must be approved by **COUNTY**, through the DEPARTMENT, prior to payment. A "Request for Reimbursement" form will be provided to **AGENCY** by the DEPARTMENT.
- e) Upon receipt and acceptance of a complete reimbursement request, **COUNTY** shall pay **AGENCY** in accordance with 2 CFR 200.305(b) (3) (Payment).
- f) Should **AGENCY** fail to submit adequate supporting documentation with each request for payment as required by **COUNTY**, the **COUNTY** may disapprove the request.
- g) It is understood that this AGREEMENT is funded in whole or in part with CDBG-CV funds provided to **COUNTY** by HUD and is subject to those regulations and restrictions normally associated with federally-funded programs and any other requirements that the **COUNTY** may prescribe.
- h) **AGENCY** agrees that in the event that any grant is reduced or withheld by HUD, **COUNTY** shall not be liable for payment of PROJECT expenses remaining unfunded by said reduced or withheld amount of the grant, with the exception of services or activities contracted by the **AGENCY**, prior to notification by HUD to **COUNTY** of grant reduction or grant funding withheld.
- i) In the event that HUD determines that **AGENCY** has not fulfilled its obligations in accordance with the requirements applicable to the grant and/or requests reimbursement of expenses paid under this AGREEMENT, **AGENCY** shall provide said reimbursement from non-federal sources within ten (10) days of said notice from **COUNTY**.
- j) **AGENCY** shall insure recognition of the role of the **COUNTY** in providing funding through this AGREEMENT. Where possible, all media, press releases, and publications utilized pursuant to this AGREEMENT shall be prominently labeled as to the funding source.

- k) **AGENCY** shall comply with all other requirements in **Attachment A**, Financial and Administrative Requirements, and **Attachment B**, Employment and Personnel Requirements, adopted and incorporated herein. **AGENCY** shall ensure contracts with contractors comply with all requirements in **Attachment C**, Contract Provisions for Contracts Under Federal Awards.

5. **SPECIFIC GRANT INFORMATION:** 2 CFR Part 200.331(a) (1) (Federal Award Identification) requires that certain specific information about the Grant be included in this AGREEMENT. Such information, consistent with the accordant subsections under 2 CFR Part 200.331(a)(1), follows:

(a)	Subgrantee's Name	Safety Harbor Neighborhood Family Center, Inc. d/b/a Mattie Williams Neighborhood Family Center
(b)	Subgrantee's DUNS Number	947557609
(c)	Federal Award Identification Number (FAIN)	B-20-UW-12-0005
(d)	Federal Award Date	TBD
(e)	Subaward Period of Performance Start and End Date	March 27, 2020 – December 31, 2020
(f)	Amount of Federal Funds Obligated by this Action ("by the pass-through entity to the subgrantee")	\$40,000.00
(g)	Total Amount of Federal Funds Obligated to Subgrantee ("by the pass-through entity including the current obligation") including other SPA's	\$40,000.00
(h)	Total Amount of the Federal Award ("committed to the subgrantee by the pass-through entity.")	\$40,000.00
(i)	Federal Award Project Description, as required to be responsive to the Federal Funding Accountability and Transparency Act (FFATA)	Provision of funds for Public Services related to COVID 19
(j)	Name of Federal Awarding Agency	U. S. Department of Housing and Urban Development (HUD)
(k)	Pass-Through Entity, GRANTEE	Pinellas County
(l)	Contact Information for Awarding Official, GRANTEE	Brook Gajan, Compliance Manager 440 Court Street, 2 <sup>nd</sup> Floor Clearwater, FL 33756 Phone: 727-464-8232
(m)	CFDA Number and Name	14.218 Community Development Block Grant/Entitlement Grants
(n)	Amount Made Available Under Each Federal Award	\$1,481,969.00
(o)	Identification of Whether the Award is R&D	Award not for R&D
(p)	Indirect Cost Rate for the Federal Award (including if the de Minimis rate is charged)	N/A

## 6. USE AND REVERSION OF ASSETS

Although no program income, as defined by 24 CFR Part 570.500(a), is anticipated as a result of this PROJECT, any such income received by **AGENCY** is to be returned to **COUNTY** within thirty (30) days of receipt of such funds. Upon completion of the PROJECT, **AGENCY** shall transfer to **COUNTY** any grant funds on hand and any accounts receivable attributable to the use of those funds.

## 7. DEFAULT

The **AGENCY** will be in default of this AGREEMENT, if **AGENCY** materially fails to perform under this AGREEMENT, including but not limited to:

- a) Failure to comply with any of the rules, regulations or provisions referred to herein, or such statues, regulations, executive orders, or HUD guidelines, policies or directives as may become applicable at any time;
- b) Failure, for any reason, of the **AGENCY** to fulfill in a timely and proper manner its obligations under this AGREEMENT;
- c) Ineffective or improper use of funds provided under this AGREEMENT; or
- d) Submission by the **AGENCY** to **COUNTY** of reports that are incorrect or incomplete in any material respect.

In the event of a default by **AGENCY**, **COUNTY** may impose additional conditions, including requiring additional information from **AGENCY** to determine reasons for, or extent of, noncompliance or lack of performance, withhold authority to proceed to the next phase, require additional project monitoring, require the **AGENCY** to obtain technical or management assistance. **COUNTY** may also give **AGENCY** a reasonable opportunity to cure the default; reasonableness shall be determined by **COUNTY** and shall be based upon the nature and extent of the default.

## 8. REMEDIES

In the event of a default, **COUNTY** shall be entitled, in addition to all other remedies provided in law or equity:

- a) To compel specific performance by **AGENCY** of its obligations under this AGREEMENT;
- b) In accordance with 2 CFR Part 200.338, if **COUNTY** determines in its sole discretion that non-compliance or non-performance of the terms of the AGREEMENT cannot be remedied by the imposition of additional conditions, or if **COUNTY** determines that an opportunity to cure the default is unwarranted or will likely be ineffective, **COUNTY** may take one or more of the following actions upon seven (7) calendar days' notice in writing to **AGENCY**:

- i. Temporarily withhold reimbursement requests pending correction of the identified deficiency;
- ii. Disallow use of funds and any applicable matching credit for all, or a part of the cost of the activity or action not in compliance;
- iii. Initiate suspension or debarment proceedings;
- iv. Withhold further Federal awards for the project or program;
- v. Wholly or partly suspend or terminate the AGREEMENT; or
- vi. Take any other legal or equitable action available.

Per 2 CFR Part 200.341, **AGENCY** will be entitled to hearings, appeals or other administrative proceedings to which **AGENCY** is entitled under any statute or regulation applicable to the action involved.

## 9. TERMINATION

**Termination for cause.** This AGREEMENT may be terminated by **COUNTY** for cause in accordance with Section 8 herein (Remedies).

**Termination for convenience.** This AGREEMENT may be terminated by **COUNTY** or **AGENCY**, in whole or in part, upon sixty (60) days written notice by the terminating party, by setting forth the reasons for such termination, the effective date, and, in the case of partial termination, the portion to be terminated. However, if in the case of a partial termination initiated by **AGENCY**, the **COUNTY** determines that the remaining portion of the award will not accomplish the purpose for which the award was made, the **COUNTY** may terminate the award in its entirety. When applicable, the **COUNTY** will follow requirements per 2 CFR Part 200.339 for reporting termination of AGREEMENT to the OMB-designated integrity and performance system, System for Award Management (SAM) database.

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

**Effects of Termination.** Costs to the **AGENCY** resulting from obligations incurred by the **AGENCY**, or during a suspension after termination of the AGREEMENT are not allowable unless the **COUNTY** otherwise expressly authorizes **AGENCY** in the notice of suspension or termination. Costs to the **AGENCY** during suspension or after termination are allowable if resulting from obligations which were properly incurred before the effective date of suspension or termination, or if the costs would be allowable if the AGREEMENT was not suspended or expired normally at the end of the AGREEMENT in which the termination takes effect.

## 10. HOLD HARMLESS

**AGENCY** shall indemnify, save and hold **COUNTY** and all of its departments, officers and employees, harmless from and against all costs, expenses, liabilities, suits, claims, losses, damages, and demands of every kind or nature, by or on behalf of any person or persons whomsoever or whatsoever arising out of or in any manner resulting from or connected with any accident, injury, death or damage which may happen during the time period covered by this AGREEMENT for activities performed under the administration and direction of said **AGENCY**. **AGENCY** will defend any actions or suits brought against **COUNTY** by reason of **AGENCY'S** failure

or neglect in complying with any of the conditions and obligations of this AGREEMENT, or any tort liability arising out of actions of **AGENCY** or any of its agents or subcontractors.

## 11. INSURANCE

- a) **AGENCY** shall procure, pay for and maintain insurance coverage per **Attachment D**, Insurance Requirements.
- b) **AGENCY** shall furnish **COUNTY**, or its designee, with properly executed Certificate of Insurance which shall clearly evidence all insurance required in this section prior to commencement of PROJECT. The certificates will, at a minimum, list exclusions, limits of liability and coverage. The certificate will provide that the underlying insurance contract will not be cancelled or allowed to expire except on thirty (30) days prior written notice to the **COUNTY**.

## 12. NOTICES; AGREEMENT REPRESENTATIVES

- a) Notices required by this AGREEMENT shall be in writing and delivered via mail (postage required), commercial courier, or personal delivery or sent by facsimile or other electronic means. Any notices delivered or sent as aforesaid shall be effective on the date of delivery or sending. All notices and other communications under this AGREEMENT shall be addressed to the individuals in the capacities indicated below, unless otherwise identified in this AGREEMENT or modified by subsequent written notice.
- b) PROJECT shall be conducted and administered under the direction of **AGENCY** representative. Unless otherwise specified herein or necessary, **AGENCY** representative shall coordinate PROJECT implementation with **COUNTY** representative (Project Manager). Further, unless otherwise stipulated herein or necessary, all notices, invoices, payments, reports, and other written communications shall be conducted and exchanged between the representatives for **AGENCY** and **COUNTY**, the contact information for whom follows:

**COUNTY REPRESENTATIVE:**

Natasha Suarez, Project Manager  
 Pinellas County Housing and  
 Community Development  
 440 Court Street, 2nd Floor  
 Clearwater, Florida 33756  
 Telephone: 727-464-8241  
 Fax: 727-464-8254  
 Email: nsuarez@pinellascounty.org

**AGENCY REPRESENTATIVE:**

Janet L. Hooper, Executive Director  
 Safety Harbor Neighborhood Family Center, Inc.  
 d/b/a Mattie Williams Neighborhood Family Center  
 1003 Dr. Martin Luther King Jr. Street North  
 Safety Harbor, Florida 34695-3406  
 Telephone: 727-791-8255  
 Fax: 727-725-2930  
 Email: jhooper@mwnfc.org

## 13. MODIFICATIONS

- a) **COUNTY** or **AGENCY** may amend this AGREEMENT at any time to conform with Federal, state or local governmental guidelines and policies, or for other reasons provided that such amendments make specific reference to this AGREEMENT, and are executed in writing, signed by a duly authorized representative of **COUNTY** and **AGENCY**, and approved by the **COUNTY'S** governing body. Such

amendments will not invalidate this AGREEMENT, nor relieve or release the **COUNTY** or **AGENCY** from its obligations under this AGREEMENT.

- b) Modifications to this AGREEMENT for minor project description updates that do not change the purpose of the project and for budget line item changes that do not increase the maximum funding amount shall be submitted in the format prescribed and provided by the **COUNTY** in **Attachment E**, Modification Form, which may be executed on behalf of the **COUNTY** by the Director of the Planning Department.

#### 14. ASSIGNABILITY

**AGENCY** shall not assign any interest in this AGREEMENT or otherwise transfer interest in this AGREEMENT without the prior written approval of **COUNTY**. All requirements of this AGREEMENT shall be applicable to any subcontracts entered into under this AGREEMENT and it shall be **AGENCY'S** responsibility to ensure that all requirements are included in said subcontracts and all subcontractors abide by said requirements.

**AGENCY** shall not pledge, mortgage this grant award, or any interest therein or any claim arising thereunder, to any party or parties, banks, trust companies, or other financing or financial institutions without the written approval of the **COUNTY**.

#### 15. GOVERNING LAW

**AGENCY** agrees to comply with the following Federal laws incorporated herein by reference as though set forth in full, which shall govern this AGREEMENT except as otherwise provided herein:

- a) Title 1 of the Housing and Community Development Act of 1974, as amended (42 U.S.C. 5301 et seq.);
- b) Terms and conditions of the government grants under Title IX, Subchapter C, Part I of the Omnibus Budget Reconciliation Act of 1993 (26 U.S.C. 1391, et seq.);
- c) Title 24 of the Code of Federal regulations, 570 (HUD regulations concerning CDBG);
- d) The "Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards," codified at 2 CFR Part 200; and
- e) Any and all laws, statutes, ordinances, rules, regulations or requirements of the Federal, State or local governments, and any agencies thereof, which relate to or in any manner affect the performance of this AGREEMENT.

Further, **AGENCY** agrees to comply with all other applicable Federal, state and local laws, regulations, and policies governing **AGENCY'S** organization and governing the Award provided under this AGREEMENT. **Attachment F**, Federal Program Requirements, provides a partial overview of federal requirements as they relate to the Award. **AGENCY** further agrees to utilize funds available under this AGREEMENT to supplement rather than supplant funds otherwise available. This AGREEMENT incorporates all terms and conditions of the Grant and are hereby imposed upon **AGENCY**. Moreover, those rights reserved by HUD in the Grant are hereby reserved by the **COUNTY** to the extent permitted by law.

