

GRANT AGREEMENT

BY AND BETWEEN

PINELLAS COMMUNITY FOUNDATION

AND

SUNCOAST CENTER, INC.

THIS GRANT AGREEMENT (hereinafter “**Agreement**”), effective upon the last date executed below, by and between **PINELLAS COMMUNITY FOUNDATION**, a public charitable foundation established by Trust Agreement Dated January 1, 1969, as may have been amended from time to time, whose address is 17755 US Highway 19 North, Suite 150, Clearwater Florida 33764, (hereinafter, “**AGENCY**”) and **SUNCOAST CENTER, INC.**, whose address is 4024 Central Avenue St. Petersburg, FL 33711 (hereinafter “**GRANTEE**”).

WITNESSETH:

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

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

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

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

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

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

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

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

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

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

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

1. Specific Grant Information:

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

a) Grantee's Name: **Suncoast Center, Inc.**

b) Grantee's Contact and Notice Information:

Primary Contact Name: **Barbara Daire, President/CEO**

Address: **PO Box 10970 Saint Petersburg, FL 33733**

Phone Number: **727-327-7656**

Grantee's Data Universal Numbering System (DUNS) number: **044198208**

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

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

e) Period of Grant Performance, Start and End Date: **November 12, 2020 - December 30, 2020**

g) Amount of Funds Awarded: **\$182,982.00** (hereinafter, "Awarded Funds").

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

Federal Awarding Agency:

United States Department of Treasury

Pass-Through Entity:

Pinellas Community Foundation

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

Duggan Cooley, CEO, Pinellas Community Foundation

17755 US Highway 19 N, Suite 150

Clearwater, FL 33764

i) CFDA Number and Name

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

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

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

2. Scope of Services:

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

- a) **GRANTEE** shall administer funding in an amount up to **one hundred and eighty-two thousand, nine hundred and eighty-two dollars and 00/100 cents** for expanded local services with up to 0% or \$0.00 allowed for indirect costs.
- b) Of this funding, up to sixty-seven thousand, three hundred and seventy-four dollars and 00/100 cents (\$67,374.00) may be used to reimburse COVID-19 related expenditures which were incurred and paid by the **GRANTEE** prior to grant performance period, provided **GRANTEE** produces acceptable documentation of such expenses.
- c) **GRANTEE** agrees to monitor and deliver these funds pursuant to the following requirements:
 - i. Compliance with all rules and guidelines of the CARES Act including certifications and/or attestations of compliance where appropriate.
 - ii. Compliance with Appendix 1 - CARES Act Guidance and Requirements.
 - iii. Compliance with Appendix 2 – Attestation.
 - iv. Basic weekly reporting of service numbers by type of service and expanded monthly reporting of services, trends, expenditures, and other programmatic information.
 - v. Maintenance of service level information as appropriate for reporting upon request by the **AGENCY**, including services provided, outcomes and accounting of expenditures.
 - vi. **GRANTEE** understands and agrees that it may be required to adapt and/or respond during hurricane-related emergencies to help meet expanded needs and challenges of COVID-19.

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

3. Term of Agreement.

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

4. Compensation.

a) The **AGENCY** agrees to provide **GRANTEE** an amount not to exceed one hundred and eighty-two thousand, nine hundred and eighty-two dollars and 00/100 cents (\$182,982.00) as an award of the Pinellas CARES Nonprofit Partnership Fund for the services described in Section 2 of this Agreement. Up to Zero Dollars and 00/100 cents dollars (\$0.00) equivalent to 0% of the funding may be allowed for approved indirect costs in association with this program. The remainder of the funding will be for competitively awarded expansion of services as defined.

b) **GRANTEE** shall maintain a Budget Plan (Appendix 4) for anticipated direct costs which may be adjusted across budget categories as necessary to address direct costs incurred. Budget Plan modifications that do not result in an increase of funding, change the purpose of this Agreement, or otherwise amend the terms of this Agreement, shall be submitted in the format prescribed and provided by the **AGENCY** without the need to amend this Agreement. **GRANTEE** shall provide such changes to **AGENCY** in writing, and **AGENCY** will approve or deny such changes in writing.

c) The **AGENCY** shall determine which expenses in the Budget Plan (Appendix 4) may be paid as an advance to the **GRANTEE**, if any, and which expenses will be paid on a cost-

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

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

5. Performance Measures.

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

6. Data Sharing.

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

7. Insurance.

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

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

8. Monitoring.

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

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

9. Special Situations.

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

10. Amendment/Modification.

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

11. Closeout

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

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

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

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

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

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

12. Termination.

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

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

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

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

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

13. Assignment/Subcontracting.

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

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

14. Indemnification.

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

15. Business Practices.

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

16. Nondiscrimination.

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

17. Independent Contractor.

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

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

18. Additional Funding.

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

19. Governing Law.

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

20. Conformity to the Law.

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

21. Prior Agreement, Waiver, and Severability.

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

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

22. Agreement Management.

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

AGENCY:

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

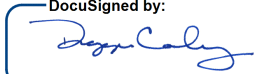
GRANTEE designates the following person(s) as the liaison for the **GRANTEE:**

Barbara Daire, President/CEO
Suncoast Center, Inc.
PO Box 10970
Saint Petersburg, FL 33733
727-327-7656

SIGNATURE PAGE FOLLOWS

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

Pinellas Community Foundation

By: ^{DocuSigned by:}

528C89A7304941D...
Duggan Cooley
CEO

Date: 11/25/2020

GRANTEE: Suncoast Center, Inc.

