

Application Form

Introduction

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

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

Priority Funding Areas*

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

Food

Reimbursement*

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

Will your organization be applying for this cost reimbursement?

No

Future Programming*

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

Yes

Project Name*

Feeding and supporting the poor and homeless

EIN*

83-4239630

Mission Statement*

There are four food banks we partner with, and have served with frozen chickens; we've been doing this for four years.

They are experiencing higher volume of people requesting food.

The need for chickens to feed these clients is rising & will increase with high unemployment

Through our existing relationships, we will deliver more chickens for this growing need.

We have five programs to feed the poor; we've kept them going ever since the pandemic, using saved resources & rainy day funds.

Total Operating Expenditure*

What are your total annual operating expenses?

\$22,000.00

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.

\$12,000.00

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
- People experiencing homelessness
- Persons employed in high-risk pandemic response jobs
- Residents with language barriers
- Persons with disabilities
- Low-income families

Guiding Principles*

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

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

Virtually all of the primary populations listed rely on Food Banks to some extent for survival. However, food banks are limited in the amount of meat products they are able to obtain for their clients. As we have heard, the resources of food banks are increasingly being stretched. If our application is approved, we will increase the number of chickens we buy and distribute, and continue and expand our FIVE programs to feed the poor. We will buy & distribute more chickens to the FOUR food banks that we support in Pinellas County. We will expand our service of direct chicken handouts to clients from quarterly to monthly to High Point Community, Pinellas Hope, Pinellas Village, Ready for life, and two trailer parks. We'd continue supporting seniors via Meals on Wheels, and buying eggs monthly for Beach Community food bank. Finally, we will provide many Blessing Bags for the street homeless population, which include 24 items including 3 meals, toiletries, rain poncho and socks.

Length of time operating program/project*

Please briefly explain how long you have been operating the program or project for which you are requesting funds. **This funding is for existing programming that needs expansion or sustained to meet community needs.**

Our food bank initiative began in 2016. As our funding grew, our programs did as well.

We increased our scope to five programs to feed the poor.

This grant request is needed to distribute more frozen chickens to specific populations.

Service Area*

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

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

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

Impact on Organization*

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

More people are food insecure. The demand on food banks will grow as high unemployment continues, and government programs expire. We are seeing higher demand, and we anticipate that food banks will be less able to secure enough meat products for their clients.

We have continued our charity work with current donations and savings, but going forward our resources have been exhausted, as less funding is coming from singing fees.

As you can see in the newsletter we have remained active in feeding the poor throughout these last few months, and we intend to continue to carry out this purpose and mission.

Fiscal Accountability

Federal Fund Disclosure*

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

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

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

Most Recent Audited Financial Statements

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

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

We have had our records for 2019 reviewed by a financial professional, and we have provided supporting documentation at his request for his review. We have not considered an independent audit, since our organization is small, funds are limited, and are intended for charity. If it should become necessary, we would be agreeable to provide either the records themselves, or the contact information of the person that performed the review of these records.

Most Recently Filed IRS Form 990*

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

990-N 123119.pdf

Board-Approved Budget*

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

2020 Budget.pdf

Expansion or Sustaining of Exact Programming Funded by Another Source

Existing Contract

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

not applicable

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.**

Service Delivery Points - chickens and other food support have been /will be provided each month.

Food Bank Support- chickens, etc.

Interfaith food bank	- 33777	monthly
Lifeline food bank	- 33774	monthly
Beach Community food bank	-33785	monthly
FEAST food bank	-34684	monthly

Chicken distribution / direct

"A chicken in every pot"

Keystone trailer park	-33770	monthly
Vagabond trailer park	-33709	monthly
High Point Community	-33760	monthly
Pinellas Hope	-33760	monthly
Ready for Life	-33771	as needed

Egg subsidy- Beach food bank 33785 monthly

Meals on Wheels-Neighborly -33778 - monthly

Homeless Bags -primarily Central Pinellas county / daily

Communication/Outreach and Community Engagement Efforts*

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

We maintain direct and continuing communication with Food Bank Directors.

For special events, we partner with the organization that manages the event or facility to inform people.

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.