The laws of the State of Florida shall otherwise govern this AGREEMENT.



**16. RELATIONSHIP OF THE PARTIES**

Nothing contained in this AGREEMENT is intended to, or will be construed in any manner, as creating or establishing the relationship of employer/employee between the parties. **AGENCY** will at all times remain an independent entity with respect to performance of the PROJECT. **COUNTY** will be exempt from payment of all Unemployment Compensation, FICA, retirement, life and/or medical insurance and Workers' Compensation Insurance, as the **AGENCY** is an independent entity.

**17. PERFORMANCE WAIVER**

**COUNTY'S** failure to act with respect to a breach by **AGENCY** does not waive its right to act with respect to subsequent or similar breaches. The failure of the **COUNTY** to exercise or enforce any right or provision will not constitute a waiver of such right or provision. A waiver by one party of the other party's performance shall not constitute a waiver of any subsequent performance required by such other party. No waiver shall be valid unless it is in writing and signed by authorized representatives of both parties.

**18. SEVERABILITY**

If any provision of this AGREEMENT is held invalid, the remainder of this AGREEMENT will not be affected thereby and all other parts of this AGREEMENT will nevertheless be in full force and effect.

**19. ENTIRE AGREEMENT**

This AGREEMENT constitutes the entire AGREEMENT between **COUNTY** and **AGENCY** for the use of funds received under this AGREEMENT and it supersedes all prior communications and proposals, whether electronic, oral, or written between **COUNTY** and **AGENCY** with respect to this AGREEMENT. Should any section or any part of any section of this AGREEMENT be rendered void, invalid or unenforceable by any court of law, for any reason, such a determination shall not render void, invalid, or unenforceable any other section or any part of any section in this AGREEMENT.

**COUNTY** and **AGENCY** may execute this AGREEMENT in counterparts, each of which is deemed an original and all of which constitute only one AGREEMENT.

(SIGNATURE PAGE FOLLOWS)

Agreement No.: CDCV19SHNFC

IN WITNESS WHEREOF, the Parties hereto have caused these presents to be executed on the last date of execution as shown below.

\*Note: Two witnesses are required\*

ATTEST:

Della Klug  
Witness #1 Signature

Della Klug  
Print or Type Name

s/Jo Lugo  
Witness #2 Signature

Jo Lugo  
Print or Type Name

**PINELLAS COUNTY, FLORIDA**  
a political subdivision, by and through its  
County Administrator

By:   
Barry A. Burton, County Administrator

Date: August 13, 2020


APPROVED AS TO FORM  
OFFICE OF COUNTY ATTORNEY

By:   
Chelsea D. Hardy, Assistant County Attorney

ATTEST:

  
Witness #1 Signature

Kristine Boyle  
Print or Type Name

  
Witness #2 Signature

Cassidy Fitzpatrick  
Print or Type Name

**AGENCY: Safety Harbor Neighborhood Family  
Center, Inc. d/b/a Mattie Williams  
Neighborhood Family Center**

By: 

Janet L. Hepper / Executive Director  
Name/Title

**ATTACHMENT A – FINANCIAL AND ADMINISTRATIVE REQUIREMENTS****A1. FINANCIAL MANAGEMENT**

- a) **Accounting Standards.** **AGENCY** agrees to comply with Subpart E of 2 CFR Part 200 and agrees to adhere to the accounting principles and procedures required therein, utilize adequate internal controls, and maintain necessary source documentation for all costs incurred.
- b) **Cost Principles.** **AGENCY** will administer its program in conformance with Subpart E of 2 CFR Part 200. These principles will be applied for all costs incurred whether charged on a direct or indirect basis.
- c) **Duplication of Costs.** **AGENCY** certifies that work to be performed under this AGREEMENT does not duplicate any work to be charged against any other contract, subcontract or other source.

**A2. REQUIRED WRITTEN POLICIES, PROCEDURES**

- a) **General.** **AGENCY** will provide the following written policies or procedures in accordance with 2 CFR Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards and 24 CFR 5.106:
  - i. Conflict of Interest Policy, in accordance with 2 CFR 200.112 (Conflict of Interest), 2 CFR 200.318(c) (General Procurement Standards)
  - ii. Cost Allowability Procedures for determining the allowability of costs in accordance with 2 CFR 200.302(b) (7) (Financial Management) and 2 CFR 200.403 (Factors Affecting Allowability of Costs)
  - iii. Cash Management/Payment Timing Procedures to implement the requirements of 2 CFR 200.305 (Payment)
  - iv. Procurement/Purchasing Policy, in accordance with 2 CFR 200.318(a) (General Procurement Standards), 2 CFR 200.319(c) (d) (Competition), and 2 CFR 200.320 (Methods of Procurement), 2 CFR 200.323(a) (Contract Cost and Price), 2 CFR 200.325 (Bonding Requirements)
  - v. Compensation, Fringe Benefits and Travel Costs, in accordance with 2 CFR 200.430 (Compensation-Personal Services), 2 CFR 200.431 (Compensation-Fringe Benefits), 2 CFR 200.474 (Travel Costs)
  - vi. If applicable. Gender Identity Equal Access Operating Policy and Procedures, in accordance with 24 CFR 5.106 (Equal Access in Accordance with the Individual's Gender Identity in Community Planning and Development Programs) If **AGENCY** is a manager or owner of temporary or emergency shelters or other buildings and facilities and providers of services.

**A3. DOCUMENTATION AND RECORDKEEPING**

- a) **Records to Be Maintained.** **AGENCY** will maintain all records required by the Federal regulations specified in 24 CFR Part 570.506, 2 CFR 200.302 (Financial Management) and 2 CFR 200.333 (Records Retention) that are pertinent to the activities to be funded under this AGREEMENT. Such records include but are not limited to:
  - i. Records providing a full description of each activity undertaken;
  - ii. Records demonstrating that each activity undertaken meets one of the National Objectives of the CDBG program;

- iii. Records required to determine the eligibility of activities;
  - iv. Client data demonstrating client eligibility. Such data shall include, but not be limited to, client name, address, income level or other basis for determining eligibility, and description of benefit provided. **AGENCY** shall collect a beneficiary **Self-Certification of Annual Income form, Attachment G**, for all program participants. **AGENCY** understands that protected personally identifiable information (PII) is private and, when not directly connected with the administration of this AGREEMENT, shall not be disclosed, unless written consent is obtained from such person receiving benefit and, in the case of a minor, that of a responsible parent/guardian;
  - v. Records required to document the acquisition, improvement, use or disposition of real property acquired or improved with CDBG assistance;
  - vi. Records documenting compliance with the civil rights components of the CDBG program;
  - vii. Financial records as required by 24 CFR Part 570.502, and 2 CFR Part 200.333;
  - viii. Labor standards records required to document compliance with the Davis Bacon Act, the provisions of the Contract Work Hours and Safety Standards Act, and all other applicable Federal, State and Local laws and regulations applicable to CDBG-funded construction projects; and
  - ix. Other records necessary to document compliance with Subpart K of 24 CFR Part 570.
- b) **Records and Retention [2 CFR 200.333]**. All records pertaining to this AGREEMENT shall be retained for a period of three years from the date of submission of the final expenditure report or, for Federal awards that are renewed quarterly or annually, from the date of the submission of the quarterly or annual financial report. Notwithstanding the above, if any litigation, claim, audit, negotiation or other action that involves any of the records cited and that has started before the expiration of the three-year period, then such records must be retained until completion of the actions and resolution of all issues, or the expiration of the three-year period, whichever occurs later. Nothing herein shall be construed to allow destruction of records that may be required to be retained longer by state law.
- c) **Access to Records [2 CFR 200.336]**. **AGENCY** shall at any time during normal business hours and as often as **COUNTY** and/or the Comptroller General of the United States and/or the U.S. Department of Housing and Urban Development and/or any of their duly authorized representatives may deem necessary make available for examination all of **AGENCY'S** records, books, documents, papers, and data with respect to all matters covered by this AGREEMENT and shall permit **COUNTY** and/or its designated authorized representative to audit and examine all books, documents, papers, records and data related to this AGREEMENT for the purposes of making audit, examination, excerpts and transcriptions.
- d) **Audits and Inspection**. If **AGENCY** expends more than \$750,000 or more in a fiscal year in Federal awards from all sources, **AGENCY** shall have a single or program-specific audit conducted for that year in accordance with 2 CFR Part 200.501 – Audit Requirements. The Catalog of Federal Domestic Assistance (CFDA) number is 14.218. Audit report shall be submitted to DEPARTMENT within the earlier of thirty (30) days after receipt of the auditor's report(s), or nine (9) months after the end of the audit period, unless **AGENCY** and the DEPARTMENT agree to a longer period in advance. **AGENCY** shall be responsible for the costs associated with this audit. **AGENCY** shall submit any additional documentation requested by **COUNTY** to substantiate compliance to this provision if necessary. In the event the **AGENCY** expends less than the threshold established by 2 CFR Part 200.501, the **AGENCY** is exempt from Federal audit requirements for that fiscal year, however, the **AGENCY** must provide a Single Audit exemption statement to the **COUNTY** no later than three months after the end of the **AGENCY'S** fiscal

year for each applicable audit year. In the event the audit shows that the entire funds disbursed hereunder, or any portion thereof, were not expended in accordance with the conditions of this AGREEMENT, **AGENCY** shall be held liable for reimbursement to **COUNTY** of all funds not expended in accordance with these applicable regulations and AGREEMENT provisions within thirty (30) days after **COUNTY** has notified **AGENCY** of such non-compliance.

The **AGENCY** is responsible for follow-up and corrective action on all audit findings pursuant to 2 CFR Part 200.511 (Audit Findings Follow Up) and 2 CFR Part 200.512 (Report Submission). Failure of **AGENCY** to comply with the above audit requirements will constitute a violation of this AGREEMENT and may result in the withholding of future payments.

#### **A4. REPORTING**

- a) **General.** **AGENCY** shall provide to DEPARTMENT its Data Universal Numbering System (DUNS) Number and must register and maintain the currency of information in the System for Award Management (SAM) database, so that Grantee complies with the requirements established by the Federal Office of Management and Budget concerning the DUNS, SAM and Federal Funding Accountability and Transparency Act (FFATA), as required in 2 CFR Part 25 and 2 CFR Part 170. **AGENCY** will also comply with the Digital Accountability and Transparency Act (DATA Act) of 2014, as set forth in Appendix A to Part 25-Award Term.
- b) **Program Income.** Although no program income, as defined by 24 CFR Part 570.500(a), is anticipated as a result of this PROJECT, any such income received by **AGENCY** is to be returned to **COUNTY** within thirty (30) calendar days of receipt of such funds. Such income may include income from service fees, sale of commodities, and rental or usage fees. Upon expiration, cancellation or termination of this AGREEMENT, **AGENCY** shall transfer to **COUNTY** any grant funds on hand and any accounts receivable attributable to the use of those funds.
- c) **Periodic Reports.** Quarterly, **AGENCY** shall submit performance reports to DEPARTMENT which summarizes information on all clients/users of the PROJECT and/or information as necessary to quantify the results. Quarterly reports are due 15 days following the end of each quarter of the AGREEMENT: October 15, January 15, April 15 and July 15. The final quarterly report is due no later than 15 business days after the end of the quarter that included the final payment request. Quarterly reports are submitted in the County's online grant management software.

**ATTACHMENT B – EMPLOYMENT AND PERSONNEL REQUIREMENTS****B1. ANTIDISCRIMINATION REQUIREMENTS**

- a) **APPLICABLE LAWS. AGENCY** shall comply with all federal, state, and local antidiscrimination laws during the term of this AGREEMENT. Specifically, **AGENCY** shall not discriminate against nor exclude any employee or applicant for employment because of race, color, religion, sex, gender, sexual orientation, age, familial status, pregnancy, handicap, and national origin, AIDS or HIV. Upon receipt of evidence of such discrimination, **COUNTY** shall have the right to terminate this AGREEMENT. **AGENCY** shall take the necessary steps to ensure that applicants for employment and employees are treated without regard to such discriminatory classifications. When expending the Award, **AGENCY** shall, within the eligible population, comply with the following nondiscrimination requirements:
- I. **Equal Opportunity.** Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et seq.) and implementing regulations in 24 CFR Part 1, together with section 109 of the Act (24 CFR Part 570.602) which prohibit discrimination in any program or activity funded in whole or in part with funds made available under this AGREEMENT.
  - II. **Anti-Discrimination.** Pinellas County Ordinance, Chapter 70 – Human Relations, Article II – Discrimination, which prohibits discrimination in the areas of employment, government programs, and housing and public accommodations on the basis of race, color, religion, national origin, familial status, sex (including gender identity and gender expression), sexual orientation, and disability within the legal boundaries of Pinellas County, Florida, including all unincorporated and incorporated areas.
  - III. **Equal Employment Opportunity.** Except as otherwise provided under 41 CFR Part 60, all contracts that meet the definition of “federally assisted construction contract” in 41 CFR Part 60-1.3 must include the equal opportunity clause provided under 41 CFR Part 60-1.4(b), in accordance with Executive Order 11246, “Equal Employment Opportunity” (30 FR 12319, 12935, 3 CFR Part, 1964-1965 Comp., p. 339), as amended by Executive Order 11375, “Amending Executive Order 11246 Relating to Equal Employment Opportunity,” and implementing regulations at 41 CFR Part 60, “Office of Federal Contract Compliance Programs, Equal Employment Opportunity, Department of Labor.”
  - IV. **Minority and Women's Business Enterprises.** The requirements of Executive Orders 11625, 12432, 12138 and 2 CFR 200.321 applies to grants under this part. Consistent with HUD's responsibilities under these Orders and with **COUNTY'S** Ordinance No. 26.5 Part 2, **AGENCY** must make efforts to encourage the use of minority and women's business enterprises in connection with funded activities.
  - V. **Age Discrimination Act of 1975, as Amended.** No person will be excluded from participation, denied program benefits, or subjected to discrimination on the basis of age under any program or activity receiving federal funding assistance. (42 U.S.C. 610 et. seq.)
  - VI. **Section 504 of the Rehabilitation Act of 1973, as Amended.** No otherwise qualified individual will, solely by reason or his or her disability, be excluded from participation (including employment), denied program benefits, or subjected to discrimination under any program or activity receiving Federal funds. (29 U.S.C. 794)
  - VII. **Public Law 101-336, Americans with Disabilities Act of 1990.** Subject to the provisions of this title, no qualified individual with a disability will, by reason of such disability, be excluded from

participation in or be denied the benefits of the services, programs, or activities of a public entity, or be subjected to discrimination by any such entity.