By: ^{DocuSigned by:}

682D96E9B4E6419...
Kristin Smith, Board Chair
kristin.smith@raymondjames.com

Date: 11/30/2020

GRANTEE: Suncoast Center, Inc.

By: ^{DocuSigned by:}

30C50B67445D4EB...
Barbara Daire, President CEO
bdaire@suncoastcenter.org

Date: 11/30/2020

Schedule of Appendices

Appendix 1 – CARES Act Guidance and Requirements

Appendix 2 – Attestation

Appendix 3 – Minimum Monitoring Requirements

Appendix 4 – Application for Funding (including budget plan)

Appendix 1 - CARES Act Guidance and Requirements

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

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

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

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

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

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

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

Necessary expenditures incurred due to the public health emergency

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Nonexclusive examples of eligible expenditures

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

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

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

Nonexclusive examples of ineligible expenditures³

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

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

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

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

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

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

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

Eligible Expenditures

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Are expenses associated with contact tracing eligible?

Yes, expenses associated with contract tracing are eligible.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

May recipients use Fund payments to provide loans?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Questions Related to Administration of Fund Payments

Do governments have to return unspent funds to Treasury?

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

What records must be kept by governments receiving payment?

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

May recipients deposit Fund payments into interest bearing accounts?

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

May governments retain assets purchased with payments from the Fund?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



OFFICE OF
INSPECTOR GENERAL

DEPARTMENT OF THE TREASURY
WASHINGTON, D.C. 20220

July 2, 2020

OIG-CA-20-021

MEMORANDUM FOR CORONAVIRUS RELIEF FUND RECIPIENTS

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

SUBJECT: Coronavirus Relief Fund Reporting and Record Retention
Requirements

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

Reporting Requirements and Timelines

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

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

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

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

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

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

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

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

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

Quarterly Reporting

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

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

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

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

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

Reporting timeline

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

Record Retention Requirements

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

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

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

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

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

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

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

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

Thank you and we appreciate your assistance.

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

Appendix 2 - Attestation

ATTESTATION

I, Barbara Daire, President CEO, am the Title: CEO of Name of
Organization: Suncoast Center, Inc., and I certify that:

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

By: Barbara Daire, President CEO (Printed Name)

Signature: 
30C50B67445D4EB...

Title: CEO

Date: 11/30/2020

APPENDIX 3 – Minimum Monitoring Requirements

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

Appendix 4 – Application for Funding (including budget plan)

Responding to Behavioral Health Needs during COVID-19

Pinellas CARES Nonprofit Partnership Fund

Suncoast Center Inc.

Ms. Barbara Daire

PO Box 10970

Saint Petersburg, FL 33733

O: 727-327-7656

Ms. Hilda Fernandes

PO Box 10970

Saint Petersburg, FL 33733

hildafernandes@suncoastcenter.org

O: 727-327-7656

Application Form

Introduction

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

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

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

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

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

Priority Funding Areas*

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

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?

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

Yes

Project Name*

Responding to Behavioral Health Needs during COVID-19

EIN*

59-2092717

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.

044198208

Mission Statement*

Our mission of Strengthening, Protecting, & Restoring Lives for a Healthy Community has become paramount during the COVID pandemic. Facing this crisis as a team, everyone at Suncoast Center, has united in providing quality, strengths-based services that are caring & culturally competent in a safe & welcoming environment. As we continue our efforts to eliminate the stigma of mental illness & abuse, we persist in our vision of Providing Inspiration, Leadership & Hope to the Community We Serve.

Total Operating Expenditure*

What are your total annual operating expenses?

\$20,945,765.00

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.

\$182,982.00

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).

As a Feedback Informed Agency, Suncoast Center solicits & listens to the feedback of clients served, & makes every effort to implement changes to processes & programming in response to feedback. We utilize Feedback Informed Treatment models & measures to ensure that all our services are recipient driven, fully engaging & responding to the individual & family needs. Service objectives are specific, measurable & contain clear time frames for completion. Quantifiable objectives & client satisfaction surveys are part of our process to assure effective & efficient service delivery. The surveys provide feedback on program effectiveness & ideas on how to improve our services. The data from surveys is used to make changes to the program. Monitoring our objectives, service levels & survey data are all part of our continuous quality improvement effort to assure quality services for all participants. We work together with the System of Care to respond as a community to feedback, gaps and needs.

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.**

Suncoast Center has provided behavioral health, substance abuse, & child safety services to Pinellas County citizens for 76 yrs. As clients with suicidal thoughts/behaviors increased from about 500 pre-COVID to 1500, we are needed now more than ever.