Hurricane Preparedness.docx

Our programming is flexible; we purchase chickens for food banks on a wholesale basis from a company located inland, in Lakeland. and for smaller events we purchase from GFS in Clearwater. Blessing Bags are now in cars of many volunteers, these are for homeless on the street; this need would be even more critical in the aftermath of a major storm, and they would continue to be assembled and made available to our dozens of volunteers that hand out bags.

Budget Summary*

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

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

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

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

Please export as a PDF and upload it.

Senior Sunshine Series- Budget-Summary v3.xlsx

Budget Narrative*

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

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

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

[CLICK HERE TO SEE AN EXAMPLE OF A PROPERLY COMPLETED BUDGET NARRATIVE.](#)

Please export as a PDF and upload it.

Budget Narrative for Senior Sunshine Series, Inc V3.docx

Capital Requests

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

Please upload in PDF format.

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

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

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

Are you going to use LPOs in this programming?*

Yes

Logistical Partner Organizations (LPOs)

LPO List*

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

LPOs.pdf
See attached

Role in Programming*

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

The LPO's in the list are food bank directors, housing managers and clergy all are dedicated, and actively-involved people, caring for the poor.

Food

This grant will require weekly reporting on the following measures:

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

Affirmation of Reporting*

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

Yes

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

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

3466

September 2020 Projections - Food*

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

866

October Projections - Food*

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

866

November Projections - Food*

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

867

December Projections - Food*

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

867

Funder Involvement

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

None of the above

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:

not applicable

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**.

not applicable

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.

James Blackwell August 14, 2020

File Attachment Summary

Applicant File Uploads

- 990-N 123119.pdf
- 2020 Budget.pdf
- Hurricane Preparedness.docx
- Senior Sunshine Series- Budget-Summary v3.xlsx
- Budget Narrative for Senior Sunshine Series, Inc V3.docx
- LPOs.pdf

Department of the Treasury
Internal Revenue Service

for Tax-Exempt Organization not Required to File Form 990 or 990-EZ

2019

Open to Public Inspection

A For the 2019 Calendar year, or tax year beginning 2019-01-01 and ending 2019-12-31

B Check if available

- Terminated for Business
 Gross receipts are normally \$50,000 or less

C Name of Organization: SENIOR SUNSHINE SERIES INC
110 18 STREET, BELLEAIR
BEACH, FL, US, 33786D Employee Identification
Number 83-4239630

E Website:

Mr.F Name of Principal Officer: JAMES BLACKWELL
110 18 STREET, BELLEAIR
BEACH, FL, US, 33786

Privacy Act and Paperwork Reduction Act Notice: We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws.

The organization is not required to provide information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. The rules governing the confidentiality of the Form 990-N is covered in code section 6104.

The time needed to complete and file this form and related schedules will vary depending on the individual circumstances. The estimated average times is 15 minutes.

Note: This image is provided for your records only. Do Not mail this page to the IRS. The IRS will not accept this filing via paper. You must file your Form 990-N (e-Postcard) electronically.

Senior Sunshine Series, Inc.	Actual	Budget		
Budget - 2020				
	2019	2020		
Revenue	\$18,876	\$20,000		
Program Expenses				
Chickens for Food Banks	\$6,325	\$7,500		
Chickens - Direct	\$3,513	\$4,640		
Homeless Blessing Bags	\$4,495	\$4,000		
Eggs- Community Food Bank	\$1,868	\$2,100		
Food for Seniors - Meals on Wheels	\$642	\$960		
Total Program Expenses	\$16,843	\$19,200		
Administration				
Fundraising	\$409	\$300		
Office	\$975	\$200		
Music, Props, Clothes	\$649	\$300		
Total Administration	\$2,033	\$800		
Total Spending	\$18,876	\$20,000		
Efficiency Ratio	89%	96%		

Pinellas Community Foundation
PCF CARES Application
HURRICANE PREPAREDNESS COMMENTS
SENIOR SUNSHINE SERIES, INC.

Our programming is flexible; we purchase chickens for food banks on a wholesale basis from a company located inland, in Lakeland. and for smaller events we purchase from GFS in Clearwater. Blessing Bags are now in cars of many volunteers, these are for homeless on the street; this need would be even more critical in the aftermath of a major storm, and they would continue to be assembled and made available to our dozens of volunteers that hand out bags.

