

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.

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

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

Priority Funding Areas*

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

- Food
- Behavioral Health

Reimbursement*

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

Will your organization be applying for this cost reimbursement?

- Yes

Future Programming*

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

- Yes

Project Name*

COVID Relief - Food and Behavioral Health - Pinellas County

EIN*

23-7208280

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.

Mission Statement*

With compassion and respect, we change lives by providing food, shelter, and health care to our neighbors in need.

Total Operating Expenditure*

What are your total annual operating expenses?

\$34,156,260.00

Amount Requested*

Please review the entire application and its fiscal requirements before determining the total amount your organization will be requesting. This amount should include any reimbursements your organization is seeking for past COVID-19 programming.

Typical funding requests will range between \$25,000 and \$250,000. Amounts above and below are accepted, provided the request can be justified by community need.

Requests at the higher end, or above this range must have a significant and sustained impact on the vulnerable community being served. Your organization's capacity for spending a large amount of funds must also be justified.

\$3,071,253.00

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).

SPFC focuses on equity in policies, practices and program design. We implemented a \$15 minimum wage, and have increased salaries across the agency to ensure compensation equity. We have an employee-led Equity Committee, which recommends policy updates, communications practices and training to support equity. All Directors have completed racial equity training. We are working with Inclusivity, Inc. to implement additional training across the agency, as well as discovery sessions to further promote equity at all levels of the organization. Programs are staffed by individuals who represent the intersectional identities of the communities we serve and are involved in community-based workgroups that amplify the voices of communities most impacted by inequity. Feedback from these workgroups informs program practices. Our housing programs employ former program participants. We solicit feedback from men and women currently enrolled, regularly incorporating their ideas into programming.

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.**

SPFC opened in 1970. Food programs began in the 1980s. The women's residence opened in 1989 and the men's residence in 1997. Over time, we have grown, built, and refurbished buildings, continually enhancing services to meet urgent community needs.

Service Area*

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

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

Impact on Organization*

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

COVID exacerbated already urgent areas of community need regarding food insecurity and behavioral health. In 2019 between March and July, we served 29,000 individuals through our We Help Fresh Pantry. Between March and July 2020, we served over 86,000 people with 7 in 10 of the clients we've served reporting they were laid off, furloughed or lost wages because of COVID. 45% of the clients we're serving have never visited a food pantry before. As of July, 53% of the households visiting us are families with children as compared to 21% pre-COVID. Our food bank has distributed 8M pounds of food since March, nearly double the volume of food distributed between March and July last year. Between 70% and 90% of the food we distribute is fresh produce, fresh meat and fresh dairy, which is of critical importance in supporting families' overall health. CARES funding will help us keep pace with the staggering and growing need to feed more families than ever before.

In our transitional housing programs, which focus on addiction recovery support for homeless men and women, over 40% of residents lost their jobs as a result of COVID. It has been critical during this challenging time to strengthen services that support the behavioral health of our clients to keep them on the road to recovery. As such, we've been connecting residents to remote options for AA/NA, stress reduction education, and classes that promote mental and physical health. We've increased client access to case managers with both onsite and remote support from staff. We've increased the frequency and accessibility of activities, like yoga, to sure-up mental and physical health. And we've set up remote work stations for clients who need to work from home to keep their jobs. This funding will help us provide ongoing, creative behavioral health supports in our residences, while also working to keep our clients and staff safe from COVID through the enforcement of rigorous protocols.

Fiscal Accountability

Federal Fund Disclosure*

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

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

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

Audited Financial Statements*

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

Yes

Most Recently Filed IRS Form 990*

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

2018 Form 990.pdf

Board-Approved Budget*

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

SPFC Pinellas County CARES - ORG BUDGET.pdf

Audited Financial Statements

Most Recent Audited Financial Statements*

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

SPFCAudit.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.

SPFC - Mgt and Rep Letter.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.

CARES contract information.pdf

We recently received EFSP CARES funding in the amount of \$59,675 which we will spend from January 2021 - May 31, 2021 (see attached). Since March, we have received COVID-related support from a number of

private funders including Juvenile Welfare Board, Pinellas Community Foundation's Dreaming of Tmapa Bay Fund and Foundation for a Healthy St. Petersburg United Way Suncoast, Duke Energy, Fifth Third Bank and Bank of America to purchase bulk food for Pinellas County distribution. We have completed food purchases to expend all of these funds as of August. We will expend the private donor funding beginning in January 2021. This will allow us to continue purchasing food, as donations are not keeping pace with demand. We continue to pursue grants and funding for COVID-related costs, as we know our programs will operate at increased capacity for the foreseeable future due to the ongoing health and economic crisis that COVID is creating.

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.

\$347,998.00

Documentation of Expenses*

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

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

- 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.

SPFC CARES Reimbursement Summary and Financials.pdf

Purchases for Behavioral Health/Men's and Women's Residence are represented under COVID Supplies & Cleaning: \$ 5,232

Purchases related to food distribution are represented under Revamping of We Help Distribution Process, Increased Equipment Capacity, and Incremental Vehicle Costs: \$ 342,766

Number Served by Funding Area*

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

Example

Food: 1250 people

Behavioral Health: 250 people

Behavioral Health: 20

Partner Food: 180,000

We Help Food Pantry: 86,000 people

Funding and Usage

Client Service Delivery*

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

Our Jared S. Hechtkopf Community Food Bank is located in 33714. Each day our staff accept donations and food deliveries at the food bank, as well as drive throughout the region to pick up donations, so that they may distribute millions of pounds of food throughout the County, including to our We Help Fresh Pantry (located in 33701); 50% of We Help clients live in 33705, 33712 and 33701. Last year, We Help served clients from every Pinellas County zip code. We Help is open M - W from 8:30a.m.- 3:00p.m., and Thursdays from 8:30a.m.- 7:00p.m. We Help moved outdoors at the onset of COVID and currently operates as a drive-through/walk-up pantry. Because We Help is a permanent, fixed location, there is never any guess as to where we'll be or how long we'll be open. We expect to continue operating outdoors and at increased capacity until there is a solution to the virus and a reduction in food insecurity. We deliver food to a network of LPOs. These partners distribute food in 33701, 33702, 33704, 33705, 33708, 33709, 33710, 33711, 33712, 33713, 133714, 33755 33760, 33762, 33763, 33771, 33772, 33781, 33782.

Our men's and women's residences are located in 33701 and accept clients from throughout the County. Clients must be homeless and in recovery for at least 30 days to be accepted. Once admitted, they go through intake/orientation and assigned a case manager to support them in their ongoing recovery and journey toward permanent employment, housing and stable behavioral, mental and physical health. Currently, the residences are operating with rigorous COVID protocols in place, including masks required in all common areas, daily temperature checks and lower capacity to accommodate isolation protocols should a resident be diagnosed with COVID. As a result of these rigorous protocols, to-date only one resident in each program has

been diagnosed COVID positive. We expect to operate in this modified way until a vaccine is in wide circulation. We are seeking hazard pay only.

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 regularly post information on Facebook and Instagram about our client services to ensure our community has access to relevant and up-to-date information. We regularly post reminders about We Help hours and also let the community know if we have to temporarily close We Help due to weather. We make sure our web-site is current with any new COVID-related information, including updated operating hours or COVID-related protocols. We post our main number on our website, and when clients call that number, the auto-attendant provides the latest information about operating hours and other relevant details, such as how to access our Client Advocate. We are working with Inclusivity. Inc. to increase the frequency and reach of communications in and throughout south St. Petersburg. Additionally, we send out a monthly newsletter with information about programs and results to make sure the broader community is aware of our services and impact. Finally, we offer nutrition information and cooking demos for food distributed in We Help on Facebook and YouTube, which our clients regularly access. In October, we will begin offering Zoom-based health education on topics ranging from heart health to stress reduction, all of which will be promoted through social media and made accessible at no cost to any participant who would like to join.

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.

Emergency Response Plan 10-19 Final.pdf

See attached.

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.

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](#)

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.

Pinellas CARES - BUDGET SUMMARY FINAL 8.31.20.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 BUDGET NARRATIVE FINAL - 8.31.20.pdf

Capital Requests

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

Please upload in PDF format.

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

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

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

Are you going to use LPOs in this programming?*

Yes

Logistical Partner Organizations (LPOs)

LPO List*

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

SPFC Partner Network - LPO List.pdf
See attached list.

Role in Programming*

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

Our Food Bank ensures our community is fed by distributing food through a network of over fifty partner agencies, including food pantries, community kitchens, and residential programs. Our Food Bank staff is on track to distribute over 15 million pounds of food to the community this year. Partner agencies pick up food from our food bank weekly at scheduled times, free of charge. We do not charge our partners any costs or fees for the food they receive. Partner agencies are non-profits, located strategically throughout the county, to ensure that those in need have access to nutritious foods. The partner agencies, many of which are small, established churches, have deep roots in the community and can reach our community's most vulnerable populations.

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.

200000

September 2020 Projections - Food*

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

50000

October 2020 Projections - Food*

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

50000

November 2020 Projections - Food*

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

50000

December Projections - Food*

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

50000

Behavioral Health

This grant will require weekly reporting on the following measures:

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

This grant will require monthly reporting on the following measures:

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

Affirmation of Reporting*

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

Yes

Measurement - Behavioral Health*

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

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

We expect to operate in a modified manner due to COVID for the foreseeable future. In addition to the stress the pandemic creates for residents, it's also stressful for staff. Our expanded COVID response services are trauma-informed and supportive of men and women in recovery. Our clients have successfully navigated the COVID environment and are responsive to our procedures and service protocols. We have chosen not to implement a new validated survey at this time because we will be taking in new clients during this time, and ensuring for the safety of residents and staff. We have an existing tool used to conduct an initial assessment which reveals individual needs. We use this tool to create an individualized case plan for each resident and can report monthly on progress to goals.

Methodology*

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

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

We anticipate a monthly progress rate of 75%. Of the total number of clients participating, we project 75% on a monthly basis will describe an improvement in achievement to goals.

Number of Clients Served During Grant Period - Behavioral Health*

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

35

Estimated Percentage of Progress - Grant Period*

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

75%

September Projections - Number Served - Behavioral Health*

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

20

September Projections - Progress Rate - Behavioral Health*

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

75

October Projections - Number Served - Behavioral Health*

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

25

October Projections - Progress Rate - Behavioral Health*

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

75

November Projections - Number Served - Behavioral Health*

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

30

November Projections - Progress Rate - Behavioral Health*

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

75

December Projections - Number Served - Behavioral Health*

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

35

December Projections - Progress Rate - Behavioral Health*

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

75

Funder Involvement

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

- Allegany Franciscan Ministries
- Foundation for a Healthy St. Petersburg
- Funding from a Pinellas County Municipality
- Juvenile Welfare Board of Pinellas County
- Pinellas Community Foundation
- Pinellas County Government
- United Way Suncoast

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:

Since March we have submitted and recieved grants to support food distribution and/or general operating support due to COVID-19 from The Foundation for a Healthy St. Petersburg, The Pinellas Community Foundation Dreaming of Tampa Bay Fund, Senior Citizen Services of Pinellas County, Juvenile Welfare Board of Pinellas County, United Way Suncoast, Community Foundation of Tampa Bay Needs List, Bank of America, Truist Bank, Hancock Whitney, Raymond James, Duke Energy, Fifth Third Bank, the Ray's Foundation, Francis and Gertrude Levett Foundation,Senior Citizens Services COVID Response, and the Pinellas County Social Action Fund.

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.

Jennifer Yeagley, Chief Executive Officer

File Attachment Summary

Applicant File Uploads

- 2018 Form 990.pdf
- SPFC Pinellas County CARES - ORG BUDGET.pdf
- SPFCAudit.pdf
- SPFC - Mgt and Rep Letter.pdf
- CARES contract information.pdf
- SPFC CARES Reimbursement Summary and Financials.pdf
- Emergency Response Plan 10-19 Final.pdf
- Pinellas CARES - BUDGET SUMMARY FINAL 8.31.20.pdf
- CARES BUDGET NARRATIVE FINAL - 8.31.20.pdf
- SPFC Partner Network - LPO List.pdf

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2018

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 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 Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization St. Petersburg Free Clinic, Inc. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 863 Third Ave. N. City or town, state or province, country, and ZIP or foreign postal code St. Petersburg, FL 33701 F Name and address of principal officer: Bill Van Law same as C above	D Employer identification number ** - ***8280 E Telephone number 727-821-1200 ex G Gross receipts \$ 24,104,111. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ www.stpetersburgfreeclinic.org		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1970
M State of legal domicile: FL		

Part I Summary

1	Briefly describe the organization's mission or most significant activities: Provide temporary assistance for families and individuals in need of food, shelter, and health care.		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	21
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	21
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	71
6	Total number of volunteers (estimate if necessary)	6	1200
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 38	7b	0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 18,269,703.	Current Year 23,467,291.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	696,103.	44,002.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	434,046.	463,771.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	19,399,852.	23,975,064.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	485,097.	576,255.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,362,235.	2,718,281.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 680,434.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	14,797,091.	20,294,329.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	17,644,423.	23,588,865.	
19 Revenue less expenses. Subtract line 18 from line 12	1,755,429.	386,199.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 16,105,234.	End of Year 17,025,939.
	21 Total liabilities (Part X, line 26)	486,976.	636,880.
	22 Net assets or fund balances. Subtract line 21 from line 20	15,618,258.	16,389,059.

Part II Signature Block

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

Sign Here	Signature of officer Bill Van Law, Chair Type or print name and title	Date	
Paid Preparer Use Only	Print/Type preparer's name Cynthia J. Zygadlo	Preparer's signature <i>Cynthia J. Zygadlo</i>	Date
	Firm's name ▶ PDR CPAS + Advisors	Firm's EIN ▶ ** - ***7531	Check if self-employed <input type="checkbox"/> PTIN P00554679
	Firm's address ▶ 4023 Tampa Road, Suite 2000 Oldsmar, FL 34677	Phone no. 727-785-4447	

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: With compassion and respect, St. Petersburg Free Clinic changes lives by providing food, shelter and health care to our neighbors in need.

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

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

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

4a (Code:) (Expenses \$ 15,598,832. including grants of \$ 476,255.) (Revenue \$) Free Clinic Jared S. Hechtkopf Community Food Bank solicits food from all segments of the food industry, as well as from groups and individuals through food drives and individual donations. Jared's Food Bank distributes food free of charge to over 60 partner agencies throughout our community, including food pantries, shelters, community kitchens, missions, residential programs, and child care centers. Jared's Food Bank collected and distributed approximately 11.3 million pounds of food in this fiscal year. Every month, over 50,000 neighbors in need receive food assistance through these efforts.

4b (Code:) (Expenses \$ 3,835,781. including grants of \$) (Revenue \$) Free Clinic We Help Services provides emergency food and financial assistance, personal hygiene items, assistance with obtaining proper identification, and referral information. We Help Services provided approximately 201,600 services to over 71,000 clients this year.

4c (Code:) (Expenses \$ 1,380,319. including grants of \$) (Revenue \$) Free Clinic Health Center provides primary health care and dental services for adults aged 18-64 without private insurance, Medicare or Medicaid, and who do not qualify for county-subsidized health care. The Health Clinic offers basic and wellness services through staff and volunteer physicians and nurses. Available services include blood pressure and blood sugar testing and diabetic screenings, over the counter medications, prescription drug assistance, physical therapy, health related support groups, and referral services. The Health Clinic provided over 5,900 points of service and acquired prescriptions valued at \$1.2 million. The Dental Clinic assisted 780 patients with 1,425 procedures.

4d Other program services (Describe in Schedule O.) (Expenses \$ 1,689,998. including grants of \$ 100,000.) (Revenue \$)

4e Total program service expenses 22,504,930.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 71		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ...		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders 11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state?		
Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?		X
If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		X
If "Yes," complete Form 4720, Schedule O.			

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

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

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1a 21		
b Enter the number of voting members included in line 1a, above, who are independent		
1b 21		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Did the organization have members or stockholders?		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **None**
- 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 **Michael O. Bice - 727-821-1200**
863 Third Avenue North, St. Petersburg, FL 33701

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) Bill Van Law Chair	4.00	X		X				0.	0.	0.
(2) Janet Adams Vice Chair	2.00	X		X				0.	0.	0.
(3) Marylou Bourdow Secretary	4.00	X		X				0.	0.	0.
(4) Greg Holden Treasurer	2.00	X		X				0.	0.	0.
(5) Tim McMahon Director	1.00	X						0.	0.	0.
(6) Stacy Sher Conroy Director	1.00	X						0.	0.	0.
(7) Barbara Baccari Director	1.00	X						0.	0.	0.
(8) Kimberly Jackson Director	1.00	X						0.	0.	0.
(9) Matthew Frey Director	1.00	X						0.	0.	0.
(10) Michael Harting Director	1.00	X						0.	0.	0.
(11) Bert Martin Director	1.00	X						0.	0.	0.
(12) Tamara Meyer Director	1.00	X						0.	0.	0.
(13) Nadine Smith Director	1.00	X						0.	0.	0.
(14) Sarah Lind Ribeiro Director	1.00	X						0.	0.	0.
(15) William Sweeney Director	1.00	X						0.	0.	0.
(16) John Tucker Director	1.00	X						0.	0.	0.
(17) Beth Vivio Director	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) Lisa Vickers Director	1.00	X					0.	0.	0.	
(19) Jodi Perry Director	1.00	X					0.	0.	0.	
(20) David Warner Director	1.00	X					0.	0.	0.	
(21) Beth Houghton Executive Director	45.00			X			128,626.	0.	10,884.	
1b Sub-total							128,626.	0.	10,884.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							128,626.	0.	10,884.	

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 ▶ 1

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	37,000.				
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	23,430,291.				
	g Noncash contributions included in lines 1a-1f: \$		18,327,360.				
	h Total. Add lines 1a-1f		23,467,291.				
Program Service Revenue	2 a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		44,002.	44,002.			
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a	592,818.				
		b Less: direct expenses	b	129,047.			
		c Net income or (loss) from fundraising events		463,771.			463,771.
	9 a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses		b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a _____							
	b _____						
	c _____						
	d All other revenue						
e Total. Add lines 11a-11d							
12 Total revenue. See instructions			23,975,064.	44,002.	0.	463,771.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	100,000.	100,000.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	476,255.	476,255.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	128,625.	46,305.	46,305.	36,015.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	2,155,472.	1,677,295.	111,017.	367,160.
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	434,184.	257,895.	128,815.	47,474.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	60,671.	47,588.	5,020.	8,063.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	21,400.			21,400.
12 Advertising and promotion	53,919.	39,685.	785.	13,449.
13 Office expenses	100,046.	55,056.	3,109.	41,881.
14 Information technology	273,882.	206,334.	39,018.	28,530.
15 Royalties				
16 Occupancy	425,485.	387,501.	21,574.	16,410.
17 Travel	80,775.	74,149.	3,753.	2,873.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	466,643.	441,474.	12,930.	12,239.
23 Insurance	106,918.	96,516.	5,201.	5,201.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Donated food distribute	18,098,146.	18,098,146.		
b Program Supplies	509,861.	469,705.	13,725.	26,431.
c Fees & Licenses	39,088.	14,215.	6,737.	18,136.
d Training	23,366.	9,477.	2,831.	11,058.
e All other expenses	34,129.	7,334.	2,681.	24,114.
25 Total functional expenses. Add lines 1 through 24e	23,588,865.	22,504,930.	403,501.	680,434.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	2,373,771.	1	3,158,801.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	3,050,258.	3	2,556,871.
	4	Accounts receivable, net	182,531.	4	90,714.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	136,180.	8	355,220.
	9	Prepaid expenses and deferred charges	131,082.	9	114,146.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 11,488,887.		
	b	Less: accumulated depreciation	10b 1,762,225.		
			9,705,002.	10c	9,726,662.
	11	Investments - publicly traded securities	353,745.	11	383,445.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
15	Other assets. See Part IV, line 11	172,665.	15	640,080.	
16	Total assets. Add lines 1 through 15 (must equal line 34)	16,105,234.	16	17,025,939.	
Liabilities	17	Accounts payable and accrued expenses	406,713.	17	547,060.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	80,263.	25	89,820.
	26	Total liabilities. Add lines 17 through 25	486,976.	26	636,880.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	10,473,305.	27	10,807,552.
	28	Temporarily restricted net assets	4,042,353.	28	4,458,308.
	29	Permanently restricted net assets	1,102,600.	29	1,123,199.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	15,618,258.	33	16,389,059.	
34	Total liabilities and net assets/fund balances	16,105,234.	34	17,025,939.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	23,975,064.
2	Total expenses (must equal Part IX, column (A), line 25)	2	23,588,865.
3	Revenue less expenses. Subtract line 2 from line 1	3	386,199.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	15,618,258.
5	Net unrealized gains (losses) on investments	5	10,642.
6	Donated services and use of facilities	6	294,703.
7	Investment expenses	7	
8	Prior period adjustments	8	79,257.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	16,389,059.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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 type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
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 _____		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization St. Petersburg Free Clinic, Inc.	Employer identification number **-***8280
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	9,319,120.	15,154,112.	12,681,413.	18,269,703.	23,467,291.	78,891,639.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3	9,319,120.	15,154,112.	12,681,413.	18,269,703.	23,467,291.	78,891,639.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						78,891,639.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	9,319,120.	15,154,112.	12,681,413.	18,269,703.	23,467,291.	78,891,639.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	9,959.	28,431.	9,454.	31,648.	48,615.	128,107.
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						79,019,746.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here	<input type="checkbox"/>					

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	99.84	%
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	99.87	%
16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>		
b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>		

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

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

Section A. Public Support

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

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

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

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

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

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2018

Name of the organization

St. Petersburg Free Clinic, Inc.

Employer identification number

**** - ***8280**

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 St. Petersburg Free Clinic, Inc.	Employer identification number **_***8280
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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	David Baldwin 125 56th Ave S #37 St. Petersburg, FL 33705	\$ 1,241,650.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	Community Foundation of Tampa Bay 4300 W Cypress St Ste 700 Tampa, FL 33607	\$ 585,000.	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.)
_____	_____	\$ _____	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 St. Petersburg Free Clinic, Inc.	Employer identification number ** - ***8280
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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 St. Petersburg Free Clinic, Inc.	Employer identification number **-***8280
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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: St. Petersburg Free Clinic, Inc. Employer identification number: ** - *** 8280

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 number, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, aggregate value of grants, and questions about donor informed status.

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

Form for Part II Conservation Easements. Includes checkboxes for purpose of easements, a table for 2a-2d (Total number, acreage, historic structures), and questions 3-9 regarding monitoring and reporting.

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

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions 1a-1b and 2a-2b regarding reporting requirements for art and historical treasures.

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

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

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

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

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

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

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,102,600.	1,102,600.	1,102,600.	102,600.	102,600.
b Contributions	20,600.			1,000,000.	
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	1,123,200.	1,102,600.	1,102,600.	1,102,600.	102,600.

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
(i) unrelated organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(ii) related organizations	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,774,435.		1,774,435.
b Buildings		8,285,939.	1,032,968.	7,252,971.
c Leasehold improvements				
d Equipment		669,705.	256,017.	413,688.
e Other		758,808.	473,240.	285,568.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				9,726,662.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (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) Annuity obligations	89,820.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	89,820.

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	24,327,055.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	10,642.
b	Donated services and use of facilities	2b	294,703.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	83,646.
e	Add lines 2a through 2d	2e	388,991.
3	Subtract line 2e from line 1	3	23,938,064.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	37,000.
c	Add lines 4a and 4b	4c	37,000.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	23,975,064.

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

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

1	Total expenses and losses per audited financial statements	1	23,490,126.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	1,261.
e	Add lines 2a through 2d	2e	1,261.
3	Subtract line 2e from line 1	3	23,488,865.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	100,000.
c	Add lines 4a and 4b	4c	100,000.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	23,588,865.

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 Free Clinic accounts for the effect of any uncertain tax positions based on a "more likely than not" threshold to the recognition of the tax positions being sustained based on the technical merits of the position under scrutiny by the applicable taxing authority. If a tax position or positions are deemed to result in uncertainties of those positions, the unrecognized tax benefit is estimated based on a "cumulative probability assessment" that aggregates the estimated tax liability for all uncertain tax positions. The Free Clinic has identified its tax status as a tax-exempt entity as its only significant tax position; however, the Free Clinic has determined that such tax position does not result in an uncertainty requiring recognition. The Free Clinic is not currently under

Part XIII Supplemental Information (continued)

examination by any taxing jurisdiction. The Free Clinic's federal returns are generally open for examination for three years following the date filed.

Part XI, Line 2d - Other Adjustments:

Revenues for consolidated entity, Sister Margaret Freeman Foundation

Investment return from Sister Margaret Freeman Foundation

Part XI, Line 4b - Other Adjustments:

Distribution received from Sister Margaret Freeman Foundation

Part XII, Line 2d - Other Adjustments:

Expenses for consolidated entity, Sister Margaret Freeman Foundation

Part XII, Line 4b - Other Adjustments:

Donation to Sister Margaret Freeman Foundation

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the
organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

2018

Open to Public
Inspection

► Attach to Form 990 or Form 990-EZ.

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

Name of the organization
St. Petersburg Free Clinic, Inc.

Employer identification number
**** - *** 8280**

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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))
		Hunger Free (event type)	Battle of the Minds (event type)	None (total number)	
Revenue	1 Gross receipts	194,130.	398,688.		592,818.
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	194,130.	398,688.		592,818.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes		600.		600.
	6 Rent/facility costs				
	7 Food and beverages	2,535.	27,449.		29,984.
	8 Entertainment				
	9 Other direct expenses	20,519.	77,944.		98,463.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				129,047.
	11 Net income summary. Subtract line 10 from line 3, column (d)				463,771.

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No

- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

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.

**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 for the latest information.

Name of the organization

St. Petersburg Free Clinic, Inc.

Employer identification number
-*8280

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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance

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

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
Direct assistance to individuals in need of bus passes, IDs, utility bills, housing, and dentures.	71252	0.	476,255.	Fair market value	

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

**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 for instructions and the latest information.**

Name of the organization **St. Petersburg Free Clinic, Inc.** Employer identification number **** - *** 8280**

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				
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		18,306,000.	Estimated \$1.62/LB
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**

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

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

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

St. Petersburg Free Clinic, Inc.

Employer identification number

** - ***8280

Form 990, Part VI, Section B, line 11b:

Executive Director reviews the Form 990 and provides the final draft of the exact IRS filing to each voting Board member for review and approval prior to filing the return.

Form 990, Part VI, Section B, Line 12c:

The Executive Director monitors for any conflict of interest among employees and board members, and involves the Chair or Board as necessary.

Form 990, Part VI, Section B, Line 15:

The Board's Executive Committee determines the Executive Director's salary based on their knowledge of salaries at comparable organizations.

Form 990, Part VI, Section C, Line 19:

Form 990 and audited financial statements are available at www.stpetersburgfreeclinic.org or upon request.

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

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

2018
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

St. Petersburg Free Clinic, Inc.