Service Area*

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

- North County (locations such as Tarpon Springs, Crystal Beach, Palm Harbor)
- Mid-County (locations such as Clearwater, Largo, Safety Harbor)
- South County (locations such as St. Petersburg, Lealman, Kenneth City)

Impact on Organization*

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

Prior to COVID-19, 79% of Suncoast Center's services were provided in the office. With the onset of COVID-19, we were unable to provide in office service, so service delivery transformed to 95% tele-health/telephonic. In response to CDC protocols, Suncoast Center had to act quickly to adapt service delivery while ensuring client and staff safety. From April to September, Suncoast Center rescheduled 5165 in-office client appointments to either telephonic or video conferencing. As a result, we had to systematically begin upgrading our technology infrastructure to support the high demand. Community-based services posed a challenge as 22 case managers and 55 in-home therapists, who shared office space or provided services in community locations, were delegated to providing services only in the office via tele-health. This required immediate creativity in repurposing group and conference rooms, kitchens, etc. into temporary office space where the providers could provide services while ensuring the high confidentiality standards and HIPAA compliance were upheld. To address the need, we entered into a lease for office space that would allow for 30 providers and began remodeling an existing uninhabitable building that allowed for 5 additional providers.

To meet CDC recommendation of maintaining social distance of 6 feet, Suncoast Center implemented strict spacing policies, added additional COVID-19 barriers for front office lobbies, and we will create a waiting area at our Central Avenue location that will aid in limiting the number of people in the lobby. The waiting area will consist of benches and an awning to protect clients from the elements who arrive via public transportation or are waiting for Medicaid transport. We also purchased masks, sanitizers, and additional cleaning disinfectants.

Suncoast Center is requesting reimbursement for COVID related IT Infrastructure upgrades and building enhancements for social distancing that meet CDC requirements.

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.**

990 FY2018-19.PDF

Board-Approved Budget*

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

FY20-21 Suncoast Center 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.

Suncoast Center 2019 FS (003).pdf
Audited Financial Statements attached.

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.

Suncoast Center 2019 Audit Communications Management Letter2.pdf
Management Letter attached.

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.

JWB Agreements.pdf

Suncoast Center has an excellent relationship with the Juvenile Welfare Board of Pinellas and has received funding continuously since the early days of JWB when Suncoast Center was called the Child Guidance Center. We have been contracted to provide a variety of prevention, intervention, and treatment services to children and their families through the years. We are proud of the outcomes of this partnership with JWB, whose support has afforded us to provide services to our community throughout these years. Our current contracts are for Family Services and Early Childhood Services, and we are in good standing with the JWB. Related to this grant request, JWB allowed Suncoast Center to utilize lapse funding from our contract ending 10/30/2020 to assist with some of the expenses for the opening of an additional office. JWB agreed to a percentage of the expenses that the office is allocated to serve the children and families through their current contracts.

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.

\$67,374.00

Documentation of Expenses*

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

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

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

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

CARES - Reimbursement Request 10-30-2020-14.pdf

Comment: Documentation was provided by the applicant and inserted into the application administratively as file size was adjusted to accommodate documentation provided.

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

Without COVID-safe services changes that were implemented, 3,874 people would not have been served.

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.**

Funding from this grant will be used to support trauma-informed behavioral health services including individual and family therapy to our adult and child community members who have been negatively impacted by the pandemic. The addition of office space at 3836 Central Avenue in St Petersburg and 2455 North McMullen Booth Road, Clearwater will provide office space for 21 therapists who will address the needs of an additional 600 clients. Both properties are on public transportation routes and access to services will be

timely and appropriate to the needs individuals, children, and families. Service delivery will continue to include tele-health video conferencing, telephonic, and face to face; adhering to the appropriate CDC protocols and protections that are also in accordance with the current local and state emergency orders, declarations, and requirements. These sites will operate 8 AM to 7 PM Monday through Friday. Many of the community based staff working from the sites work additional on call nights and weekend availability for their clients. The target population of individuals whose emotional wellbeing has been impacted by the pandemic will access services through our central intake number 727 388-1220.

Suncoast's current client array includes every zip code in Pinellas County. As would be expected, the highest number of individuals by zip code are in the highest population cities of St Petersburg, Clearwater and Largo. Limiting to cities with more than 100 client served, the other distribution of cities is as follows: Pinellas Park, Seminole, Palm Harbor, Dunedin, Safety Harbor, and Oldsmar. We will be able to provide the client zip codes for the clients served at these sites each month of this grant when each of the sites come on line.

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?

Suncoast Center has a 76 year history in our community and collaborates with community partners to assist help get the word out on our services and availability. We are well known in the community for having access into services without the typical long waits that happen to individuals through their private insurance. Our new client access is routinely under 7 days for the first therapeutic service and under 30 days for individuals who need to see a psychiatric medical provider for medication. We have maintained this availability through the pandemic with the tele-health variation and flexibility for phone based services. In this environment, availability and access is the best marketing.

Suncoast Center has a web based presence and a social media presence. We have also participated in public awareness campaigns through social media and partnership sites in order to promote wellness and remind people to reach out for services or help others do so.

Suncoast Center's Central Intake access number, 727-388-1220, receives an average of 1500 inquiries every month.

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.

Hurricane Preparedness_FY20-21.pdf
See Hurricane Preparedness 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.

Suncoast-Center,-In_Suncoast-Center_20-21-Master-CO_5-28-2020_216264188_....pdf
See Insurance Certificate attached.

Insurance Requirement*

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

Here is the information for your carrier:

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

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

Yes, I understand this requirement.