VIII. **ADA Compliance.** AGENCY shall comply with the applicable provisions of the Americans with Disabilities Act (42 U.S.C. 12101-12213) and implementing regulations at 28 CFR part 35 (state and local government grantees).

b) **POSTING REQUIREMENT.** AGENCY shall post in conspicuous places, available to employees and applicants for employment, notices to be provided by the government setting forth the provisions of this non-discrimination clause.

## **B2. GENDER IDENTITY**

AGENCY, if a manager or owner of temporary or emergency shelters, shall comply with the terms and conditions set forth in 24 CFR 5.105(a) (2) and 24 CFR 5.106: equal access to accommodations, placement and services shall be provided in accordance with the individual's gender identity, and individuals will not be subjected to intrusive questioning or asked to provide evidence of the individual's gender.

## **B3. CONFLICT OF INTEREST**

No covered persons who exercise or have exercised any functions or responsibilities with respect to CDBG-assisted activities, or who are in a position to participate in a decision-making process or gain inside information with regard to such activities, may obtain a financial interest in any contract, or have a financial interest in any contract, subcontract, or agreement with respect to the CDBG-assisted activity, or with respect to the proceeds from the CDBG-assisted activity, either for themselves or those with whom they have business or immediate family ties, during their tenure or for a period of one (1) year thereafter. For purposes of this paragraph, a "covered person" includes any person who is an employee, agent, consultant, officer, or elected or appointed official of the COUNTY, any member of his or her immediate family, his or her partner, or an organization which employs or is about to employ any of the parties indicated herein, the AGENCY, or any designated public agency.

AGENCY agrees to abide by the provisions of 2 CFR Part 200.318 and 24 CFR Part 570.611, which includes maintaining a written code or standards of conduct that will govern the performance of its officers, employees or agents engaged in the award and administration of contracts supported by Federal funds.

## **B4. DEBARMENT AND SUSPENSION**

- a) **Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions.** AGENCY acknowledges that this Grant is subject to 31 CFR Part 19 (Government Debarment and Suspension (Nonprocurement)). AGENCY acknowledges it is not included in the Federal Government's Excluded parties List, accessible on [www.sam.gov](http://www.sam.gov). If AGENCY ever is placed on such list, or becomes aware that it will be placed on such list, AGENCY shall notify COUNTY immediately.
- i. AGENCY certifies, by signing this contract that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
  - ii. Where AGENCY is unable to certify to any of the statements in this contract, AGENCY will attach an explanation to this contract.

- iii. **AGENCY** further agrees by signing this contract that it will not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction.
- b) **Changes.** **AGENCY** shall report all changes to systems utilized to carry out the PROJECT, any conflicts of interest that occur during the period of performance, debarment and suspensions, and incidents of fraud, waste, and abuse.

## B5. RELIGIOUS ACTIVITIES

**AGENCY**, if a faith-based organization, shall comply with the terms and conditions set forth in 24 CFR Part 5 General HUD Program Requirements; Waivers, Section 5.109, Equal participation of Religious Organizations in HUD Programs, as well as 24 CFR Part 570.200, 24 CFR Part 570.503, as amended, and 24 CFR Part 570.607 regarding faith-based organizations.

## B6. LOBBYING

**AGENCY** acknowledges AGREEMENT is subject to 31 USC Part 1352 (Limitation on Use of Appropriated Funds to Influence Certain Federal Contracting and Financial Transactions) and 55 FR 6736, and 54 FR 52306. **AGENCY** certifies by signing this contract, to the best of his or her knowledge and belief that:

- a) No Federal appropriated funds have been paid or will be paid, by or on behalf of it, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement;
- b) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, it will complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions; and
- c) It will require that the language of paragraph (d) of this Section 5B (Lobbying) be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all Subrecipients shall certify and disclose accordingly:
- d) **Lobbying Certification.** This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S.C. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.



**ATTACHMENT C - CONTRACT PROVISIONS FOR CONTRACTS UNDER FEDERAL AWARDS**

This AGREEMENT is either fully or partially grant-funded. In addition to other terms and conditions required by Pinellas County and the applicable federal agency, all contracts awarded to the qualified bidders are subject to the following provisions, as applicable, to the services provided.

**Equal Employment Opportunity:** Except as otherwise provided under 41 CFR Part 60, all contracts that meet the definition of “federally assisted construction contract” in 41 CFR Part 60-1.3 must include the equal opportunity clause provided under 41 CFR 60- 1.4(b), in accordance with Executive Order 11246, “Equal Employment Opportunity” (30 FR 12319, 12935, 3 CFR Part, 1964-1965 Comp., p. 339), as amended by Executive Order 11375, “Amending Executive Order 11246 Relating to Equal Employment Opportunity,” and implementing regulations at 41 CFR part 60, “Office of Federal Contract Compliance Programs, Equal Employment Opportunity, Department of Labor.”

If this contract meets the definition of a “federally assisted construction contract”, during the performance of this contract, the CONTRACTOR agrees as follows:

- (1) The CONTRACTOR will not discriminate against any employee or applicant for employment because of race, color, religion, sex, sexual orientation, gender identity, or national origin. The CONTRACTOR will take affirmative action to ensure that applicants are employed, and that employees are treated during employment without regard to their race, color, religion, sex, sexual orientation, gender identity, or national origin. Such action shall include, but not be limited to the following: employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. The CONTRACTOR agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided setting forth the provisions of this nondiscrimination clause.
- (2) The CONTRACTOR will, in all solicitations or advertisements for employees placed by or on behalf of the Contractor, state that all qualified applicants will receive considerations for employment without regard to race, color, religion, sex, sexual orientation, gender identity, or national origin.
- (3) The CONTRACTOR will not discharge or in any other manner discriminate against any employee or applicant for employment because such employee or applicant has inquired about, discussed, or disclosed the compensation of the employee or applicant with another employee or applicant. This provision shall not apply to instances in which an employee who has access to the compensation information of other employees or applicants as a part of such employee's essential job functions discloses the compensation of such other employees or applicants to individuals who do not otherwise have access to such information, unless such disclosure is in response to a formal complaint or charge, in furtherance of an investigation, proceeding, hearing, or action, including an investigation conducted by the employer, or is consistent with the contractor's legal duty to furnish information.
- (4) The CONTRACTOR will send to each labor union or representative of workers with which he has a collective bargaining agreement or other contract or understanding, a notice to be provided advising the said labor union or workers' representatives of the CONTRACTOR'S commitments under this section

and shall post copies of the notice in conspicuous places available to employees and applicants for employment.

- (5) The CONTRACTOR will comply with all provisions of Executive Order 11246 of September 24, 1965, and with the rules, regulations, and relevant orders of the Secretary of Labor.
- (6) The CONTRACTOR will furnish all information and reports required by Executive Order 11246 of September 24, 1965, and by rules, regulations, and orders of the Secretary of Labor, or pursuant thereto, and will permit access to his books, records, and accounts by the administering agency and the Secretary of Labor for purposes of investigation to ascertain compliance with such rules, regulations, and orders.
- (7) In the event of the CONTRACTOR's noncompliance with the nondiscrimination clauses of this contract or with any of the said rules, regulations, or orders, this contract may be canceled, terminated, or suspended in whole or in part and the CONTRACTOR may be declared ineligible for further Government contracts or federally assisted construction contracts in accordance with procedures authorized in Executive Order 11246 of September 24, 1965, and such other sanctions may be imposed and remedies invoked as provided in Executive Order 11246 of September 24, 1965, or by rule, regulation, or order of the Secretary of Labor, or as otherwise provided by law.
- (8) The CONTRACTOR will include the portion of the sentence immediately preceding paragraph (1) and the provisions of paragraphs (1) through (7) in every subcontract unless exempted by rules, regulations, or orders of the Secretary of Labor issued pursuant to section 204 of Executive Order 11246 of September 24, 1965, so that such provisions will be binding upon each subcontractor or vendor. The CONTRACTOR will take such action with respect to any subcontract or purchase order as the administering agency may direct as a means of enforcing such provisions, including sanctions for noncompliance.

**Davis-Bacon Act** as amended (40 U.S.C. 3141-3148): When required by federal program legislation, for all prime construction contracts awarded in excess of \$2,000, Contractors are required to pay wages to laborers and mechanics at a rate not less than the prevailing wages specified in a wage determination made by the Secretary of Labor. In addition, Contractors must be required to pay wages not less than once a week. If the applicable grant award contains Davis-Bacon provisions, the County will place a copy of the current prevailing wage determination issued by the Department of Labor in the solicitation document. The decision to award a contract shall be conditioned upon the acceptance of the wage determination [Appendix II to 2 CFR Part 200].

**Copeland Anti Kick Back Act:** If Davis-Bacon is applicable, CONTRACTOR shall also comply with all the requirements of 29 CFR Part 3 which are incorporated by reference to this contract. Contractors are prohibited from inducing by any means any person employed in the construction, completion or repair of public work to give up any part of the compensation to which he or she is otherwise entitled [Appendix II to 2 CFR Part 200].

**Contract Work Hours and Safety Standards Act (40 U.S.C. 3701-3708).** Where applicable, all contracts awarded by the non-Federal entity in excess of \$100,000 that involve the employment of mechanics or laborers must include a provision for compliance with 40 U.S.C. 3702 and 3704, as supplemented by Department of Labor regulations (29 CFR Part 5). Under 40 U.S.C. 3702 of the Act, each contractor must be required to compute the wages of every mechanic and laborer on the basis of a standard work week of 40 hours. Work in excess of the standard work week is permissible provided that the worker is compensated at a rate of not less than one and a half times the basic rate of pay for all hours worked in excess of 40 hours in the work week. The requirements of 40 U.S.C. 3704 are applicable to construction work and provide that no laborer or mechanic must be required to work in surroundings or under working conditions which are unsanitary, hazardous or dangerous. These requirements do not apply to the purchases of supplies or materials or articles ordinarily available on the open market, or contracts for transportation or transmission of intelligence [Appendix II to 2 CFR Part 200].

**Rights to Inventions Made Under a Contract or Agreement.** If the Federal award meets the definition of “funding agreement” under 37 CFR §401.2 (a) and the recipient or subrecipient wishes to enter into a contract with a small business firm or nonprofit organization regarding the substitution of parties, assignment or performance of experimental, developmental, or research work under that “funding agreement,” the recipient or subrecipient must comply with the requirements of 37 CFR Part 401, “Rights to Inventions Made by Nonprofit Organizations and Small Business Firms Under Government Grants, Contracts and Cooperative Agreements,” and any implementing regulations issued by the awarding agency [Appendix II to 2 CFR Part 200].

**Clean Air Act (42 U.S.C. 7401–7671q.) and the Federal Water Pollution Control Act (33 U.S.C. 1251–1387):** As amended—The CONTRACTOR agrees to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act (42 U.S.C. 7401–7671q) and the Federal Water Pollution Control Act as amended (33 U.S.C. 1251–1387). Violations must be reported to the federal awarding agency and the Regional Office of the Environmental Protection Agency (EPA) [Appendix II to 2 CFR Part 200].

**Debarment and Suspension (Executive Orders 12549 and 12689):** A contract award (see 2 CFR 180.220) will not be made to parties listed on the government wide exclusions in the System for Award Management (SAM), in accordance with the OMB guidelines at 2 CFR 180 that implement Executive Orders 12549 (3 CFR part 1986 Comp., p. 189) and 12689 (3 CFR part 1989 Comp., p. 235), “Debarment and Suspension.” SAM Exclusions contains the names of parties debarred, suspended, or otherwise excluded by agencies, as well as parties declared ineligible under statutory or regulatory authority other than Executive Order 12549. If applicable, the CONTRACTOR must verify that none of their subcontractors (for contracts expected to equal or exceed \$25,000), appear on the federal government’s Excluded Parties List. The Excluded Parties List is accessible at <https://uscontractorregistration.com/> [Appendix II to 2 CFR Part 200].