Employer identification number
****-***8280**

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
Sister Margaret Freeman Foundation - 31-1470427, 863 3rd Ave N, St. Petersburg, FL 33701	Support St. Petersburg Free Clinic	Florida	501(c)(3)	11A - Type 1	N/A		X

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

Schedule R (Form 990) 2018

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

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

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

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

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) Sister Margaret Freeman Foundation	R	100,000	Cash
(2) Sister Margaret Freeman Foundation	S	37,000	Cash
(3)			
(4)			
(5)			
(6)			

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

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

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

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

		Enter filer's identifying number
Type or print	Name of exempt organization or other filer, see instructions. St. Petersburg Free Clinic, Inc.	Employer identification number (EIN) or ** - *** 8280
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 863 Third Ave. N.	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. St. Petersburg, FL 33701	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

Michael O. Bice

- The books are in the care of ▶ **863 Third Avenue North - St. Petersburg, FL 33701**
Telephone No. ▶ **727-821-1200** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box ▶
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ . If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **August 15, 2020**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **OCT 1, 2018**, and ending **SEP 30, 2019**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

	Board Approved Annual Budget FY 2020 (Ending 9/30/20)	DRAFT Annual Budget FY 2021 (Beginning 10/1/2020)
Income		
PCF CARES	347,998	2,723,274
Contributions	1,655,530	1,769,700
Restricted Gifts / Grants	1,966,000	2,387,500
Client Contributions	161,300	100,300
Special Events Revenue	630,000	550,000
Bequests and Trusts	60,000	1,500,000
Inkind Services & Food	22,956,000	25,300,000
Total Income	27,776,828	34,330,774
Expense		
PCF CARES	347,998	2,630,115
Direct Assistance		
Direct Assist - Dental	39,007	6,500
Direct Assist - Food	273,669	567,684
Direct Assist - Housing	4,981	2,500
Direct Assist - Transportat	9,101	6,800
Direct Assist - ID	15,012	10,000
Direct Assist - Water	65,342	100,000
Direct Assist - Utilities	36,000	36,000
Direct Assist - Diabetes	15,958	-
Direct Assist - Women's Residence	2,186	2,900
Direct Assist - Family Residence	4,080	3,000
Total Direct Assistance	465,336	735,384
Total Wages & Benefits	3,283,770	3,854,269
Operating Expense		
Printing, Postage & PR/Graphic Design	128,887	172,295
Bank Charges	14,000	29,000
Contract Services/Fundraising	17,400	-
Dues & Subscriptions	13,596	28,016
Software Licenses & Fees	54,954	50,075
IT Contracting & Supplies	258,638	269,081
Accounting, Auditing & HR Contracting	21,860	65,070
Program Supplies & Equipment	180,288	243,882
Staff Training & Travel	32,133	34,875
Total Operating Expense	721,756	892,294
Total Special Events Expense	120,000	40,500
Occupancy		
Insurance	139,846	145,658
Repairs & Maintenance	124,997	140,759
Cleaning Services	27,467	35,038
Small Equipment (Non-Capital)	53,274	36,850
Equipment Rental	12,718	13,326
Utilities - Water	65,413	83,845
Utilities - Electric	94,672	103,656
Utilities - Gas & Oil	2,189	2,853
Telephone/Internet/Cable	79,627	106,063
Vehicles - Fuel/Repairs/Maintenance	38,462	35,650
Total Occupancy	638,665	703,698
Total Inkind Services & Food	22,956,000	25,300,000
Total Capital Expenditures	75,000	-
Total Expense	28,608,525	34,156,260
Net Ordinary Income	(831,697)	174,514

**St. Petersburg Free Clinic, Inc.
And Affiliate**

Consolidated Financial Statements

September 30, 2019 and 2018



**ST. PETERSBURG FREE CLINIC, INC. AND AFFILIATE
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Oldsmar / Tampa / St. Petersburg

727-785-4447

813-498-1294

727-784-5491 Fax

www.pdr-cpa.com

INDEPENDENT AUDITOR'S REPORT

To the Board of Directors
St. Petersburg Free Clinic, Inc. and Affiliate
St. Petersburg, Florida

We have audited the accompanying consolidated financial statements of St. Petersburg Free Clinic, Inc. and Affiliate (the Free Clinic) (a nonprofit organization), which comprise the consolidated statements of financial position as of September 30, 2019 and 2018, and the related consolidated statements of activities, functional expenses, and cash flows for the years then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Consolidated Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free of material misstatement.

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

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

CONTINUED

INDEPENDENT AUDITOR'S REPORT - CONTINUED

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the consolidated financial position of the St. Petersburg Free Clinic, Inc. and Affiliate as of September 30, 2019 and 2018, and the changes in its net assets and its cash flows for the years then ended, in conformity with accounting principles generally accepted in the United States of America.

Emphasis of Matter

As discussed in **NOTE Q** to the consolidated financial statements, management discovered an error in previously issued financial statements and has restated the 2018 consolidated financial statements included herein. Our opinion is not modified with respect to that matter.

PDR CPAs + Advisors

Oldsmar, Florida
March 23, 2020

**ST. PETERSBURG FREE CLINIC, INC.
AND AFFILIATE
CONSOLIDATED STATEMENTS OF FINANCIAL POSITION
SEPTEMBER 30, 2019 AND 2018**

<u>ASSETS</u>	<u>2019</u>	<u>2018</u>
Cash and cash equivalents	\$ 3,191,497	\$ 2,397,671
Grants receivable	366,179	392,349
Bequests receivable	90,714	182,531
Promises to give, net	2,190,692	2,657,909
Inventory	355,220	136,180
Prepaid expenses and other assets	114,146	131,082
Investments	2,306,268	2,139,979
Beneficial interest in assets held by others	391,809	172,353
Property and equipment, net	9,726,662	9,705,002
Construction in progress	363,271	115,312
Total Assets	\$19,096,458	\$18,030,368
 <u>LIABILITIES AND NET ASSETS</u> 		
Liabilities		
Accounts payable and other accrued expenses	\$ 293,531	\$ 125,603
Accrued payroll and benefits	253,529	201,853
Annuity obligations	89,820	80,263
Total liabilities	636,880	407,719
Net assets		
Without donor restrictions, as restated:		
Operating	34,828	40,661
Property and equipment	10,089,933	9,820,314
Board designated for endowment	1,922,823	1,786,234
Board designated for Men's Residence	715,487	715,487
Total net assets without donor restrictions	12,763,071	12,362,696
With donor restrictions	5,696,507	5,259,953
Total net assets	18,459,578	17,622,649
Total Liabilities and Net Assets	\$19,096,458	\$18,030,368

See notes to consolidated financial statements

**ST. PETERSBURG FREE CLINIC, INC.
AND AFFILIATE
CONSOLIDATED STATEMENT OF ACTIVITIES
FOR THE YEAR ENDED SEPTEMBER 30, 2019
(WITH COMPARATIVE TOTALS FOR 2018)**

	Without Donor Restrictions	With Donor Restrictions	Total	
			2019	2018
Public Support and Revenue				
Contributions	\$ 2,226,093	\$ -	\$ 2,226,093	\$ 1,620,788
Grants and restricted gifts	-	2,058,550	2,058,550	3,382,722
Capital campaign	-	-	-	13,465
Special events, net of \$129,047 in direct expense	463,771	-	463,771	434,046
Bequests	737,631	90,714	828,345	306,160
In-kind revenue				
Services	294,703	-	294,703	306,110
Food	18,327,360	-	18,327,360	12,802,665
Investment income	128,233	-	128,233	175,042
Net assets released from restrictions	1,712,710	(1,712,710)	-	-
Total public support and revenue	23,890,501	436,554	24,327,055	19,040,998
Expenses				
Program services				
Health Center	1,380,319	-	1,380,319	1,313,817
Jared S. Hechtkopf Community Food Bank	15,598,832	-	15,598,832	11,555,531
We Help Services	3,835,781	-	3,835,781	2,362,715
Baldwin Women's Residence	800,966	-	800,966	719,257
Family Residence	422,349	-	422,349	368,861
Men's Residence	366,683	-	366,683	461,689
Total program services	22,404,930	-	22,404,930	16,781,870
Support services				
General and administrative	408,530	-	408,530	269,109
Fundraising	676,666	-	676,666	541,566
Total support services	1,085,196	-	1,085,196	810,675
Total expenses	23,490,126	-	23,490,126	17,592,545
Change in Net Assets from Operations	400,375	436,554	836,929	1,448,453
Other Changes				
Gain on disposal of property	-	-	-	664,455
	-	-	-	664,455
Change in Net Assets	400,375	436,554	836,929	2,112,908
Net Assets, Beginning of Year, Restated	12,362,696	5,259,953	17,622,649	15,509,741
Net Assets, End of Year	\$ 12,763,071	\$ 5,696,507	\$ 18,459,578	\$ 17,622,649

See notes to consolidated financial statements

**ST. PETERSBURG FREE CLINIC, INC.
AND AFFILIATE
CONSOLIDATED STATEMENT OF ACTIVITIES
FOR THE YEAR ENDED SEPTEMBER 30, 2018**

	<u>Without Donor Restrictions</u>	<u>With Donor Restrictions</u>	<u>Total</u>
Public Support and Revenue			
Contributions	\$ 1,620,788	\$ -	\$ 1,620,788
Grants and contract revenue	-	3,382,722	3,382,722
Capital campaign	-	13,465	13,465
Special events, net of \$85,297 in direct expense	434,046	-	434,046
Bequests	123,629	182,531	306,160
In-kind revenue:			
Services	306,110	-	306,110
Food	12,802,665	-	12,802,665
Investment income	175,042	-	175,042
Net assets released from restrictions	3,258,649	(3,258,649)	-
Total public support and revenue	18,720,929	320,069	19,040,998
Expenses			
Program services			
Health Center	1,313,817	-	1,313,817
Jared S. Hechtkopf Community Food Bank	11,555,531	-	11,555,531
We Help Services	2,362,715	-	2,362,715
Baldwin Women's Residence	719,257	-	719,257
Family Residence	368,861	-	368,861
Men's Residence	461,689	-	461,689
Total program services	16,781,870	-	16,781,870
Support services			
General and administrative	269,109	-	269,109
Fundraising	541,566	-	541,566
Total support services	810,675	-	810,675
Total expenses	17,592,545	-	17,592,545
Change in Net Assets from Operations	1,128,384	320,069	1,448,453
Other Changes			
Gain on disposal of property	664,455	-	664,455
	664,455	-	664,455
Change in Net Assets, Restated	1,792,839	320,069	2,112,908
Net Assets, Beginning of Year, Restated	10,569,857	4,939,884	15,509,741
Net Assets, End of Year, Restated	\$ 12,362,696	\$ 5,259,953	\$ 17,622,649

See notes to consolidated financial statements

**ST. PETERSBURG FREE CLINIC, INC.
AND AFFILIATE
CONSOLIDATED STATEMENT OF FUNCTIONAL EXPENSES
FOR THE YEAR ENDED SEPTEMBER 30, 2019**

	Program Services							Total Program Services
	Jared S.							
	Health Center	Hechtkopf Community Food Bank	We Help Services	Baldwin Women's Residence	Family Residence	Men's Residence		
Salaries and related expenses								
Salaries	\$ 603,904	\$ 300,722	\$ 196,364	\$ 307,139	\$ 140,518	\$ 174,953	\$ 1,723,600	
Payroll taxes and employee benefits	85,921	34,188	30,878	47,525	26,563	32,820	257,895	
Total salaries and related expenses	689,825	334,910	227,242	354,664	167,081	207,773	1,981,495	
Other expenses								
Advertising	7,036	7,626	6,237	6,282	6,267	6,237	39,685	
Bank charges	-	-	-	-	-	-	-	
Computer expenses	65,005	24,133	26,057	38,818	24,887	27,434	206,334	
Contract services	-	-	-	-	-	-	-	
Direct assistance	43,232	65,269	345,819	9,851	(133)	12,217	476,255	
Dues and subscriptions	5,565	178	1,352	78	83	78	7,334	
Fees and licenses	7,638	823	771	3,496	153	1,334	14,215	
Food	-	14,849,890	3,054,182	87,417	78,110	28,547	18,098,146	
Insurance	21,740	12,738	15,961	30,943	11,253	3,881	96,516	
Legal and professional	10,765	7,318	7,749	9,724	5,729	6,303	47,588	
Maintenance and repairs	27,094	9,186	33,969	46,769	24,693	10,245	151,956	
Occupancy	31,223	19,354	41,401	65,597	42,877	35,093	235,545	
Other	-	-	-	-	-	-	-	
Postage and printing	4,320	2,009	13,867	1,939	1,379	1,394	24,908	
Supplies	366,790	17,631	22,184	30,245	19,154	13,701	469,705	
Small equipment and furniture	7,236	7,721	3,138	9,214	2,347	492	30,148	
Training	5,249	1,308	559	1,612	156	593	9,477	
Transportation	1,220	56,441	2,128	4,542	4,590	5,228	74,149	
Depreciation	86,381	182,297	33,165	99,775	33,723	6,133	441,474	
Total other expenses	690,494	15,263,922	3,608,539	446,302	255,268	158,910	20,423,435	
Total expenses	\$ 1,380,319	\$ 15,598,832	\$ 3,835,781	\$ 800,966	\$ 422,349	\$ 366,683	\$ 22,404,930	

See notes to consolidated financial statements

**ST. PETERSBURG FREE CLINIC, INC.
AND AFFILIATE
CONSOLIDATED STATEMENT OF FUNCTIONAL EXPENSES - CONTINUED
FOR THE YEAR ENDED SEPTEMBER 30, 2019**

	Support Services		
	General and Administrative	Fundraising	Total Support Services
Salaries and related expenses			
Salaries	\$ 157,322	\$ 403,175	\$ 560,497
Payroll taxes and employee benefits	128,815	47,474	176,289
Total salaries and related expenses	286,137	450,649	736,786
Other expenses			
Advertising	785	13,449	14,234
Bank charges	819	12,241	13,060
Computer expenses	39,018	28,530	67,548
Contract services	-	21,400	21,400
Direct assistance	-	-	-
Dues and subscriptions	1,862	6,712	8,574
Fees and licenses	6,808	18,136	24,944
Food	-	-	-
Insurance	5,201	5,201	10,402
Legal and professional	5,020	8,063	13,083
Maintenance and repairs	11,292	6,197	17,489
Occupancy	10,282	10,213	20,495
Other	-	1,393	1,393
Postage and printing	5,689	40,546	46,235
Supplies	13,725	26,431	40,156
Small equipment and furniture	2,378	1,335	3,713
Training	2,831	11,058	13,889
Transportation	3,753	2,873	6,626
Depreciation	12,930	12,239	25,169
Total other expenses	122,393	226,017	348,410
Total expenses	\$ 408,530	\$ 676,666	\$ 1,085,196
			\$ 2,284,097
			434,184
			2,718,281
			53,919
			13,060
			273,882
			21,400
			476,255
			15,908
			39,159
			18,098,146
			106,918
			60,671
			169,445
			256,040
			1,393
			71,143
			509,861
			33,861
			23,366
			80,775
			466,643
			20,771,845

See notes to consolidated financial statements

**ST. PETERSBURG FREE CLINIC, INC.
AND AFFILIATE
CONSOLIDATED STATEMENT OF FUNCTIONAL EXPENSES
FOR THE YEAR ENDED SEPTEMBER 30, 2018**

	Program Services							Total Program Services
	Jared S. Hechtkopf Community Food Bank	We Help Services	Baldwin Women's Residence	Family Residence	Men's Residence	Total Program Services		
Salaries and related expenses								
Salaries	\$ 592,491	\$ 148,432	\$ 280,749	\$ 132,207	\$ 172,394	\$ 1,586,896		
Payroll taxes and employee benefits	83,209	26,435	41,582	25,879	36,080	240,938		
Total salaries and related expenses	675,700	174,867	322,331	158,086	208,474	1,827,834		
Other expenses								
Advertising	5,212	4,549	4,350	4,265	4,313	26,954		
Bank charges	-	-	-	-	-	-		
Computer expenses	62,582	26,993	28,144	17,682	16,474	172,693		
Contract services	-	-	-	-	-	-		
Direct assistance	47,954	304,743	17,234	9,667	11,506	415,093		
Dues and subscriptions	6,893	269	70	70	70	7,513		
Fees and licenses	17,826	2,140	1,859	542	682	25,572		
Food	-	1,690,909	88,193	63,110	19,131	12,791,153		
Insurance	20,228	14,431	28,912	9,704	5,598	90,774		
Legal and professional	3,302	2,961	3,153	3,015	2,961	18,382		
Maintenance and repairs	27,352	24,297	32,453	13,250	11,537	118,623		
Occupancy	28,980	38,947	70,970	40,509	31,961	228,594		
Bad debt	-	-	-	-	-	-		
Other	-	-	-	-	-	-		
Postage and printing	8,772	12,341	5,850	5,219	5,874	42,827		
Supplies	331,275	9,647	10,433	3,903	65,391	450,737		
Small equipment and furniture	3,937	34,048	2,720	750	51,662	102,723		
Training	3,063	309	176	52	190	4,219		
Transportation	2,144	4,050	2,365	3,461	4,629	67,522		
Depreciation	68,597	17,214	100,044	35,576	21,236	390,657		
Total other expenses	638,117	2,187,848	396,926	210,775	253,215	14,954,036		
Total expenses	\$ 1,313,817	\$ 2,362,715	\$ 719,257	\$ 368,861	\$ 461,689	\$ 16,781,870		

See notes to consolidated financial statements

**ST. PETERSBURG FREE CLINIC, INC.
AND AFFILIATE
CONSOLIDATED STATEMENT OF FUNCTIONAL EXPENSES - CONTINUED
FOR THE YEAR ENDED SEPTEMBER 30, 2018**

	Support Services		
	General and Administrative	Fundraising	Total Support Services
	Total Expenses		
Salaries and related expenses			
Salaries	\$ 106,594	\$ 324,797	\$ 431,391
Payroll taxes and employee benefits	78,253	42,747	121,000
Total salaries and related expenses	184,847	367,544	552,391
Other expenses			
Advertising	-	4,592	4,592
Bank charges	425	18,624	19,049
Computer expenses	26,586	25,586	52,172
Contract services	-	1,725	1,725
Direct assistance	-	-	-
Dues and subscriptions	428	2,894	3,322
Fees and licenses	4,378	30,115	34,493
Food	-	-	-
Insurance	5,436	4,869	10,305
Legal and professional	2,607	1,585	4,192
Maintenance and repairs	12,563	5,175	17,738
Occupancy	11,562	12,652	24,214
Bad debt	-	15,000	15,000
Other	38	13,792	13,830
Postage and printing	4,589	13,643	18,232
Supplies	4,611	9,928	14,539
Small equipment and furniture	484	160	644
Training	4,909	7,632	12,541
Transportation	771	1,174	1,945
Depreciation	4,875	4,876	9,751
Total other expenses	84,262	174,022	258,284
			15,212,320
Total expenses	\$ 269,109	\$ 541,566	\$ 810,675

See notes to consolidated financial statements

**ST. PETERSBURG FREE CLINIC, INC.
AND AFFILIATE
CONSOLIDATED STATEMENTS OF CASH FLOWS
FOR THE YEARS ENDED SEPTEMBER 30, 2019 AND 2018**

	<u>2019</u>	<u>2018</u>
Cash Flows from Operating Activities:		
Change in net assets	\$ 836,929	\$ 2,112,908
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Depreciation	466,643	400,408
Gain on disposal of property	-	(664,455)
Realized gains on investments	-	(32,512)
Unrealized gains on investments	(29,034)	(67,304)
Change in value of beneficial interest in assets held by others	(219,456)	365
(Increase) decrease in operating assets:		
Grants receivable	26,170	42,227
Bequests receivable	91,817	(136,531)
Unconditional promises to give, net	467,217	(284,473)
Inventory	(219,040)	2,245
Prepaid expenses and other assets	16,936	(1,067)
Increase (decrease) in operating liabilities:		
Accounts payable and accrued expenses	167,928	46,376
Accrued payroll and benefits	51,676	17,920
Annuity obligations	9,557	80,263
Net cash provided by operating activities	<u>1,667,343</u>	<u>1,516,370</u>
Cash Flows from Investing Activities:		
Purchases of property and equipment	(372,991)	(1,539,574)
Proceeds from sale of property and equipment	-	863,397
Purchases of construction in progress	(363,271)	(100,189)
Proceeds from sale of investments	94,547	107,467
Purchases of investments	(231,802)	(238,252)
Net cash used in investing activities	<u>(873,517)</u>	<u>(907,151)</u>
Net Increase in Cash and Cash Equivalents	793,826	609,219
Cash and Cash Equivalents at Beginning of Year	<u>2,397,671</u>	<u>1,788,452</u>
Cash and Cash Equivalents at End of Year	<u>\$ 3,191,497</u>	<u>\$ 2,397,671</u>
Supplemental Cash Flow Information:		
Contributed services	<u>\$ 294,703</u>	<u>\$ 306,110</u>
In-kind donations	<u>\$ 18,327,360</u>	<u>\$ 12,802,665</u>

See notes to consolidated financial statements

**ST. PETERSBURG FREE CLINIC, INC.
AND AFFILIATE
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
SEPTEMBER 30, 2019 AND 2018**

NOTE A - NATURE OF ORGANIZATION

The consolidated financial statements include the operations of St. Petersburg Free Clinic, Inc. and the Sister Margaret Freeman Foundation, Inc. (the Foundation) (collectively, the Free Clinic). With compassion and respect, St. Petersburg Free Clinic changes lives by providing food, shelter and health care to our neighbors in need. The Free Clinic is a multi-service, independent, not-for-profit human services agency providing community neighbors assistance with food, shelter, and health care. The Free Clinic has been caring for the underserved facing temporary emergency needs throughout Pinellas County since 1970. Primary beneficiaries of the Free Clinic's programs are families and individuals in Pinellas County - specifically a combination of low income and working-poor who fall through the cracks of existing systems and services. Its current programs include:

Free Clinic Health Center

Established in 1970, Free Clinic Health Center provides primary health care services for adults aged 18 - 64 without private insurance, Medicare or Medicaid, and who do not qualify for county-subsidized health care. Free Clinic Health Center offers basic health and wellness services by a full-time nurse practitioner, a full-time health educator, full-time nurse coordinator, plus volunteer physicians and nurses. Available services include blood pressure and blood sugar testing and diabetic screenings, over the counter medications, prescription drug assistance, physical therapy, health related support groups, and referral services. For the fiscal years ended 2019 and 2018, the Free Clinic Health Center provided over 5,900 and 9,300 points of services, respectively, and filled prescriptions valued at \$1.2 million and \$3.3 million, respectively.

Free Clinic Health Education Program

The Health Education Program encourages and supports patients on their path to living a healthier, fuller life through two key prevention programs: The Cardiovascular Program provides patients with the resources to improve and manage their heart health and the Diabetes Education Program provides education, support and provision of medication and supplies to diabetic patients.

Free Clinic Dental Clinic

Free Clinic Dental Clinic provides uninsured adults with dental hygiene, fillings, and extractions. Volunteer dentists, dental assistants, and dental hygienists provide care to patients through clinics that are hosted multiple times per month. The Free Clinic Dental Clinic assisted 780 and 668 patients with 1,425 and 1,074 procedures for the fiscal years 2019 and 2018, respectively.

Jared S. Hechtkopf Community Food Bank

Established in 1980 as the second food bank in Florida, Jared S. Hechtkopf Community Food Bank (Jared's Food Bank) solicits food products from all segments of the food industry, as well as from groups and organizations through food drives and individual donations. Jared's Food Bank distributes food free of charge to over 60 partner agencies throughout the community, including food pantries, shelters, community kitchens, missions, residential programs, and childcare centers. These include Free Clinic's We Help Services, Baldwin Women's Residence, Family Residence, and its Men's Residence. Jared's Food Bank collected and distributed approximately 11.3 million and 7.6 million pounds of food for fiscal years 2019 and 2018, respectively. Every month, over 50,000 of our neighbors in need receive food assistance through these efforts.

**ST. PETERSBURG FREE CLINIC, INC.
AND AFFILIATE
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
SEPTEMBER 30, 2019 AND 2018**

NOTE A - NATURE OF ORGANIZATION - CONTINUED

Free Clinic We Help Services

Established in 1975, Free Clinic We Help Services provides emergency food and financial assistance, personal hygiene items, assistance with obtaining proper identification, and referral information. The Free Clinic We Help Services provided approximately 201,600 and 141,400 services to approximately 71,300 and 56,600 clients for fiscal years 2019 and 2018, respectively.

Baldwin Women's Residence

Established in 1989, the Virginia and David Baldwin Women's Residence (Baldwin Women's Residence) provides a safe place to stay as well as support services to single, homeless women in recovery as they work toward their goal of self-sufficiency. Residents may stay from one to twelve months while working to save money, set goals, and build life skills. Baldwin Women's Residence provided shelter and support to 130 and 121 women for fiscal years 2019 and 2018, respectively.

Free Clinic Family Residence

In February 2013, the Free Clinic acquired property for the purpose of better serving homeless families. The Residence provided 100 and 92 families with transitional shelter for fiscal years 2019 and 2018, respectively. Homeless families are referred to the program by the Juvenile Welfare Board and Personal Enrichment for Mental Health Services (PEMHS). These families are provided intensive navigation services to overcome the barriers to obtain permanent housing. The goal of the Family Residence is to serve families by providing safe shelter, as well as a path to permanent housing.

Free Clinic Men's Residence

Established in 1997, Free Clinic Men's Residence provides safe, supportive, transitional shelter to single, homeless men in recovery. The capacity of Men's Residence is 28 residents. Residents work with staff to set goals, save money, and work toward independent living. The Free Clinic Men's Residence assisted 61 and 70 homeless men for fiscal years 2019 and 2018, respectively.

Affiliate

The Sister Margaret Freeman Foundation, Inc. (the Foundation), a not-for-profit foundation, was incorporated on May 20, 1996. The Free Clinic and the Foundation are related through an economic interest and a majority voting interest on the board of directors. The Foundation's activities for the fiscal years ended September 30, 2019 and 2018 are included in these consolidated financial statements. All significant intercompany balances and transactions are eliminated in consolidation.

**ST. PETERSBURG FREE CLINIC, INC.
AND AFFILIATE
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
SEPTEMBER 30, 2019 AND 2018**

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Presentation

The accompanying consolidated financial statements of the Free Clinic have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (US GAAP).

The Free Clinic presents information regarding its financial position and activities according to two classes of net assets described as follows:

- Net assets without donor restrictions – Net assets that are not subject to donor-imposed restrictions and may be expended for any purpose in performing the primary objectives of the Free Clinic. These net assets may be used at the discretion of the Free Clinic’s management and the board of directors.
- Net assets with donor restrictions – Net assets subject to stipulations imposed by donors, and grantors. Some donor restrictions are temporary in nature; those restrictions will be met by actions of the Free Clinic or by the passage of time. Other donor restrictions are perpetual in nature, whereby the donor has stipulated the funds be maintained in perpetuity.

Use of Estimates

The preparation of consolidated financial statements in conformity with US GAAP requires management to make estimates and assumptions that affect certain reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the consolidated financial statements. Estimates also affect the reported amounts of revenue and expenses during the reporting period. Accordingly, actual results could differ from those estimates. Significant estimates include the collectability of receivables and unconditional promises to give, determination of the useful lives of the property and equipment, and allocation of functional expenses.

Cash and Cash Equivalents

Cash and cash equivalents consist of cash on deposit with financial institutions and from time to time money market fund accounts. The Free Clinic considers all highly liquid assets with an initial maturity of three months or less as cash.

Financial instruments which potentially subject the Free Clinic to concentrations of credit risk consist principally of cash held in financial institutions in excess of federally insured limits. From time to time throughout the years ended September 30, 2019 and 2018, the Free Clinic’s cash balance may have exceeded the federally insured limit. However, the Free Clinic has not experienced and does not expect to incur any losses in such accounts.

Inventory

Inventory consists of donated and purchased food and supplies. Donated merchandise is recorded at its estimated fair value at date of receipt. Purchased merchandise is recorded at lower of cost or market, with the cost being determined by the first in, first-out method.

**ST. PETERSBURG FREE CLINIC, INC.
AND AFFILIATE
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
SEPTEMBER 30, 2019 AND 2018**

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - CONTINUED

Promises to Give

Conditional promises to give are not recognized in the consolidated financial statements until the conditions are substantially met or explicitly waived by the donor. Unconditional promises to give that are expected to be collected within one year are recorded at net realizable value. Unconditional promises to give that are expected to be collected in more than one year are recorded at fair value, which is measured as the present value of their future cash flows. The discounts on those amounts are computed using risk-adjusted interest rates applicable to the years in which the promises are received. Amortization of the discounts is included in contribution revenue. In the absence of donor stipulations to the contrary, promises with payments due in future periods are restricted to use after the due date.

The Free Clinic uses the allowance method to determine uncollectible promises to give. The allowance for potentially uncollectible accounts was \$0 and \$15,000 at September 30, 2019 and 2018, respectively.

Grants and Restricted Gifts

Grants and other contributions of cash and other assets are reported as increases in net assets with donor restrictions if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the consolidated statements of activities as net assets released from restrictions. Contributions received with donor-imposed restrictions that are met in the same year in which the contributions are received are classified as increases in net assets with donor restrictions and then released to net assets without donor restrictions. All contributions are available for unrestricted use unless specifically restricted by the donor.

Donated Services

Donated services that require specialized skills are recorded at fair market value. Donated services are provided by individuals possessing those skills and would typically need to be purchased if not provided by donation. These services consisted of medical services donated and totaled approximately \$295,000 and \$306,000 for the years ended September 30, 2019 and 2018, respectively.

Property and Equipment

Property and equipment are stated at cost, if purchased or at estimated fair value at the date of receipt, if acquired by gift. Expenditures in excess of \$2,500 with an estimated useful life in excess of one year are capitalized. Depreciation is calculated using the straight-line method over the useful lives of the respective assets ranging from 3 to 40 years. Gifts of long-lived assets are reported as unrestricted support.

**ST. PETERSBURG FREE CLINIC, INC.
AND AFFILIATE
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
SEPTEMBER 30, 2019 AND 2018**

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - CONTINUED

Investments

Investments in debt and equity securities and mutual funds are stated at fair market value in the statements of financial position. Investment income or loss (including gains or losses on investments, interest, and dividends) is included in the consolidated statements of activities as increases or decreases in net assets without donor restrictions unless the income or loss is restricted by donor or law.

Investment income and gains earned on the endowment fund are reported as increases in net assets with donor restrictions in the reporting period in which the income and gains are recognized and released from restriction when distributed for operating purposes.