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

Update as of 9/25/2020: Due to new U.S. Department of the Treasury guidance, the CARES Act does not cover *any* administrative or indirect costs. The Budget Narrative and Summary have been updated. CFO, CEO, and other types of "administrative" time must be documented as a **direct cost on an hourly basis** under Personnel or Contracted Services. The above webinar will be updated shortly.

If your organization is awarded a grant, it is likely to be issued on a cost-reimbursement basis. Please consider this when developing your budget narrative and summary.

Note about Hazard Pay: Hazard pay will not automatically be approved as a budget item. Hazard pay is only for hazardous duty or work involving physical hardship, in each case that is related to COVID-19. Much of the immediate hazards of COVID-19 can be mitigated by appropriate use of PPE and/or regular sanitizing of spaces. The threshold for approval of hazard pay is high. It is best that you inquire in advance of adding this to a budget in your grant application.

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

Budget Summary*

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

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

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

Please export as a PDF and upload it.

CARES-Partnership-Fund-Budget-Summary 10-29-2020-Grant.pdf

Budget Narrative*

Please download the budget narrative template [HERE](#) and complete it.

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

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

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

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

Please export as a PDF and upload it.

Budget Narrative - 10-28 - FINAL.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.

Quotes-Estimates.pdf

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

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

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

Are you going to use LPOs in this programming?*

No

Behavioral Health

As of 5 PM, 11/12/2020, Behavioral Health proposals for future programming will no longer be accepted. Under the Behavioral Health category, you may only apply for reimbursement of past expenses related to COVID-19. Do not fill this area out.

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.

With the unprecedented stressors of a pandemic impacting the emotional wellness, our most important measure ensures suicide risk is identified and treated. Zero Suicide Care Pathway model is an evidence supported internationally recognized model. The model focuses on stepwise tools to guide the level of care and intervention. The first point of this process is a screening. For consistency across Pinellas provider types, the Zero Suicide Partners of Pinellas Workgroup has chosen the Patient Health Questionnaire-9 (PHQ-9) as our screening tool. Therefore, we have chosen this well normed, cross industry recognized PHQ-9 as our robust measurement tool. The PHQ-9 is a 9 question screening that is designed to screen for depression and the need for a suicide risk assessment. Scoring on the PHQ-9 question 9 greater than zero identifies individuals for entry to the Zero Suicide Care pathway. A post test score of zero is a success.

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.

Individuals with pretest PQH-9 scores indicating entry to the suicide prevention care pathway have a score greater than zero on question number 9. These individuals will be our measure group. A posttest will be completed within 30 days. Success will be a post test score on question number 9 of zero. Our projected improvement rate between pretest and posttest is projected to be 50%.

We will screen all clients (projected at 600 clients) provided services through our new sites using the PHQ-9. Individuals who have a positive result on item number 9 will be included in the study (projected at 8% or 48 lives). These individuals will receive treatment through our Zero Suicide Care Pathway. These individuals will receive a posttest measure using the PHQ-9 within 30 days.

(# individuals with a zero score on PQH-9 question 9 on posttest/ # individuals with a score greater than zero on PHQ-9 question number 9 on the pretest.)

We anticipate a 50% improvement on this measure within 30 days

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.

48

Estimated Percentage of Progress - Grant Period*

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

50%

September Projections - Number Served - Behavioral Health*

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

0

September Projections - Progress Rate - Behavioral Health*

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

0

October Projections - Number Served - Behavioral Health*

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

0

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.

0

November Projections - Number Served - Behavioral Health*

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

24

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.

50

December Projections - Number Served - Behavioral Health*

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

24

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.

50

Funder Involvement

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

Juvenile Welfare Board of Pinellas County
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:

Federal Communications Commission (FCC) - Requested \$244,717 for IT infrastructure - not awarded
SAMHSA - Requested \$400,000 for Suicide Prevention - not awarded
Pinellas County Social Action Grant - Requested \$250,000 for Suicide Prevention - not awarded
Pinellas County CARES Act Grant - Requested \$340,319 for behavioral health services and equipment/furniture for additional service location - not awarded
St. Petersburg Forfeiture Grant - Requested \$3,378.75 for Suicide Prevention material - open
Payroll Protection Program to cover salaries - received \$2,620,401.87
Provider Relief Program - received \$331,486.53

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.

Barbara Daire, CEO 10/30/2020

File Attachment Summary

Applicant File Uploads

- 990 FY2018-19.PDF
- FY20-21 Suncoast Center Budget.pdf
- Suncoast Center 2019 FS (003).pdf
- Suncoast Center 2019 Audit Communications Management Letter2.pdf
- JWB Agreements.pdf
- CARES - Reimbursement Request 10-30-2020-14.pdf
- Hurricane Preparedness_FY20-21.pdf
- Suncoast-Center,-In_Suncoast-Center_20-21-Master-CO_5-28-2020_216264188_....pdf
- CARES-Partnership-Fund-Budget-Summary 10-29-2020-Grant.pdf
- Budget Narrative - 10-28 - FINAL.pdf
- Quotes-Estimates.pdf

Form **990**
Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2018
Open to Public Inspection

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

A For the 2018 calendar year, or tax year beginning 07/01/18, and ending 06/30/19