**Byrd Anti-Lobbying Amendment (31 U.S.C. 1352):** CONTRACTORS that apply or bid for an award **exceeding \$100,000** must submit a completed “Disclosure of Lobbying Activities” [Form SF-LLL]. Each tier certifies to the tier above that it will not and has not used federal appropriated funds to pay any person or organization for influencing or attempting to influence an officer or employee of any agency, a member of Congress, officer or employee of Congress, or an employee of a member of Congress in connection with obtaining any

federal contract, grant or any other award covered by 31 U.S.C. 1352. Each tier must also disclose any lobbying with *non-federal funds* that takes place in connection with obtaining any federal award. Such disclosures are forwarded from tier to tier up to the non-federal award. [Appendix II to 2 CFR Part 200]. **The bidder shall complete Form SF-LLL and submit with bid. Bidders may be deemed nonresponsive for failure to submit this certification.**

**Conflict of Interest** [2 CFR §200.112]: The CONTRACTOR must disclose in writing any potential conflict of interest to the Federal awarding agency or **COUNTY** in accordance with applicable Federal awarding agency policy.

**Mandatory Disclosures** [2 CFR §200.113]: The CONTRACTOR must disclose in writing all violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Failure to make required disclosures can result in any of the remedies described in 2 CFR §200.338 Remedies for noncompliance, including suspension or debarment.

**Protected Personally Identifiable Information (Protected PII)** [CFR §200.303(e)]: The CONTRACTOR must take reasonable measures to safeguard protected personally identifiable information and other information the federal awarding agency or **COUNTY** designates as sensitive or the **COUNTY** considers sensitive consistent with other applicable federal, state, and local laws regarding privacy and obligations of confidentiality. Per CFR § 200.82, Protected PII means an individual's first name or first initial and last name in combination with any one or more types of information, including, but not limited to, social security number, passport number, credit card numbers, clearances, bank numbers, biometrics, date and place of birth, mother's maiden name, criminal, medical and financial records, and/or educational transcripts. This does not include PII that is required by law to be disclosed.

**Prohibition on utilization of time and material type contracts** [2 CFR §200.318 (j) (1)]: The **COUNTY** will not award contracts based on a time and material basis if the contract contains federal funding.

**Contracting with Small and Minority Businesses, Women's Business Enterprises, and Labor Surplus Area Firms** [2 CFR § 200.321]: If using subcontractors, the CONTRACTOR must take all necessary affirmative steps to assure that minority businesses, women's business enterprises, and labor surplus area firms are used when possible. Affirmative steps must include:

- (1) Placing qualified small and minority businesses and women's business enterprises on solicitation lists;
- (2) Assuring that small and minority businesses, and women's business enterprises are solicited whenever they are potential sources;
- (3) Dividing total requirements, when economically feasible, into smaller tasks or quantities to permit maximum participation by small and minority businesses, and women's business enterprises;
- (4) Establishing delivery schedules, where the requirement permits, which encourage participation by small and minority businesses, and women's business enterprises;

- (5) Using the services and assistance, as appropriate, of such organizations as the Small Business Administration and the Minority Business Development Agency of the Department of Commerce.
- (6) Affirmative Action Requirements per 41 CFR60-4.1 Goals for Women and Minorities in Construction (for contracts in excess of \$10,000): Goals and timetables for minority and female utilization may be set which shall be based on appropriate workforce, demographic or other relevant data and which shall cover construction projects or construction contracts performed in specific geographical areas. The goals, which shall be applicable to each construction trade in a covered Contractor's or subcontractor's entire workforce which is working in the area covered by the goals and timetables, shall be published as notices in the Federal Register, and shall be inserted by the contracting officers and applicants, as applicable, in the Notice required by 41 CFR 60-4.2. Covered construction Contractors performing construction work in geographical areas where they do not have a federal or federally assisted construction contract shall apply the minority and female goals established for the geographical area where the work is being performed.

Information regarding certified M/WBE firms can be obtained from:

- Florida Department of Management Services (Office of Supplier Diversity);
- Florida Department of Transportation;
- Minority Business Development Center in most large cities; and
- Local Government M/DBE programs in many large counties and cities

**Procurement of Recovered Materials** [2 CFR §200.322]: CONTRACTOR must comply with section 6002 of the Solid Waste Disposal Act, as amended by the Resource Conservation and Recovery Act. The requirements of Section 6002 include procuring only items designated in guidelines of the Environmental Protection Agency (EPA) at 40 CFR part 247 that contain the highest percentage of recovered materials practicable, consistent with maintaining a satisfactory level of competition, where the purchase price of the item exceeds \$10,000 or the value of the quantity acquired during the preceding fiscal year exceeded \$10,000; procuring solid waste management services in a manner that maximizes energy and resource recovery; and establishing an affirmative procurement program for procurement of recovered materials identified in the EPA guidelines.

**Prohibition on utilization of cost plus a percentage of cost contracts** [2 CFR §200.323 (d)]: The **COUNTY** will not award contracts containing federal funding on a cost plus percentage of cost basis.

**Retention of Records** [2 CFR 200.333]: Financial records, supporting documents, statistical records, and all other records pertinent to a Federal award must be retained for a period of three years from the date of submission of the final expenditure report or invoice.

**Access to Records** [2 CFR 200 § 200.336]: The **COUNTY**, Pass-through agency or Federal awarding agency must have the right of timely and unrestricted access to any documents, papers or other records, including electronic records, of the Contractor in order to make audits, investigations, examinations, excerpts, transcripts, and copies of such documents. This right also includes timely and reasonable access to the recipient purpose of interview and discussion related to such documents. This right of access shall continue as long as records are required to be retained.

## **ATTACHMENT D**

### **INSURANCE REQUIREMENTS**

The following insurance requirements are included in this agreement:

The **AGENCY** shall obtain and maintain at all times during its performance of the Agreement, insurance of the types and in the amounts set forth. All insurance policies shall be from responsible companies duly authorized to do business in the State of Florida and have an AM Best rating of A- VIII or better. Within ten (10) calendar days of executed Agreement, the **AGENCY** shall provide the **COUNTY** with properly executed and approved Certificates of Insurance to evidence compliance with the insurance requirements of the agreement. The Certificate(s) of Insurance shall be signed by authorized representatives of the insurance companies shown on the Certificate(s). A copy of the endorsement(s) referenced in paragraph three (3) for Additional Insured shall be attached to the certificate(s).

No Services shall commence under this agreement unless and until the required Certificate(s) of Insurance are received and approved by the **COUNTY**. Approval by the **COUNTY** of any Certificate of Insurance does not constitute verification by the **COUNTY** that the insurance requirements have been satisfied or that the insurance policy shown on the Certificate of Insurance is in compliance with the requirements of the Agreement. **COUNTY** reserves the right to require a certified copy of the entire insurance policy, including endorsements, at any time during the Agreement period.

If any insurance provided pursuant to the Agreement expires prior to the expiration of the Agreement, renewal Certificates of Insurance and endorsements shall be furnished by the **AGENCY** to the **COUNTY** at least thirty (30) days prior to the expiration date.

**AGENCY** shall also notify **COUNTY** within twenty-four (24) hours after receipt, of any notices of expiration, cancellation, nonrenewal or adverse material change in coverage received by said **AGENCY** from its insurer. Notice shall be given to: **Pinellas COUNTY Risk Management Department**, at [InsuranceCerts@pinellascounty.org](mailto:InsuranceCerts@pinellascounty.org); and nothing contained herein shall absolve **AGENCY** of this requirement to provide notice.

Should the **AGENCY**, at any time, not maintain the insurance coverages required herein, the **COUNTY** may terminate the Agreement, or at its sole discretion may purchase such coverages necessary for the protection of the **COUNTY** and charge the **AGENCY** for such purchase. The **COUNTY** shall be under no obligation to purchase such insurance, nor shall it be responsible for the coverages purchased or the insurance company or companies used. The decision of the **COUNTY** to purchase such insurance shall in no way be construed to be a waiver of any of its rights under the Agreement.

The **COUNTY** reserves the right, but not the duty, to review and request a copy of the **AGENCY**'s most recent annual report or audited financial statement when a self-insured retention (SIR) or deductible exceeds \$50,000.

Each insurance policy shall include the following terms and/or conditions in the policy:

- (1) The Named Insured on the Certificate of Insurance must match the entity's name that is signing the Agreement.
- (2) Companies issuing the insurance policy, or policies, shall have no recourse against **COUNTY** for payment of premiums or assessments for any deductibles which all are at the sole responsibility and risk of the **AGENCY**.
- (3) The term "**COUNTY**", or "**Pinellas COUNTY**" shall include all Authorities, Boards, Bureaus, Commissions, Divisions, Departments and Constitutional offices of **COUNTY** and individual members, employees thereof in their official capacities, and/or while acting on behalf of Pinellas **COUNTY**.
- (4) The policy clause "Other Insurance" shall not apply to any insurance coverage currently held by **COUNTY** or any such future coverage, or to **COUNTY**'s Self-Insured Retentions of whatever nature.
- (5) All policies shall be written on a primary, non-contributory basis.
- (6) Any certificate of insurance evidencing coverage provided by a leasing company for either Workers Compensation or Commercial General Liability shall have a list of covered employees certified by the leasing company attached to the Certificate of Insurance. The **COUNTY** shall have the right, but not the obligation to determine that the **AGENCY** is only using employees named on such list to perform work for the **COUNTY**. Should employees not named be utilized by **AGENCY**, the **COUNTY**, at its option may stop work without penalty to the **COUNTY** until proof of coverage or removal of the employee by the **AGENCY** occurs, or alternatively find the **AGENCY** to be in default and take such other protective measures as necessary.
- (7) Insurance policies, other than Professional Liability, shall include waivers of subrogation in favor of **Pinellas COUNTY** from the **AGENCY**.
- (8) The insurance requirements for this Agreement, which shall remain in effect throughout its duration, are as follows:

(A) Workers' Compensation Insurance

Limit	Florida Statutory
Employers Liability Limits	
Per Employee	\$500,000
Per Employee disease	\$500,000
Policy Limit Disease	\$500,000

(B) Commercial General Liability Insurance including, but not limited to, Independent Contractor, Contractual Liability Premises/Operations, Products/Completed Operation and Personal Injury. No exclusions for physical abuse or sexual misconduct.

Limits

General Aggregate	\$ 2,000,000
Products/Completed Operations Aggregate	\$2,000,000
Personal Injury and Advertising Injury	\$1,000,000
Each Occurrence	\$1,000,000

(C) Business Automobile or Trucker's/Garage Liability Insurance covering owned, hired, and non-owned vehicles including loading and unloading coverage. If the **AGENCY** does not own any vehicles, then evidence of Hired and Non-owned coverage under Commercial General Liability is sufficient. Coverage shall be on an "occurrence" basis. Insurance is to include coverage for loading and unloading hazards, unless vendor can show that this coverage exists under the Commercial General Liability policy.

Limit

Combined Single Limit Per Accident	\$1,000,000
------------------------------------	-------------

(E) Cyber Risk Liability (Network Security/Privacy Liability) Insurance including cloud computing and mobile devices, for protection of private or confidential information whether electronic or non-electronic, network security and privacy; privacy against liability for system attacks, digital asset loss, denial or loss of service, introduction, implantation or spread of malicious software code, security breach, unauthorized access and use; including regulatory action expenses; and notification and credit monitoring expenses with at least minimum limits as follows:

Limits

Each Occurrence	\$ 1,000,000
General Aggregate	\$ 1,000,000

For acceptance of Cyber Risk Liability coverage included within another policy required herein, a statement notifying the certificate holder must be included on the certificate of insurance and the total amount of said coverage per occurrence must be greater than or equal to the amount of Cyber Risk Liability and other coverage combined.