Charitable Gift Annuities

The Free Clinic maintains custody of the assets related to charitable gift annuities (CGA) and makes specified distributions to a designated beneficiary over the term of each annuity. Assets under the annuities are recorded at fair value.

The annuity liabilities associated with the CGA are determined based on the present value of the estimated future payments to be made to the designated beneficiaries. Discount rates used in computing present values range from 1.94% to 2.03%. The liability is reduced as distributions are made to the beneficiaries.

Income Taxes

The Free Clinic is a not-for-profit organization that is exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code.

Uncertain Tax Positions

The Free Clinic accounts for the effect of any uncertain tax positions based on a “more likely than not” threshold to the recognition of the tax positions being sustained based on the technical merits of the position under scrutiny by the applicable taxing authority. If a tax position or positions are deemed to result in uncertainties of those positions, the unrecognized tax benefit is estimated based on a “cumulative probability assessment” that aggregates the estimated tax liability for all uncertain tax positions. The Free Clinic has identified its tax status as a tax-exempt entity as its only significant tax position; however, the Free Clinic has determined that such tax position does not result in an uncertainty requiring recognition. The Free Clinic is not currently under examination by any taxing jurisdiction. The Free Clinic’s federal returns are generally open for examination for three years following the date filed.

Measure of Operations

The statements of activities report all changes in net assets, including changes in net assets from operating and nonoperating activities. Operating activities consist of those items attributable to the Organization's ongoing services. Nonoperating activities, if any, are limited to other activities considered to be of a more unusual or nonrecurring nature.

**ST. PETERSBURG FREE CLINIC, INC.
AND AFFILIATE
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
SEPTEMBER 30, 2019 AND 2018**

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - CONTINUED

Functional Allocation of Expenses

The costs of providing the programs and supporting services have been reported on a functional basis in the consolidated statements of activities and functional expenses. Accordingly, certain costs have been allocated among the programs and supporting services benefited.

Program and supporting expenses, when specifically identifiable, are classified to the function which incurred the expense. Salaries and payroll taxes have been allocated using employee time sheets which documents the time spent within each program and category. Certain expenses are allocated to each function based on management's estimate.

Fair Value Measurements

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

- Level 1: Quoted market prices in active markets for identical assets or liabilities.
- Level 2: Observable market-based inputs or unobservable inputs that are corroborated by market data.
- Level 3: Unobservable inputs that are not corroborated by market data

The inputs used to measure fair value may fall into different levels of the fair value hierarchy. In such cases, the financial instrument's level within the fair value hierarchy is based on the lowest level of input that is significant to the fair value measurement.

Reclassifications

Certain amounts in the prior year consolidated financial statements have been reclassified for comparative purposes to conform with the presentation in the current year consolidated financial statements. Net assets have not been impacted as a result of these reclassifications.

New Accounting Pronouncement

On August 18, 2016, the Financial Accounting Standards Board issued Accounting Standards Update 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 adjusted the presentation of these statements accordingly.

**ST. PETERSBURG FREE CLINIC, INC.
AND AFFILIATE
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
SEPTEMBER 30, 2019 AND 2018**

NOTE C - AVAILABILITY AND LIQUIDITY

The Free Clinic is supported by contributions with and without donor restrictions. Because a donor's restriction requires resources to be used in a particular manner or in a future period, the Free Clinic must maintain sufficient resources to meet those responsibilities to its donors. Thus, financial assets may not be available for expenditure within one year. As part of the Free Clinic's liquidity management, it has a policy to structure its financial assets to be available as its general expenditures, liabilities and other obligations come due. The Free Clinic regularly monitors liquidity to meet its operating needs and other contractual commitments. The Free Clinic has various sources of liquidity at its disposal including cash and investments.

At September 30, 2019, the Free Clinic's financial assets available to meet general expenditures within one year were as follows:

Financial Assets:

Cash and cash equivalents	\$ 3,191,497
Grants receivable	366,179
Bequests receivable	90,714
Promises to give	2,190,692
Investments	2,306,268
Beneficial interest in assets held by others	<u>391,809</u>
Total financial assets	8,537,159

Less amounts unavailable for general expenditure within one year due to:

Contractual or donor imposed restrictions:

Internally controlled endowments	(850,000)
Externally controlled endowments	(391,809)
Contributions with donor restrictions	(2,469,437)
Promises to give with donor restrictions	<u>(1,390,692)</u>

Total contractual or donor-imposed restrictions (5,101,938)

Board designations:

Net assets designated for endowment	(1,922,823)
Net assets designated for Men's Residence	<u>(715,487)</u>

Total board designations (2,638,310)

Financial assets available to meet general expenditures within one year \$ 796,911

**ST. PETERSBURG FREE CLINIC, INC.
AND AFFILIATE
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
SEPTEMBER 30, 2019 AND 2018**

NOTE D - INVESTMENTS

The Free Clinic's investments consist of the following at September 30, 2019 and 2018:

	2019		2018	
	<u>Cost</u>	<u>Market</u>	<u>Cost</u>	<u>Market</u>
Money market funds	\$ 123,285	\$ 123,285	\$ 95,327	\$ 95,327
Mutual funds	1,615,222	1,968,661	1,509,730	1,834,001
Certificate of deposit	214,322	214,322	210,651	210,651
	<u>\$ 1,952,829</u>	<u>\$ 2,306,268</u>	<u>\$ 1,815,708</u>	<u>\$ 2,139,979</u>

The following summarizes investment income reflected in the consolidated statements of activities:

	<u>2019</u>	<u>2018</u>
Interest and dividends	\$ 99,199	\$ 75,226
Realized gains	-	32,512
Unrealized gains	29,034	67,304
Total investment return	<u>\$ 128,233</u>	<u>\$ 175,042</u>

NOTE E - BEQUESTS RECEIVABLE

The Free Clinic recognizes a receivable and revenue for their interest in bequests based on the inventories of estate assets and conditions contained in the respective wills. Amounts expected to be received in future years are discounted to provide estimates in current year dollars. The Free Clinic records bequests receivable (when the court declares the related will valid) as donor restricted. As funds from an estate (other than those required to be held in perpetuity) are collected, net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the consolidated statement of activities as net assets released from restrictions. Bequests receivable at September 30, 2019 and 2018 are \$90,714 and \$182,531, respectively.

**ST. PETERSBURG FREE CLINIC, INC.
AND AFFILIATE
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
SEPTEMBER 30, 2019 AND 2018**

NOTE F - BENEFICIAL INTEREST IN ASSETS HELD BY OTHERS

In 2012, the Free Clinic invested \$52,600 within the Community Foundation of Tampa Bay. This amount is considered to be an asset of the Free Clinic and is presented as beneficial interest in assets held by others in the accompanying consolidated statements of financial position as of September 30, 2019 and 2018. As of September 30, 2019 and 2018, this investment was valued at \$56,209 and \$57,353, respectively. In addition, at September 30, 2019 and 2018, the Community Foundation of Tampa Bay (the Community Foundation) was holding a balance of approximately \$46,600 and \$48,000, respectively, representing contributions made directly to the Community Foundation for the benefit of the Free Clinic. Earnings on these funds are earmarked to be distributed on a periodic basis to the Free Clinic. The Community Foundation has been granted variance power over these funds which provide the Community Foundation the unilateral power to redirect the use of the funds to other beneficiaries if the Free Clinic were to discontinue operations. Because the Community Foundation has been granted variance power, funds contributed by donors to the Community Foundation on behalf of the Free Clinic are not considered to be an asset of the Free Clinic and have not been reported in the accompanying consolidated financial statements.

In 2012, the Sister Margaret Freeman Foundation invested \$115,000 with the Pinellas Community Foundation in an endowment. The Pinellas County Community Foundation matched the \$115,000 with 30% or \$34,500. The endowment will pay 5% of its year-end value to the Free Clinic each year. The 30% match is not considered to be an asset of the Free Clinic and has not been reported in the consolidated financial statements. As of September 30, 2019 and 2018, this endowment, including the 30% match, was valued at approximately \$154,300 and \$154,600, respectively. The portion invested by the Sister Margaret Freeman Foundation is reflected as beneficial interest in assets held by others on the consolidated statements of financial position.

NOTE G - UNCONDITIONAL PROMISES TO GIVE

Unconditional promises to give at September 30, 2019 and 2018 are summarized as follows:

	<u>2019</u>	<u>2018</u>
Gross unconditional promises to give	\$ 2,286,048	\$ 2,808,322
Less unamortized discount	(95,356)	(135,413)
Less allowance for uncollectible amounts	-	(15,000)
Net unconditional promises to give	<u>\$ 2,190,692</u>	<u>\$ 2,657,909</u>
Amount due in:		
Less than one year	\$ 944,048	\$ 893,327
One to five years	<u>1,342,000</u>	<u>1,914,995</u>
	<u>\$ 2,286,048</u>	<u>\$ 2,808,322</u>

**ST. PETERSBURG FREE CLINIC, INC.
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NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
SEPTEMBER 30, 2019 AND 2018**

NOTE G - UNCONDITIONAL PROMISES TO GIVE - CONTINUED

Unconditional promises to give at September 30, 2019 include pledges from two donors totaling approximately \$1.9 million or 84% of total unconditional promises to give. Amounts due from the same two donors totaled \$2.7 million or 96% of total unconditional promises to give at September 30, 2018. Promises to give with due dates extending beyond one year are discounted to present value using Treasury bill rates with similar term investments. The applicable discount rates used ranged from 2.05% to 3.44%.

NOTE H - PROPERTY AND EQUIPMENT AND CONSTRUCTION IN PROGRESS

Property and equipment consists of the following at September 30:

	<u>2019</u>	<u>2018</u>
Land	\$ 1,774,435	\$ 1,774,435
Building and improvements	8,285,939	7,999,970
Furniture and equipment	878,652	841,480
Vehicles	549,861	384,699
	<u>11,488,887</u>	<u>11,000,584</u>
Less accumulated depreciation	<u>(1,762,225)</u>	<u>(1,295,582)</u>
	<u>\$ 9,726,662</u>	<u>\$ 9,705,002</u>

Construction in progress at September 30, 2019 and 2018 was \$363,271 and \$115,312, respectively, and represents amounts paid to date for the renovation and expansion of the Free Clinic's facilities for the We Help and Dental programs. Depreciation will commence when the renovations are completed and placed in service.

NOTE I - OPERATING LEASE

The Free Clinic has entered into operating leases, which cover parking, software, and office equipment. Total rental expense for these leases was approximately \$17,000 and \$33,000 for the years ended September 30, 2019 and 2018, respectively. The approximate future minimum lease payments required under these operating leases at September 30, 2019 are as follows:

<u>Years Ending September 30,</u>	<u>Amount</u>
2020	\$ 12,000
2021	12,000
2022	12,000
2023	12,000
2024	12,000
Thereafter	<u>15,000</u>
	<u>\$ 75,000</u>

**ST. PETERSBURG FREE CLINIC, INC.
AND AFFILIATE
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
SEPTEMBER 30, 2019 AND 2018**

NOTE J - CHARITABLE GIFT ANNUITIES

Under the charitable gift annuity agreements, the Free Clinic receives a stated amount and, in consideration of the amount transferred, agrees to pay the annuitants a specified annuity payment. Of the three agreements in effect, one agreement requires quarterly distributions at an annual distribution rate of 4.5%. The second and third agreements require annual distributions of 11.5% and 13.5%, respectively, and distributions are deferred until the year 2031. Distributions during each of the years ended September 30, 2019 and 2018 were approximately \$4,800.

State law requires the Free Clinic to maintain assets at least equal to the sum of the reserves on its outstanding charitable gift annuity agreements, calculated in accordance with the Internal Revenue Code, and a surplus of 10% of such reserves. The Free Clinic voluntarily maintains assets that are in excess of the required reserves and surplus.

NOTE K - DONATED FOOD AND MEDICINE

During the years ended September 30, 2019 and 2018, the Free Clinic received approximately 11.3 million and 7.6 million pounds of donated food, respectively. The donated food is estimated to be valued at \$1.62 a pound for fiscal year 2019 and \$1.68 a pound for fiscal year 2018, which amounts to approximately \$18,300,000 and \$12,800,000, respectively. The donations and the inventory value of donated food are recorded when the Free Clinic has the unilateral power to redirect the use of the transferred assets to another beneficiary.

Additionally, the Free Clinic receives donated medicine throughout the year consisting primarily of sample items. Medicines are disbursed appropriately as needed. Due to the high volume of activity, and the difficulty in determining the fair value, revenue and expense are not recorded.

NOTE L - RETIREMENT PLAN

The Free Clinic has a 401(k) retirement plan which covers all employees over 21 years of age having one year of service, provided they have met the 1,000 hours of service requirement. Annual contributions are made at the discretion of the Board. The contribution for fiscal 2019 and 2018 was approximately \$105,800 and \$59,000, respectively.

NOTE M - FOUNDATION

The Sister Margaret Freeman Foundation, Inc.'s net assets as of September 30, 2019 and 2018 consisted of the following:

	<u>2019</u>	<u>2018</u>
Without donor restrictions, undesignated	\$ 32,696	\$ 23,900
Board designated for endowment purposes	1,922,823	1,786,234
With donor restrictions	<u>115,000</u>	<u>115,000</u>
	<u>\$ 2,070,519</u>	<u>\$ 1,925,134</u>

**ST. PETERSBURG FREE CLINIC, INC.
AND AFFILIATE
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
SEPTEMBER 30, 2019 AND 2018**

NOTE N - NET ASSETS WITH DONOR RESTRICTIONS

Net assets with donor restrictions as of September 30, 2019 and 2018 relate to assets contributed by donors and other funding sources for specific purposes and time periods as follows:

	<u>2019</u>	<u>2018</u>
Subject to time restrictions:		
Bequests receivable	\$ 90,714	\$ 182,531
Subject to use restrictions:		
Donated property	228,288	228,288
Grants and restricted gifts	2,748,613	1,973,625
Promises to give	<u>1,390,692</u>	<u>1,657,909</u>
	4,367,593	3,859,822
Net assets held in perpetuity:		
Tampa Bay Community Foundation	52,600	52,600
Pinellas County Community Foundation	115,000	115,000
Beth Houghton Leadership Endowment	20,600	-
Food Bank Endowment	200,000	-
Founders Endowment	50,000	50,000
Rothman Endowment Receivable	<u>800,000</u>	<u>1,000,000</u>
	<u>1,238,200</u>	<u>1,217,600</u>
	<u>\$ 5,696,507</u>	<u>\$ 5,259,953</u>

Net assets were released from restrictions as follows during the years ended September 30, 2019 and 2018, by incurring expenses satisfying the restricted purposes, or by occurrence of other events specified by donors:

	<u>2019</u>	<u>2018</u>
Bequests receivable	\$ 182,531	\$ 46,000
Grants and restricted gifts	1,159,569	1,340,414
Project pledges	370,610	1,688,541
Baldwin Women's Residence Campaign	<u>-</u>	<u>183,694</u>
	<u>\$ 1,712,710</u>	<u>\$ 3,258,649</u>

**ST. PETERSBURG FREE CLINIC, INC.
AND AFFILIATE
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
SEPTEMBER 30, 2019 AND 2018**

NOTE N - NET ASSETS WITH DONOR RESTRICTIONS - CONTINUED

In 2007, the Free Clinic received a \$50,000 donation to establish an endowment fund. A stipulation of the donation was the Free Clinic match the contributed amount from unrestricted monies. The matching funds are included as part of board designated funds. Terms of the donation require the funds to be segregated from the Free Clinic's operating funds. Earnings will be released to the Free Clinic for general operations. This donor-restricted endowment is included in net assets held in perpetuity.

In 2012, the Free Clinic invested \$52,600 with the Community Foundation of Tampa Bay. Only the earnings on these funds will be distributed on a periodic basis to the Free Clinic. Based on the terms of the investment, the invested amount will never be returned to the Free Clinic. The initial investment is reported as net assets with donor restrictions and the year-end value in excess of the initial investment is included in net assets without donor restrictions.

In 2012, the Sister Margaret Freeman Foundation invested \$115,000 within the Pinellas County Community Foundation. As an incentive for this investment the Pinellas County Community Foundation provided a 30% match on the funds invested into the Sister Margaret Freeman Foundation's account. Only the earnings on these funds will be distributed on a periodic basis to the Sister Margaret Freeman Foundation. Based on the terms of the investment, the invested amount, as well as the match provided, will never be returned to the Sister Margaret Freeman Foundation. The initial investment is reported as net assets with donor restrictions and the year-end value in excess of the initial investment is reported in net assets without restrictions. The 30% match received is not reported in the Free Clinic's consolidated financial statements.

In 2016, the Free Clinic received a pledge from a donor which created a \$1,000,000 endowment. This endowment receivable has been reported as net assets with donor restrictions. During fiscal 2019, \$200,000 of this endowment pledge receivable was collected and used to fund the Food Bank Endowment leaving \$800,000 remaining in the Rothman Endowment.

In 2019, the Beth Houghton Leadership Endowment was created and funded by several contributions in the total amount of \$20,600.

NOTE O - ENDOWMENT FUND

The Free Clinic's endowment consists of the donor-restricted funds in **NOTE N** and one board designated investment fund established for the purpose of providing a continuous source of income for the Free Clinic. As required by accounting principles generally accepted in the United States of America, net assets associated with endowment funds are classified and reported based on the existence or absence of donor-imposed restrictions.

**ST. PETERSBURG FREE CLINIC, INC.
AND AFFILIATE
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
SEPTEMBER 30, 2019 AND 2018**

NOTE O - ENDOWMENT FUND - CONTINUED

Endowment net asset composition by type of fund as of September 30, 2019 and 2018:

	<u>Without Donor Restrictions</u>	<u>With Donor Restrictions</u>	<u>Total</u>
Summary of Endowment Assets September 30, 2019:			
Donor-restricted endowment	\$ -	\$ 1,238,200	\$ 1,238,200
Board-designated funds	<u>1,922,823</u>	<u>-</u>	<u>1,922,823</u>
	<u>\$ 1,922,823</u>	<u>\$ 1,238,200</u>	<u>\$ 3,161,023</u>
Summary of Endowment Assets September 30, 2018:			
Donor-restricted endowment	\$ -	\$ 1,217,600	\$ 1,217,600
Board-designated funds	<u>1,786,234</u>	<u>-</u>	<u>1,786,234</u>
	<u>\$ 1,786,234</u>	<u>\$ 1,217,600</u>	<u>\$ 3,003,834</u>

Changes in endowment net assets for the years ended September 30, 2019 and 2018 consist of the following:

	<u>Without Donor Restrictions</u>	<u>With Donor Restrictions</u>	<u>Total</u>
Changes in Endowment Net Assets for the year ended September 30, 2019:			
Endowment net assets, beginning	\$ 1,786,234	\$ 1,217,600	\$ 3,003,834
Investments return:			
Investment income	46,495	-	46,495
Net appreciation (realized and unrealized)	<u>27,094</u>	<u>-</u>	<u>27,094</u>
Total investment return	<u>73,589</u>	<u>-</u>	<u>73,589</u>
Contributions	100,000	20,600	120,600
Distributions	<u>(37,000)</u>	<u>-</u>	<u>(37,000)</u>
Total funds	<u>\$ 1,922,823</u>	<u>\$ 1,238,200</u>	<u>\$ 3,161,023</u>

**ST. PETERSBURG FREE CLINIC, INC.
AND AFFILIATE
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
SEPTEMBER 30, 2019 AND 2018**

NOTE O - ENDOWMENT FUND - CONTINUED

	<u>Without Donor Restrictions</u>	<u>With Donor Restrictions</u>	<u>Total</u>
Changes in Endowment Net Assets for the year ended September 30, 2018:			
Endowment net assets, beginning	\$ 1,701,656	\$ 1,217,600	\$ 2,919,256
Investments return:			
Investment income	43,504	-	43,504
Net appreciation (realized and unrealized)	<u>95,589</u>	<u>-</u>	<u>95,589</u>
Total investment return	<u>139,093</u>	<u>-</u>	<u>139,093</u>
Distributions	<u>(54,515)</u>	<u>-</u>	<u>(54,515)</u>
Total funds	<u>\$ 1,786,234</u>	<u>\$ 1,217,600</u>	<u>\$ 3,003,834</u>

Return Objectives, Risk Parameters, and Strategies

The Free Clinic has adopted an investment and spending policy for endowment assets that attempts to preserve the real (inflation adjusted) value of endowment assets, increase the real value of the portfolio and facilitate a potential distribution to support some level of future operations. Endowment assets include those assets of donor-restricted funds that the Free Clinic must hold in perpetuity or for a donor-specified period(s). These objectives are met for funds held with the Community Foundation of Tampa Bay and Pinellas Community Foundation through the control of each of those Community Foundations (see **NOTES F AND N**). The Sister Margaret Freeman Foundation Board (the Foundation Board) serves as the Investment Committee for all other endowment funds. The terms of the operating policies of the endowment fund (the Fund) requires that the Fund will be managed by the Investment Committee. The Investment Committee is responsible to oversee the portfolio's investments and monitor the investments on an ongoing basis to ensure that long-term objectives are being met. The Investment Committee has agreed to a target asset allocation for the portfolio's assets and seeks advice from professional investment managers which hold the assets. The Fund is to invest funds in accordance with the standards set forth in the Foundation Board's investment policy.

Spending Policy

The Foundation Board is operating under an approved endowment policy that seeks to preserve the purchasing power of the Fund while providing income at the highest attainable level. The endowment fund may distribute income and dividends. Under Florida UPMIFA capital gains may also be distributed. Investment earnings and capital gains are accumulated in net assets without donor restrictions. There is to be no invasion of the original principal of the gift given to the Free Clinic unless the donor instructs otherwise.

**ST. PETERSBURG FREE CLINIC, INC.
AND AFFILIATE
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
SEPTEMBER 30, 2019 AND 2018**

NOTE P - FAIR VALUE OF FINANCIAL INSTRUMENTS

The Free Clinic's investments are reported at fair value in the accompanying consolidated statements of financial position. Following is a description of valuation methodologies used for investments measured at fair value.

Money Market - Valued at the net asset value of shares held by the Free Clinic at year-end.

Mutual funds - Valued at the net asset value of shares held by the Free Clinic at year-end based on quoted prices of the various funds in active markets.

Certificate of Deposit - Valued at face value plus accrued interest which approximates fair value.

Beneficial interest in assets held by others - The investments are managed by an unrelated third party and are valued based upon the third-party information without adjustment. The Free Clinic does not develop nor are they provided with the quantitative inputs used to develop the fair market values.

The fair values of assets measured on a recurring basis at September 30, 2019 are as follows:

	<u>Fair Value Measurements at Reporting Date Using</u>			
	Assets Measured at Fair Value at September 30, 2019	Quoted Prices in Active Markets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Money market funds	\$ 123,285	\$ 123,285	\$ -	\$ -
Mutual funds	1,968,661	1,968,661	-	-
Certificate of deposit	214,322	-	214,322	-
Beneficial interest in assets held by others	391,809	-	-	391,809
	<u>\$ 2,698,077</u>	<u>\$ 2,091,946</u>	<u>\$ 214,322</u>	<u>\$ 391,809</u>

**ST. PETERSBURG FREE CLINIC, INC.
AND AFFILIATE
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
SEPTEMBER 30, 2019 AND 2018**

NOTE P - FAIR VALUE OF FINANCIAL INSTRUMENTS - CONTINUED

The fair values of assets measured on a recurring basis at September 30, 2018 are as follows:

	<u>Fair Value Measurements at Reporting Date Using</u>			
	Assets Measured at Fair Value at September 30, 2018	Quoted Prices in Active Markets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Money market funds	\$ 95,327	\$ 95,327	\$ -	\$ -
Mutual funds	1,834,001	1,834,001	-	-
Certificate of deposit	210,651	-	210,651	-
Beneficial interest in assets held by others	172,353	-	-	172,353
	<u>\$ 2,312,332</u>	<u>\$ 1,929,328</u>	<u>\$ 210,651</u>	<u>\$ 172,353</u>

The following is a summary of changes in the fair value of the Free Clinic's Level 3 assets for the years ended September 30:

	<u>2019</u>	<u>2018</u>
Balance, October 1	\$ 172,353	\$ 172,718
Contributions	221,100	-
Grants	(2,652)	(2,990)
Investment income, net	1,008	2,625
Balance, September 30	<u>\$ 391,809</u>	<u>\$ 172,353</u>

NOTE Q - CORRECTION OF AN ERROR

During fiscal 2019, management determined there was an error in reporting accrued paid time off in prior fiscal years. The error resulted in the overstatement of accrued payroll and benefits and an understatement of net assets without donor restrictions of \$79,257 at September 30, 2018. The change in net assets without donor restrictions was overstated by \$17,990 for the fiscal year ended September 30, 2018. Beginning net assets without donor restrictions for fiscal year 2018 was understated by \$97,247. Accrued payroll and benefits, salaries expense and net assets without donor restrictions have been adjusted in the accompanying consolidated financial statements to reflect the correction of this error.

NOTE R - SUBSEQUENT EVENTS

The Free Clinic has evaluated all subsequent events through March 23, 2020, the date the consolidated financial statements were available to be issued. The Free Clinic is not aware of any subsequent events which would require recognition or disclosure in the consolidated financial statements.

St. Petersburg Free Clinic, Inc.

**Audit Communication
Memorandum**

September 30, 2019





Oldsmar / Tampa / St. Petersburg

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March 23, 2020

To the Board of Directors
St. Petersburg Free Clinic, Inc.
St. Petersburg, FL

We have audited the consolidated financial statements of St. Petersburg Free Clinic, Inc. and Affiliate (a not-for-profit organization) (the Free Clinic) for the year ended September 30, 2019, and have issued our report thereon dated March 23, 2020. Professional standards require that we provide you with information about our responsibilities under generally accepted auditing standards, as well as certain information related to the planned scope and timing of our audit. We have communicated such information in our letter to you dated December 10, 2019. Professional standards also require that we communicate to you the following information related to our audit.

Significant Audit Findings

Qualitative Aspects of Accounting Practices

Management is responsible for the selection and use of appropriate accounting policies. The significant accounting policies used by the Free Clinic are described in **NOTE B** to the consolidated financial statements.

As described in **NOTE B**, the Organization changed accounting policies related to net asset classification and certain financial statement disclosures, specifically disclosures related to liquidity and functional expense allocation. The change was due to the adoption of Financial Standards Board Accounting Standards Update 2016-14, Not-for-Profit Entities (Topic 958) – *Presentation of Financial Statements of Not-for-Profit Entities*. The Organization has adjusted the presentation of these statements accordingly.

No other new accounting policies were adopted and the application of existing policies was not changed during the year ended September 30, 2019. We noted no transactions entered into by the Free Clinic during the year for which there is a lack of authoritative guidance or consensus. All significant transactions have been recognized in the consolidated financial statements in the proper period.

Accounting estimates are an integral part of the consolidated financial statements prepared by management and are based on management's knowledge and experience about past and current events and assumptions about future events. Certain accounting estimates are particularly sensitive because of their significance to the consolidated financial statements and because of the possibility that future events affecting them may differ significantly from those expected. The most sensitive estimates affecting the consolidated financial statements were:

- Management's estimate of depreciable asset lives is based on the useful lives of the related asset. We evaluated the key factors and assumptions used to develop the estimate in determining that it is reasonable in relation to the consolidated financial statements taken as a whole.
- Management's estimate of uncollectible receivables and unconditional promises to give is based on a comprehensive list of outstanding amounts past due and management's assessment of the ability to collect on these amounts. We evaluated the key factors and assumptions used to develop the estimate in determining that it is reasonable in relation to the consolidated financial statements taken as a whole.
- Management's estimate of the allocation of expenses by program and function is based on actual expenditure when specifically, identifiable. Certain expenses are allocated to programs and function based on management's estimate of time spent within each category. We evaluated the assumptions that management used in determining the expense allocation. We believe that the estimate is reasonable in relation to the consolidated financial statements taken as a whole.

The consolidated financial statement disclosures are neutral, consistent, and clear.

Difficulties Encountered in Performing the Audit

We encountered no significant difficulties in dealing with management in performing and completing our audit.

Corrected and Uncorrected Misstatements

Professional standards require us to accumulate all misstatements identified during the audit, other than those that are clearly trivial, and communicate them to the appropriate level of management. There were no uncorrected misstatements of the consolidated financial statements. A list of the adjusting journal entries is attached to this letter.

Disagreements with Management

For purposes of this letter, professional standards define a disagreement with management as a financial accounting, reporting, or auditing matter, whether resolved to our satisfaction, that could be significant to the consolidated financial statements or the auditor's report. We are pleased to report that no such disagreements arose during the course of our audit.

Management Representations

We have requested certain representations from management that are included in the management representation letter dated March 23, 2020. We have attached a copy of this letter.