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 <p style="text-align: center;">Suncoast Center, Inc.</p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite P.O. Box 10970 City or town, state or province, country, and ZIP or foreign postal code St. Petersburg FL 33733	D Employer identification number <p style="text-align: center;">59-2092717</p> E Telephone number <p style="text-align: center;">727-327-7656</p> G Gross receipts \$ 21,199,689
F Name and address of principal officer: <p style="text-align: center;">Barbara Daire 4024 Central Avenue St. Petersburg FL 33711</p>		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)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number
J Website: www.suncoastcenter.com		L Year of formation: 1981
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		M State of legal domicile: FL

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities:	Suncoast Center provides mental health & substance abuse services to children, adolescents, their families, and adults. Additionally, we enhance the skills of local care-providers and increase community awareness.		
	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	11	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11	
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	378	
	6 Total number of volunteers (estimate if necessary)	6	13	
	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)	1,637,139	2,305,063	
	9 Program service revenue (Part VIII, line 2g)	17,493,047	18,622,839	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	56,721	66,534	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	9,318	8,063	
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	19,196,225	21,002,499	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,764,212	2,104,317	
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	14,557,936	15,388,000	
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0	
	b Total fundraising expenses (Part IX, column (D), line 25)	109,451		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,859,740	2,722,766	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	19,181,888	20,215,083	
19 Revenue less expenses. Subtract line 18 from line 12	14,337	787,416		
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	6,107,558	7,052,242	
	21 Total liabilities (Part X, line 26)	2,111,619	2,250,963	
	22 Net assets or fund balances. Subtract line 21 from line 20	3,995,939	4,801,279	

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 <p style="text-align: center;">Dustin Sode</p> Type or print name and title	Date <p style="text-align: center;">CFO</p>
	Print/Type preparer's name Preparer's signature Date Check <input type="checkbox"/> if PTIN	
Paid Preparer Use Only		

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:

See Schedule O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ **5,682,957** including grants of \$ **77,978**) (Revenue \$ **5,983,130**)

Adult Integrated Services provides an array of evidence based medical and non-medical behavioral health treatment crucial to an individual confronting significant mental health and substance abuse challenges in their lives. The treatment approaches are recovery-oriented and focused on the needs of the individual. Medical treatment includes psychiatric evaluations, consultation, individual therapy, medication management, and laboratory services. Non-medical services include biopsychosocial assessment, treatment planning, individual and group therapy, crisis intervention, education, family support, rehabilitation services, and referral services.

4b (Code:) (Expenses \$ **2,056,700** including grants of \$ **10,564**) (Revenue \$ **2,368,062**)

Family Integrated Services provides children under 18 and their family members with crucial services to respond to mental health and substance abuse challenges. These services include both medical and non-medical services. Provided on an outpatient model, services include mental health assessment, psychiatric evaluation, medication management, individual counseling, group therapy programs, family support therapy, and resource assistance. Clinical services utilize evidence based models and are built upon the child's strengths, needed resources, family-centered, and solution focus.

4c (Code:) (Expenses \$ **2,129,622** including grants of \$ **8,197**) (Revenue \$ **2,242,140**)

Total Family Strategy provides in-home evidence based prevention and early intervention programs/services for families at risk of dependency upon public funded economic and social service support, demonstrate mental health and/or substance abuse challenges, domestic violence and/or at risk with juvenile and/or criminal justice. Primary levels of care are provided through therapeutic services, family case management, early childhood services (for children 0-5 demonstrating severe behavioral or developmental needs), intensive family services (responding to child protection referrals), and peer-to-peer mentoring (Parent Aide).

4d Other program services (Describe in Schedule O.)

(Expenses \$ **8,339,202** including grants of \$ **2,007,578**) (Revenue \$ **8,047,000**)

4e Total program service expenses **18,208,481**

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> (see instructions)?	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> (see instructions)		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	X	
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 378		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
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?	12a	
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.	13a	
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?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b	Enter the number of voting members included in line 1a, above, who are independent		
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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	X	
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?		

Section C. Disclosure

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

Dustin Sode
St. Petersburg

4024 Central Avenue

FL 33711

727-327-7656

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 dotted 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) Kristin Smith	2.50									
Chair	1.00	X					0	0	0	
(2) Cindy Stokes	2.50									
Vice Chair	0.00	X					0	0	0	
(3) Robert Melby	2.50									
Treasurer	1.00	X					0	0	0	
(4) Camille Skluzacek	2.50									
Secretary	0.00	X					0	0	0	
(5) Stephan Freeman	2.50									
Director	0.00	X					0	0	0	
(6) Chuck Prather	2.50									
Director	1.00	X					0	0	0	
(7) Linda Lerner	2.50									
Director	0.00	X					0	0	0	
(8) Richard Tourtelot	2.50									
Director	1.00	X					0	0	0	
(9) Hillary Hutchins	2.50									
Director	0.00	X					0	0	0	
(10) Janice Weber	2.50									
Director	0.00	X					0	0	0	
(11) George Matz	2.50									
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 dotted 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			
(12) John Guarino Director	1.00 1.00	X						0	0	0
(13) Barbara Daire Pres/CEO	39.00 1.00			X				225,872	0	42,247
(14) Dustin Sode CFO	39.00 1.00			X				82,791	0	10,436
(15) Gregory Onderko Medical Director	40.00 0.00				X			204,084	0	20,127
(16) Aaron Brooks ARNP	40.00 0.00					X		135,496	0	5,034
(17) Jennifer Gould Physician	40.00 0.00				X			131,890	0	0
(18) Meena Shah Physician	40.00 0.00				X			123,492	0	3,011
(19) Kristin Mathre COO	40.00 0.00				X			118,385	0	20,837
1b Sub-total								1,022,010		101,692
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								1,022,010		101,692