Pinellas Community Foundation
Pinellas CARES Nonprofit Partnership Fund Grant Application

Organization Name: Senior Sunshine Series, Inc.

Project Name: Feeding and Supporting the Poor and Homeless

FROM (date): _09/01/2020 TO 12/31/2020

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>)	\$ -	\$ -
Equipment (<i>computers, furniture, etc., less than \$3,000 per item</i>)	\$ -	\$ -
Supplies (<i>office materials, program related purchases, program necessities to deliver services, etc.</i>)	\$ 15,200	\$ 12,000
Occupancy (<i>property rent, mortgage, utilities, telephone, internet, etc. assigned as program expenses</i>)	\$ -	\$ -
Local Travel (<i>mileage, tolls, parking for regular local travel, rental/leasing cost of transportation</i>)	\$ -	\$ -
Training (<i>staff development, conferences, long distance travel</i>)	\$ -	\$ -
Design, Printing, Marketing & Postage (<i>for direct program related services only</i>)	\$ -	\$ -
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>)	\$ 260	\$ -
Purchased Services (<i>consultants, legal, accounting services, logistical partner costs, technology enhancements, computer software licensing/agreements</i>)	\$ -	\$ -
Administration (<i>pre-approved federal indirect cost, de minimus rate of 10%, or none</i>)	\$ -	\$ -
TOTAL	\$ 15,460	\$ 12,000

Pinellas Community Foundation
PCF CARES Application
BUDGET NARRATIVE FORM
SENIOR SUNSHINE SERIES, INC.

Organization Name: Senior Sunshine Series, Inc.
Project Name: Feeding and Supporting the Poor and Homeless
FROM (month/year): 09/01/2020 TO (month/year): 12/30/2020

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

NONE

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

NONE

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

Our budget is devoted to these four projects we have been doing to feed the poor.

- 1) We buy chickens wholesale from Colorado Boxed Beef @ \$4 per chicken, and retail from Gordon's in Clearwater, which are much larger Tyson chickens @ \$5.50 each.
 - ❖ We plan to buy and deliver wholesale chickens to food banks, 10 cases per week (1,920 chickens) for a total cost of \$7,680 (10 * 12/case * 16 weeks * \$4).
 - ❖ We plan to buy and deliver retail chickens directly to clients of agencies, 6 cases per week (960 chickens) for a total cost of \$5,280 (6 * 10/case * 16 weeks * \$5.50).
- 2) We will purchase and distribute 120 homeless bags via our volunteers to street homeless. Bags contain 24 items that we purchase and assemble. Cost of components is \$8/bag, total \$960.
- 3) We will be able to subsidize eggs and additional food for Community Food Bank. Total Cost is \$700 (\$175/ month).
- 4) We will be able to continue to buy a monthly bag of groceries for select clients of Meals on Wheels. Total Cost is \$320 (4 clients * 4 months * \$20 groceries each).

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

NONE

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

NONE

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

\$260 – funded by the charity, not the grant). Primarily for printing and mailing our quarterly newsletter.

Capital (buildings, vehicles, equipment \$3,000 or more per item. The purchase of capital must represent the lower cost option for the period during which the purchased asset would be used for COVID-response activities)

NONE

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

NONE

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

None

	SENIOR SUNSHINE SERIES, INC.		
	(AKA THE SILLY SINATRAS)		
	LOGISTICAL PARTNER ORGANIZATIONS		
	<i>AGENCY</i>	<i>CONTACT</i>	<i>NUMBER</i>
	FEAST FOOD BANK	Walt Anderson	727 204 9190
	LIFELINE FOOD BANK	Fred Bach	303 591 6606
	INTERFAITH FOOD BANK	Fran Napowsa	727 641 6488
	BEACH COMMUNITY FOOD BANK	Dave Kline	727 418 1673
	HIGH POINT COMMUNITY	Margo Adams	727 533 0730
	PINELLAS HOPE	Ken Savich	727 709 6713
	PINELLAS VILLAGE	Judy Vargas	727 399 2500
	ST DUNSTON (2 TRAILER PARKS)	Father Louis	727 686 2512
	NEIGHBORLY (MEALS ON WHEELS)	Anita Frankhauser	727 410 7239