Management Consultations with Other Independent Accountants

In some cases, management may decide to consult with other accountants about auditing and accounting matters, similar to obtaining a "second opinion" on certain situations. If a consultation involves application of an accounting principle to the Free Clinic's consolidated financial statements or a determination of the type of auditor's opinion that may be expressed on those statements, our professional standards require the consulting accountant to check with us to determine that the consultant has all the relevant facts. To our knowledge, there were no such consultations with other accountants.

Other Audit Findings or Issues

We generally discuss a variety of matters, including the application of accounting principles and auditing standards, with management each year prior to retention as the Free Clinic's auditors. However, these discussions occurred in the normal course of our professional relationship and our responses were not a condition to our retention.

We have included the following emphasis-of-a-matter paragraph in our audit report dated March 23, 2020

Emphasis of Matter

As discussed in **NOTE Q** to the consolidated financial statements, management discovered an error in previously issued financial statements and has restated the 2018 consolidated financial statements included herein. Our opinion is not modified with respect to that matter.

Other Matters

This information is intended solely for the use of the Board of Directors and management of St. Petersburg Free Clinic, Inc. and is not intended to be and should not be used by anyone other than these specified parties.

PDR CPAs + Advisors

PDR CPAs + ADVISORS



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March 23, 2020

PDR CPAs + Advisors
4023 Tampa Road, Suite 2000
Oldsmar, FL 34677

This representation letter is provided in connection with your audits of the consolidated financial statements of St. Petersburg Free Clinic, Inc. and Affiliate (the Free Clinic), which comprise the consolidated statements of financial position as of September 30, 2019 and 2018, and the related consolidated statements of activities, functional expenses, and cash flows for the years then ended, and the related notes to the consolidated financial statements, for the purpose of expressing an opinion as to whether the consolidated financial statements are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States (US GAAP).

Certain representations in this letter are described as being limited to matters that are material. Items are considered material, regardless of size, if they involve an omission or misstatement of accounting information that, in light of surrounding circumstances, makes it probable that the judgment of a reasonable person relying on the information would be changed or influenced by the omission or misstatement. An omission or misstatement that is monetarily small in amount could be considered material as a result of qualitative factors.

We confirm, to the best of our knowledge and belief, as of March 23, 2020, the following representations made to you during your audits.

Financial Statements

1. We have fulfilled our responsibilities, as set out in the terms of the audit engagement letter dated December 10, 2019, including our responsibility for the preparation and fair presentation of the consolidated financial statements in accordance with US GAAP.
2. The consolidated financial statements referred to above are fairly presented in conformity with US GAAP.
3. We acknowledge our responsibility for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.
4. We acknowledge our responsibility for the design, implementation, and maintenance of internal control to prevent and detect fraud.
5. Significant assumptions we used in making accounting estimates, including those measured at fair value, are reasonable.

CHANGING LIVES WITH HELP & HOPE

6. Related party relationships and transactions have been appropriately accounted for and disclosed in accordance with the requirements of US GAAP.
7. All events subsequent to the date of the consolidated financial statements and for which US GAAP requires adjustment or disclosure have been adjusted or disclosed.
8. The effects of all known actual or possible litigation, claims, and assessments have been accounted for and disclosed in accordance with US GAAP.
9. Significant estimates and material concentrations have been appropriately disclosed in accordance with US GAAP.
10. Guarantees, whether written or oral, under which the Free Clinic is contingently liable, have been properly recorded or disclosed in accordance with US GAAP.
11. We are in agreement with the adjusting journal entries in the attached schedule, and they have been posted to the Free Clinic's accounts.
12. Receivables recorded in the consolidated financial statements represent valid claims against debtors or promises from donors arising on or before the statement of financial position date and have been reduced to their estimated net realizable value.
13. We have reviewed the depreciable asset lives assigned to property and equipment and believe the lives are reasonable in relation to the estimated remaining useful life of each asset. We are not aware of any significant impairment of property and equipment.
14. We have reviewed the basis for the functional allocation of expenses and believe the methodology used is reasonable and consistent with prior years.
15. Management has reviewed their federal and state awards and has determined that the Free Clinic does not meet the threshold for single audit under the state or federal requirements. A Uniform Guidance compliance audit is not required. A State of Florida single audit is not required.

Information Provided

16. We have provided you with:
 - a. Access to all information, of which we are aware, that is relevant to the preparation and fair presentation of the consolidated financial statements, such as records, documentation, and other matters.
 - b. Additional information that you have requested from us for the purpose of the audits.
 - c. Unrestricted access to persons within the Free Clinic from whom you determined it necessary to obtain audit evidence.

- d. Minutes of the meetings of the governing board or summaries of actions of recent meetings for which minutes have not yet been prepared.
- 17. All material transactions have been recorded in the accounting records and are reflected in the consolidated financial statements.
- 18. We have disclosed to you the results of our assessment of the risk that the consolidated financial statements may be materially misstated as a result of fraud.
- 19. We have no knowledge of any fraud or suspected fraud that affects the Free Clinic and involves:
 - a. Management,
 - b. Employees who have significant roles in internal control, or
 - c. Others where the fraud could have a material effect on the consolidated financial statements.
- 20. We have no knowledge of any allegations of fraud or suspected fraud affecting the Free Clinic's consolidated financial statements communicated by employees, former employees, grantors, regulators, or others.
- 21. We have no knowledge of any instances of noncompliance or suspected noncompliance with laws and regulations whose effects should be considered when preparing consolidated financial statements.
- 22. We have disclosed to you all known actual or possible litigation, claims, and assessment whose effects should be considered when preparing the consolidated financial statements.
- 23. We have disclosed to you the identity of the Free Clinic's related parties and all the related party relationships and transactions of which we are aware.
- 24. The Free Clinic has satisfactory title to all owned assets, and there are no liens or encumbrances on such assets nor has any asset been pledged as collateral.
- 25. We are responsible for compliance with the laws, regulations, and provisions of contracts and grant agreements applicable to us; and we have identified and disclosed to you all laws, regulations and provisions of contracts and grant agreements that we believe have a direct and material effect on the determination of financial statement amounts or other financial data significant to the audit objectives.
- 26. The Free Clinic is an exempt organization under Section 501(c)(3) of the Internal Revenue Code and Chapter 220 of the Florida Statutes. There are no activities of which we are aware that would jeopardize the Free Clinic's tax-exempt status, and all activities subject to tax on unrelated business income or excise or other tax, have been disclosed to you. All required filings with tax authorities are up-to-date.

27. We have complied with all restrictions on resources (including donor restrictions) and all aspects of contractual and grant agreements that would have a material effect on the consolidated financial statements in the event of noncompliance. This includes complying with donor requirements to maintain a specific asset composition necessary to satisfy their restrictions.
28. In regard to the preparation of the consolidated financial statements and tax services performed by you, we have -
- a. Assumed all management responsibilities.
 - b. Designated an individual (within senior management) with suitable skill, knowledge, or experience to oversee the services.
 - c. Evaluated the adequacy and results of the services performed.
 - d. Accepted responsibility for the results of the services.



Jennifer Yeagley, Chief Executive Officer



Craig Chamberlin, Director, Finance

Supplemental Funding

EFSP Website Guide

Forms

DUNS

Reports

LRO Plan

Interim & 2nd Pymt

Final Report

Variances

Manage Personal Info

Change Password

Training Workshops

Key Program Dates

EFT Form

Quick Reference Guides

EFSP Manual

Key Changes And Clarifications

LRO Plan

Phase	CARES ▾	Part	1 ▾
Award Type	DIRECT ▾	Award Amount : \$59,675.00	LRO No. 169400-010

Spending period begin date: **01/27/2020**

Spending period end date: **05/31/2021**

LRO Certification



LRO Plan (in categories)



EMERGENCY FOOD AND SHELTER NATIONAL BOARD PROGRAM PHASE CARES LOCAL RECIPIENT ORGANIZATION CERTIFICATION

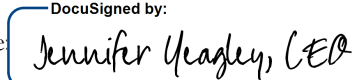
By signing this Local Recipient Organization (LRO) Certification Form, our agency certifies we have read and understand the Emergency Food and Shelter Program (EFSP) Phase 35 Responsibilities and Requirements Manual, Phase 36 Addendum, and the Phases 37 and CARES Addendum, including the Grant Agreement Articles, Financial Terms and Conditions, and Other Terms and Conditions as well as the Eligible and Ineligible Costs and Documentation sections and agree to comply with all program requirements. Our agency understands that all parties will be held accountable for complying with the provisions of the grant as well as full compliance with applicable requirements of all other Federal laws, Executive Orders, regulations, and policies governing this program including those not specifically stated in the Manual. All appropriate staff and volunteers have been informed of EFSP requirements. The Local Board has been provided and we have retained a copy of this form for our records.

I certify that my public or private agency:

- Has the capability to provide emergency food and/or shelter services.
- Will use funds to supplement/extend existing resources and not to substitute or reimburse ongoing programs and services.
- Is nonprofit or an agency of government.
- Will not use EFSP funds as a cost-match for other Federal funds or programs.
- Has an accounting system and will pay all vendors by an approved method of payment.
- Understands that cash payments (including petty cash) are not eligible under EFSP.
- Conducts an independent annual review if receiving \$50,000-\$99,999/an independent annual audit if receiving \$100,000 or more in EFSP funds, and follows OMB's Uniformed Guidance if receiving \$750,000 or more in Federal funding.
- **Has not received an adverse or no opinion audit.**
- Is not debarred or suspended from receiving Federal funds.
- Has provided a Federal Employer Identification Number (FEIN) to EFSP.
- Has provided a Data Universal Number System (DUNS) number issued by Dun & Bradstreet (D&B) and required associated information to EFSP.
- Practices non-discrimination (agencies with a religious affiliation, will not refuse service to an applicant based on religion, nor engage in religious proselytizing or religious counseling in any program receiving Federal funds).
- Will not charge a fee to clients for EFSP funded services.
- Has a voluntary board if private, not-for-profit.
- Will provide all required reports to the Local Board in a timely manner; (i.e., Second Payment/Interim Request and Final Reports).
- Will expend monies only on eligible costs and keep complete documentation (copies of canceled LRO checks -- front and back, other proof of payment, invoices, receipts, etc.) on all expenditures for a minimum of three years after end-of-program date, and for compliance issues until resolved.
- Will spend all funds and close-out the program by my jurisdiction's selected end-of-program date and return any unused funds (\$5.00 or more) to the National Board.
- Will provide complete, accurate documentation of expenses to the Local Board, if requested, following my jurisdiction's selected end-of-program date.
- Has no known EFSP compliance exceptions in this or any other jurisdiction.
- Will not use EFSP funding for any lobbying activities and if receiving \$100,000 or more, will provide the "Certification Regarding Lobbying" and, if applicable, will complete Standard Form LLL, "Disclosure Form to Report Lobbying", in accordance with its instructions.
- Will not and will ensure its employees, volunteers or other individuals associated with the program will not engage in any trafficking of persons during the period this award is in effect.
- Will not and will ensure its employees, volunteers or other individuals associated with the program will not use EFSP funds to support access to classified national security information.

PLEASE ENSURE THIS INFORMATION IS ACCURATE BEFORE SIGNING.

LRO ID #: 169400010
 FEIN #: 23-7208280
 DUNS#: 060242930
 LRO Legal Name: St. Petersburg Free Clinic
 Address: 863 3rd Avenue North St Petersburg FLORIDA 33701
 Phone #: 727-821-1200
 Fax #: 727-821-9263
 Email: marsha.carey@stpetersburgfreeclinic.org
 LRO Contact: Marsha J. Carey, Director, Contracts & QA

Signature 
 18E8854183844AB...

Date: 8/24/2020



863 3rd Avenue North
St. Petersburg, FL 33701-2703
Phone: (727) 821-1200
Fax: (727) 821-9263
www.StPetersburgFreeClinic.org

August 28, 2020

Via Email ~ bhoughton@jwbpinellas.org

Ms. Beth Houghton
Chief Executive Officer
Juvenile Welfare Board of Pinellas County
14155 58th St N
Clearwater, FL 33760

Dear Ms. Houghton,

This letter is to confirm our conversation regarding St. Petersburg Free Clinic's application for funds through the Pinellas CARES Nonprofit Partnership Fund, administered by Pinellas Community Foundation. The Free Clinic intends to request reimbursement for funds spent on food purchases from March 1 through the present. \$200,000 of the funds expended by St. Petersburg Free Clinic on food purchases came through a grant agreement between JWB and St. Petersburg Free Clinic. This agreement provided that St. Petersburg Free Clinic would expend \$200,000 on food to be distributed throughout the community, through providers including The Florida Dream Center, Inc., Religious Community Services, Inc., and Tarpon Springs Shepherd Center. St. Petersburg Free Clinic performed the terms of the agreement and spent the funds in the specified manner.

Should the Free Clinic receive reimbursement of these funds through its CARES application, the Free Clinic agrees to spend the reimbursed funds on food purchases, and distribute the food as specified in the original agreement. St. Petersburg Free Clinic will spend any such reimbursed funds between January 1, 2021 and May 30, 2021. St. Petersburg Free Clinic will also provide reports and receipts of such food purchases to JWB, consistent with the terms of the original agreement.

St. Petersburg Free Clinic will notify JWB if it is awarded any of the requested funds within thirty days of an executed agreement or receipt of an official award letter.

We appreciate JWB's support and commitment to ensuring families have access to nutritious foods.

Shaina Bent

Shaina Bent
Chief Operations Officer

CHANGING LIVES WITH HELP & HOPE

St. Petersburg Free Clinic
Reimbursement of incremental charges related to COVID

**March 1 2020
 thru August
 2020**

Incremental Food Purchases **309,162** \$350,008 spent minus \$40,846 anticipated expenditures

COVID Supplies & Cleaning

Wipes, Bleach, Disinfectant	1,655
PPE, Mask, Gloves, Shields, Sanitizer	3,339
Thermometers	1,228
Electrostatic Fogging	2,266
	8,488

Revamping of We Help distribution process

Tent	13,364
Cooling blankets	1,617
Outdoor Fans	1,507
Outside Hand Washing Stations	1,925
	18,413

Increased Equipment Capacity Requirement

Reusable Transportable Containers	3,806	delivered May 2020
Pallet Jacks Food Bank	4,964	delivered May 2020
Pallet Jacks- WeHelp	3,165	delivered May 2020

Total Reimbursement Requested	347,998
--------------------------------------	----------------

Date	Name	Memo	Debit
05/13/2020	Rent All City	Tent	13,364.00
07/10/2020	Samco	Cooling Blankets	1,617.26
07/01/2020	Global Industrial	Fans	1,506.55
04/01/2020	Doodie Calls	Hand washing station for WH	500.00
05/01/2020	Doodie Calls	Hand washing station for WH	500.00
07/01/2020	Doodie Calls	Hand washing station for WH	425.00
05/01/2020	Reusable Transport Packaging	Gaylords for FB	3,806.03
05/01/2020	Global Industrial	Pallet Jacks (2)	4,964.32
05/01/2020	Global Industrial	Pallet Jack	3,165.33

	Date	Name	Memo	Debit
750-114 · Office Supplies/Expense-114	06/01/2020	Amazon.com	Additioanl Thermometer Employee COVID	61.09
750-120 · Office Supplies/Expense-120	06/01/2020	Amazon.com	Additioanl Thermometer Employee COVID	61.09
750-140 · Office Supplies/Expense-140	06/01/2020	Amazon.com	Additioanl Thermometer Employee COVID	61.09
750-150 · Office Supplies/Expense-150	06/01/2020	Amazon.com	Additioanl Thermometer Employee COVID	61.09
750-110 · Office Supplies/Expense-110	06/01/2020	Amazon.com	Thermometer	61.09
750-140 · Office Supplies/Expense-140	06/09/2020	Amazon.com	Thermometer	107.23
750-330 · Office Supplies/Expense-330	06/01/2020	Amazon.com	Thermometer	61.08
750-500 · Office Supplies/Expense-500	06/09/2020	Amazon.com	Thermometer	28.87
750-600 · Office Supplies/Expense-600	06/01/2020	Amazon.com	Thermometer	61.09
750-600 · Office Supplies/Expense-600	06/09/2020	Amazon.com	Thermometer	28.87
760-110 · Program Supply/Expense-110	04/01/2020	Amazon.com	Thermometer for health screening COVID-19	247.98
750-140 · Office Supplies/Expense-140	06/01/2020	Amazon.com	Thermometers	69.99
760-140 · Program Supply/Expense-140	06/01/2020	Amazon.com	Thermometers	62.99
760-500 · Program Supply/Expense-500	06/01/2020	Amazon.com	Thermometers	62.99
760-150 · Program Supply/Expense-150	04/01/2020	Amazon.com	Thermometers for homeless prg	95.64
760-330 · Program Supply/Expense-330	04/01/2020	Amazon.com	Thermometers for homeless prg	95.64
760-110 · Program Supply/Expense-110	03/09/2020	WB Mason	Bleach COVID-19	28.78
760-120 · Program Supply/Expense-120	03/09/2020	WB Mason	Bleach COVID-19	28.78
760-140 · Program Supply/Expense-140	03/09/2020	WB Mason	Bleach COVID-19	28.78
760-600 · Program Supply/Expense-600	03/09/2020	WB Mason	Bleach COVID-19	28.80
760-150 · Program Supply/Expense-150	03/17/2020	The Home Depot	Bleacha and spray for BWR	75.73
760-150 · Program Supply/Expense-150	04/01/2020	Staples	Clorox Wipes	97.70
760-330 · Program Supply/Expense-330	04/01/2020	Staples	Clorox Wipes	97.70
760-330 · Program Supply/Expense-330	07/01/2020	Staples	Clorox Wipes	4.49
760-330 · Program Supply/Expense-330	06/16/2020	Staples	disinfectant spray	90.09
750-500 · Office Supplies/Expense-500	06/13/2020	Staples	Disinfectant spray and wipes	65.42
750-600 · Office Supplies/Expense-600	06/13/2020	Staples	Disinfectant spray and wipes	65.42
760-140 · Program Supply/Expense-140	06/13/2020	Staples	Disinfectant spray and wipes	243.00
760-110 · Program Supply/Expense-110	03/10/2020	Dollar Tree Stores,	Disinfectant Spray COVID-19	4.80
760-120 · Program Supply/Expense-120	03/10/2020	Dollar Tree Stores,	Disinfectant Spray COVID-19	4.80
760-140 · Program Supply/Expense-140	03/10/2020	Dollar Tree Stores,	Disinfectant Spray COVID-19	4.80
760-500 · Program Supply/Expense-500	03/10/2020	Dollar Tree Stores,	Disinfectant Spray COVID-19	4.80
760-600 · Program Supply/Expense-600	03/10/2020	Dollar Tree Stores,	Disinfectant Spray COVID-19	4.80
760-140 · Program Supply/Expense-140	06/13/2020	Staples	disinfectant wipes	4.49
750-140 · Office Supplies/Expense-140	03/10/2020	Publix	Lysol Cleaner COVID-19	14.59
750-500 · Office Supplies/Expense-500	03/10/2020	Publix	Lysol Cleaner COVID-19	3.93
750-600 · Office Supplies/Expense-600	03/10/2020	Publix	Lysol Cleaner COVID-19	3.93
760-110 · Program Supply/Expense-110	03/09/2020	Amazon.com	Lysol Disinfectant Spray COVID-19	29.80
760-120 · Program Supply/Expense-120	03/09/2020	Amazon.com	Lysol Disinfectant Spray COVID-19	29.80
760-140 · Program Supply/Expense-140	03/09/2020	Amazon.com	Lysol Disinfectant Spray COVID-19	29.80
760-500 · Program Supply/Expense-500	03/09/2020	Amazon.com	Lysol Disinfectant Spray COVID-19	29.80
760-600 · Program Supply/Expense-600	03/09/2020	Amazon.com	Lysol Disinfectant Spray COVID-19	29.80
760-110 · Program Supply/Expense-110	03/10/2020	WalMart	Lysol Spray and Bleach COVID-19	4.54
760-120 · Program Supply/Expense-120	03/10/2020	WalMart	Lysol Spray and Bleach COVID-19	4.55
760-140 · Program Supply/Expense-140	03/10/2020	WalMart	Lysol Spray and Bleach COVID-19	4.54
760-500 · Program Supply/Expense-500	03/10/2020	WalMart	Lysol Spray and Bleach COVID-19	4.54
760-600 · Program Supply/Expense-600	03/10/2020	WalMart	Lysol Spray and Bleach COVID-19	4.54
760-110 · Program Supply/Expense-110	03/04/2020	WalMart	Lysol Wipes and Spray COVID-19	20.63
760-120 · Program Supply/Expense-120	03/04/2020	WalMart	Lysol Wipes and Spray COVID-19	20.63
760-140 · Program Supply/Expense-140	03/04/2020	WalMart	Lysol Wipes and Spray COVID-19	20.63

760-500 · Program Supply/Expense-500	03/04/2020	WalMart	Lysol Wipes and Spray COVID-19	20.63
760-600 · Program Supply/Expense-600	03/04/2020	WalMart	Lysol Wipes and Spray COVID-19	20.64
760-110 · Program Supply/Expense-110	03/09/2020	Amazon.com	Lysol Wipes COVID-19	73.60
760-120 · Program Supply/Expense-120	03/09/2020	Amazon.com	Lysol Wipes COVID-19	73.60
760-140 · Program Supply/Expense-140	03/09/2020	Amazon.com	Lysol Wipes COVID-19	73.60
760-600 · Program Supply/Expense-600	03/09/2020	Amazon.com	Lysol Wipes COVID-19	73.60
760-120 · Program Supply/Expense-120	04/01/2020	Staples	Purell Wipes	25.22
760-140 · Program Supply/Expense-140	04/01/2020	Staples	Purell Wipes	25.23
760-140 · Program Supply/Expense-140	07/01/2020	Staples	Wipes	2.99
760-150 · Program Supply/Expense-150	06/01/2020	Staples	wipes	125.04
750-110 · Office Supplies/Expense-110	06/10/2020	Staples	PPE supplies	373.04
760-110 · Program Supply/Expense-110	06/04/2020	Heartsmart	Face shields for HC & DC	56.36
760-110 · Program Supply/Expense-110	04/01/2020	Grainger	Fit Testing kit	231.19
760-140 · Program Supply/Expense-140	04/01/2020	Aldi	Gloves	8.54
760-140 · Program Supply/Expense-140	06/03/2020	Amazon.com	gloves	56.98
760-150 · Program Supply/Expense-150	06/01/2020	Amazon.com	Gloves	99.90
760-150 · Program Supply/Expense-150	06/13/2020	Staples	gloves	7.88
760-140 · Program Supply/Expense-140	04/01/2020	Webstaurant	Gloves - COVID-19	277.48
760-140 · Program Supply/Expense-140	06/01/2020	Janisan	Hand Sanitizer	130.31
760-150 · Program Supply/Expense-150	06/04/2020	Staples	Hand Sanitizer	124.74
760-330 · Program Supply/Expense-330	06/04/2020	Staples	Hand Sanitizer	124.74
760-500 · Program Supply/Expense-500	06/01/2020	Janisan	Hand Sanitizer	70.17
760-150 · Program Supply/Expense-150	03/18/2020	Staples	Latex Gloves were on back order	14.38
760-110 · Program Supply/Expense-110	06/02/2020	Janisan	Masks	177.99
760-150 · Program Supply/Expense-150	06/02/2020	Janisan	Masks	26.50
760-330 · Program Supply/Expense-330	06/02/2020	Janisan	Masks	26.50
760-110 · Program Supply/Expense-110	06/11/2020	0	Masks, gloves, gowns, face shields	562.71
760-110 · Program Supply/Expense-110	07/09/2020	FAFCC	Masks, gloves, gowns, face shields	915.00
760-140 · Program Supply/Expense-140	04/03/2020	Amazon.com	Parking lot cones	34.93
750-110 · Office Supplies/Expense-110	06/15/2020	Staples	PPE supplies	6.99
760-150 · Program Supply/Expense-150	05/12/2020	Staples	XL gloves 4 boex	13.16

51 · Direct Assistance

520-120 · Direct Assist - Food & Sup 120

Type	Date	Memo	Debit
Bill	03/18/2020	Trailer of dry, cans and misc. food Operation Blessing	2,100.00
Bill	04/21/2020	Trailer of dry, cans and misc. food Operation Blessing	2,100.00
Bill	05/20/2020	Trailer of dry, cans and misc. food Operation Blessing	2,100.00
Bill	06/16/2020	Trailer of dry, cans and misc. food Operation Blessing	2,100.00
Bill	06/17/2020	All Faith Food Bank	8,444.03
Bill	07/27/2020	Trailer of dry, cans and misc. food Operation Blessing	2,100.00
Bill	08/01/2020	All Faith Food Bank	12,561.85
Bill	08/17/2020	Trailer of dry, cans and misc. food Operation Blessing	2,100.00
Total 520-120 · Direct Assist - Food & Sup 120			

520-140 · Direct Assist - Food & Sup 140

Credit Card Charge	03/01/2020	Clearwater Egg and Poultry Egg Grant	747.10
Credit Card Charge	03/09/2020	Clearwater Egg and Poultry Egg Grant	775.90
Credit Card Charge	03/10/2020	Clearwater Egg & Poultry Eggs Grant	747.10
Credit Card Charge	03/11/2020	Clearwater Egg & Poultry Egg Grant	819.10
Bill	03/20/2020	Covid response-dry goods Transnational Foods	1,946.88
Bill	03/20/2020	Covid response-dry goods Transnational Foods	9,500.37
Bill	03/25/2020	Milk Covid Response	2,948.00
Bill	04/01/2020	All Faith Food Bank Produce and meat	17,899.69
Bill	04/01/2020	US Foods	4,170.00
Credit Card Charge	04/01/2020	Clearwater Egg & Poultry Grant for eggs	1,104.35
Credit Card Charge	04/01/2020	Clearwater Egg & Poultry Grant For Eggs	553.55
Credit Card Charge	04/01/2020	Clearwater Egg & Poultry Grant For Eggs	1,348.25
Credit Card Charge	04/01/2020	Clearwater Egg & Poultry Grant For Eggs	3,900.35
Credit Card Charge	04/01/2020	Clearwater Egg & Poultry Grant For Eggs	1,058.45
Credit Card Charge	04/01/2020	Bath Tissue	1,950.00
Credit Card Charge	04/01/2020	Clearwater Egg & Poultry Grant For Eggs	2,155.55
Credit Card Charge	04/01/2020	Coast Brothers	4,816.35
Bill	04/01/2020	Coast Brothers	4,434.80
Credit Card Charge	04/07/2020	Clearwater Egg & Poultry Grant For Eggs	1,883.75
Credit Card Charge	04/14/2020	Clearwater Egg & Poultry Grant For Eggs	1,196.75
Bill	04/20/2020	Simco Foods	20,352.00
Credit Card Charge	05/01/2020	NuVista	872.21
Credit Card Charge	05/01/2020	Clearwater Egg & Poultry- grant for eggs	2,687.75
Credit Card Charge	05/01/2020	Clearwater Egg & Poultry Grants for eggs	2,053.85
Credit Card Charge	05/04/2020	Clearwater Egg & Poultry grant for eggs	1,754.15
Bill	05/08/2020	All Faiths Food Bank	48,717.74
Credit Card Charge	05/11/2020	Clearwater Egg & Poultry grant for egg	1,754.15
Bill	05/13/2020	Simco Food Purchase	20,352.00
Bill	06/01/2020	Covid response-dry goods- Transnational Foods	19,841.12
Credit Card Charge	06/01/2020	Coast Brothers	3,900.00
Bill	06/16/2020	Simco Foods, Inc.	23,040.00
Bill	06/16/2020	NuVista	1,439.51
Bill	06/18/2020	NuVista	2,626.86
Bill	06/19/2020	NuVista	1,216.80
Bill	06/19/2020	NuVista	144.00
Bill	06/29/2020	Simco Foods Frozen chicken leg quarters	8,040.00
Bill	06/29/2020	Simco Foods Frozen chicken leg quarter	15,000.00
Credit Card Charge	07/01/2020	Coast Brothers Toilet paper	1,172.00
Bill	07/07/2020	Transnational Foods	25,745.27
Bill	07/08/2020	Transnational Foods	29,318.87
Credit Card Charge	07/10/2020	Food for homeless bags Sav A Lot	2,440.80
Bill	08/01/2020	Simco Foods Frozen chicken leg quarters	14,976.00
Credit Card Charge	08/20/2020	Sams Club	5,001.00
Total 520-140 · Direct Assist - Food & Sup 140			350,008.25

520-150 · Direct Assist - Food & Sup 150



St. Petersburg Free Clinic

Food - Shelter - Health Care

Emergency Response Plan October 2019

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Introduction

The purpose of this Emergency Response Plan is to establish an organizational structure and procedures for response to major emergencies. This plan is designed to maximize human safety and preservation of property, minimize danger, restore normal operations of St. Petersburg Free Clinic, and assure responsive communication to all appropriate parties. When the City of St. Petersburg or other emergency resources respond, Free Clinic authorities will be subordinate to the City of St. Petersburg, county, state, or federal emergency response officials, and will provide technical and facility support.