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 **6**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	66,347			
	d Related organizations	1d	500,000			
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,738,716			
	g Noncash contributions included in lines 1a-1f: \$		1,651,268			
	h Total. Add lines 1a-1f		2,305,063			
	Program Service Revenue		Busn. Code			
2a Government Grants			14,231,429	14,231,429		
b Medicare/Medicaid			3,604,902	3,604,902		
c Client Fees			471,469	471,469		
d United Way			315,039	315,039		
e						
f All other program service revenue						
g Total. Add lines 2a-2f			18,622,839			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		69,699			69,699
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real	(ii) Personal			
	6a Gross rents					
	b Less: rental exps.					
	c Rental inc. or (loss)					
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		184,595				
	b Less: cost or other basis & sales exps.			187,760		
	c Gain or (loss)			-3,165		
	d Net gain or (loss)			-3,165		-3,165
	8a Gross income from fundraising events (not including \$ 66,347 of contributions reported on line 1c). See Part IV, line 18	a				
	b Less: direct expenses	b	9,430			
c Net income or (loss) from fundraising events			-9,430			
9a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses	b					
c Net income or (loss) from gaming activities						
10a 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	Busn. Code				
11a Other Revenue			17,493	17,493		
b						
c						
d All other revenue						
e Total. Add lines 11a-11d			17,493			
12 Total revenue. See instructions.			21,002,499	18,640,332	0	66,534

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	2,104,317	2,104,317		
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	585,557	224,211	361,346	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	11,818,954	10,871,065	881,879	66,010
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	197,798	172,661	23,435	1,702
9 Other employee benefits	1,831,859	1,694,156	125,361	12,342
10 Payroll taxes	953,832	865,351	84,070	4,411
11 Fees for services (non-employees):				
a Management				
b Legal	1,424		1,424	
c Accounting	61,062	57,696	3,024	342
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 Schedule O.)	171,801	158,999	12,104	698
12 Advertising and promotion	9,285	5,530		3,755
13 Office expenses	413,821	294,846	112,851	6,124
14 Information technology	313,039	205,396	102,816	4,827
15 Royalties				
16 Occupancy	1,012,446	888,612	116,063	7,771
17 Travel	219,016	204,553	14,460	3
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	7,393	2,434	4,959	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	80,471	58,596	21,233	642
23 Insurance	111,684	93,174	18,104	406
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 Repairs and Maintenance	150,133	149,737	396	
b Medical and Pharmacy	118,141	118,141		
c Equipment Costs	23,372	19,220	3,736	416
d Staff Training	22,434	13,735	8,699	
e All other expenses	7,244	6,051	1,191	2
25 Total functional expenses. Add lines 1 through 24e	20,215,083	18,208,481	1,897,151	109,451
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 <input type="checkbox"/> 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	752,012	1	900,110
	2 Savings and temporary cash investments	109,350	2	109,414
	3 Pledges and grants receivable, net	1,225,235	3	1,554,560
	4 Accounts receivable, net	409,925	4	474,897
	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 instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	88,630	8	103,826
	9 Prepaid expenses and deferred charges	122,053	9	157,401
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 6,182,728		
	b Less: accumulated depreciation	10b 5,212,035	881,558	10c 970,693
	11 Investments—publicly traded securities	1,590,883	11	1,746,489
	12 Investments—other securities. See Part IV, line 11	552,834	12	636,426
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	375,078	15	398,426
16 Total assets. Add lines 1 through 15 (must equal line 34)	6,107,558	16	7,052,242	
Liabilities	17 Accounts payable and accrued expenses	726,038	17	802,571
	18 Grants payable		18	
	19 Deferred revenue	15,285	19	39,331
	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	1,370,296	25	1,409,061
	26 Total liabilities. Add lines 17 through 25	2,111,619	26	2,250,963
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	3,661,757	27	4,467,097
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets	334,182	29	334,182
	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	3,995,939	33	4,801,279	
34 Total liabilities and net assets/fund balances	6,107,558	34	7,052,242	

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	21,002,499
2	Total expenses (must equal Part IX, column (A), line 25)	2	20,215,083
3	Revenue less expenses. Subtract line 2 from line 1	3	787,416
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,995,939
5	Net unrealized gains (losses) on investments	5	17,924
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	4,801,279

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 checked="" type="checkbox"/> Separate basis <input 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.	X	

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2018

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization

Suncoast Center, Inc.

Employer identification number

59-2092717

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		
(A)						
(B)						
(C)						
(D)						
(E)						
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

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10.