**Attachment E**



**PINELLAS COUNTY HOUSING AND  
COMMUNITY DEVELOPMENT DEPARTMENT  
COMMUNITY DEVELOPMENT DIVISION  
440 COURT STREET, 2<sup>ND</sup> FLOOR, CLEARWATER, FL 33756**

**AGREEMENT MODIFICATION REQUEST**  
*For budget allocation, or contract language changes.*  
**Submit three (3) originals.**

Authorized Official:		Date of Request:	
Agency Name:		Effective Date:	
Address:		Modification Number:	
Budget Change:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Contract Name/ Number:	

**A. REQUESTED MODIFICATION (reference appropriate agreement section) *why is this change needed and what will be impacted by this change?***

<i>Why change is needed, what will be impacted</i>
<i>Revised SPA Sections – New language</i>

**B. BUDGET MODIFICATION: N/A**

**PROVIDER AGENCY:**

**PINELLAS COUNTY GOVERNMENT:**

\_\_\_\_\_  
Authorized By:

\_\_\_\_\_  
Verified By:

\_\_\_\_\_  
Name/Title

Brian Lowack, Interim Director  
\_\_\_\_\_  
Name/Title

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Date:

BCC Approval Required: Yes  No

\_\_\_\_\_  
BCC Approval Date:

\_\_\_\_\_  
Effective Date:

## ATTACHMENT F

## FEDERAL PROGRAM REQUIREMENTS

Requirements	Federal Regulations	Other References
1. Federal Labor Standards <ul style="list-style-type: none"> <li>- Davis-Bacon</li> <li>- Copeland Act (Anti-kickback)</li> <li>- Contract Work Hours and Safety Standards</li> </ul>	24 CFR 570.603; 29 CFR Parts 1, 3, and 5	Section 110, Housing & Community Development Act of 1974 (HCDA); 40 U.S.C. 276a-276a-5; 40 U.S.C. 276c; 40 U.S.C. 327 <i>et seq.</i>
2. Equal Employment Opportunity	24 CFR 570.601-602, 24 CFR 570.067, 41 CFR 60	Executive Orders 11246 and 12086, 12 U.S.C. 1701u
3. List of Debarred or Ineligible Contractors	24 CFR 570.609, 24 CFR 24	
4. Non-Discrimination	24 CFR Part 8, 24 CFR 570.601, 24 CFR 570.602	Section 504 of Rehab. Act of 1973, Americans with Disabilities Act of 1990, Exec. Order 11063
5. Fire Safety Codes		Local
6. Building, Housing, and Zoning Codes; Housing Quality Standards	24 CFR 570.208(b)(1)(iv) and (b)(2)	Local
7. Lead-Based Paint	24 CFR 570.608, 24 CFR 35	42 U.S.C 4821 <i>et seq.</i>
8. Lump Sum Drawdowns	24 CFR 570.513	
9. Environmental/Historic Preservation/National Environmental Policy Act/Flood Insurance Requirements <ul style="list-style-type: none"> <li>- Siting Near Airports and Coastal Barrier Resources</li> <li>- Fish and Wildlife Protection</li> <li>- Flood Plain</li> <li>- National Historic Preservation</li> <li>- Noise Abatement &amp; Control</li> <li>- Wetlands</li> <li>- Air Quality</li> <li>- Coastal Zones</li> <li>- Endangered Species</li> <li>- Thermal/Explosive Hazards</li> <li>- Flood Insurance</li> </ul>	24 CFR 570.503(b)(5)(i) 24 CFR 570.604, 570.202, 24 CFR 58  Ref. At 24 CFR 58.6  See reference at 24.CFR 58.5570.605, 58.6	Sec. 104(g), HCDA            42 U.S.C 4001 <i>et seq.</i>
10. Relocation, Real Property Acquisition, and One-For-One Housing Replacement <ul style="list-style-type: none"> <li>- Uniform Relocation Act</li> <li>- Residential anti-displacement and relocation assistance</li> <li>- One-for-One Replacement</li> </ul>	24 CFR 570.201(i), 570.606, 49 CFR 24,   24 CFR 570.606(c)(1)	Sect. 104(d) and 105(a)(11)of HCDA, <a href="http://www.hud.gov/relocation">www.hud.gov/relocation</a>
11. Definition of Computation of Units of Services	24 CFR 570.503(b)(1)	IDIS instructions
12. Section 108 Loan Guarantees	24 CFR 570.700-570.709	Sec. 108 of HCDA
13. Applicable Credits		A-87



**Attachment G**  
**U.S. Department of Housing and Urban Development**  
**Community Planning and Development**  
**Community Development Block Grant - Coronavirus Response (CDBG-CV)**  
**SELF CERTIFICATION OF ANNUAL INCOME BY BENEFICIARY**

*Printed on:*

*Effective Date:*

**INSTRUCTIONS:** This is a written statement from the beneficiary documenting the definition used to determine “Annual (Gross) Income”, the number of beneficiary members in the family or household (as applicable based on the activity), and the relevant characteristics of each member for the purposes of income determination. To complete this statement, select the definition of income used, fill in the blank fields below, and check only the boxes that apply to each member. Adult beneficiary members must then sign this statement to certify that the information is complete and accurate, and that source documentation will be provided upon request.

**Definition of Income**

<input type="radio"/> HUD 24 CFR Part 5	<input type="radio"/> IRS Form 1040	<input type="radio"/> American Community Survey
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**Beneficiary Information**

Last Name:	Beneficiary ID (if applicable):
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**Member Information**

First Names:	Member IDs (if applicable):	HH	CH	DIS	62+	S≥18	<18	<15
	1							
	2							
	3							
	4							
	5							
	6							

HH = Head of Household; CH = Co-Head of Household; DIS = Person with disabilities; 62+ = Person 62 years of age or older; S≥18 = Fulltime student age 18 or over; <18 = Child under the age of 18 years; <15 = Minor under the age of 15 years

**Contact Information**

Address Line 1:	City:
Address Line 2:	State: <span style="float:right;">Zip Code:</span>

**Income Information**

Annual gross income (total of all members) = \$ \_\_\_\_\_

**COMPLETE SIGNATURES ON SECOND PAGE**

**SELF CERTIFICATION OF ANNUAL INCOME BY BENEFICIARY****Certification**

I/we certify that this information is complete and accurate. I/we agree to provide, upon request, documentation on all income sources to the HUD Grantee/Program Administrator.

**HEAD OF HOUSEHOLD**

<b>HEAD OF HOUSEHOLD</b>		
<b>Signature</b>	<b>Printed Name</b>	<b>Date</b>

**OTHER BENEFICIARY ADULTS\***

<b>OTHER BENEFICIARY ADULTS*</b>		
<b>Signature</b>	<b>Printed Name</b>	<b>Date</b>
<b>Signature</b>	<b>Printed Name</b>	<b>Date</b>
<b>Signature</b>	<b>Printed Name</b>	<b>Date</b>
<b>Signature</b>	<b>Printed Name</b>	<b>Date</b>
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<b>Signature</b>	<b>Printed Name</b>	<b>Date</b>
<b>Signature</b>	<b>Printed Name</b>	<b>Date</b>

\* Attach another copy of this page if additional signature lines are required.

**WARNING:** The information provided on this form is subject to verification by HUD at any time, and Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony and assistance can be terminated for knowingly and willingly making a false or fraudulent statement to a department of the United States Government.

**Supporting documentation has been removed to protect privacy. These documents are on file at PCF**



**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	Daikin Mini Split Air Conditioner	\$4,200
2	1	Two Door Glass Freezer	\$3,060
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

**Total Reimbursement Request: \$ 7,260** \_\_\_\_\_



# **CONTINUITY OF OPERATIONS PLAN**

September 2020

# Mattie Williams Neighborhood Family Center Continuity of Operations Plan

Purpose: It is the Mattie Williams Neighborhood Family Center's policy to conduct its operations with the highest regard for the safety and health of its employees, clients and the public and for the protection and preservation of property and the environment. The purpose of the COOP is to ensure the safety of our stakeholders (employees/clients/visitors), minimize down-time of business operations, minimize impact of an event on our facilities and equipment, and provide assistance in recovery to the community we serve.

**Essential Functions:**

- Recovery Time Objective
  - Collaboration with organizations restored within 0 – 12 hours
  - Information Referral restored within 0 – 12 hours
  - Food Pantry restored within 12 – 72 hours
  - Emergency Financial Assistance restored within 12 – 72 hours
  - Child care for staff and emergency workers restored within 12 – 72 hours
  - Clothing Closet restored within one week
  - Children's program restored within two weeks

**Key Personnel:**

MISSION	COOP Team	Advance Team	Relocation Team	Recovery Team
MISSION	The COOP Team develops, coordinates and updates plans and activities required for performing essential functions in the event of a disaster. Their mission is to facilitate the response.	This Team reports to operations and after the event, their mission is to assess the impact to the business employees visitors, property damage, & business interruption.	This team reports to Logistics and after an event, their mission is to prepare personnel and equipment to continue operations at an alternate facility.	This team reports to operations and after an event their mission is to prepare the business for resuming normal operations at primary facility.

ADMINISTRATIVE TASKS	ADMINISTRATIVE TASKS	ADMINISTRATIVE TASKS	ADMINISTRATIVE TASKS
<p>Identify and take steps to ensure continuation of critical functions</p> <p>Pre-arrange alternate procedures for continuation of service and administrative functions.</p> <p>Prepare messages for suppliers, customers, media</p> <p>Document trainings, drills and COOP Updates</p>	<p>Conduct Initial Damage Assessment</p> <p>Determine best strategy to get back in operations</p> <p>Report to Senior Staff and/or Insurance Adjustor</p> <p>Identify necessary resources to resume operations</p>	<p>Maintain detailed, accurate records to meet legal, insurance, financial and other requirements</p> <p>Maintain communications with employees, suppliers, customers, partners, media</p>	<p>Establish priorities for resuming operations</p> <p>Notify employees, suppliers, customers, partner organization, media</p> <p>Track all damage-related costs through receipts and video</p>
LOGISTICAL TASKS	LOGISTICAL TASKS	LOGISTICAL TASKS	LOGISTICAL TASKS
<p>Inventory existing equipment, vehicles, office supplies and other resources</p> <p>Identify and acquire needed equipment, supplies</p>	<p>Make or arrange for Emergency Repairs</p> <p>Identify utility and or infrastructure needs and timeline for resumption.</p>	<p>Transfer vital documents and databases</p> <p>Transfer and maintain equipment, supplies, other resources</p> <p>Establish communications capability and network access</p> <p>Provide for personnel support, including food, lodging and transportation, if necessary</p>	<p>Salvage/Protect undamaged property</p> <p>Restore/monitor repairs to damaged facility and equipment</p> <p>Maintain security at damaged facility</p> <p>Transfer vital document, databases and communications capabilities</p>
MEMBERS	MEMBERS	MEMBERS	MEMBERS
<ul style="list-style-type: none"> <li>• Janet Hooper</li> <li>• Judy Barrios</li> <li>• Sara Brewer</li> <li>• Kris Boyle</li> <li>• Deija Nevins</li> <li>• Cassidy Fitzpatrick</li> </ul>	<ul style="list-style-type: none"> <li>• Janet Hooper</li> <li>• John Core</li> <li>• Sara Brewer</li> <li>• Cary Nevins</li> <li>• Kris Boyle</li> <li>• Lucy Myers</li> </ul>	<ul style="list-style-type: none"> <li>• Janet Hooper</li> <li>• Judy Barrios</li> <li>• Cassidy Fitzpatrick</li> <li>• Kris Boyle</li> <li>• Sara Brewer</li> </ul>	<ul style="list-style-type: none"> <li>• Janet Hooper</li> <li>• Judy Barrios</li> <li>• Deija Nevins</li> <li>• Sara Brewer</li> <li>• Cassidy Fitzpatrick</li> <li>• Lucy Myers</li> <li>• Carey Nevins</li> </ul>

**Key leadership/Lines of Succession and Delegation of Authority**

Mattie Williams Neighborhood Family Center is responsible for establishing, carrying out and maintaining orders of



succession to key positions. These orders of succession are an essential part of the Plan. Lines of Succession for the CEO, or designee, may be commenced when he or she is unable to perform their essential duties. If time or geographical limitations prevent the next in line successor from performing the duty, the order of succession will defer to the highest-ranking person available, until such time as the next in line becomes available. Delegation of authority is immediate and will last indefinitely during the activation of the COOP. The Organizational Chart (Figure 2) and the Mattie Williams Neighborhood Family Center Lines of Succession (Figure 3) are provided below.

**TABLE 7 SUCCESSION AND DELEGATION OF AUTHORITY**

<b>Official</b>	<b>Designated Successor</b>	<b>Limitation/Conditions</b>	<b>Responsibilities</b>
Executive Director	Family Support	Check signing and contracts limited to Executive Director and/or Board President	Makes all decisions regarding the Center and Continuity Plan. Custodian of all Center Records. Communicates to all staff and Board of Directors
Operations & Prog. Admin	Data & Media Coordinator		Secures all computer related equipment in both buildings Maintains proper Software and backup Maintains computer related equipment inventory records Maintain all vendor contact information
Family Assistance Coach & Education Director	Food Pantry/Volunteer Coordinator		Maintain all volunteer information, all Program information, all Gems Information, all Children's files, all Support Agency contact information
Education Director	Operations & Prog. Admin		Maintains all contact information on Parents of children in Bright Ideas program Communicates with all parents
Family Assistance Coach	Data & Media Coordinator		Maintains contact information on adult clients, maintains contact information on community organizations, maintains contact

Operations & Prog. Admin	Facility & Community Dev Manager	information on utilities.
Front Desk II	Exec. Admin Assistant	Maintains building cleaning supplies, maintenance logs Maintains Access logs, data form collection

**Emergency Management Operations  
Activation of Plan**

Identification of an Emergency

Activation of the COOP will be initiated any time an event or credible threat results in the potential interruption of critical business functions and/or when operations must shift to an alternate facility.

Disaster Levels - The disaster magnitude classification may be used to assist in the decision to activate the COOP. The levels are described as minor, major and catastrophic and are defined below:

**Minor Disaster**- A disaster or threat, which requires the evacuation of the primary facility and is likely to last for a short period of time of less than 72 hours.

**Major Disaster** - A disaster or threat which requires the evacuation of the primary facilities and is likely to last for an extended period of time up to 30 days. For example, an area in the County is closed to normal activities as a result of a widespread utility failure, natural disaster, hazardous materials incident, civil disturbance, WMD attack or terrorist attack. If any of the critical services facilities are located in the area of the event, activation of the COOP would become necessary.

**Catastrophic Disaster** - A disaster or threat, which affects the entire county or region, requires the evacuation of both the primary and alternate facilities and/or severely impacts the ability to provide critical emergency services in the community.