Hurricane Season begins June 1st and lasts through November 30th. Although this is what most of us think of first when we hear the word disaster, we also need to be prepared for fires, tornadoes and other severe weather as well as emergency evacuations that might be ordered due to events such as chemical spills.

The following is general information and should be used as a minimum guide to follow in the development of plans specific to each program site.

A weather disaster or other crisis may move rapidly from “watch” to “warning” to actual impact. For this reason, staff should initiate preparedness activities at the earliest possible time.

St. Petersburg Free Clinic is not an emergency shelter. It is expected that our programs may be in demand during a hurricane warning period. However, the main work of St. Petersburg Free Clinic is anticipated to be after a storm when people are dealing with the consequences of the storm (or disaster). This may mean a need for food from lack of electricity, shelter from loss of homes, household goods and clothing from loss due to flooding, or financial assistance and referral information due to losses of various kinds. St. Petersburg Free Clinic will respond as needed to the extent we are capable of doing so, only limited by our own resources.

Our resources are for those in need and will be used as needed by our own programs and others who request help.

Authority

Emergency events do not always require the same level of response and are dictated by the severity of the event and its effect on the health and safety of individuals. Events will be evaluated by an Assessment Team in consultation with the Chief Executive Officer, as appropriate. Only the Chief Executive Officer or designee has the authority to declare an emergency and activate this Emergency Response Plan.

Emergency Operations Center

The coordination of emergency responses will be through the administrative office of St. Petersburg Free Clinic. The Chief Executive Officer, Director of Communications and Executive Assistant to the Chief Executive Officer will coordinate the Emergency Operation Center. In the event the facility is damaged, staff will be notified of the location of the temporary emergency operation center.

Roles, Responsibilities and Resources

Assessment Team:

These individuals are typically the first to respond to an incident. They will assess the severity and level of the emergency and communicate immediately with the Chief Executive Officer and others as appropriate.

Public Information and Communications

It is essential to present accurate information to the news media concerning an emergency situation involving our facility. In the event of an emergency involving St. Petersburg Free Clinic, the Chief Executive Officer or designees are the only authorized individuals who may speak with the media on behalf of the agency. Any requests for information from the media will be directed to the Director of Communications. The Communications Officer will provide public relations and crisis communications counsel to executive decision making. The Communications Officer will be responsible for telephone and voicemail service, email and network services during an emergency.

Recovery Operations

When emergency conditions have been stabilized and control has been returned to St. Petersburg Free Clinic by external emergency responders, recovery operations will be initiated. Appropriate announcements of the resumption of services will be issued by the Communications Officer. If any facilities have been affected, an inspection will be conducted by the Inspection Team, in consultation with the Chief Executive Officer. Repairs, where necessary, will begin as soon as legally permitted but not before the Inspection Team agrees that such repairs will not interfere with the gathering of pertinent information.

Situational Counseling

Recognizing that traumatic events often produce short and long-term psychological concerns, short term/situational counseling will be available to staff, volunteers and program residents who desire such intervention to the extent possible under the prevailing circumstances.

Emergency Alerting Procedures

Notification for small, area-specific incidents:

Incidents such as individual medical emergencies generally will not require the notification of the entire facility.

Notification of Serious or Facility-wide Emergency Situation:

Facility-wide emergency situations include incidents such as violence, fire or an explosion, which require that all of the facility be notified.

For the main building, the primary means of notification is by telephone; lift the handset and touch the PAGE button to send a page through the speakers of all the telephones on the system. This is a one-way communication allowing only the pager to be heard. The message should state the type of emergency, the location of the emergency, and a request either to (1) calmly evacuate the building through the nearest safe exit (staff are responsible for assisting visitors to safety, without jeopardizing their own well-being), or (2) calmly move to a designated safe area inside the building (lockdown).

The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) has adopted the use of the following codes to alert staff of specific emergencies. Our organization has also adopted their use.

CODE RED: fire CODE BLACK: bomb threat
CODE GRAY: out of control (hostile) intruder

Bomb Threats (see Appendix IX)

If you receive a telephone call from an individual reporting a bomb threat, please be familiar with the questions you might ask (see Appendix IX). Also, the sheet of questions will be posted near the main phone intake positions.

Immediately following the completion of the call, notify 911 then the Executive Director. The Executive Director or designee will activate the Emergency Response Plan, which includes evacuating the building.

Power Outages

Assist visitors as necessary. Use flashlights where available. DO NOT use candles or other types of flame or heat-producing devices for illumination.

Disaster Preparedness

Disaster preparedness supplies should be inventoried semi-annually at the beginning (6/1) and end (11/30) of hurricane season. Items should be replaced and updated as necessary. See Appendix VI for suggested supplies.

Each spring and again at warning level of a storm, Program Directors should check the outside grounds of their programs for maintenance needs such as trees that need trimming, items that need to be stored away, garbage that needs to be hauled away, and other items that need to be secured safely.

Program Directors will schedule a time during a program staff meeting to review procedures for each individual program. This will be done at least once a year.

Each Program Director will supplement their usual referral information with written and available information concerning contacts for disaster references, such as Red Cross numbers, listing of shelters, hospital numbers, police and fire department numbers.

Each Program Director will have a list of volunteers who may be available (depending on their own situations) to come in to help following a storm when an extra demand on services might exist.

Pandemic Flu

Pandemic flu occurs in 3 week waves. Staff members should stay home if they feel the least bit ill. The goal is to contain and quarantine the virus. Staff and volunteers in Free Clinic Health Center should wear tight fitting air masks for their own protection. Following proper health & hygiene procedures, such as washing hands frequently, not sharing food or drink, and avoiding contact with your own and other individuals' body fluids and mucous membranes will offer the best degree of protection. See also Appendix XII.

Hazardous Materials

Hazardous materials are commonly found in cupboards, cleaning sheds and garages. Some are familiar to us and may become deadly in combination with other chemicals.

Product label translation (source: environmentalchemistry.com):

Poison: can injure or kill if absorbed through the skin, ingested or inhaled.

Toxic: can cause injury or death if swallowed, inhaled, or absorbed through the skin.

Irritant: causes soreness or swelling of skin, eyes, mucous membranes, or respiratory system.

Flammable: easily catches fire and tends to burn rapidly.

Flammable Liquid: has a flash point below 140°F (100°F for US DOT purposes).

Combustible Liquid: has a flash point from 140°F (100°F for US DOT purposes) to 200°F

Corrosive: a chemical or its vapors that can cause a material or living tissue to be destroyed.

In the event of a spill, block access to the spill to keep others away. Do not touch the substance and take care not to inhale any fumes.

Evacuation and Closings

1. None of the buildings used for St. Petersburg Free Clinic programs are within flood evacuation zones. Therefore, it is not expected that programs in our buildings will cease due to evacuation orders.
2. Safety of employees, clients, and volunteers are the top priority. Discretion will be used in closing programs as to severity of conditions, anticipated conditions, and timing of severe conditions. The Executive Director will make the decision with Directors of programs. In his/her absence or lack of ability to communicate, the Director of each program will make that decision for each individual program. In the case of program closures, employees of that program may be asked to assist elsewhere within the organization. Pay for extended closures of the organization will be at the discretion of the Board of Directors.
3. Employees are asked to consider their own safety in regard to their homes, families, travel conditions and their ability to be helpful to the public on the job. Employees are asked to communicate with their directors if they are not reporting to work and their director has not informed them that the program will be closed.
4. The Men's Residence, Women's Residence and Family Residence are not official hurricane shelter sites. Program Directors will decide whether to close the shelters and provide transportation to a designated secure site. Generally, because our residences are not in evacuation zones, our residents will shelter in place.
5. A phone tree will be used when necessary to provide information to all employees. It is the responsibility of each employee to see that administration has the most current telephone information.
6. Questions from the press will be handled by the Communications Officer or Chief Executive Officer.
7. In the event staff, volunteers and visitors evacuate the main building due to an emergency, everyone will meet at the corner of Dr. M.L. King Street and 3rd Avenue North. Directors must account for their staff and volunteers, and the Chief Executive Officer or designee must account for the Directors. Visitors will be accounted for by appropriate staff. In the event anyone is missing, the Missing Person Worksheet (Appendix VIII) will be completed and given to the Executive Assistant to the Chief Executive Officer. The designated gathering location for the Women's Residence is in front of the empty lot next door to 812 4th Avenue North. The designated gathering location for The Men's Residence is in back of the building, outside the gate, in the alley. The designated gathering location for the Family Residence is going to be on the corner of 4th street and 11th avenue south, on the south east corner in the empty lot across from the shelter.

Fire Evacuation

If the fire is small and able to be contained, use fire extinguishers. If the fire is large and cannot be controlled, dial 911. The procedure for evacuation in case of fire is similar to general evacuation but with special considerations.

Page all phones to alert coworkers (CODE RED) of evacuation. Press the PAGE button to send a page through the speakers of all the telephones on the system. This is a one-way communication allowing only the pager to be heard. The message should state the location of the fire and a request to calmly evacuate the building through the nearest safe exit (staff are responsible for assisting visitors to safety, without jeopardizing their own well-being).

Dial 911.

Lead staff, volunteers and clients safely out of the building.

Close doors after going through them to slow the fire.

Use stairs when evacuating. DO NOT use the elevator.

Stay low to the ground and cover mouth if possible.

Move quickly to the assembly point and check in with the team leader.

If trapped in the building: Use a wet cloth to seal the bottom of the door against smoke. Stay low and cover your mouth and nose with a wet cloth. Attempt to signal for help by waving an object in the window. DO NOT break the window—fire and smoke will enter from the outside.

When the building is evacuated, everyone will meet at the corner of Dr. Martin Luther King Jr. Street North and 3rd Avenue North. Directors must account for their staff and volunteers, and the Executive Director or designee must account for the Directors. Visitors will be accounted for by appropriate staff. In the event anyone is missing, the Missing Person Worksheet (Appendix VIII) will be completed and given to the Administrative Assistant to the Executive Director.

In case of fire or smoke, remember RACE

Rescue patients, clients, visitors

Activate alarms

Contain smoke or fire (close all doors and windows)

Extinguish the fire only if safe to do so

Recovery of Operations

Documentation of emergency activities is of critical importance following the emergency situation. All records and forms used during the incident to document activities must be retained for future reference. All forms and records must be submitted to the Executive Assistant to the Chief Executive Officer. These will be used for several purposes, such as incident investigation, insurance claims, and potential legal actions.

In general, local governmental authorities will conduct investigations related to fires and explosions. For large incidents, especially those involving loss of life, local, state and federal authorities will generally be involved in conducting the investigation.

Damage Assessment

Following the incident, an assessment of damage that has occurred to properties and equipment must be conducted. The major goal of this assessment will be to determine the extent of the damage to facilities, safety hazards resulting from the incident, and repairs that must be initiated to minimize further damage and restore the facility for operational use.

Incident Debriefing

The purpose of incident debriefing is to inform personnel about any hazards that may still remain on the facility property following the incident and to identify unsafe conditions that may still exist. Some employees may be impacted by the events surrounding the incident, especially those involving injuries or loss of life. It may be necessary to provide critical-incident stress debriefing sessions following such incidents. The Chief Executive Officer will make arrangements for counseling services as needed following an emergency situation.

Critique

The critique of the incident is a review of what actions took place during the incident, both good and bad. A critique is not designed to place blame, but rather to allow for the flow of ideas and recommendations to improve the emergency action plan and the facility policies and procedures.

It is expected programs will resume operating as soon as possible after an emergency. The Chief Executive Officer and Program Directors will conduct damage assessments, debrief the incident and critique the incident in order to facilitate the resumption of operations.

Appendix I Terms and Definitions

Coastal Flood Warning: A warning that significant wind-forced flooding is imminent along low-lying coastal areas.

Coastal Flood Watch: An alert that wind-forced flooding is expected along low-lying coastal areas.

Emergency Operations Center (EOC): The county or municipal facility that provides coordination and control of all emergency response and recovery activities.

Evacuation Order: The most important instruction you will receive from local government officials, relayed over local radio and television stations. Once issued, an evacuation order is mandatory under law in the state of Florida.

Federal Emergency Management Agency (FEMA): The agency that assists local governments and citizens in recovering from a disaster, only upon the direction of the President of the United States.

Flood Warning: Heavy rains are expected to cause flooding (minor, moderate or major).

Hurricane Warning: Hurricane conditions are expected in the specified area of the warning, usually within 24 hours. Complete all storm preparations as soon as possible.

Hurricane Watch: Hurricane conditions are possible in the specified area of the watch, usually within 36 hours. During a hurricane watch, be prepared to take immediate action to protect your family and property in case a hurricane warning is issued.

National Oceanic Atmospheric Administration (NOAA): NOAA provides continuous broadcast of weather conditions in the Tampa Bay Area on a frequency of 162.550 MHz.

Tropical Storm Warning: Tropical storm conditions, with winds ranging from 39-73 mph, are expected in specific coastal areas within 24 hours.

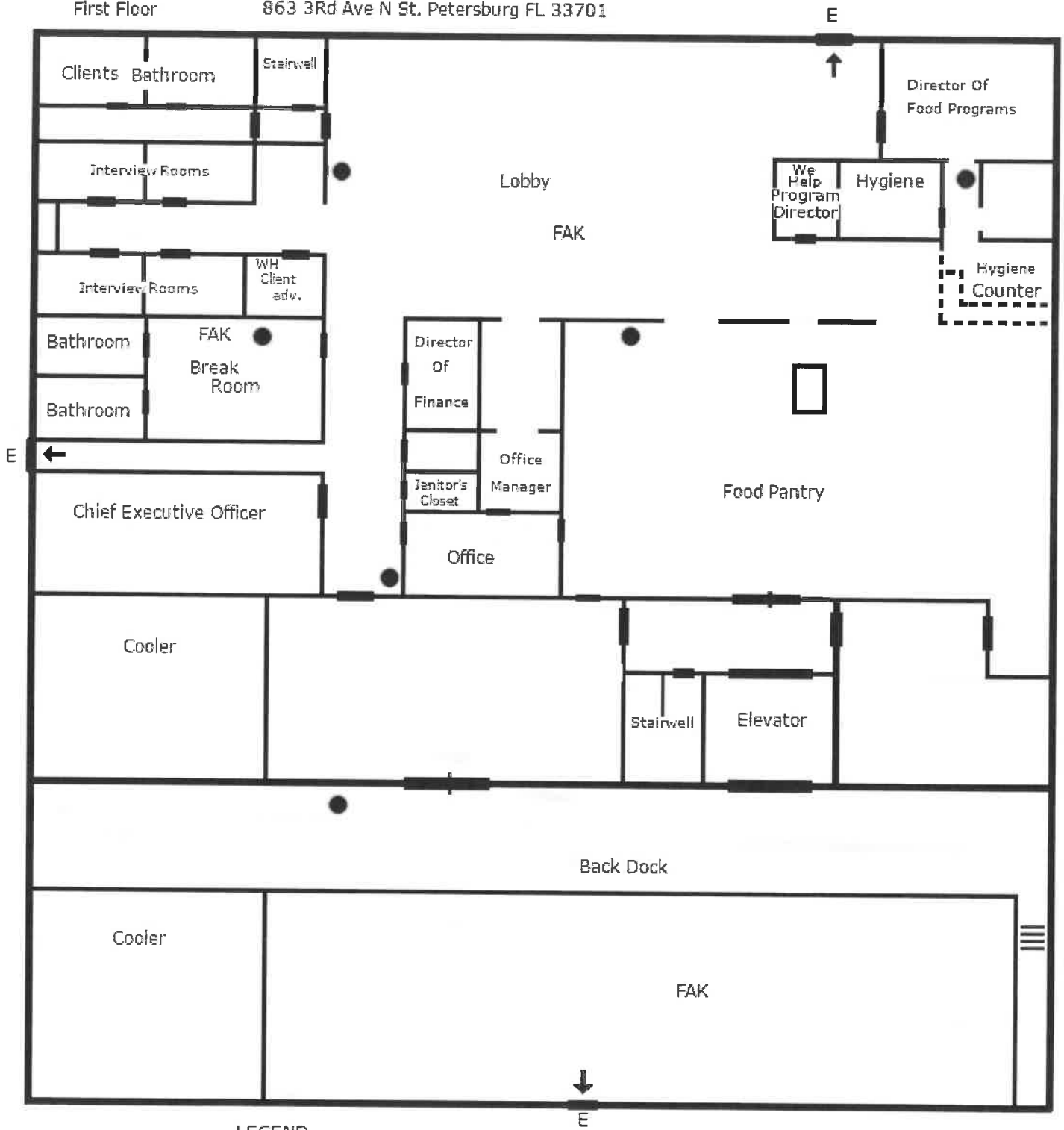
Tropical Storm Watch: Tropical storm conditions pose a threat to coastal areas, generally within 36 hours.

Appendix II Emergency Checklist for Directors

- _____ Have an up-to-date list of my staff members along with their addresses, phone numbers, cell phone numbers at both my office and my home.
- _____ Have met and discussed with my staff the procedures for emergencies. We have discussed improvements to our plan and answered questions of all staff members.
- _____ My group understands the notification process.
- _____ My group understands where to go to be in the safest part of our building.
- _____ My first-aid kit is current. (see list)
- _____ I have sufficient water.
- _____ I have sanitation supplies on hand. (see list)
- _____ I have tools and supplies on hand. (see list)
- _____ I have surveyed the outside area of my program and am alert to problems that could arise around us. (for example where wires may be downed or trees might fall)
- _____ I know how I will secure equipment or supplies within my program to effectively protect them.
- _____ I have a plan for protection of records crucial to my program.
- _____ I have a backup of computer records stored in an off-site location.
- _____ A person has been designated (that may be yourself or another) to see that electric items have been disconnected and that property (such as computers, equipment, etc.) is protected.
- _____ Energy needs have been considered as applies to particular programs--- such as cell phones have been charged, trucks have been fueled, petty cash is available