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) 14 %
15 Public support percentage from 2017 Schedule A, Part II, line 14 15 %
16a 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
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
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
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
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

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.")	682,416	879,309	835,589	1,637,139	2,305,063	6,339,516
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	15,744,936	16,738,906	17,382,422	17,513,463	18,640,332	86,020,059
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	16,427,352	17,618,215	18,218,011	19,150,602	20,945,395	92,359,575
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.)						92,359,575

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	16,427,352	17,618,215	18,218,011	19,150,602	20,945,395	92,359,575
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	31,280	28,527	30,632	50,305	69,699	210,443
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	31,280	28,527	30,632	50,305	69,699	210,443
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on			27,186			27,186
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.)	16,458,632	17,646,742	18,275,829	19,200,907	21,015,094	92,597,204
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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	99.74 %
16 Public support percentage for 2017 Schedule A, Part III, line 15	16	99.78 %

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	<i>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (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. <i>Answer (a) and (b) below.</i>		
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. <i>Answer (a) and (b) below.</i>		
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			

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

Public Inspection Copy

Schedule B
 (Form 990, 990-EZ,
 or 990-PF)
 Department of the Treasury
 Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2018

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

Name of the organization

Employer identification number

Suncoast Center, Inc.

59-2092717

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 33¹/₃% 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

Suncoast Center, Inc.

Employer identification number

59-2092717

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		\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 7,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Suncoast Center, Inc.

Employer identification number

59-2092717

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
7		\$ 500,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 9,297	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 885,382	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
11		\$ 171,607	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
12		\$ 112,706	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Suncoast Center, Inc.

Employer identification number

59-2092717

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
13	\$ 411,712	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
14	\$ 46,754	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" 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.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Public Inspection Copy

Name of organization

Suncoast Center, Inc.

Employer identification number

59-2092717

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
10	Drug Samples	\$ 885,382	
11	Drug Samples	\$ 171,607	
12	Drug Samples	\$ 112,706	
13	Drug Samples	\$ 411,712	
14	Drug Samples	\$ 46,754	
		\$	

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

Suncoast Center, Inc.

Employer identification number

59-2092717

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate values, and yes/no questions about donor advisement.

Part II Conservation Easements.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number of easements, and various monitoring and reporting questions.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting 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	334,182	334,182	334,182	334,182	334,182
b Contributions					
c Net investment earnings, gains, and losses	3,230	3,230	2,967	3,006	3,500
d Grants or scholarships					
e Other expenditures for facilities and programs	3,230	3,230	2,967	3,006	3,500
f Administrative expenses					
g End of year balance	334,182	334,182	334,182	334,182	334,182

- 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 **100.00** %
 - 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 | X | |
| (ii) related organizations | | X |
- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		305,536		305,536
b Buildings		335,000	288,895	46,105
c Leasehold improvements		921,352	627,017	294,335
d Equipment		4,458,477	4,134,135	324,342
e Other		162,363	161,988	375
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				970,693

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 Principal 457 Plan Assets- -	636,426	Market
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	636,426	

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. (Column (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) Other assets	398,426
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	398,426

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) Other liabilities	1,409,061
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	1,409,061

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	20,883,950
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	17,924	
b	Donated services and use of facilities	2b	77,638	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	323,641	
e	Add lines 2a through 2d		2e	419,203
3	Subtract line 2e from line 1		3	20,464,747
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	537,752	
c	Add lines 4a and 4b		4c	537,752
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	21,002,499

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	20,192,494
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	77,638	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	437,525	
e	Add lines 2a through 2d		2e	515,163
3	Subtract line 2e from line 1		3	19,677,331
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	537,752	
c	Add lines 4a and 4b		4c	537,752
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	20,215,083

Part XIII Supplemental Information.

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

Part V, Line 4 - Intended Uses for Endowment Funds

The Organization's objective is to maintain endowment assets, as well as to provide additional real growth through investment return. The Organization has invested endowment assets in a manner that attempts to provide a predictable stream of funding to programs supported by its endowments, while seeking to maintain the value of the endowment assets.

Part XI, Line 2d - Revenue Amounts Included in Financials - Other

Reclass bad debt	\$	281,139
Remove related affiliates revenue-consolidated financials	\$	38,745
Reclass bank fees	\$	3,757

Part XIII Supplemental Information *(continued)*

Part XI, Line 4b - Revenue Amounts Included on Return - Other

Intercompany rent \$ **537,752**

Part XII, Line 2d - Expense Amounts Included in Financials - Other

Remove related affiliates expenses-consolidated financials \$ **152,629**

Reclass bad debt \$ **281,139**

Reclass bank fees \$ **3,757**

Part XII, Line 4b - Expense Amounts Included on Return - Other

Intercompany rent \$ **537,752**

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

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2018

Department of the Treasury
Internal Revenue Service

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.

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name of the organization

Suncoast Center, Inc.

Employer identification number

59-2092717

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

2a 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			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
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
		<u>Success Breakfa</u> (event type)	_____ (event type)	<u>None</u> (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	66,347		66,347
	2	Less: Contributions	66,347		66,347
	3	Gross income (line 1 minus line 2)			
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	9,430		9,430
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				-9,430

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:

13a	%
13b	%

 - a The organization's facility
 - b An outside facility
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name

Address

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$
- c If "Yes," enter name and address of the third party:

Name

Address

- 16 Gaming manager information:
 - Name
 - Gaming manager compensation \$
 - Description of services provided
 - Director/officer Employee Independent contractor

- 17 Mandatory distributions:
 - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
 - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

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

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**SCHEDULE I
(Form 990)**

**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.

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

Suncoast Center, Inc.