**Notification and Reporting**

that the Mattie Williams Neighborhood Family Center will receive a warning of at least a few hours prior to an event. This will help enable full execution of the COOP with a complete and orderly alert and notification of the key personnel and, if necessary, the relocation of resources from the facility including servers, computers, and backup communications equipment. Without warning the ability to execute the COOP becomes more problematic. The execution will depend on the severity of the emergency and the number of personnel still available and the preparedness of our staff.

Notification = With warning, staff may be alerted prior to the potential activation of the COOP. Appropriate protective actions and preparedness measures will be undertaken upon notification. Telephone call lists, which include cell phone numbers and pagers will be utilized to alert key personnel to respond.

**Protective Actions (Checklists)**

The first priority of COOP is to protect the safety of employees, customers/clients/patients, visitors and vendors/suppliers. Checklists by Hazard have been prepared which identify the actions necessary to minimize the impact of an event on Mattie Williams Neighborhood Family Center and its employees.

**Damage Assessment Checklist**

Following an event, a preliminary damage assessment should be conducted to determine the most appropriate recovery strategies and the priority steps, which need to be taken.

**TABLE 8 DAMAGE ASSESSMENT CHECKLISTS** Structural Assessment

• ITEM	• TYPE OF DAMAGE	• DEGREE OF DAMAGE	• EXPLANATION (to include repair time)
• Roof	Physical Water	None Moderate – Usable	•

System Software	Water Fire	Moderate – Usable Extensive – Repairable Destroyed	
• Communications Software	Physical Water Fire	None Moderate – Usable Extensive – Repairable Destroyed	•
• Application Systems	Physical Water Fire	None Moderate – Usable Extensive – Repairable Destroyed	•
• Office Systems	Physical Water Fire	None Moderate – Usable Extensive – Repairable Destroyed	•
• Imaging Systems	Physical Water Fire	None Moderate – Usable Extensive – Repairable Destroyed	•
• Human Resources Systems	Physical Water Fire	None Moderate – Usable Extensive – Repairable Destroyed	•

**Damage Assessment Situation Summary**

The Advance Team Unit Leader will prepare a report for the Senior Leadership of Mattie Williams Neighborhood Family Center, which summarizes the incident and details the findings of the Team. This summary report will include the date and description of the incident, the extent of damage and assessment to the business impact, and the business area (s), which was affected by the incident. Attached to this Situation Summary Report would be the completed individual Damage Assessment

Checklists, and appropriate photos.

- DESCRIPTION OF INCIDENT:
- DATE OF INCIDENT:
- DESCRIBE PROBLEM, EXTENT OF DAMAGE, AND ASSESSMENT OF BUSINESS IMPACT:
- BUSINESS AREA(S) AFFECTED:
- NAME AND SIGNATURE OF DISASTER ASSESSMENT TEAM LEADER

Date: \_\_\_\_\_

**Alternative Work Sites**

- If an event forces our facilities to be evacuated, key personnel should relocate to an alternate facility. There are three types of works sites we would consider:
- To alleviate the high costs associated with selecting an alternate location, the following considerations will be made:
  - Virtual office options such as telecommuting and video teleconferencing;
  - Pool resources to acquire space for an alternate location
  - Co-locate with another business
  - Establish memorandums of understanding or mutual aid agreements with surrounding businesses or agencies for an alternate facility; and

**Personnel, Procedures and Resources Needed**

Given sufficient notice of an event with the potential for loss of access to the facility, emergency records and supplies are kept in a "GO KIT" for immediate evacuation. The Go Kit is kept at the Center in a fire proof file cabinet and at the home of Executive Director.

The "Go Box" contains copies of important documents, equipment and supplies essential

for the business to continue to operate.

**"Go Box" contents:**

- Emergency contact list of employees and key customers/clients
- Copy of insurance policies, agent contact information
- Copy of listing of emergency vendors (contractors, plumbers, electricians, restoration contractors, mold remediation, etc.)
- Back up files/ tapes / CD or server(s) of electronic data
- Copy of essential policies, emergency procedures
- General Office supplies plus any special forms, etc. used in your business – including Business Letterhead and Business Cards!
- Three years of tax returns
- Copy of Current Profit & Loss Statement (within 90 days) Back up of QB
- Copy of Listing of inventory
- Copy of Balance sheet (as recent as possible)

## **Emergency Communications Plan**

- **General Communication Procedures**

Regular, clear communication between companies and their employees (and employee's families) is essential. During and after an emergency event, it is critical.

The Crisis Management Team includes the following personnel: Janet Hooper, Yudy Barrios, Sara Brewer, Cassidy Fitzpatrick and Kris Boyle

Responsibilities of the Crisis Management Team is to

- Develop and maintain the media contact information list

- Develop and maintain the Employee Contact List

- Develop and maintain a Third Party Contact Information List (representatives from organizations who could speak on Mattie Williams Neighborhood Family

- Center's behalf in a crisis.

- Define objectives in our communications with employees, vendors, customers/clients and the media

- Manage the Media

- **Internal Communications Procedures**

When warranted, "Backpack letters" can be considered as "internal press releases" to the staff members, and families of staff members of Mattie Williams Neighborhood Family Center.

These letters, written in conjunction with public safety officials, can be an effective way of relaying important and helpful information especially when a critical incident has occurred at one of Mattie Williams Neighborhood Family Center facilities or has involved one or more staff members or clients/customers. In a critical situation, a letter home gives Mattie Williams Neighborhood Family Center the opportunity to:

- Explain the situation that exists.

- Describe the steps that Mattie Williams Neighborhood Family Center has taken to ensure the safety of all guests and staff members.

- List ways in which family members can support the staff of Mattie Williams Neighborhood Family Center.

The decision to send a "backpack letter" home after a critical incident is made on a case-by-case basis, usually by the Crisis Management Team, Mattie Williams



Neighborhood Family Center's spokesperson, and appropriate legal counsel. Public safety and public health officials are often involved in the decision to send a letter, when they are already involved in the investigation or the resolution of an incident. Personnel Notification Procedures

During working hours: If an immediate evacuation is required, then evacuate the facility first, and after conducting an "All Present & Accounted For" check then allow adequate time for employees to contact family members to notify them of the incident.

During non-working hours: Notify all employees of incident and provide directions on return to work. Employee contact information is included within this COOP plan.

Customer, Supplier and Vendor Notification Procedures

Notify clients, suppliers, stakeholders, and other emergency support personnel of incident and estimated date/time of return to full operations.

Follow specific emergency communications plans as detailed below:

Mattie Williams Neighborhood Family Center will use voicemail box, text messaging, Email, and cell-to-cell calls for notification and announcements.

Media Relations

The Media Spokesperson for Mattie Williams Neighborhood Family Center is Janet Hooper, Executive Director, the alternate is Cassidy Fitzpatrick, Data & Literacy Specialist.

The Crisis Management Team is responsible for the following:

Information gathering, verification and release

Logistics for press briefings

Developing and regularly updating Background Press Packets – Materials to provide to

the media as background information our organizations including a comprehensive fact sheet, a brief history of the company, biographies of key personnel, photos, etc. Materials should be succinct.

Maps, parking arrangements, access policies - Create clearly readable maps that indicate

access to the site(s), including the location of media parking and credentialing area. Media Relations Guidelines

Act quickly.

Control access.

Be credible – tell the truth. Stick to the facts.



Be credible – tell the truth. Stick to the facts.  
Be empathetic; show concern. Show that our organization cares about what happened, its impact and the consequences. Demonstrate sincerity in your words and actions.

Talk from the view of the public's interest, not our interest.

Stay on the record – at all times – always.

Update information frequently.

Address and correct rumors and misinformation swiftly.

Anticipate questions.

Respect deadlines. Keep your promises.

Inform employees of the news before (or concurrent) with the release of information to the press.

Call in experts. If the situation warrants it.

If a mistake is made: Admit it. Explain it. Express concern. Correct it.

#### Media Relations Don'ts

Speculate on ANYTHING. Identify the specific cause. Place blame. Minimize the problem.

Act colorful- it connotes insincerity and disrespect for victims and the impact of crisis.

Play press favorites. Ignore the local media.

Sample Statement: Headline: Insert your primary message to the public

Dateline (your location)-Two or three sentences describing the current situation.

Insert quote from official spokesperson demonstrating leadership and concern for victims.

Insert actions being taken.

List actions that will be taken.

List information of possible reactions of public and ways citizens can help.

Insert quote from official spokesperson providing reassurance.

List contact information, ways to get more information, and other resources.

Name	Natural Disaster Policy/Evacuation Procedures
Applicable To	All Employees, Clients, Volunteers and Visitors
Location	Board Manual, Employee Handbook, Volunteer Packet, Policy and Procedure Book, COOP

**Building Access & Closure Policy-** A Hurricane Warning/High Wind Warning is declared when hurricane conditions are expected within 24 hours. Hurricane conditions include winds of 74 miles per hour (64 knots) or greater. When this condition is declared for Safety Harbor and surrounding areas, the President of the Board of Directors, Executive Director or designee may declare the Facility closed. In addition to Hurricane Warnings, High Wind Warnings may create conditions that are unsafe to continue to conduct business at the Center. In this event, the Board President, Executive Director or designee may declare the Facility closed as well. If local school districts and city government have been closed due to weather, the Safety Harbor Neighborhood Family Center, DBA Mattie Williams Neighborhood Family Center (MWNFC) will be declared closed as well.

When the Center is declared closed, all employees of the Center will be instructed to leave the facilities except those assigned or designated special duties. Upon completion of said special duties those employees must then leave the Center's facilities. In the event of Facility closure, the staff will notify all members of the Board of Directors of said closure.

***Personal safety should always take priority over preparations to prevent facility or equipment damage.***

**Administrative Leave- Building Closure** – in the event that it becomes necessary to close the MWNFC buildings, employees will be paid administrative leave for the hours of their approved work schedule during the period the buildings are closed. Employees on any type of leave during the closure must continue to use that leave. The Executive Director will pre-select those employees who will be designated to secure the building (see COOP Plan). Administrative leave due to building closure may be in effect for up to 60 days during which time insurance benefits will continue to be in effect for employees in addition to receiving paid leave. In any event of closure in response to natural disaster, 2-1-1 must be notified regarding closure or cease of operation.

**Disaster Leave** - in the event of a natural disaster, to include but not limited to hurricane, tornado, flood, or tidal wave, the Executive Director may grant disaster leave to any employee based upon evidence presented by the employee to the Director that the employee or the employee's family has a been directly impacted by said disaster. An agreement between the employee and the Executive Director must be written and signed outlining the term of the leave and the conditions for which it was granted. In the event that is not possible a verbal conversation must take place with the Executive Director.

## Planning Guide

### Executive Director:

- Declares states of readiness
- Communicates with Board President on all decisions.
- Orders closure of Center
- Issues directives concerning resumption of services
- Maintains liaison with insurance company.
- Provides personnel to assist in pre-storm preparation including installation of shutters.
- Maintains contact with Emergency Social Services Agencies in operation, including contact with 2-1-1.

### Exempt and Non-Exempt Employees:

- Notify all Board of Directors members, affected Program Participants, Venders, and Contractual Employees/Volunteers.
- Assistance in pre-storm preparation of shutters.
- Inform and Refer clients to agencies that are open or will be open.
- Properly secure important documentation in building.
- Properly secure electronic and computer equipment in designated areas in the building.
- Secure building and property before evacuating
- Remain in contact with phone tree list

## Evacuation Procedures

Stay tuned to the local radio and television stations for emergency broadcasts. **If ordered to evacuate, do so immediately.**

- Ensure Important Documents, files, emergency contact information are backed up on server (aka Z Drive).
  - Place filing cabinets, phones, computers and other electronics from Executive Director's Office into the Clothing Closet or kitchen of the main building. Any remaining documents or items can be left in the supplies closet within the ED Office.
  - Place Family Support Files and Family Life Coach Files, and electronic equipment (computer, printer, monitor) in the Clothing Closet or kitchen of the main building. Computer Lab Computers and all electronic equipment to go inside Kitchen of the Angela
-

Devito building. Children's Programs files also to be placed in the Kitchen of the Angela Devito building. Electronic Items should be placed inside of bags to prevent water damage and should be placed above floor level. Each employee is responsible for securing items from his/her office and workspace and any files pertaining to their job.

- Let employees, volunteers and 2-1-1 know our continuity plans. Employees living the farthest away leave first. Employees that leave close, near-by or within walking distance will be the last to leave (Janet Hooper and Laura Enderle).
- Turn off electricity and water if deemed necessary by city government.
- Lock doors

#### **Staff Phone Numbers**

## **Loss of Facilities**

**In case the Neighborhood Family Center is unable to use one of its buildings due to a catastrophic event, then services will be moved into another facility. If both buildings in Safety Harbor are affected, then the City of Safety Harbor will provide an alternate location for the Neighborhood Family Center to continue to provide basic services to the community. Some services may temporarily be discontinued until appropriate facilities are available.**

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### **THIRD RENEWAL TO ALTERNATE SITE AGREEMENT**

THIS THIRD RENEWAL TO ALTERNATE SITE AGREEMENT ("Third Renewal") made by and entered into on this 13 day of October, 2020, shall renew that certain agreement entered into by and between the City of Safety Harbor, Florida, a Florida municipal corporation, with its principal place of business at 750 Main Street, Safety Harbor, Florida 34695 (the "City") and the Mattie Williams Neighborhood Family Center, Inc., a Florida non-profit corporation, with its principal place of business at 1003 Dr. Martin Luther King Jr. Street North, Safety Harbor, Florida 34695 ("MWNFC")(collectively, the "Parties") on the 7th day of November, 2011 as renewed and amended by that certain Second Renewal and First Amendment to Alternate Site Agreement on the 16th day of October, 2017 (the "Agreement").