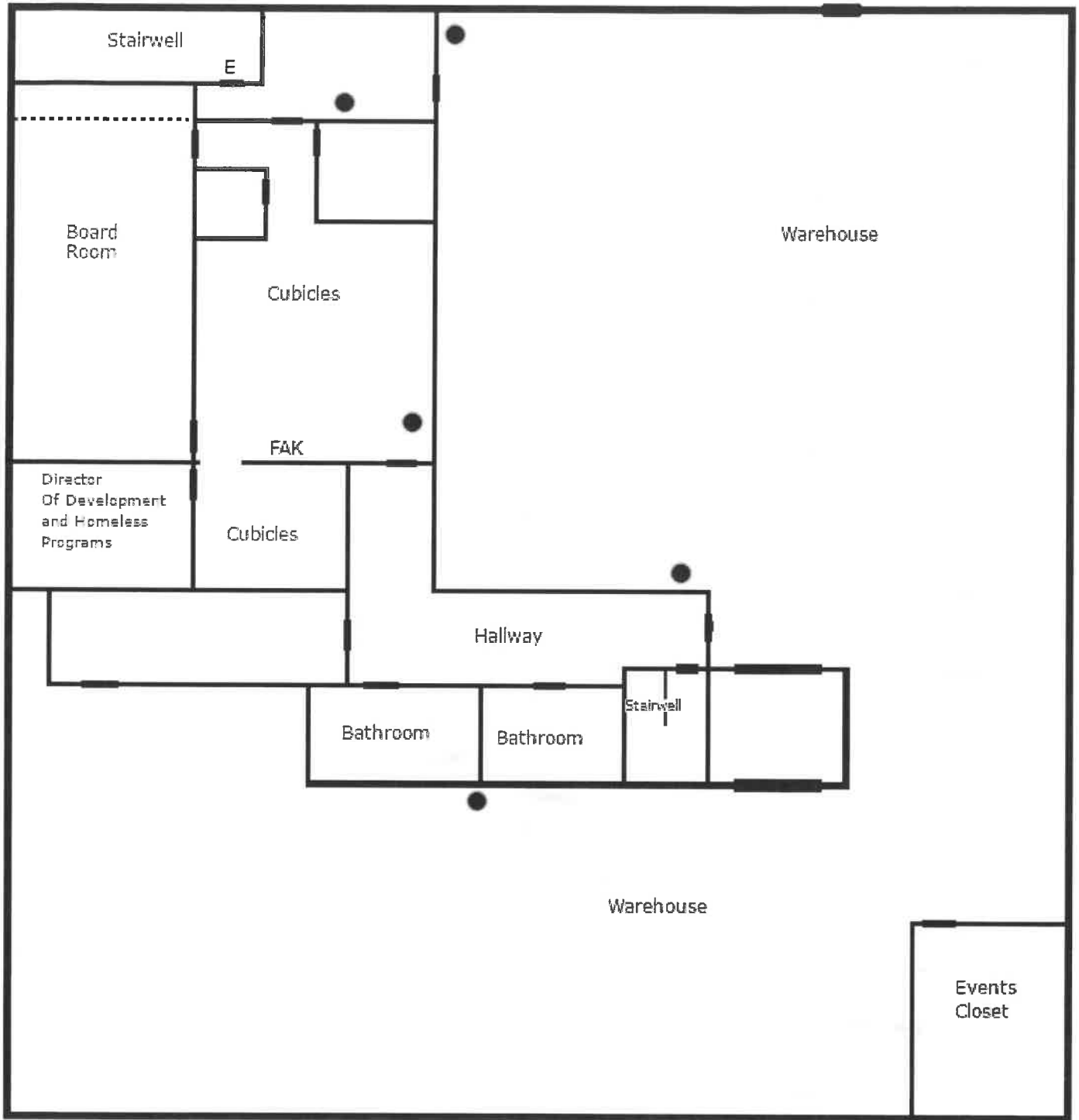
First Floor

863 3Rd Ave N St. Petersburg FL 33701



LEGEND

- E=Exit
- W= Water Main Valve
- = Fire Extinguisher
- FAK = First Aid Kit

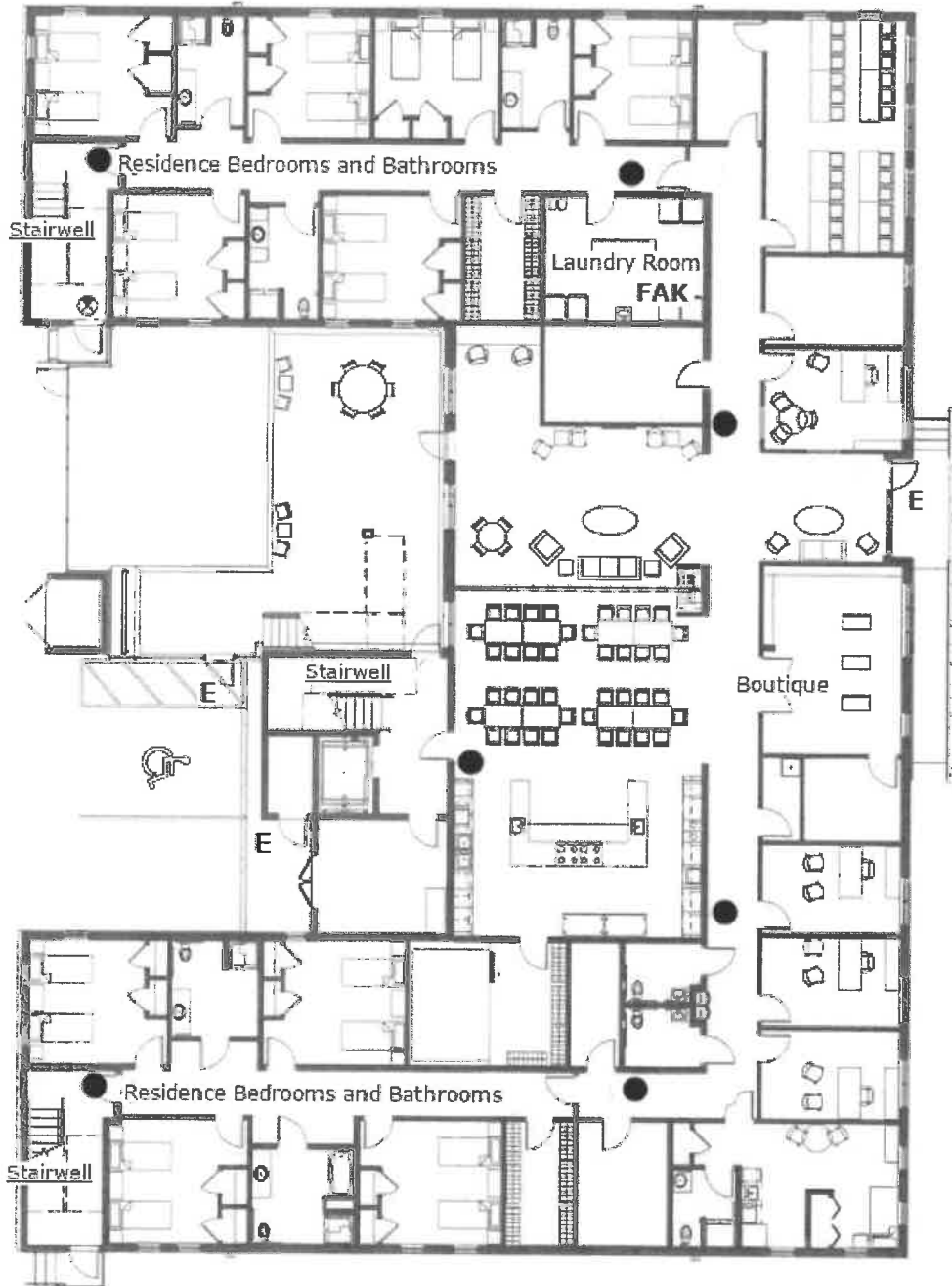


LEGEND

FAK= First Aid Kit ● = Fire Extinguisher E=Exit

Baldwin Women's Residence - 814 4th Ave N. St. Petersburg FL 3370

First Floor

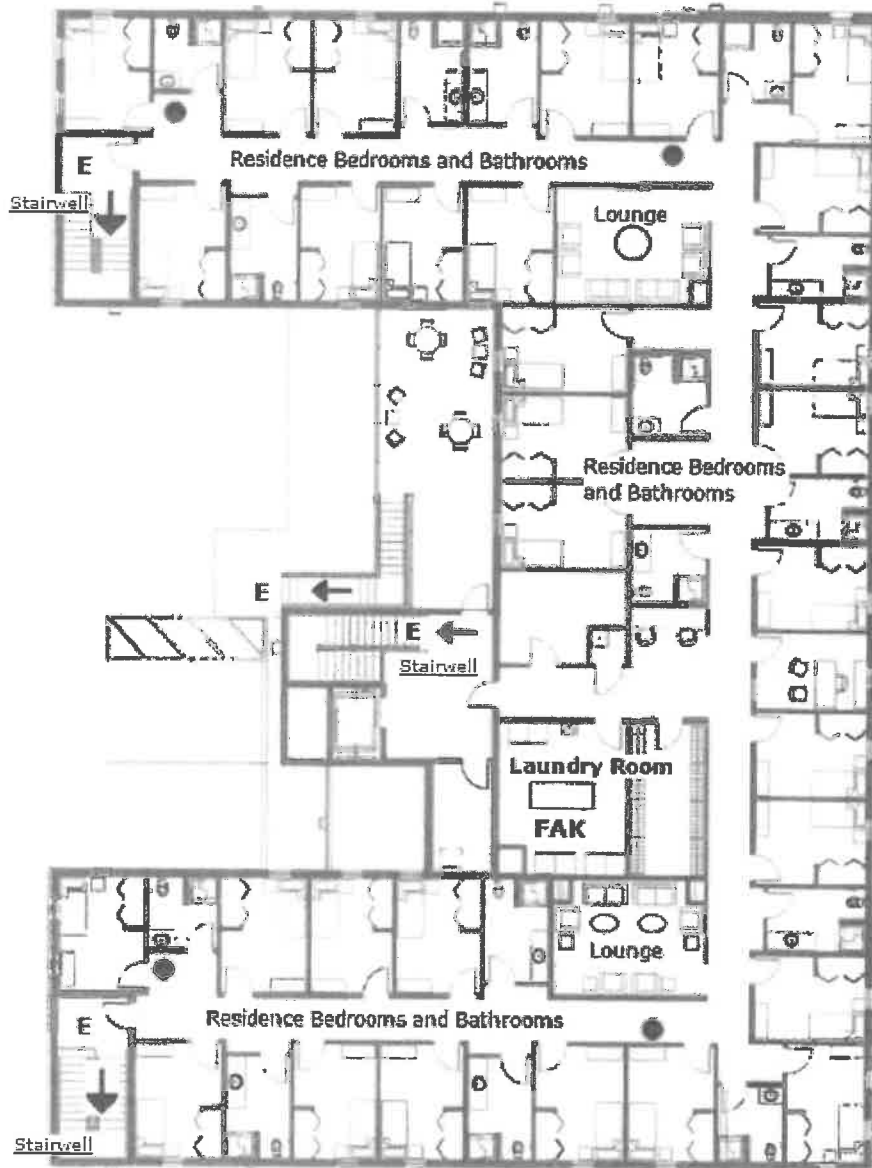


Legend

- E = Exit
- FAK = First Aid Kit
- = Fire Extinguisher

Baldwin Women's Residence - 814 4th Ave N. Petersburg FL 3370

Second Floor



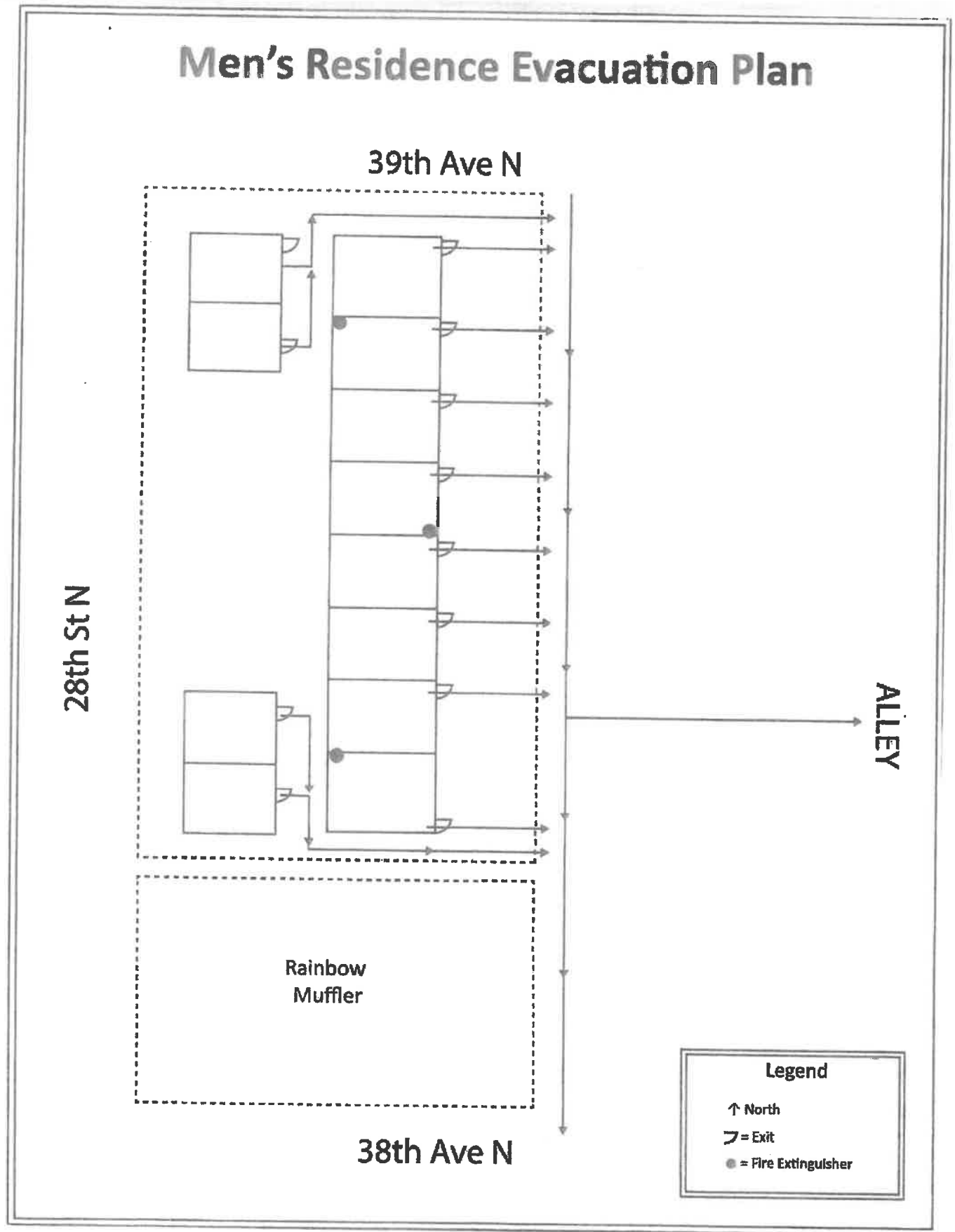
Legend

● = Fire Extinguisher

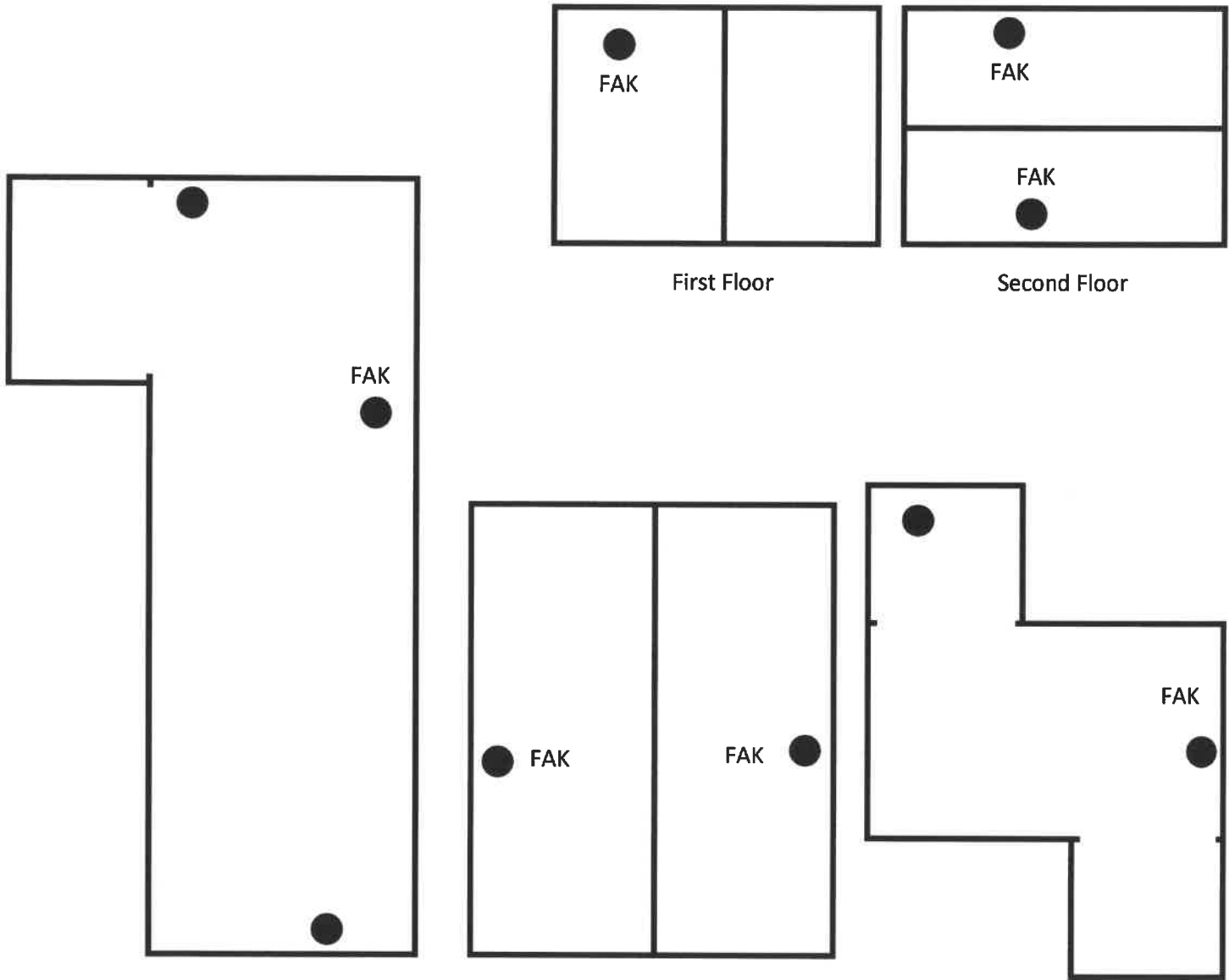
FAK = First Aid Kit

E = Exit

Men's Residence Evacuation Plan



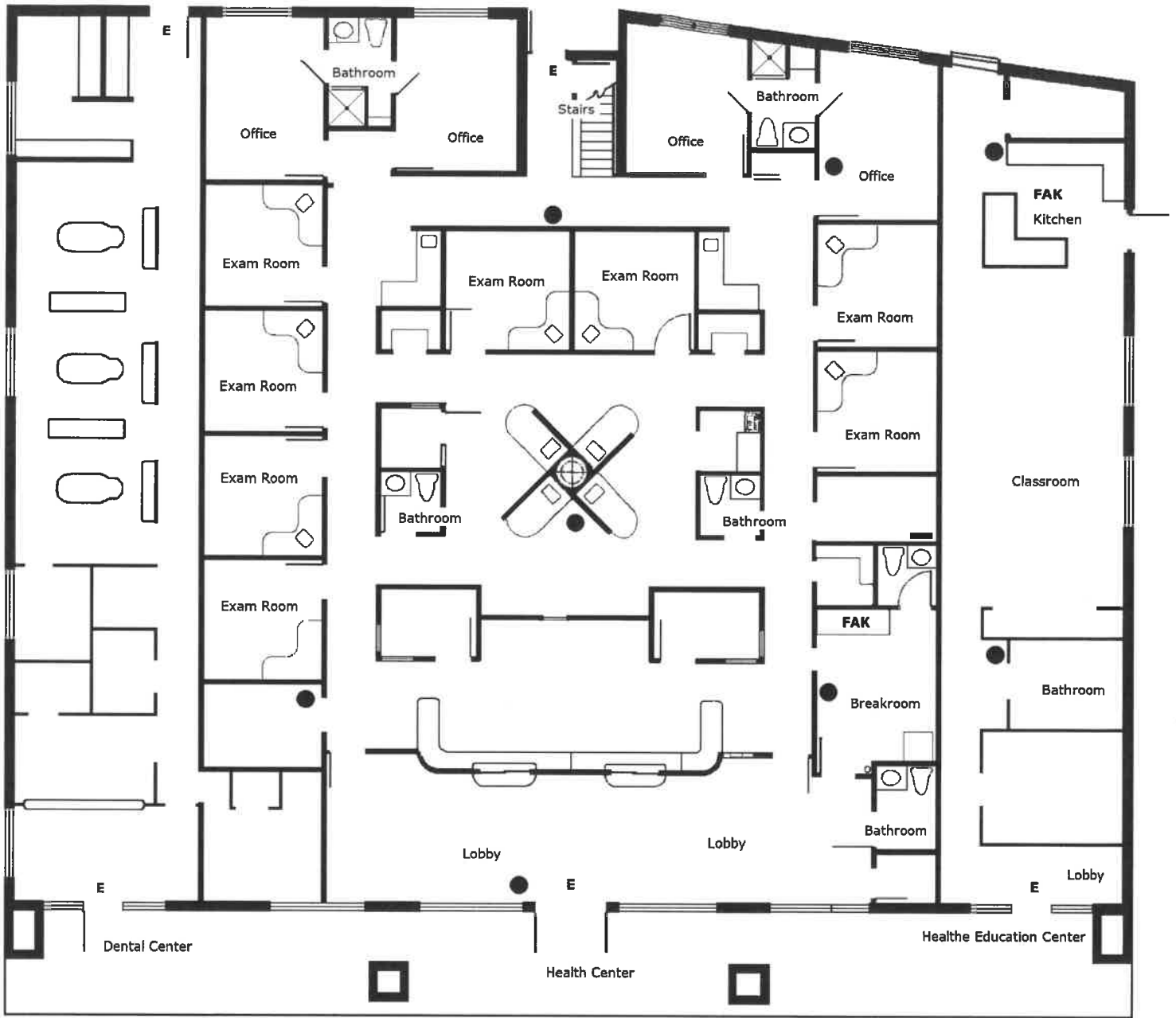
Appendix VI
Location of Exits, Utility Cut-Offs, First Aid Kits
431 11th Avenue South - Free Clinic Family Residence



Legend

- = Fire Extinguisher
- FAK = First Aid Kit

Health Center 5501 4Th St. N



Legend E = Exit FAK = First Aid Kit ● = Fire Extinguisher

Appendix VIII Tools & Supplies

First Aid

Make certain the regular first aid kit is completely stocked. Add items such as sunscreen, aspirin or Tylenol, anti-diarrhea medication and antacid.

Water

Store water in plastic containers, pitchers, soft drink bottles, and other containers that can be sealed. Water is needed for drinking, food preparation and sanitation. It is recommended that one gallon of water per person per day be available. Have one week's supply on hand.

Food and Food Supplies

Store at least a 3-day supply for each person. Foods should not require refrigeration and little or no preparation. Suggested items include ready to eat canned meats, fruits and vegetables, peanut butter and jelly, canned soup, milk and juice. Snack foods and dry goods such as cereal, crackers, granola bars, cookies, instant coffee and tea.

Make sure that paper cups, plates and plastic utensils are available. Also have a non-electric can opener, sterno and matches are included in emergency supplies.

Sanitation Supplies

- Extra toilet paper
- Paper plates, paper towels
- Insect repellent
- Soap and liquid detergent
- Chlorine bleach
- Disinfectant
- Garbage bags and ties
- Plastic buckets with tight lids
- Feminine hygiene supplies

Tools and Supplies

- Annual emergency preparedness guide with instructions, maps and emergency telephone numbers
- An updated list of telephone numbers for Free Clinic supervisors
- Battery operated radio and extra batteries
- Flashlights and extra batteries
- Pliers, hammer & nails, wrench, saw
- Garbage Cans
- Masking or duct tape
- Matches and candles
- Plastic sheeting or visqueen
- Rope
- Shovels and heavy gloves
- Blankets

Appendix IX Other Resources

211 & United Way will set up a large scale Volunteer Reception Center

www.co.pinellas.fl.us/BCC/hurrprep.htm

www.pinellascounty.org/emergency

<http://pubgis.co.pinellas.fl.us>

Tampa Bay Chapter of the American Red Cross: www.redcross.tbc.org

American Red Cross: www.redcross.org

Federal Emergency Management Agency: www.fema.gov

The Weather Channel: www.weather.com/safeside

http://www.jwbpinellas.org/home_disasterplan.htm

Pinellas County Emergency Management: 727-464-3800

To find your evacuation level: 727-453-3150

To receive text emergency information on your cell phone: 888-689-8905

To register for special needs transportation: 727-464-3800

_IRS: www.irs.gov or 877-829-5500 to get replacement copies of Form 1023 and 501c Determination Letter

U.S. Department of Homeland Security: www.ready.gov

United States Small Business Administration Disaster Recovery Information: www.sba.gov/disaster_recov/index.html

http://www.pinellashomeless.org/ez375/index.php?/ph/disaster_plan

Poison Control Number: 800-222-1222

To check your flood zone go to: <http://gis.pinellascounty.org/knowyourzone/Default.aspx>

Appendix X Missing Person Worksheet

Missing Person: _____

Employee

Volunteer

Visitor

Last Seen:

Building or Location: _____

Time: _____ By Whom: _____

Activities being taken to locate person: _____

**Appendix XII
Emergency Action Plan
Evacuation Exercise Evaluation Form**

Facility: _____

Date of drill: ____/____/____

Time of drill: _____

Type of drill conducted:

- Fire
- Severe Weather
- Medical Emergency
- Chemical Release
- Bomb Threat
- Power Failure

Length of time required to complete all exercise activities: _____

List any problems encountered during the drill: _____

List any recommendations for improvement to the plan: _____

Signature of exercise evaluator _____

Send copy of completed form to Communications Office

**St. Petersburg Free Clinic
Disaster Preparedness
Notes from Mike to staff and volunteers
August 30, 2019**

Reminders about Hurricane or other Disaster plans:

The St. Petersburg Free Clinic Administration Building, We Help Services, Jared S. Hechtkopf Community Food Bank, Virginia & David Baldwin Women's Residence, and Men's Residence are not within evacuation zones. Therefore, it is not expected these programs will cease due to evacuation orders. However, any program may be closed due to dangers for employees, volunteers and clients traveling to and from these locations or due to damage/power outages from a disaster. The Health Center and Family Residence will adhere to any mandated evacuation order.

Your safety and that of clients is our top concern. Discretion will be used in closing programs and will be based upon the severity of the conditions or anticipated conditions and the timing of that information. Because the direction and severity of a storm are often not fully known in advance, the decision to be opened or closed will usually be made only shortly before a storm hits our area. The Chief Executive Officer, with the Directors of each program, will make that determination and notify staff and as many volunteers as possible. *If you are a volunteer and have questions as to whether your program is open, call Jennifer Silva at 821-1200 ext. 114 (office) 727-254-9101 or your program director.*

Each of you must consider the safety of yourselves, your family, your home, and travel conditions. Please notify the director of your program if you will not be present.

Clients in the Virginia & David Baldwin Women's Residence and the Men's Residence are to remain at their residence unless an evacuation order has been announced by the City of St. Petersburg. At that time, clients need to decide for themselves whether to seek shelter in a designated hurricane shelter or stay at their own risk in the St. Petersburg Free Clinic residential location. The residents will be informed that the choice is theirs to make. If the resident chooses to evacuate without a mandated evacuation announcement by the City of St. Petersburg, they are choosing to exit the program and will not be allowed to return. Clients in the Family Residence need to decide for themselves whether to seek shelter in a designated hurricane shelter or stay at their own risk in the St. Petersburg Free Clinic Family Residence, whether there is a mandated evacuation order or not. The residents will be informed that the choice is theirs to make.

In the case of a severe storm, it is in the aftermath of the storm that we imagine our services and your assistance will be most needed. We will make every effort to respond as well as we can and to work with other organizations to address the needs.

Each program should check to see that there is an assembled "hurricane kit" including water, first aid, tools, and sanitation supplies. Each program will review its own plans.

What you can do now: Please be sure your Program Director has your most up-to-date address and phone numbers and that you have the number of the Director. A copy of the company phone tree is attached. Make your own safety arrangements and consider your own role in your program's preparedness.

In the case of a hurricane that leaves much of our area damaged, it is expected many will look to us for services. We will reopen our own services as quickly as possible depending on damage, electricity, and staffing. It is vital that to the degree possible you remain in communication with us.

Wishing you a safe and "prepared" hurricane season may the winds blow favorably for all.

Appendix XII



Home Care for Pandemic Flu

What is Pandemic Flu?

A “pandemic” is a disease that spreads all over the world and affects a large number of people. If you are caring for a loved one during a pandemic, it’s important to take steps to protect yourself and others. Always follow the most current advice of the U.S. Department of Health and Human Services and your local health department.

Prevent the Spread of Pandemic Flu

These healthy habits will help keep you and others from getting and passing on the virus.

- ▶ Clean your hands often with soap and water or alcohol-based hand sanitizer.
- ▶ Cover your mouth and nose with a tissue when you cough or sneeze and clean your hands afterward. Put used tissues in a wastebasket.
- ▶ Cough or sneeze into your upper sleeve if you don’t have a tissue.
- ▶ Keep your hands away from your eyes, nose and mouth to prevent germs from entering your body.

Also, a person with signs of the flu should:

- ▶ Stay home from work, school and errands and avoid contact with others.
- ▶ Consider wearing a surgical mask when around others. There may be benefits.

When a Household Member Is Sick

The flu virus is spread when contaminated droplets exit the mouth and nose of an infected person and the virus comes in contact with others. So, follow these tips to protect yourself and others in your home:

- ▶ Keep everyone’s personal items separate. All household members should avoid sharing computers, pens, papers, clothes, towels, sheets, blankets, food or eating utensils.
- ▶ Disinfect door knobs, switches, handles, toys and other surfaces that are commonly touched around the home or workplace.

Disinfectant:
1 gallon water
¼ cup bleach
Mix up a fresh batch every time you use it.

- ▶ It is okay to wash everyone’s dishes and clothes together. Use detergent and very hot water. Wash your hands after handling dirty laundry.
- ▶ Wear disposable gloves when in contact with or cleaning up body fluids.
- ▶ One person should be the caregiver. He or she may benefit by wearing a mask when giving care.

Practice Hand Hygiene

Caregivers should always wash their hands before providing care. Afterward, wash again and apply alcohol-based hand sanitizer as well. Follow these steps for proper hand hygiene:

1. Wet hands with warm, running water and apply liquid soap.
2. Rub hands vigorously for at least 15 seconds, covering all surfaces and fingers.
3. Scrub nails by rubbing them against the palms of your hands.
4. Rinse your hands with water.
5. Dry your hands thoroughly with a paper towel and use it to turn off the faucet. A shared towel will spread germs.

Recognize Pandemic Flu Symptoms

Watch for these symptoms:

- ▶ Fever
- ▶ Cough
- ▶ Runny nose
- ▶ Muscle pain

Call your health-care professional at the first sign of the flu. Many symptoms can be treated by the health-care professional over the telephone.

Care for a Loved One with the Flu

A person recovering from flu should have:

- ▶ Rest and plenty of liquids
- ▶ No alcohol or tobacco
- ▶ Medications to relieve flu symptoms

In some cases, a health-care professional may prescribe antiviral drugs to treat the flu. Antibiotics (like penicillin) don’t cure it.



Monitor Pandemic Flu Symptoms

Keep a care log. Write down the date, time, fever, symptoms, medicines given and dosage. Make a new entry at least every 4 hours or when the symptoms change. Call your healthcare professional again if your loved one has:

- A high fever
 - Children and Adults:
Greater than 105°F (40.5°C)
 - Babies 3- to 24-months-old:
103°F (39.4°C) or higher.
 - Babies up to 3 months:
Rectal temperature of 100.4°F (38°C) or higher.
- Shaking chills
- Coughing that produces thick mucus
- Dehydration (feeling of dry mouth or excessive thirst)
- Worsening of an existing serious medical condition (for example: heart or lung disease, diabetes, HIV, cancer)

If you cannot reach your health-care professional, call 9-1-1 or local emergency number for any of the signs below:

- Irritability and/or confusion
- Difficult breathing or chest pain with each breath
- Bluish skin
- Stiff neck
- Inability to move an arm or leg
- First-time seizure

Prevent Dehydration

Dehydration occurs when the body loses too much water and it's not replaced quickly enough. It can be serious. Begin giving soothing drinks at the first signs of the flu and follow these tips:

- In addition to plenty of liquids, give ice and light, easily digested foods, such as soup and broth.

If your loved one has diarrhea or vomiting, give fluids that contain electrolytes. These are available at your pharmacy or grocery store. Or you can make your own rehydration electrolyte drink for someone over the age of 12.

Electrolyte Drink:
1 quart water
½ tsp. baking soda
½ tsp. table salt
3 to 4 tbsp. sugar
¼ tsp. salt substitute
Mix well and flavor with lemon juice or sugar-free Kool-Aid

- If drinking liquids makes nausea worse, give one sip at a time until your loved one can drink again.

Reduce Fever

To help reduce a fever, do the following:

- Give plenty of fluids.
- Give fever-reducing medication, such as acetaminophen, aspirin or ibuprofen, as directed on the container's label. Do not give aspirin to anyone younger than 20.
- Keep a record of your loved one's temperature in your care log.
- To relieve discomfort, give a sponge bath with lukewarm water.

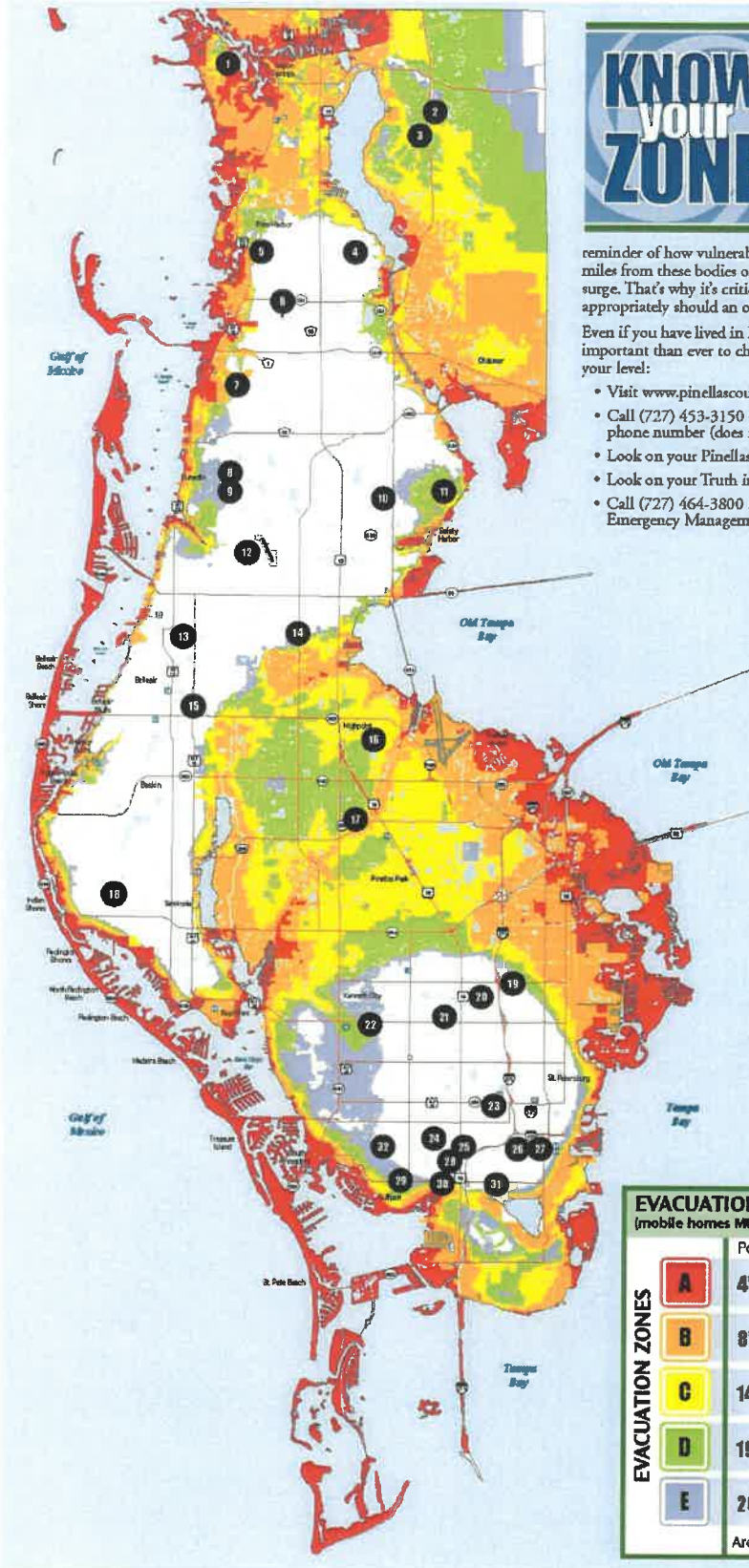
After you have called your doctor or emergency number for a fever, continue to follow the home treatment recommendations above. If there is a delay in getting help, ask a health-care professional if you should start an additional dose of an alternate fever-reducing medication (acetaminophen, ibuprofen or aspirin) between the doses described on the label. Always continue to give plenty of fluids.

Prepare for a Flu Pandemic

Make a plan now for a flu pandemic. Figure out what you will do if members of your household have to stay home from work or school or stay separated from others for a period of time. Keep extra supplies of food, water, medications and your disaster supply kit on hand.

Pandemic Flu Caregiving Supplies:

- Thermometer
- Soap
- Box of disposable gloves
- Acetaminophen
- Ibuprophen
- Bleach
- Alcohol-based hand sanitizer
- Paper towels
- Tissues
- Surgical masks (one for each person)
- Sugar, baking soda, salt, salt substitute



KNOW YOUR ZONE

The deadliest hazards in a hurricane are not the high winds, heavy rains or possible tornadoes. The deadliest hazard is the storm surge—a dome of water pushed ashore by the storm's high winds. In a worst case scenario, this can mean water of 29 feet above the normal water level, causing tremendous damage and claiming a large number of victims.

While those residents who can see the gulf or the bay have a visual reminder of how vulnerable they are to the water, residents who live miles from these bodies of water can still be vulnerable to storm surge. That's why it's critical to identify your evacuation level and act appropriately should an order go into effect.

Even if you have lived in Pinellas County for a long time, it's more important than ever to check your home's evacuation level. To find your level:

- Visit www.pinellascounty.org/emergency
- Call (727) 453-3150 and enter your 10-digit home phone number (does not work for cell phone numbers)
- Look on your Pinellas County Utilities water bill
- Look on your Truth in Millage (TRIM) notice
- Call (727) 464-3800 and speak with Emergency Management staff



www.pinellascounty.org/emergency
SCAN WITH SMARTPHONE APP



EVACUATION GUIDELINES	
(mobile homes MUST always evacuate)	
Potential Surge Heights (in feet)	
A	4' to 8' Evacuate red areas and all mobile homes
B	8' to 14' Evacuate red and orange areas and all mobile homes
C	14' to 19' Evacuate red, orange and yellow areas and all mobile homes
D	19' to 26' Evacuate red, orange, yellow and green areas and all mobile homes
E	26' to 29' Evacuate red, orange, yellow, green and purple areas and all mobile homes

Areas shown in white are non-evacuation zones.

PINELLAS COUNTY EVACUATION ZONE MAP AND SHELTER LIST

Not every shelter will open for every evacuation. Please check www.pinellascounty.org/emergency or call the Citizens Information Center at (727) 464-4333 or TDD (727) 464-3075.

NORTH COUNTY	
1	Tarpon Springs Middle School 501 N. Florida Ave. • Tarpon Springs
2	Brooker Creek Elementary School 3130 Forelock Road • Tarpon Springs
3	East Lake High School 1300 Silver Eagle Drive • Tarpon Springs
4	Carwise Middle School 3301 Bentley Drive • Palm Harbor
5	Palm Harbor University High School 1900 Omaha St. • Palm Harbor
6	Palm Harbor Middle School 1800 Tampa Road • Palm Harbor
7	Dunedin Community Center 1920 Pinehurst Road • Dunedin
8	Dunedin Highland Middle School 70 Patricia Ave. • Dunedin
9	Dunedin Elementary School 900 Union St. • Dunedin
10	McMullen-Booth Elementary School 3025 Union St. • Clearwater
11	Safety Harbor Middle School 901 First Ave. N. • Safety Harbor
12	Clearwater Fundamental Middle School 1660 Palmetto St. • Clearwater
13	Ross Norton Recreation Center 1426 S. MLK Jr. Ave. • Clearwater
14	Oak Grove Middle School 1370 S. Belcher Road • Clearwater
15	Largo High School 410 Missouri Ave. • Largo
SOUTH COUNTY	
16	High Point Elementary School 5921 150th Ave. N. • Clearwater
17	Pinellas Park High School 6305 118th Ave. N. • Pinellas Park
18	Bauder Elementary School 12755 86th Ave. N. • Seminole
19	John Sexton Elementary School 1997 54th Ave. N. • St. Petersburg
20	Lealman Intermediate 4900 28th St. N. • St. Petersburg
21	New Heights Elementary School 3901 37th St. N. • St. Petersburg
22	Northside Baptist Church 6000 38th Ave. N. • St. Petersburg
23	St. Petersburg High School 2501 Fifth Ave. N. • St. Petersburg
24	Fairmount Park Elementary School 575 41st St. S. • St. Petersburg
25	Gibbs High School 850 34th St. S. • St. Petersburg
26	John Hopkins Middle School 701 16th St. S. • St. Petersburg
27	Campbell Park Elementary School 1051 Seventh Ave. S. • St. Petersburg
28	Jamerson Elementary School 1200 37th St. S. • St. Petersburg
29	Gulfport Elementary School 2014 52nd St. S. • Gulfport
30	Thurgood Marshall Middle School 3901 22nd Ave. S. • St. Petersburg
31	James Sanderlin Elementary School 2350 22nd Ave. S. • St. Petersburg
32	Boea Ciega High School 924 58th St. S. • Gulfport



FLOOD ZONES AND EVACUATION ZONES DIFFER

Flood zones and evacuation zones are different. They measure different conditions that may not occur at the same time.

Flood zones are areas mapped by FEMA for use in the National Flood Insurance Program. Each flood zone designation, represented by a letter or letters, tells homeowners exactly what the risk is for flooding at their property over a period of years, regardless of the cause. By law, all homes in high-risk zones carrying a mortgage must be covered by flood insurance.

Evacuation zones, on the other hand, are based on hurricane storm surge zones determined by the National Hurricane Center using ground elevation and the area's vulnerability to storm surge from a hurricane. The evacuation zones are marked from A through E, plus non-evacuation zones.

The flood zones and evacuation zones are determined by different methods and have different purposes. A home may be located in a non-evacuation zone, yet still be located in a flood zone because of a nearby stream or pond.

Residents must check both zones.

An important thing to remember is that flood losses are not covered by homeowners insurance policies. The National Flood Insurance Program makes federally backed flood insurance available to residents and business owners. Any flooding damage covered under the policy – whether or not a federal disaster declaration is made – will be reimbursed per the policy limits, which can include structural damage or the loss of contents.

For more information on flood zones, visit the National Flood Insurance Program at www.floodsmart.gov or call (888) CALL-FLOOD (225-5356).

For more information on evacuation levels, check the map in this guide or visit www.pinellascounty.org/emergency.

MANDATORY AND RECOMMENDED EVACUATIONS

Should a hurricane threaten the Tampa Bay area, an evacuation order may be issued. What exactly does that mean?

An evacuation order is given to get people away from the deadliest part of a hurricane – storm surge. Evacuation levels are based on elevation above ground that could be inundated by the surge driven ashore during a storm. There is one notable exception to this: all mobile homes, regardless of their elevation, must be evacuated. They are vulnerable to the high winds of a hurricane and flying debris.

There are two types of evacuations that can be ordered. The first is a recommended evacuation. In the event of the approach of a tropical storm or a hurricane crossing the state and exiting over Pinellas, the potential for storm surge may not be as great. In these cases, emergency managers may recommend that residents in mobile homes and historically flood-prone areas that frequently flood consider evacuating to higher ground and/or sturdier structures than they have available at home. This is done for the safety of those in areas known to be vulnerable.

The second type is a mandatory evacuation. Mandatory evacuations are issued when the probability of storm surge is high, and loss of life could occur if residents don't leave. These evacuations will be ordered up to a certain letter zone and will always include mobile homes. It is incredibly important that if your home is in an evacuation level, you know your level, plan for a 'stay' and 'go' option and, if your level is ordered to go, move quickly but safely outside of the evacuation area.

It is illegal to stay in a home under a mandatory evacuation order. Under Florida Statute 252.38, the local authority has the ability to take necessary steps to provide for the health and safety of people and property. Chapter 252.50 sets refusal to follow an evacuation order as a second-degree misdemeanor.

Does this mean the police will drag you out of your property? No. They will be too busy helping those who will be following the evacuation order, although they will likely ask for next of kin or an emergency contact. However, this does provide law enforcement the basis to remove anyone who is impeding the flow of an evacuation.

Remember, emergency managers are counting on you to be prepared and do the right thing to keep yourself and your family out of dangerous situations. Please know your evacuation zone and have a plan for where you will go should something happen this hurricane season.



We're on Twitter:

www.twitter.com/pinellasEM



Follow us on Facebook:

www.facebook.com/pinellascountynews



See our hurricane videos on YouTube:

www.youtube.com/pccv1

Pinellas Community Foundation
Pinellas CARES Nonprofit Partnership Fund Grant Application

Organization Name: St. Petersburg Free Clinic

Project Name: COVID Response: Food & Behavioral Health

FROM (date): 9/1/2020 TO (date): 12/31/2020

Budget Category/Line Item	Organizational Budget - Total	Pinellas CARES Grant
Personnel (<i>salaries, wages, benefits, payroll taxes, time allocation on the project for all personnel involved in program</i>)	1,226,571	107,024
Equipment (<i>computers, furniture, etc., less than \$3,000 per item</i>)		2,586
Supplies (<i>office materials, program related purchases, program necessities to deliver services, etc.</i>)	840,245	2,300,210
Occupancy (<i>property rent, mortgage, utilities, telephone, internet, etc. assigned as program expenses</i>)	234,566	55,050
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>)	11,625	
Design, Printing, Marketing & Postage (<i>for direct program related services only</i>)	57,432	
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>)	-	-
Purchased Services (<i>consultants, legal, accounting services, logistical partner costs, technology enhancements, computer software licensing/agreements</i>)	147,080	10,816
De Minimis Cost (Administration Fee, Indirect Cost, etc.)		247,569
TOTAL	2,517,519	2,723,255

Pinellas Community
Foundation PCF CARES
Application
**BUDGET NARRATIVE
FORM**

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

Organization Name: St. Petersburg Free Clinic
Project Name: COVID Response: **Food & Behavioral Health**
FROM (month/year): 9/1/2020 **TO (month/year):** 12/31/2020

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

Total Request: \$107,024- This line item includes the base salaries and hazard pay, benefits, and taxes for new personnel due to COVID, and only hazard pay, benefits, and taxes paid to all frontline COVID response personnel serving in our programs that address **food/nutrition insecurity and behavioral health.**

Food Bank Hazard Pay: \$21,099 (p.1 - 2)
**New Full-time Driver 4/Temp Driver
And Temp Warehouse Asst:** \$37,979 (p. 2 - 4)
Food Bank Job Descriptions: (p. 4 - 5)

We Help Pantry Hazard Pay: \$23,360 (p. 6)
New Position – We Help Pantry \$ 6,782 (p. 6 - 7)
We Help Food Pantry Job Descriptions (p. 8 – 11)

Residential Hazard Pay (F/T) \$12,050 (p. 12 - 13)
Residential Hazard Pay (P/T) \$ 1,233 (p.12 - 13)
Expanded Position due to COVID \$ 4,521 (p. 13)
Residential Job Descriptions (p.13 – 16)

Food Programs: Food Bank and We Help Services Hazard Pay and New COVID staff

Jared S. Hechtkopf Food Bank: 3115 44th Ave N, St. Petersburg, FL 33714

Hazard Pay for 7 Full-Time Frontline Employees, Oct-Dec (All positions are Full Time, 40 Hours per week unless otherwise noted)

- \$5/Hr Hazard Pay x 80 Hr/biweekly pay period = \$400 per pay period
- \$400 Hazard Pay per pay period + \$30.56 additional payroll tax per pay period = \$430.56
- \$430.56 x 7 pay periods = \$3,013.92 (Position totals below)

- \$3,014 x 7 FT Employees = \$21,099

Base rate of pay for hourly food bank staff is \$16-\$19 per hour (Funding not requested)

<u>Position</u>	<u>Hazard Pay Total</u>
Driver 1	\$3,014
Driver 2	\$3,014
Driver 3	\$3,014
Driver 4	\$3,014
Warehouse Asst 1	\$3,014
Warehouse Asst 2	\$3,014
Food Bank Director	\$3,014
	\$21,099

Rationale for Food Bank Staff Hazard Pay: These positions are frontline personnel with frequent public interaction. When COVID began, many programs slowed or closed due to the risk to their personnel. Our food programs never closed and have since served record numbers of individuals. Personnel has procured, stored, and distributed a record amount of food since COVID began. Food Bank Personnel have frequent public interaction – they interact with personnel at grocery stores, businesses, food drives, partner agencies, and volunteers. Because of the increased risk, these staff members experience through their direct service, hazard pay is included in the budget for this proposal.

New Positions Due to COVID: \$37,979 (1 Permanent F/T and 2 Temporary F/T)

Requesting cost for Driver 4, Full Time (Oct – Dec 2020) - (Hazard pay for Driver 4 included in calculation above)

Position Created: June 15, 2020

Hours	Hourly Rate	Oct-Dec Salary	Oct-Dec Payroll Tax	Total
40	\$17	\$9,520	\$728	
				<u>\$10,248</u>

40 Hours/Wk x \$17/Hr = \$680 per week

Bi-Weekly Pay Period = \$680 x 2 weeks = \$1,360 base salary per pay period

\$1,360 base salary + \$104 Payroll Tax + = \$1,464 per pay period

\$1,464 x 7 pay periods = \$10,248

Rationale for New Driver Position: In response to the increased demand from COVID, a new driver position was added to our Food Bank staff on June 15, 2020. The Food Bank is picking up and distributing close to 2 million pounds of food per month, which is double the amount pre-COVID. We added a fourth driver, bringing our Food Bank staff to seven. The driver assists with donation pickups, food deliveries, warehouse duties, and distribution. Essential functions of the job include:

- Pick up and deliver products to the Food Bank or to other designated agencies, vendors, or donors in a safe and productive manner.
- Unload, sort, store, pack, and distribute food and other donations.

- Ensure all food and non-food items are handled, stored, and distributed in a safe and sanitary manner. Follow and maintain all health and sanitation codes.
- Maintain accurate delivery and pick-up receipts.
- Maintain good relationships with vendors, donors, and agencies.
- Supervise and instruct assigned volunteers.
- Maintain vehicle cleanliness and safety.
- Assist in daily set up of warehouse.
- Assist with USDA distribution, distribution to partner agencies, and in-house programs.
- Perform routine care and maintenance of building, grounds, and vehicles. Assist with trash pickup and removal. Keep grounds functional, presentable, and clean.
- Assist with food drives or special events, as needed.

Changes in Essential Functions Due to COVID:

- Drivers are now making more pickups and deliveries and distributing more food. In July, our Food Bank averaged receiving and distributing 85,000 pounds per day, compared with 73,000 per day in July of last year. Depending on the day, drivers may drive 5-7 hours per day, and spend time loading, unloading, and assisting with distribution the remainder of the day.

Requesting cost for Temp Driver 1, Full Time – New due to COVID – *(Temporary position hired at higher than normal hourly rate due to COVID. No separate Hazard Pay requested).*

Oct-Dec				
Hours	Hourly Rate	Oct-Dec Salary	Oct-Dec Payroll Tax	Total
40	\$23	\$12,880	\$985	<u>\$13,865</u>

Requesting cost for Temp Warehouse Assistant 1, Full Time – New due to COVID - *(Temporary position hired at higher than normal hourly rate due to COVID. No separate Hazard Pay requested).*

Oct-Dec				
Hours	Hourly Rate	Oct-Dec Salary	Oct-Dec Payroll Tax	Total
40	\$23	\$12,880	\$985	<u>\$13,865</u>

40 Hours/Wk x \$23/Hr = \$920 per week
 Bi-Weekly Pay Period = \$680 x 2 weeks = \$1,840 base salary per pay period
 \$1,840 base salary + \$140.71 Payroll Tax + = \$1,980.71 per pay period
 \$1,980.71 x 7 pay periods = \$13,865
 \$13,865 x 2 Temporary Positions= \$27,730

Rationale for Temporary Positions: To assist with expanded purchase and distribution of food with requested funds, during the grant period, October-December, we will hire one temporary driver position and one temporary warehouse position. The duties of these positions will be the same as those of the Driver and Warehouse Assistant positions outlined above. The increased rate of pay is due to the temporary duration of this position.

Changes in Essential Functions Due to COVID:

These positions will assist with the logistical aspects of purchasing, unloading, storing, tracking, and distributing an additional one million pounds of food per

month. Bulk purchases will need to be divided into pallets and quantities that our smaller partners can accommodate. The purchase of canned goods will allow partners who lack refrigerated storage capacity to receive and distribute even more food and thus serve more people.

Job Descriptions of Food Bank Positions:

Driver 1, 2, 3, 4 Essential Functions:

- Pick up and deliver products to the Food Bank or to other designated agencies, vendors, or donors in a safe and productive manner.
- Unload, sort, store, pack, and distribute food and other donations.
- Ensure all food and non-food items are handled, stored, and distributed in a safe and sanitary manner. Follow and maintain all health and sanitation codes.
- Maintain accurate delivery and pick-up receipts.
- Maintain good relationships with vendors, donors, and agencies.
- Supervise and instruct assigned volunteers.
- Maintain vehicle cleanliness and safety.
- Assist in daily set up of warehouse.
- Assist with USDA distribution, distribution to partner agencies, and in-house programs.
- Perform routine care and maintenance of building, grounds, and vehicles. Assist with trash pickup and removal. Keep grounds functional, presentable, and clean.
- Assist with food drives or special events, as needed.

Changes in Essential Functions Due to COVID:

- Drivers are now making more pickups and deliveries and distributing more food. In July, our Food Bank averaged receiving and distributing 85,000 pounds per day, compared with 73,000 per day in July of last year. Depending on the day, drivers may drive 5-7 hours per day, and spend time loading, unloading, and assisting with distribution the remainder of the day.

Warehouse Assistant 1 and 2, Essential Functions:

- Responsible for receiving and unloading daily deliveries and donations.
- Pick up and deliver products to the Food Bank or to other designated agencies, vendors, or donors in a safe and productive manner.
- Accurately follow all receiving and inventory control procedures.
- Unload, sort, store, pack, and distribute food.
- Maintain paperwork, logs, and receipts in an accurate manner.
- Ensure all food and non-food items are handled, stored, and distributed in a safe and sanitary manner. Follow and maintain all health and sanitation codes.
- Perform routine care and maintenance of buildings and grounds. Assist with trash pickup and removal.
- Keep grounds functional, presentable, and clean.
- Maintain good relationships with vendors, donors, and agencies.
- Maintain vehicle cleanliness and safety.
- Assist in daily set up of warehouse.
- Supports volunteer activities as necessary and assigned.

- Assist with food drives or special events, as needed.
- Perform other duties as assigned by the Food Bank Supervisor.

Changes in Essential Functions Due to COVID:

- Warehouse Assistants are loading, unloading, and distributing more food. In July, our Food Bank averaged receiving and distributing 85,000 pounds per day, compared with 73,000 per day in July of last year. Warehouse assistants unload deliveries and donations, prepare food for distribution to partners and our We Help Pantry, conduct daily distributions to partner agencies, pick up donations, particularly food drives, and assist with volunteers. Warehouse assistants are also responsible for increased COVID-related cleaning.

Food Bank Director, Essential Functions:

- Identify, and establish relationships with, new food donors.
- Maintain and enhance relationships with current food donors.
- Meet food collection goals and work towards increasing quantity and quality of food collected.
- Coordinate and expand Pick and Pack Out program to purchase additional produce
- Manage food orders with vendors and distributors.
- Hire, supervise, and train drivers and warehouse personnel.
- Ensure all paperwork, records, and reports are accurate and submitted in a timely manner.
- Maintain good relationships with food bank partners. Evaluate needs of partners and the community and respond appropriately.
- Manage partner agency relationships, identify new partners to address unserved areas, assist in implementing Last Mile recommendations to deliver more produce to underserved areas.
- Perform site visits of all agency partners. Review new partner applications.
- When needed, pick up and deliver products to We Help or to other designated agencies, vendors, or donors in a safe and productive manner.
- Ensure all food and non-food items are handled, stored, and distributed in a safe and sanitary manner. Follow and maintain all health and sanitation codes.
- Participate and help organize food drives and special events.
- Ensure warehouse and vehicles are functional, presentable, safe, and clean.
- Establish policies and procedures related to food and worker safety.
- Comply with all DOT and FMCSA regulations; maintain required records.
- Perform other duties as assigned by Director or COO.

Changes in Essential Functions Due to COVID:

- Food Bank Director is actively involved in the day to day operations. The Director has a Class B CDL license and regularly picks up large donations. Director is in close contact with partner agencies to determine amounts of food to be distributed. Director also performs all duties of Drivers and Warehouse Assistants.

We Help Services – 863 3rd Avenue North, St Petersburg, FL 33701

Requesting Hazard Pay for 7 Full-Time Frontline Employees and 1 Part-time Frontline Employee, Oct-Dec - \$23, 349.44

Full Time, 40 Hours per week Frontline Employee, Oct-Dec

\$5/Hr Hazard Pay x 80 Hr/biweekly pay period = \$400 per pay period
 \$400 Hazard Pay per pay period + \$30.56 additional payroll tax per pay period = \$430.56
 \$430.56 x 7 pay periods = \$3,013.92 Hazard Pay
 \$3,013.92 Hazard Pay x 7 Employees = \$21,087.44

Hazard Pay for Part Time (30Hr/Wk) Frontline Employee, Oct-Dec

\$5/Hr Hazard Pay x 60 Hr/biweekly pay period = \$300 per pay period
 \$300 Hazard Pay per pay period + \$23.22 additional payroll tax per pay period = \$323.22
 \$323.22 x 7 pay periods = \$2,262 Hazard Pay
 \$2,262 Hazard Pay x 1 PT Employee = \$2,262

Base rate of pay for hourly We Help Services staff is \$15-\$17 per hour

Position	Hazard Pay Total
We Help Director	\$3,014
Pantry Coordinator	\$3,014
Client Advocate	\$3,014
Admin Assistant	\$3,014
Warehouse Asst 3	\$3,014 (at We Help Food Pantry)
Warehouse Asst 4	\$3,014 (at We Help Food Pantry)
Volunteer Coordinator	\$3,014
P/T Custodial/Warehouse Asst	<u>\$2,262</u> (at We Help Food Pantry)
	\$23,360

Rationale for Pantry Staff Hazard Pay: Our pantry staff oversees all aspects of our pantry, from set up, stocking, distribution, and closing. The pantry serves over 400 households each day. These are frontline personnel, working directly with clients and volunteers. When COVID began, many programs slowed or closed due to the risk to their personnel. Our food programs never closed and have since served record numbers of individuals. Because of the increased risk these staff members experience through their direct service, hazard pay is included in the budget for this proposal.

New Positions We Help Pantry: \$6,782 (Hazard Pay listed above)

Part Time Custodial/Warehouse Assistant

Position Created: July 5, 2020

Hours	Hourly Rate	Oct-Dec Salary	Oct-Dec Payroll Tax	Total
30	\$15	\$6,300	\$482	<u>\$6,782</u>
30 Hours/Wk x \$15/Hr = \$450 per week				

Bi-Weekly Pay Period = \$450 x 2 weeks = \$900 base salary per pay period
\$900 base salary + \$68.86 Payroll Tax + = \$968.86 per pay period
\$968.86 x 7 pay periods = \$6,782

In response to the increased demand in our pantry, a new part-time Custodial/Warehouse Assistant position (described above) was added July 5, 2020. This position is responsible for warehouse logistics, accepting deliveries, assisting in distribution, supporting pantry operations, stocking food, and ensuring common areas are properly sanitized. We hired a Free Clinic staff member whose former position was eliminated. We Help distributed an average of 200,000 pounds of food each month pre-COVID. Last month we distributed over 750,000 pounds. This would not be possible without the additional support his position has provided. In addition, the cleaning and sanitization needs of our facilities became a priority. With no other custodial staff present during operations, this position is critical to ensuring the health and safety of our staff, clients, and volunteers.

New due to COVID PT Custodial/Warehouse Asst, Essential Functions:

- Responsible for receiving and unloading daily deliveries and donations.
- Accurately follow all receiving and inventory control procedures.
- Unload, sort, store, pack, and distribute food.
- Support pantry by keeping drive-thru stocked with necessary pallets.
- Responsible for keeping interior and exterior program facilities and drive-thru pantry area clean, boxes broken down, and trash picked up.
- Responsible for setting up/ breaking down pantry and warehouse activities, which includes but not limited to (un)loading utility fans, returning pallets of food to warehouse, (un)plugging extension cords, and returning signage to inside.
- Responsible for deep cleaning of We Help floors, freezers, and walk-ins once per week.
- Responsible for cleaning and disinfecting program areas and supplies.
- Maintain paperwork, logs, and receipts in an accurate manner.
- Ensure all food and non-food items are handled, stored, and distributed in a safe and sanitary manner. Follow and maintain all health and sanitation codes.
- Perform routine care and maintenance of buildings and grounds. Perform daily trash pickup and removal, pressure wash grounds as needed.
- Keep grounds functional, presentable, and clean.

Changes in Essential Functions Due to COVID: This was a new position, created during COVID, to assist with the growing demand on other We Help Services Staff. This position assists with additional cleaning and disinfecting, keeping common areas clean, continually wiping down frequently touched objects and surfaces, and deep cleaning pantry supplies. This position ensures we follow our COVID cleaning procedures so that we maintain a safe environment for staff and volunteers. This position also supports our Warehouse and Pantry staff by assisting with the unloading, sorting, and storage of food deliveries, restocking the pantry and assisting with pantry distribution. With the amount of food distributed doubling since COVID began, this new position has been a critical part of our expanded operations.

Job Descriptions for We Help Food Pantry Positions:

We Help Director, Essential Functions:

- Oversee and manage all aspects of We Help Services
- Create weekly volunteer schedule and ensure adequate coverage.
- Keep referral information updated
- Train and update volunteers on policies and procedures
- Support and enhance volunteer experience
- Provide client services at front desk, client interviews, and assist in pantry as needed.
- Work with other organizations to serve client needs.
- Create a respectful environment for clients and volunteers
- Evaluate client and program needs and suggest changes
- Keep We Help Services' workspace functional, presentable, and clean.

Changes in Essential Functions Due to COVID:

When the pandemic began in March, We Help quickly responded and transformed their method of service. Prior to COVID, clients would come to the client choice pantry and 'shop' for the food they needed. Knowing that social distancing wasn't possible in the confined space of the pantry, the Director designed a drive-thru distribution method. This allowed social distancing of staff and volunteers, and clients would remain in their cars while their trunks were loaded with food. The majority of our volunteer base was over the age of 65, which meant a sudden decrease in the number of volunteers available. This required what was a largely supervisory position to have a presence on the frontlines, working outside in the pantry drive-thru every day, serving clients directly. Pre-COVID We Help served 150-200 families per day. We now serve over 400 families per day, with the height reaching 800 families per day. The Director also oversees all client paperwork and tracking and is responsible for entering all client information into our database.

Pantry Coordinator, Essential Functions:

- Coordinate daily communications (both written and verbal) for We Help volunteers.
- Stock, clean, and set up pantry, ensure pantry is ready at opening.
- Keep shelving, carts, freezers, and other displays clean, organized, and visually appealing.
- Provide direction and support to We Help volunteers in their tasks within the Client Choice Pantry. Ensure volunteers and clients follow pantry guidelines.
- Follow and maintain all health and sanitation codes. Ensure all state, local, and program food handling guidelines and requirements are met.
- Assist with volunteer on-the-job training and scheduling.
- Contribute to a culture of respect and dignity for clients, volunteers, and staff of We Help Services. Ensure a positive volunteer and client experience.
- Be willing and able to de-escalate and facilitate challenging situations with We Help clients with professionalism and integrity.

- Be aware of daily food stock availability and communicate needs to Director/Food Bank.
- Sort, stock, and pack food and hygiene in the pantry as needed.
- Keep We Help Services' workspace functional, presentable, and clean.
- Assist in providing client services at front desk and perform client interviews; assess client needs and provide appropriate assistance.
- Participate in staff meetings, supervisory conferences, and training programs.

Changes in Essential Functions Due to COVID:

Pre-COVID the Pantry Coordinator supervised and supported pantry volunteers, ensuring that all were completing necessary tasks and had the training to do so. The Pantry Coordinator is now frontline staff, often manning the walk-up station of our drive-thru for those without vehicles. The Pantry Coordinator is responsible for coordinating food needs and deliveries with the Food Bank, ensuring there is ample food available to serve the record number of clients. We have doubled the amount of food being distributed through our pantry.

Client Advocate, Essential Functions:

- Assist in providing client services at front desk and perform client interviews; assess client needs and provide appropriate assistance.
- Assist with scheduling client appointments for water assistance.
- Attend networking and service provider meetings to remain informed of all relevant resources and programs.
- Be knowledgeable of local resources and services available to clients, including processes and requirements for obtaining assistance.
- Educate other staff and volunteers about relevant services available to our clients. Prepare training materials, resource lists, and conduct volunteer training, when appropriate.
- Develop and maintain good working relationships with other services providers. Work with other agencies to best serve client needs.
- Be knowledgeable of local housing resources and services; serve as a resource to clients in housing search.
- Be knowledgeable of SNAP benefits and application process; assist clients with applications and benefits questions. Establish and maintain relationship with DCF liaison.
- Know requirements for obtaining Florida ID and birth certificates from all states; assist clients and process requests in a timely manner.
- Assist with scheduling and supervision of We Help volunteers and volunteer group activities, as needed.
- Participate in staff meetings, supervisory conferences, and training programs.
- Assist clients with using computer to apply for benefits and services or job search.
- Input client data and maintain client records in program database.

Changes in Essential Functions Due to COVID:

The Client Advocate works one-on-one with clients to address their other needs – housing, benefits, available resources, etc. Pre-COVID, the Client Advocate had little interaction with the pantry and was focused solely on the social services aspect of the

program. Once the pantry transitioned outside, all staff were needed to assist in pantry operations. The Client Advocate became frontline staff, working outside in the pantry, not only assisting with the pantry operations but also answering other resource-related questions from clients. As more clients need help, we are also receiving more calls looking for financial assistance, other resources, and guidance through this difficult time. The Client Advocate now splits time between assisting with pantry operations and working with clients via telephone and email to assist with other needs.