WHEREAS, all capitalized terms used in this Third Renewal, which are not otherwise defined herein, shall have the same meaning as set forth in the Agreement; and

WHEREAS, the term of the Agreement is scheduled to expire on November 6, 2020, unless renewed by mutual consent of the Parties; and

WHEREAS, the Parties desire to continue and renew their agreement for alternative locations for MWNFC in event its current facilities become temporarily unusable as a result of a natural disaster, as set forth in the Agreement.


NOW THEREFORE, in exchange for mutually agreeable consideration, the receipt and sufficiency of which is hereby acknowledged, the Parties agree as follows:

1. The above recitals are true and correct and incorporated herein by reference.
2. The Agreement is hereby renewed for an additional three (3) year term commencing November 7, 2020, and terminating November 6, 2023, on the same terms, conditions, and covenants as set forth in the Agreement, except as specifically set forth herein. The Agreement is renewable for additional terms upon further written mutual consent of the Parties.
3. To the extent that this Third Renewal conflicts with the Agreement, the provisions of this Third Renewal shall govern.

IN WITNESS WHEREOF, the Parties have caused this Third Renewal to be executed on their behalf by their duly authorized representatives on the dates indicated below.

**[REMAINDER OF PAGE LEFT INTENTIONALLY BLANK]**


**THE CITY OF SAFETY HARBOR**

By:   
Name: Matthew Spoor  
Title: City Manager

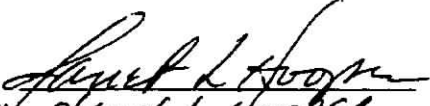
ATTEST:

  
City Clerk

APPROVED AS TO FORM:

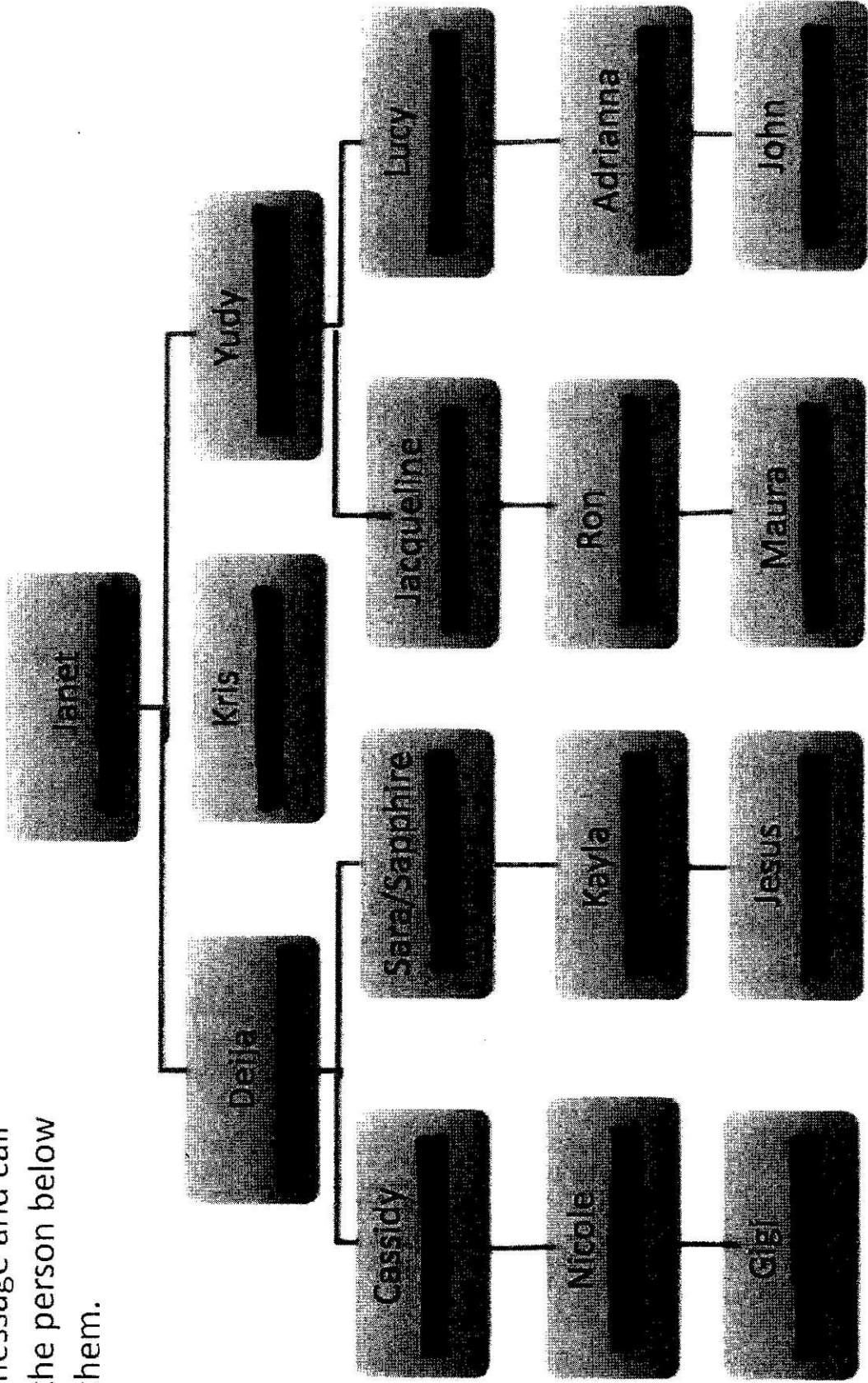
  
City Attorney

**SAFETY HARBOR NEIGHBORHOOD FAMILY CENTER, INC. DBA MATTIE  
WILLIAMS NEIGHBORHOOD FAMILY CENTER.**

By:   
Name: Janet L. Hooper  
Title: Executive Director

# MWNFC Employee Call List

If the person does not answer, leave a message and call the person below them.





**List of Volunteers to be  
inserted here**

## Employee Contact Information

Employee Name:	Employee Number:
Division:	
Employee Title:	
Work Phone:	
Work Location:	
Work Email:	
Alternate Email:	
Home Phone:	
Mobile:	
Home Address:	
City:	Zip Code:
Miles from Home:	

Military Reserve: (Y or N)
National Guard: (Y or N)
4 Wheel Drive Vehicle ( Y or N)
Child Care Required: (Y or N)
Physically Challenged: (Y or N)
Medical Description:
Shift Employee Works:
Requires Transportation: (Y or N)
CPR Trained: (Y or N)

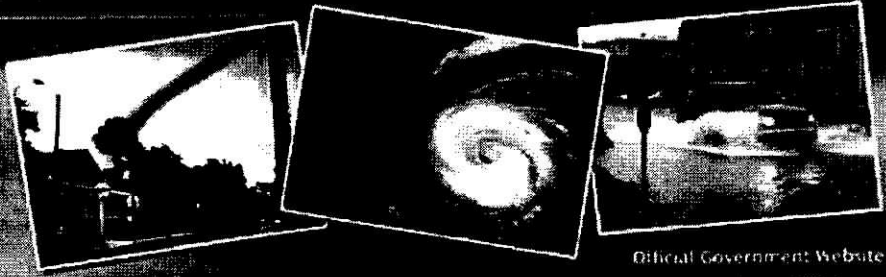
Employee Needed - Priority 1:
Employee Needed - Priority 2:
Employee Needed- Priority 3:

HOME ADA INFO SERVICES BUSINESS GOVERNMENT RESIDENTS VISIT

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# Emergency Management



Official Government Website

Contact Us | Calendar | How Do I?

News | Media | SHARE

September 26, 2019

Emergency Mgmt. Home

## Important Phone Numbers & Websites

All Other Hazards

### Emergency Preparedness

Hurricane Information ▾

**Alert Pinellas Emergency Notification Service**  
[www.pinellascounty.org/alertpinellas](http://www.pinellascounty.org/alertpinellas)

For Emergencies Only ▾

**Find Your Evacuation Level**  
(727) 453-3150 (use home phone)  
[www.pinellascounty.org/knowyourzone](http://www.pinellascounty.org/knowyourzone)

Emergency Bulletins

Public Shelter List

Important Phone Numbers

**Pinellas County Citizen Information Center** (open only during emergencies)  
(727) 464-4333

Radio Operators

Road Closures

**Pinellas County Emergency Management**  
(727) 464-3800  
[www.pinellascounty.org/emergency](http://www.pinellascounty.org/emergency)

Sand Bags

Storm Track

Executive Orders

Weather Center / Tide Info

**Municipalities**  
[www.pinellascounty.org/municipalities.htm](http://www.pinellascounty.org/municipalities.htm)

Resources ▾

### Other county numbers

**Florida Department of Health in Pinellas County**  
(727) 824-6900  
[www.pinellashealth.com](http://www.pinellashealth.com)

### Safety & Emergency Services

**Pinellas County Animal Services**  
(727) 582-2600  
[www.pinellascounty.org/animalservices](http://www.pinellascounty.org/animalservices)

**About Us**  
Emergency Management  
10750 Ulmerton Rd.  
Building 1, Suite 267  
Largo, FL 33778  
(727) 464-3800  
FAX: (727) 464-4024  
TDD: (727) 464-3009  
[gmap](mailto:em@pinellascounty.org)

**Pinellas County Consumer Protection**  
(727) 464-6200  
[www.pinellascounty.org/consumer](http://www.pinellascounty.org/consumer)

**Pinellas County Economic Development**  
(727) 464-7332

Closed County Holidays

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



**Pinellas County Information Line**  
(727) 464-3000 / V/TDD (727) 464-4062  
[www.pinellascounty.org](http://www.pinellascounty.org)

**Pinellas County Schools**  
(727) 588-6000  
School Bus Info Line  
(727) 587-2020  
[www.pcsb.org](http://www.pcsb.org)

**Pinellas County Sheriff's Office (non-emergency)**  
(727) 582-6200  
[www.pcsoweb.com](http://www.pcsoweb.com)

**Pinellas County Solid Waste**  
(727) 464-7500  
[www.pinellascounty.org/solidwaste](http://www.pinellascounty.org/solidwaste)

**Pinellas County Utilities**  
(727) 464-4000  
[www.pinellascounty.org/utilities](http://www.pinellascounty.org/utilities)

**Pinellas Suncoast Transit Authority (PSTA)**  
(727) 540-1900  
[www.psta.net](http://www.psta.net)

**St. Pete-Clearwater International Airport**  
(727) 453-7800  
[www.fly2pie.com](http://www.fly2pie.com)

**Visit St. Petersburg/Clearwater**  
(Hotel/motel evacuation info inside county)  
[www.visitstpeteclearwater.com](http://www.visitstpeteclearwater.com)

**State of Florida**  
**Florida Attorney General's Office (price gouging)**  
(866) 966-7226  
[www.myfloridalegal.com](http://www.myfloridalegal.com)

**Florida Division of Emergency Management**  
(non-emergency)  
(850) 413-9969  
[www.floridadisaster.org](http://www.floridadisaster.org)

**Florida Highway Patrol**  
\*FHP (mobile phone) / (727) 570-5010  
[www.fhsmv.gov/florida-highway-patrol/about-fhp/](http://www.fhsmv.gov/florida-highway-patrol/about-fhp/)

**Federal agencies**

**Federal Emergency Management Agency (FEMA)**

(800) 621-3362

[www.fema.gov](http://www.fema.gov)**National Hurricane Center**[www.nhc.noaa.gov](http://www.nhc.noaa.gov)

National Weather Service/Tampa Bay Area

[www.weather.gov/tbw](http://www.weather.gov/tbw)**NOAA Weather Alert Radio**

Specific Area Message Encoding (SAME) code for

Pinellas County: 012103

**Utility companies****Clearwater Gas**

(727) 562-4900 (general)

(727) 462-6633 (gas leaks)

[www.clearwatergas.com](http://www.clearwatergas.com)**Duke Energy** (report outages)

(800) 228-8485

[www.duke-energy.com](http://www.duke-energy.com)**Frontier**

(800) 921-8101

[www.frontier.com](http://www.frontier.com)**Spectrum**

(855) 222-0102

[www.spectrum.com/services/florida/pinellas-county](http://www.spectrum.com/services/florida/pinellas-county)**TECO Peoples Gas**

(877) 832-6747 (gas leaks)

[www.peoplesgas.com](http://www.peoplesgas.com)

TECO (report outages)

(877) 588-1010

[www.tampaelectric.com](http://www.tampaelectric.com)**WOW!**

(866) 745-3685

[www.wowway.com](http://www.wowway.com)**Other agencies****2-1-1 Referral Line—Tampa Bay Cares**[www.211tampabay.org](http://www.211tampabay.org)**American Red Cross**

(727) 898-3111

[www.redcross.org/fl/tampa-bay](http://www.redcross.org/fl/tampa-bay)**Federal Alliance For Safe Homes (FLASH)**

(877) 221-7233  
[www.flash.org](http://www.flash.org)


**Insurance Institute for Business and Home  
Safety (IBHS)**  
(813) 286-3400  
[www.disastersafety.org](http://www.disastersafety.org)


**United Way**  
(813) 274-0900  
[www.unitedwaysuncoast.org](http://www.unitedwaysuncoast.org)

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Pinellas County Emergency Operations Center  
Department of Emergency Management  
(727) 464-3800  
**During an emergency activation call the  
Citizen Information Center at (727) 464-4333.**

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# Hurricane Supply Checklist

Download the pdf version for your use. Hurricane Supply Checklist

**DISASTER SUPPLY KIT CHECKLIST**

- Water (1 gallon per person per day for 7 days)
- Non-perishable food
- Sterile gauze pads
- Flashlight and batteries
- NOAA weather radio
- First aid kit
- At least two weeks supply of medication, medical supplies used regularly and a list of allergies
- Information about where you receive medication, the name of the drug, and dosage
- Medical records and primary care physician contact information
- List of the style, serial number, and manufacturer information of needed medical devices
- Service animal I.D., veterinary records, and proof of ownership
- Supplies for your service animal

**First Aid Kit**

- First Aid Manual
- Sterile adhesive bandages of different sizes
- Sterile gauze pads
- Hypoallergenic adhesive tape
- Triangular bandages
- Scissors
- Tweezers
- Sewing needle
- Moistened towelettes
- Antiseptic
- Thermometer
- Tube of petroleum jelly
- Safety pins
- Soap
- Latex gloves
- Sunscreen
- Aspirin or other pain reliever
- Anti-diarrhea medicine
- Antacid
- Laxative
- Activated charcoal

**Radio**

- Battery operated or hand cranked radio, a NOAA weather radio

**Cash**

- Banks and ATMs may not be available after a storm.