Administrative Assistant, Essential Functions:

- Compile and input data; prepare reports for Food Bank and We Help Services.
- Assist with coordination and tracking of food drives and donations.
- Prepare and send donor acknowledgments.
- Track inventory of food donations/purchases for multiple programs.
- Assist with updating and maintaining pantry inventory system.
- Purchase large quantities of food items for pantry and outreach efforts; coordinate pickup and delivery of orders; responsible for tracking and maintaining an adequate supply of items on hand.
- Assist with scheduling and coordination of outreach programs.
- Update program handouts and keep an adequate supply available to volunteers and clients.
- Keep We Help Services' workspace functional, presentable, and clean.
- Retrieve voice messages and return phone calls, schedule client appointments as necessary.
- Assist with volunteer groups and special events, as needed.
- Assist with drafting and conducting surveys; compile results.

Changes in Essential Functions Due to COVID:

When the pantry moved to a drive-thru format and demand more than doubled, the Administrative Assistant became frontline staff, working in the pantry daily. The Administrative Assistant distributed food and assisted in pantry operations, in addition to the regular duties. With the increase in numbers served also came an increase in paperwork to be processed and records entered. The Administrative Assistant also worked with the Client Advocate to return calls for assistance in a timely manner. As food donations and purchases continue to increase, so do the demands of this position.

Warehouse Assistant, Essential Functions:

- Responsible for supervising volunteer groups. Will greet groups, give overview of Free Clinic programs, explain volunteer tasks, oversee and assist groups, and clean up following group volunteer activities. Responsible for tracking inventory and reporting group results.
- Responsible for receiving and unloading daily deliveries and donations.
- When needed, pick up and deliver products to the Food Bank or to other designated agencies, vendors, or donors in a safe and productive manner.
- Accurately follow all receiving and inventory control procedures.
- Unload, sort, store, pack, and distribute food.
- Support We Help pantry, keeping pantry stocked with necessary food and hygiene items.
- Responsible for deep cleaning of We Help floors, freezers, and walk-ins.

- Maintain paperwork, logs, and receipts in an accurate manner.
- Ensure all food and non-food items are handled, stored, and distributed in a safe and sanitary manner. Follow and maintain all health and sanitation codes.
- Perform routine care and maintenance of buildings and grounds. Assist with trash pickup and removal. Keep grounds functional, presentable, and clean.
- Maintain vehicle cleanliness and safety.
- Assist in daily set up of warehouse.
- Assist with food drives or special events, as needed.

Changes in Essential Functions Due to COVID:

With the increase in client, demand came the need for more food to be distributed. We Help has more than doubled the amount of food distributed, distributing over 600,000 pounds of food to clients directly in a single month. It is the responsibility of the Warehouse Assistants to unload deliveries, sort and store food appropriately, restock the pantry, and assist in distribution as needed. The Warehouse staff's workload has nearly doubled since March.

Volunteer Coordinator, Essential Functions:

- Primarily responsible for ensuring that every individual level volunteer inquiry is properly managed, entered, scheduled, communicated, and stewarded
- Maintain records of volunteers and volunteer hours with Better Impact volunteer software and Raiser's Edge database
- Serve as the primary point of contact for individual volunteer inquiries and volunteer prospects
- Coordinate individual volunteer leads through the onboarding/placement process
- Oversee volunteers at organizational special events as assigned
- Identify and maintain opportunities conducive to short term individual volunteerism (i.e. community service, student volunteers, one-time individuals, etc.)
- Identify donor prospects via ongoing communication with volunteers and getting to know volunteers personally
- Actively recruit new volunteer prospects, pipelines, and recruiting platforms that can be utilized throughout St. Petersburg Free Clinic programs
- Conduct weekly New Volunteer Orientation sessions
- Conduct ongoing educational and training opportunities for individual volunteers
- Implement ongoing volunteer appreciation activities, events, etc. based on volunteer and program feedback

Changes in Essential Functions Due to COVID:

When we converted to the drive-thru distribution model, volunteer needs and duties also changed. Our Volunteer Coordinator became frontline staff to assist with the oversight, training, scheduling, and management of pantry volunteers. Because much of our volunteer base was over 65, many chose to stay home at the beginning of the pandemic. We quickly recruited new volunteers, but the influx of new volunteers needed additional training and oversight. The Volunteer Coordinator trained new volunteers daily while assisting with the distribution process. The Volunteer Coordinator ensures volunteer needs are met while also ensuring they follow our strict safety protocols. We have a constant rotation of new volunteers who require additional attention.

**Behavioral Health Programs – Transitional Housing for Addictions Recovery Support:
 Women’s Residence: 814 4th Ave N, St. Petersburg, FL 33701
 Men’s Residence: 431 11th Ave S, St. Petersburg, FL 33701**

Recovery Residential Programs: Hazard Pay for 12 Frontline Employees, Oct-Dec

Hazard Pay for 10 Full Time Frontline Employees, Oct-Dec: \$12,050

\$2/Hr Hazard Pay x 80 Hr/biweekly pay period = \$160 per pay period
 \$160 Hazard Pay per pay period + \$12.14 additional payroll tax per pay period =
 \$172.14
 \$172.14 x 7 pay periods = \$1,205 Hazard Pay
 \$12,05 Hazard Pay x 12 FT Employees = \$12,050

Hazard Pay for 2 Part-Time Frontline Employees, Oct-Dec: \$1,233

PT House Monitor, 14 Hours Per Week

\$2/Hr Hazard Pay x 28 Hr/biweekly pay period = \$56 per pay period
 \$56 Hazard Pay per pay period + \$4.25 additional payroll tax per pay period = \$60.25
 \$60.25 x 7 pay periods = \$422 Hazard Pay

PT Case Manager, 27 Hours Per Week: \$811

\$2/Hr/Hazard Pay x 54 Hr/biweekly pay period = \$108 per pay period
 \$108 Hazard Pay per pay period + \$7.89 additional payroll tax per pay period = \$115.89
 \$115.89 x 7 pay periods = \$811 Hazard Pay

<u>Position</u>	<u>Hazard Pay Total</u>
Intake Specialist	\$1,205
Housing Specialist	\$1,205
House Monitor	\$1,205
House Manager	\$1,205
Cook	\$1,205
Case Manager 1	\$1,205
Case Manager 2	\$1,205
PT House Monitor	\$422
Case Manager 3	\$1,205
Case Manager 4	\$1,205
Case Manager 5	\$1,205
PT Case Manager	\$811
	<u>\$13,283</u>

Rationale for Hazard Pay for Recovery Residence Personnel: These staff members work with clients in our men’s residence and women’s residence to support them in their mental and physical health, recovery, obtainment, and maintenance of employment and obtainment of

permanent housing. In addition to serving as the primary advocate for clients in our recovery support programs, they work with clients to connect to additional services, ensure their accountability with AA/NA groups, provide tools and resources for health and wellness, provide overarching support to ensure improved and continued behavioral and mental health and help them manage their transition out of our housing. COVID is a stressful time, particularly when you are in recovery. Our staff worked tirelessly throughout the pandemic, ensuring all residents' needs were met and they have the supportive case management they need. We employ Case Managers who are former clients of the program and have furthered their education, maintained their recovery, and continue to serve as a positive example for clients currently enrolled. These are frontline personnel who have frequent interaction with residents in a communal living environment. Because of the increased risk these staff members experience through their direct service, hazard pay is included in the budget for this proposal.

Expanded Position Due to COVID: \$6,782

Women’s Residence Cook
 Position Created: June, 2020

Hours	Hourly Rate	Oct-Dec Salary	Oct-Dec Payroll Tax	Total
20	\$15	\$4,200	\$321	<u>\$4,521</u>

20 Hours/Wk x \$15/Hr = \$300 per week

Bi-Weekly Pay Period = \$300 x 2 weeks = \$600 base salary per pay period

\$600 base salary + \$45.86 Payroll Tax + = \$645.86 per pay period

\$645.86 x 7 pay periods = \$4,521

As explained above, expanding the hours of this position became critical to maintaining the health and safety of our residents. Our COVID protocols did not allow for multiple residents using the cooking facilities, shared food, or cross-contamination of bulk foods or surfaces. Increasing the hours of this position allowed us to serve meals in a safe manner, distributing them to each resident individually, and storing leftovers in individual, single-serving containers. The differential between the part-time and full-time salary is included in the budget for this proposal.

Residential/Behavioral Health Jobs Descriptions:

Intake Specialist, Essential Functions:

- Answer and direct all incoming calls. Conduct prioritization assessments in a county-wide client information system and screening with potential residents, coordinate interviews with the Program Director. Assist with identifying potential candidates for services.
- Assist with conducting face-to-face interviews with potential candidates, collecting confidential and sensitive information.
- Enter client data into a client-information system that is shared by other agencies and providers throughout Pinellas County, PHMIS.
- Review completed application package with the potential program participant to ensure that all information is accurate and timely.
- Ensure that all files are up to date, filed appropriately, and secured in designated area.
- Guide the resident through the move-in process including a review of policies and

procedures, introduction to the Resident Manager, and their assigned Case Manager. Be the point of contact for any new resident information.

- Develop and maintain a strong network of referrals to other social service agencies and providers.

Changes in Essential Functions Due to COVID:

Due to the communal living environment of our residential programs, we have altered our regular operating procedures. We implemented strict safety protocols, which required all staff to help enforce. Residents are permitted to leave for essential trips only – employment, medical appointments, and AA/NA meetings. The Intake Specialist coordinated zoom events and activities that could be performed in a socially distant manner. During COVID, all staff are on-hand to support the residents in their sobriety. Staff work extended shifts to ensure we maintain a strong staff presence, as many residents required additional support. Staff have also successfully managed COVID-positive residents on the premises. They ensured they remained isolated, received meals and other necessities, and received the medical care and support they needed.

Housing Specialist, Essential Functions:

- Work with residents, in collaboration with their Case Manager, to determine their specific housing needs and eligibility. Develop a housing procurement, financial, and self-sufficiency budget and case plan.
- Build and maintain relationships with landlords to establish resources for housing.
- Serve as an ongoing liaison between property managers and residents. Resolve issues between conflicting parties.
- Apply knowledge of residential lease contracts to educate residents of their rights and responsibilities.
- Keep accurate records, monthly outcome reports, and record resident progress in database on a timely basis.
- Maintain a complete working file providing activity documentation and copies of all corresponding paperwork.

Changes in Essential Functions Due to COVID:

COVID has created additional challenges for the Housing Specialist. There have been fewer openings in affordable housing, making it difficult for residents who seek to move on to the next chapter. The Housing Manager has worked with landlords to find new housing but also maintain housing for our former residents. The Housing Manager has reached out to former residents to check on their employment status, knowing many have lost jobs in the COVID environment. The Housing Manager ensures they know of all additional resources and works with them to ensure they can maintain their independent living.

House Monitor, Essential Functions:

- Overnight position
- Monitors activity of residents overnight to ensure safety, security, and compliance with house rules.
- Conduct nightly bed checks
- Perform housekeeping duties including restocking and organizing storerooms, pantry,

refrigerator and freezers, washing and folding laundry, cleaning vacated rooms and preparing rooms for new residents.

Changes in Essential Functions Due to COVID:

The House Monitors are the only staff on-site overnight. COVID has been an increasingly stressful time for our residents in recovery. House Monitors were on hand to calm and support residents when no other staff were present. House Monitors also support our COVID cleaning protocols and perform much of the required cleaning and sanitization.

House Manager, Essential Functions:

- Responsible for housekeeping and general upkeep of buildings and grounds.
- Coordinate residents' chore assignments and oversees their housekeeping activities and safety.
- Maintain an inventory of food, cleaning, and maintenance supplies.
- Clean offices, bathrooms, and empty garbage daily. Clean rooms after residents have moved out.
- Conduct regular inspections of physical structures, ensuring proper maintenance or repairs are done as needed.
- Conduct weekly inspections of residents' rooms, ensuring that residents are complying with health and safety standards and program rules.

Changes in Essential Functions Due to COVID:

As with all staff, the House Monitor was on hand to support the residents and ensure their needs were met. Staff worked extended shifts to ensure that we maintained a strong staff presence, as many residents required additional support. The House Manager has assisted with meal preparation during the Cook's days off, ensuring all safety protocols are adhered to. Staff have also successfully managed having COVID positive residents on the premises. They ensured they remained isolated, received meals and other necessities, and received the medical care and support they needed. The House Manager also manages our COVID safety and cleaning protocols, which include full PPE for all staff that care for COVID positive residents.

Cook, Essential Functions:

- Prepare meals for residents
- Maintain accurate food inventories and request food items as needed.
- Adhere to all Food Safety regulations.

Changes in Essential Functions Due to COVID:

Due to COVID, we no longer allowed multiple residents to use the kitchen facilities. For the health and safety of the residents and staff, we extended this position to full time, allowing for all meals to be prepared by trained personnel. The Cook implemented new safety protocols, including alterations to our methods of preparing, serving, and storing food.

Case Manager, Essential Functions:

- Assist clients as assigned in developing individualized case plans/goals to move toward self-sufficiency and to retain/secure permanent housing and jobs.

- Advocate for clients with other community service providers, including state and county agencies.
- Complete all required documentation and case notes in an electronic client information management system in a timely manner.
- Keep complete records and hardcopy files on each assigned resident.
- Coordinate discharge planning process to ensure necessary support and services are in place.
- Meet weekly with each assigned client. Goal setting, revising goals, problem-solving, providing resources, preparing budgets, and discussing their recovery progress.
- Assist in developing in-house education, work, or training programs that will help residents become independent. Specifically arranging team activities and facilitating weekly house meetings.
- Supervise/participate in computer training, resume writing, and document preparation for residents.

Changes in Essential Functions Due to COVID:

Our Case Managers have been critical in the continued recovery and sobriety of our residents. Case Managers have navigated one-on-one case management in the time of COVID. They conduct frequent check-ins to help ease the anxiety of the residents. They have worked with COVID positive clients and ensured residents’ needs were met. They are responsible for enforcing safety protocols, including mask-wearing and social distancing. They also care for residents in quarantine due to possible exposure. Full PPE has become a regular part of their wardrobe.

Non-Personnel Expenses for FOOD PROGRAMS

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

Food Programs: Pallet Jack **Cost: \$2,586**

Our Food Bank has distributed significantly more food over the past few months - a 50% increase over the same time period last year. The food bank now distributes over 80,000 pounds of food each day. This increase requires the use of an additional pallet jack to assist in the loading, unloading, and distribution of palletized food.

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

This line captures the opportunity for SPFC to purchase bulk food at significantly reduced rates directly from distributors to supplement where our donations do not allow us to meet the incredible increase in demand for food. **Total Requested: \$2,300,210**

The Jared S. Hechtkopf Community Food Bank distributed over 11 million pounds of food last year and is on track to exceed fifteen million pounds this year. Seventy percent of the food distributed is perishable – produce, meat, dairy, and bread. The Food Bank receives food from a number of sources, including food recovery from retail stores, farmers, wholesalers, other food banks and food recovery programs, and food drives. Our warehouse staff works to source,

collect, store, and distribute perishable and non-perishable food. Staff ensures food is handled properly and stored to preserve freshness. This food is then distributed through a network of over 50 established food pantries and providers throughout Pinellas County, as well as through our own pantry, We Help Services. These partners include neighborhood and faith-based pantries, community kitchens, and residential programs. We work closely with our partners to ensure we are able to provide them with the food they need to support their clients. Partner agencies pick up food from our foodbank weekly at scheduled times, free of charge. We do not charge our partners any maintenance fees and do not charge them any costs of fees. Examining demand from March through July of this year, as compared to the same time period in 2019, we have seen the following:

Pounds of Food Distributed							
	March	April	May	June	July	Total	
2020	1,124,400	1,575,167	1,492,701	1,927,962	1,870,811	7,991,041	45% Increase in Pound Distributed
2019	952,808	996,429	1,416,534	1,144,569	997,455	5,507,795	

Pounds of Food Purchased							
	March	April	May	June	July	Total	
2,020	92,803	99,462	85,974	138,422	105,710	522,371	1673% Increase in Pounds of Food Purchased
2,019	-	-	-	-	29,460	29,460	Or, 17 times the amount purchased the previous year

Individuals Served in We Help							
	March	April	May	June	July	Total	
2,020	9,877	18,125	14,179	16,767	27,750	86,698	193% Increase in Number of People Receiving Food
2,019	5,087	5,649	5,634	6,556	6,684	29,610	from We Help Services Pantry

Our key partners have also reported significant increases in the number of households they serve. To keep up with demand, we have been required to purchase a significant amount of food. We have also been fortunate to receive food through the USDA Farmers to Families Food Box Program, however, the second program cycle ended in mid-August. We saw a sudden decrease in the amount of food we received. That program has been approved for a third cycle in September-October, but there is no guarantee that we will continue to receive this food or that the program will be renewed again. In 2019, we distributed 3,516,790 pounds of food in September through December. To keep up with the growing demand, we estimate the need for the last quarter of this year to be 7,896,637 pounds of food. To put that into perspective, using the accepted valuation of \$1.62/pound, that is a retail value of almost \$13 million. Based on past performance, seasonal variations, and current trends, we estimate that we will be able to provide nearly 5 million pounds of donated items. We will need to purchase an additional three million pounds of food and are requesting the funds to do so through this application. The retail value of such purchases is over \$4.8million. We are able to procure a variety of nutritious foods at a fraction of the price. Purchased items would include canned goods, frozen meats, fresh dairy, and fresh produce. Our request of the CARES funding is for \$2,100,210 in food purchases, as well as an additional \$200,000 in other program supplies, including diapers, toilet paper, and other hygiene items for families. The food would be distributed through both our We Help Services pantry as well as through our partner agencies located throughout the county. We recognize the important role these partners play in delivering food to those most in need. Our partners are trusted in the community and are located in high need areas. From September – December we anticipate we

will feed at least 200,000 people.

Below is an example of the types of food we intend to purchase and potential vendors. It's important to note COVID-19 has significantly impacted the food supply chain. In an effort to maximize our buying capabilities we continually stay abreast of market availability and prices. It's difficult to predict with certainty the foods we may purchase and the vendors we may buy them from. We work closely with multiple food suppliers to ensure we maximize our buying power to obtain quality foods for distribution. This is subject to change based on availability, current market pricing, and demand. With grant timing and holidays, we budgeted for fourteen weeks of purchasing.

	Per Week		Total over 14 weeks	
	Dollars	Pounds	Dollars	Pounds
Dry goods from wholesalers such as CIS, Simco, TNF	\$ 113,200	141,500	\$ 1,584,800	1,981,000
Frozen Chicken and Meat from Simco Foods	\$ 17,000	38,000	\$ 238,000	532,000
Eggs from Clearwater Egg & Poultry	\$ 1,250	2,031	\$ 17,500	28,434
Fresh Produce from Wholesale Distributors	\$ 11,200	40,000	\$ 156,800	560,000
Fresh Milk from Borden Dairy	\$ 7,500	14,130	\$ 105,000	197,820
	\$ 150,150	235,661	\$ 2,102,100	3,299,254
Toilet Paper from CIS, Coast, or other wholesaler	\$ 5,000	12,500 Rolls	\$ 70,000	175,000
Diapers from CIS, Sams, Coast, or other wholesaler	\$ 4,000	23,500 Diapers	\$ 56,000	329,000
Soap from CIS, Sams, Coast, or other wholesaler	\$ 1,300	3,125 Bars	\$ 18,200	43,750
Dental Hygiene from CIS, Sams, Coast, or other wholesaler	\$ 4,000	4,000 Kits	\$ 56,000	56,000
	\$ 14,300		\$ 200,200	

Our Food Bank is adept at handling rapid growth. In FY 2015-2016, our Food Bank Distributed what was then a record 4,200,995 pounds of food. We have continued to set records every year since and are on track to distribute over 15 million pounds this fiscal year. With the requested support, we are well-positioned to distribute this much-needed food throughout our community.

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

Food Program Needs due to COVID Total: \$55,050

Refrigerated Truck Rental Rental and Insurance, 26ft Truck,
 October - December
 Rental: \$900/Week x 12 weeks = \$10,800
 Insurance: 187.50/Week x 12 weeks = \$2,250
 \$10,800 + \$2,250 = **\$13,050**

As detailed above, our Food Bank has distributed record amounts of food during COVID. We

hope to continue to meet the growing need by procuring even more. The majority of our fleet consists of 14-16 foot refrigerated trucks. Each holds six pallets of food. To increase efficiencies and better serve our partners, we seek to rent a 26 ft refrigerated truck, which could accommodate 12 pallets of food. We currently have one of these and a second would support our expanded operations. This would allow us to transport even greater quantities of fresh food. Over 70% of the food we distribute is fresh - produce, meats, dairy, and breads. Another large truck would enable us to pick up more donations and deliver large pallets of food to our partner agencies throughout the County.

Portable Refrigerated Storage (2) Refrigerated Trailers and Diesel
\$40,000
 Rental September - December (14 weeks)
 Rental and Fuel:
 $\$1428.57/\text{week} \times 14 \text{ weeks} = \$20,000/\text{per Trailer}$

Due to the immense amounts of fresh, perishable food that we distribute, we are in need of temporary cold storage. We seek to rent two portable, refrigerated trailers that would be located at our food bank. This would allow us to accept more donations of truckloads of perishable items. We have walk-in coolers and freezers at both our Food Bank and Pantry locations, however, space is tight when we receive multiple semi-loads in a single day. Additional cold storage would give us the flexibility to hold items for our partner distribution throughout the week, ensuring that partners in all areas of the county have a variety of fresh and nutritious foods to offer their clients. We receive and distribute approximately \$2.5 million dollars worth of perishable food each month.

Handwashing Station Rental September - December,
 $\$500/\text{month} \times 4 \text{ months} =$ **\$2,000**

When COVID began, our pantry reconfigured its operations and converted to a drive-through pantry in our parking lot. This allowed us to maintain a safe distance from clients, by placing food directly in the trunk of their vehicles and also allowed our volunteers to maintain social distancing. We have strict safety protocols in place, including required frequent hand washing. We have a portable handwashing station outside for use by the volunteers. A company services it, refilling and emptying the water and soap. Safety is the main priority of our operations and this enables us to follow best practices to prevent the spread of COVID-19.

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) None.

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)

Total Amount Requested: \$10,816

Non-Personnel Expenses Food Programs and Behavioral Health:

Electrostatic Cleaning: 4 locations, once per quarter **\$5,316**
Food Bank, We Help,
Men's Residence and Women's Residence
\$1329/location x 4 locations

To maintain a safe environment for our staff, residents, clients, and volunteers, we will have our buildings disinfected once every 90 days. Electrostatic cleaning can improve infection control and the spread of viruses. A professional cleaning company would perform these services.

Grant Compliance Consultant due to COVID 75/Hr x 40 hours

\$3,000

Increase in annual audit expenses due to COVID

\$2,500

St. Petersburg Free Clinic has received and expended a number of grants since the pandemic began. The increased grant reporting has increased our utilization of our Grants Compliance Consultant. Similarly, we expect an increase in our annual audit expenditures due to COVID related grants. The Grant Compliance Consultant is a Certified Public Accountant who is familiar with OMB Uniform Guidance and managing restricted grants. The role of the Grant Compliance Consultant is to work with the finance department and the Director of Contracts and Quality Assurance to ensure processes and procedures are in place to manage and report on COVID-related grants received. The Grant Compliance Consultant helps to prepare audit materials, assists in managing the grant tracking system and helps to prepare documents for audit purposes. We anticipate an increase in the cost of our annual audit due to the number of grants received.

De Minimis Cost (Administrative Fee, Indirect Cost, etc.). These costs usually refer 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.

Total De Minimis Cost at 10% \$247,569 -

We have included 10% of the allowable costs for this project to cover administration and related costs.

St Petersburg Free Clinic Partner Network

Agency	Address	City	Zip	Contact	Phone
ASAP/Epic/Empath	3050 1st Ave S	St Petersburg	33712	Dave Konnerth	727-328-5501
Bay Vista Church Of Christ	5460 7th St S	St Petersburg	33705	Tracey Robinson	727-896-5710
Beaming Hope Church	1100 110th Ave N.	Largo	33778	Lieska Mitsch	713-317-7047
Bethel AME Church (Closed due to Covid)	912 3rd Ave N	St. Petersburg	33705	Willie Felton	727-822-2089
Bethlehem SDA Church (Closed due to Covid)	1018 N Missouri Ave	Clearwater	33755	Mary Adams	865-804-7954
Clearview UMC	4515 38th Ave N	St Petersburg	33713	Kim Meara	727-430-3815
Coral Heights Outreach	3718 139th Ave N	Largo	33771	Zully Millan	832-540-5496
Countryside Christian Center (Helping Hands)	2565 Blackburn St	Clearwater	33763	Henry Moses	941-301-5096
Ebenezer New Testament Church of God	3931 Central Ave.	St. Petersburg	33713	Lisa Foster	727-321-8989
Elim SDA Community Church (Closed due to Covid)	4824 2nd Ave S.	St. Petersburg	33705	Linda Mells	727-386-1549
Feeding God's People	10944 70th Ave N	Seminole	33772	Suni Spano	727-459-6022
First Baptist Church	1900 Gandy Blvd N	St. Petersburg	33702	Belinda Cotter	813-505-2033
First United Methodist Church	9025 49th St N	Pinellas Park	33782	Sally Robbins	727-348-4191
Florida Dream Center	14605 49th ST	Clearwater	33762	Melody Bacon	727-333-1744
In His Power Ministry (Closed due to Covid)	1118 18th Ave S	St. Petersburg	33705	Angelique Hillare	727-324-8705
McCabe UMC (Closed due to Covid)	2800 26th Ave S	St. Petersburg	33712	Jerome Harris	727-518-4836
Mercy Keepers	2021 9th Ave S	St. Petersburg	33712	Mildred Boykins	727-823-8795
Mt Olive (Closed due to Covid)	600 Jones St	Clearwater	33755	Terri Packer	727-443-2142
My Place in Recovery	1655 16th St S	St. Petersburg	33705	Glenn	727-244-0427
New Covenant Baptist Church	2611 5th Ave. S.	St. Petersburg	33712	Cynthia Glynn	904-554-4017
Northside Baptist	6000 38th Ave N.	St. Petersburg	33710	Kipp Johnson	727-323-0069
Northwest Presbyterian Church	6330 54th Ave N	St. Petersburg	33709	Kris Parks	727-544-4551
Norwood Baptist Church	1818 29th Ave N	St Petersburg	33709	Too Silakhom	727-678-8092
Oak Ridge Wesleyan Church	11000 110th Ave N	Largo	33778	Mike Caudill	727-455-2882
Operation Attack	1310 22nd Ave S	St. Petersburg	33705	Peggy Junkin	727-822-1187
Pasadena Presbyterian	100 Pasadena Ave	St. Petersburg	33710	Barb Hendry	727-204-5216
Pinellas Community Church	5501 31st St. S	St. Petersburg	33710	Bryan Sampson	985-445-9331
Pinellas Hope	5726 126th Ave	Clearwater	33760	Javier Perez	727-599-3986
Prayer Tower Church of God in Christ	1137 37th St. S	St. Petersburg	33711	Andresa Welch	727-565-5719
Rescue Angels / Lords House Church	731 Queen St S	St. Petersburg	33712	Eddie Jean Roberts	727-482-8232
Sacred Heart / St. Vincent dePaul	7809 46th Way N	Pinellas Park	33781	Kathy Martini	727-798-5230

Salvation Army	1400 4th St S	St. Petersburg	33701	Hollyl Harmon	727-550-8080
Southside Tabernacle Baptist Church	3647 18th Ave S	St. Petersburg	34711	Olinda Smith	727-409-3194
St Giles Episcopal Church (Closed due to Covid)	8271 52nd St N	Pinellas Park	33781	Dennis Stein	727-432-0028
St James UMC	845 87th Ave N	St. Petersburg	33702	Jacob Park	727-576-3919
St. Luke's UMC	4444 5th Ave N	St. Petersburg	33713	Laura Ward	727-251-8411
St. Petersburg SDA Church (Closed due to Covid)	1001 56th St N	St. Petersburg	33710	Elizabeth Garrido	727-488-5544
Starling School	615 28th St. S	St. Petersburg	33712	Janice Starling	727-510-3766
Suncoast Haven of Rest	1763 9th Ave N.	St. Petersburg	33713	Russel Herring	727-545-8282
The Kind Mouse	1801 16th St N	St. Petersburg	33704	Gina Wilkins	727-575-7834
The Rock Community	4224 28th St N.	St. Petersburg	33714	Kimberlee Burgess	727-521-6306
Tree of Life	4682 40th Ave N	St. Petersburg	33714	Jaime Ash	231-577-8420
Trinity Lutheran Church (Closed due to Covid)	401 5th St N.	St. Petersburg	33701	Lynne Tallon	727-822-3307
Wesley United Methodist Church	301 37th Ave N	St. Petersburg	33704	John Ekers	727-896-4797