**Important Documents**

- Insurance cards
- Medical records
- Bank numbers
- Credit card numbers
- Copy of social security card
- Copies of birth and/or marriage certificates
- Other personal documents
- Set of car, house, and office keys

*Items should be kept in a water proof container*

**Important phone numbers**

- Maintain a list of important phone numbers including county emergency management office, evacuation sites, doctors, banks, schools, veterinarian, and a number for out of town contact.

**Food**

- Enough for at least up to seven (7) days, non-perishable packaged or canned food and beverages, snack foods, juices, baby food, and any special dietary needs
- Non-electric can opener
- Paper plates
- Napkins
- Plastic cups
- Utensils

**Pet care items**

- Pet logo and water
- Proper identification
- Medical records
- A carrier or cage
- Muzzle and leash
- Water and food bowls
- Medications

**Special needs items**

- Be sure to include specialty items for infants, small children, the elderly, and those family members with a disability.

**Clothing**

- Include seasonal or rain gear and sturdy shoes or boots.

**Vehicle**

- Keep your motor vehicle tanks filled with gasoline

**Flashlight**

- Do not use candles and be sure to have enough batteries

## About the Division Programs & Partners Plan & Prepare

Preparing for the 2019 Hurricane Season

Hurricane Supply Checklist

Disaster Supply Kit

Disability Planning

Have a Pet Plan

Have a Place to Go

Planning for Your Home

State Assistance Information Line

Shelters

Videos

**Business & Industry**

**News & Media**

**Special Needs Registry**

**TABLE 8 DAMAGE ASSESSMENT CHECKLISTS** Structural Assessment

• ITEM	• TYPE OF DAMAGE	• DEGREE OF DAMAGE	• EXPLANATION (to include repair time)
• Roof	Physical Water Fire	None Moderate – Usable Extensive – Repairable Destroyed	•
• Ceiling	Physical Water Fire	None Moderate – Usable Extensive – Repairable Destroyed	•
• Walls	Physical Water Fire	None Moderate – Usable Extensive – Repairable Destroyed	•
• Foundation	Physical Water Fire	None Moderate – Usable Extensive – Repairable Destroyed	•
• Windows	Physical	None Moderate – Usable Extensive – Repairable Destroyed	•
• Sub Floor	Physical Water Fire	None Moderate – Usable Extensive – Repairable Destroyed	•
• Other	Physical	None	•



Systems	Water Fire	Moderate – Usable Extensive – Repairable Destroyed	
• Human Resources Systems	Physical Water Fire	None Moderate – Usable Extensive – Repairable Destroyed	•

**Damage Assessment Situation Summary**

The Advance Team Unit Leader will prepare a report for the Senior Leadership of Mattie Williams Neighborhood Family Center, which summarizes the incident and details the findings of the Team. This summary report will include the date and description of the incident, the extent of damage and assessment to the business impact, and the business area (s), which was affected by the incident. Attached to this Situation Summary Report would be the completed individual Damage Assessment Checklists, and appropriate photos.

- DESCRIPTION OF INCIDENT:
- 
- 
- DATE OF INCIDENT:
- 
- DESCRIBE PROBLEM, EXTENT OF DAMAGE, AND ASSESSMENT OF BUSINESS IMPACT:
- 
- BUSINESS AREA(S) AFFECTED:
- NAME AND SIGNATURE OF DISASTER ASSESSMENT TEAM LEADER

\_\_\_\_\_ Date: \_\_\_\_\_



**Pinellas Community Foundation**  
**Pinellas CARES Nonprofit Partnership Fund Grant Application**

**DO NOT ADD ANY LINE ITEMS TO THIS BUDGET SUMMARY. IF YOU ARE UNSURE OF  
WHERE A COST BELONGS, PLEASE CONTACT PCF STAFF.**

Organization Name: \_Safety Harbor Neighborhood Family Center  
Inc \_\_\_\_\_

Project Name: \_Bridge the Gap\_\_\_\_\_

FROM (date): \_July 1, 2020\_\_\_\_\_ TO (date): \_Dec 31, 2020\_\_\_\_\_

Budget Category/Line Item	Program Budget - Total	Pinellas CARES Grant
Personnel ( <i>salaries, wages, benefits, payroll taxes, time allocation on the project for all personnel involved in program</i> )	10706	0
Equipment ( <i>computers, furniture, etc., less than \$3,000 per item</i> )	4500	1374
Supplies ( <i>office materials, program related purchases, program necessities to deliver services, etc.</i> )	15,000	5,000
Occupancy ( <i>property rent, mortgage, utilities, telephone, internet, etc. assigned as program expenses</i> )	0	0
Local Travel ( <i>mileage, tolls, parking for regular local travel, rental/leasing cost of transportation</i> )	554	0
Training ( <i>staff development, conferences, long distance travel</i> )	200	0
Design, Printing, Marketing & Postage ( <i>for direct program related services only</i> )	500	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> )	17,660	12,260
Purchased Services ( <i>consultants, legal, accounting services, logistical partner costs, technology enhancements, computer software licensing/agreements</i> )	0	0
<b>TOTAL</b>	<b>49120</b>	<b>18634</b>

**Supporting documentation  
has been removed to protect  
privacy. It is on file at PCF.**

Pinellas Community Foundation  
Pinellas CARES Nonprofit Partnership Fund Application  
**BUDGET NARRATIVE FORM**

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

**If you are applying under multiple funding areas, please indicate which funding area (food, behavioral health, and/or eviction mitigation through legal aid) each cost belongs to.**

**This narrative is to explain the costs in the Pinellas CARES Grant Column of the Budget Summary**

Organization Name: Safety Harbor Neighborhood Family Center Inc

Project Name: Bridge the Gap

FROM (month/year): 7/1/2020

TO (month/year): 12/31/2020

**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).

None

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.

\$1,374 - We are currently building additional storage space on the property which will require heavy duty (2,000 lbs. capacity) shelving units to store the food. The cost is \$229 per unit and we need 6 units. ( $229 \times 6 = \$1,374$ ). The rising number of clients coming to our food pantry has stretched our ability to have enough food on site. In January 2020 we averaged 90 families for the month and served 233 different households since October 2019 (the start of our fiscal year). In September 2020 those numbers grew to an average of 118 families for the month and the total number of families we touched jumped to 401. October 31, we had 131 families come to our food pantry.

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.

In January 2020 we averaged 90 families for the month and served 233 different households since October 2019 (the start of our fiscal year). In September 2020 those numbers grew to an average of 118 families for the month and the total number of families we touched jumped to 401. October 31, we had 131 families come to our food pantry. In order to meet the demand we purchase extra vegetables, meat and dairy products to supplement donations.

\$5,000 – to provide food for the months of November and December. We are averaging \$2,500 per month. We purchase food from Feeding Tampa Bay, Aldi, Sam’s Club and sometimes Publix.  
2 months x \$2,500 = \$5,000.

\$250 at Aldi to purchase eggs, milk and produce  
\$150 at Sam’s Club to purchased canned goods and cereal  
\$150 at Feeding Tampa Bay for meat and produce  
\$75 at Publix for additional produce

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.

\$12,260 – Includes 7/2/2020 purchase of a mini split AC from Burgess AC for \$4,200, a two door freezer from Restaurant Equipment Store on 7/10/2020 for \$3,060 and \$5,000 towards our new storage facility building (Total cost is \$58,750 for 350 sq feet of air conditioned storage space.) We have secured \$50,745 of the total cost from other sources of revenue.

This additional space is critical due to the rising number of clients needing food since COVID hit and our ability to store enough food to meet the demand. Currently many of our offices are housing cases of food. In January 2020 we averaged 90 families for the month and served 233 different households since October 2019 (the start of our fiscal year). By September 2020 those numbers grew to an average of 118 families for the month and the total number of families we touched jumped to 401. Just this October 31, we had 131 families come to our food pantry. Because of the growth we purchased an additional three door refrigerator in May of 2020 which we needed to properly store the food. However, the additional unit created a problem as the two refrigerators and a freezer strained the existing air conditioning system and did not operate well. The best solution was a mini split air conditioner in that room to keep the systems working properly and dissipate the heat the three units put out. The system has worked

great and the units are functioning at an optimal level. The additional freezer was needed to store the meat. When Feeding Tampa Bay and RCS had no meat in late June and July, as a result of the meat packing crisis, we purchased meat through relationships with local restaurants so we could continue to feed our clients. We partnered with Oldsmar Cares and purchased the meat in bulk for both pantries. One two door freezer was not enough space. The new freezer was placed in our small kitchen as we had no more space in the pantry itself. Before COVID we had some modest growth, October 2019 to January 2020 averaged three new families, but not the kind of growth that required a second three door refrigerator and a second two door freezer.

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.

None

## Amendment One to Grant Agreement

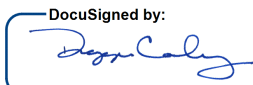
Comes Now, Pinellas Community Foundation, a public charitable foundation established by Trust Agreement Dated January 1, 1969, as may have been amended from time to time (“AGENCY”) and Safety Harbor Neighborhood Family Center, Inc., (“GRANTEE”) (AGENCY and GRANTEE collectively “the Parties”) and the Parties hereby agree as follows:

1. On or about November 24, 2020, AGENCY and GRANTEE entered into a Grant Agreement in the amount of \$18,634.00.
2. AGENCY and GRANTEE both wish to amend the Grant Agreement.
3. Section 10 of the Grant Agreement provides the ability to alter the terms of the Grant Agreement by written agreement.
4. Thus, the Parties agree to the following amendments in accordance with Section 10 of the Grant Agreement:
  - a. Section 1 g) referring to Amount of Funds Awarded shall be increased to \$20,001.81.
  - b. Section 2 a) shall be amended to state, “GRANTEE shall administer funding in an amount up to **twenty thousand and one dollars and 81/100 cents (\$20,001.81)** for expanded local services with up to 0% or \$0.00 allowed for indirect costs.”
  - c. Section 2 b) shall be amended to state, “Of this funding, up to eight thousand eight hundred ninety-seven dollars and 81/100 cents (\$8,897.81) may be used to reimburse COVID-19 related expenditures which were incurred and paid by the GRANTEE prior to grant performance period, provided GRANTEE produces acceptable documentation of such expenses to AGENCY.
  - d. Section 4 a) shall be replaced with the following: “The AGENCY agrees to provide GRANTEE an amount not to exceed to **twenty thousand and one dollars and 81/100 cents (\$20,001.81)** as an award of the Pinellas CARES Nonprofit Partnership Fund for the services described in Section 2 of this Agreement. Up to Zero Dollars 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.”
  - e. Section 4 b) shall be replaced with the following: “GRANTEE shall maintain a Budget Plan (Appendix 4) for anticipated direct costs which may be adjusted across budget categories as necessary to address direct costs incurred. Budget Plan modifications that do not result in an increase of funding, change the purpose of this Agreement, or otherwise amend the terms of this Agreement, shall be submitted in the format prescribed and provided by the AGENCY without the need to amend this Agreement. GRANTEE shall provide such changes to AGENCY in writing, and AGENCY will approve or deny such changes in writing.”

SIGNATURE PAGE FOLLOWS


Signed:

AGENCY: Pinellas Community Foundation

By:   
528C89A7304941D...  
Duggan Cooley  
CEO

Date Signed: 12/10/2020

GRANTEE: Safety Harbor Neighborhood Family Center, Inc

By:   
26E6120C657B4EA...  
Janet Hooper, Executive Director

Date Signed: 12/11/2020