Employer identification number

59-2092717

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
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

- 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

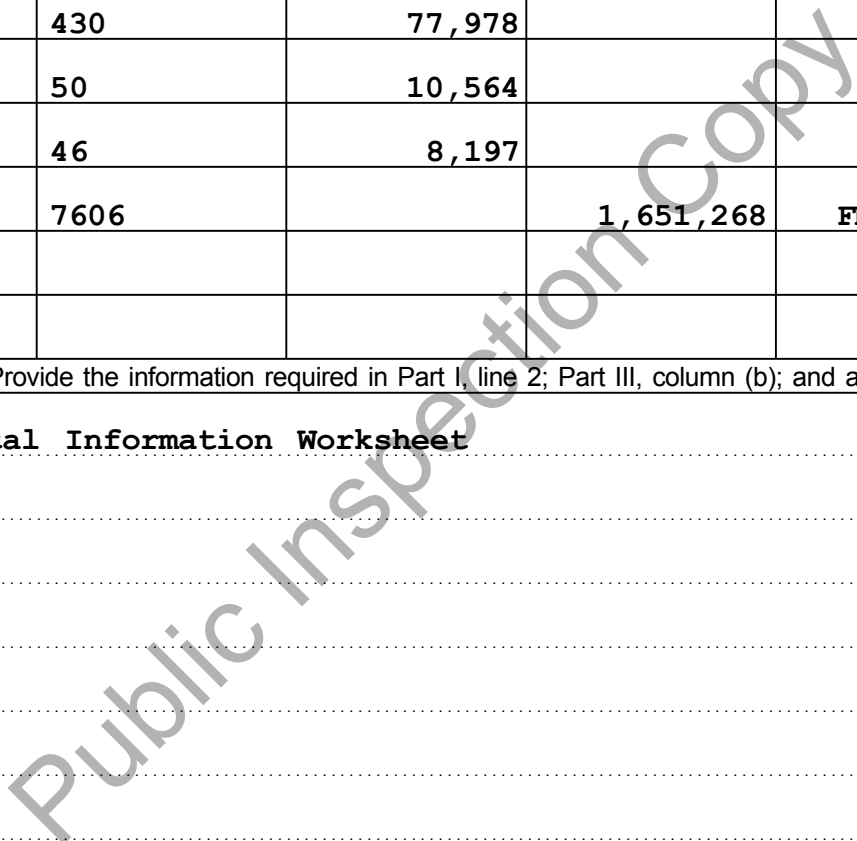
Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 Emergency Funds-Others	353	356,310			
2 Emergency Funds-AIS	430	77,978			
3 Emergency Funds-FIS	50	10,564			
4 Emergency Funds-TFS	46	8,197			
5 Medical Samples-AIS	7606		1,651,268	FMV	See below
6					
7					

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

See Schedule I Supplemental Information Worksheet



Supplemental Information

SCHEDULE I
(Form 990)

For calendar year 2018, or tax year beginning

07/01/18

, and ending

06/30/19

2018

Name of the organization

Suncoast Center, Inc.

Employer identification number

59-2092717

Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds

Assistance to individuals is granted through various programs of the organization. The organization provides emergency funds for indigent clients on an "as needed" basis. Clients have to meet specific criteria to qualify for this assistance.

Part IV - Additional Information

Related to Part III: Assistance provided to individuals is emergency funds for rent, utilities and other living expenses.

AIS - Reimbursed expenses for the Adult Integrated Services program

TFS - Reimbursed expenses for the Total Family Strategies program

FIS - Reimbursed expenses for the Family Integrated Services program

Others - Reimbursed incidental client expenses in all other programs

Medication: Clients without insurance or other drug coverage that includes the needed medication on their formulary may be eligible for sample medications, when the sample medication is prescribed by the medical provider. Sample medications may also include initial doses of medication to assist client while they are applying for a Patient Assistance Program. Number of samples provided is shown.

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Suncoast Center, Inc.

Employer identification number
59-2092717

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

- a** Receive a severance payment or change-of-control payment? **4a** Yes No
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b** Yes No
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c** Yes No
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

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

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

- a** The organization? **5a** Yes No
- b** Any related organization? **5b** Yes No
- If "Yes" on line 5a or 5b, describe in Part III.

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

- a** The organization? **6a** Yes No
- b** Any related organization? **6b** Yes No
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III **7** Yes No

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III **8** Yes No

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9** Yes No

	Yes	No
1a		
2		
3		
4a		<input checked="" type="checkbox"/>
4b		<input checked="" type="checkbox"/>
4c		<input checked="" type="checkbox"/>
5a		<input checked="" type="checkbox"/>
5b		<input checked="" type="checkbox"/>
6a		<input checked="" type="checkbox"/>
6b		<input checked="" type="checkbox"/>
7		<input checked="" type="checkbox"/>
8		<input checked="" type="checkbox"/>
9		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 Barbara Daire Pres/CEO	(i)	205,872	20,000	0	18,538	23,709	268,119	0
	(ii)	0	0	0	0	0	0	0
2 Gregory Onderko Medical Director	(i)	204,084	0	0	10,707	9,420	224,211	0
	(ii)	0	0	0	0	0	0	0
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

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**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2018

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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.

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

Suncoast Center, Inc.

59-2092717

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				
20 Drugs and medical supplies	X	7606	1,651,268	Fair Value-donated drug
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.		

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

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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

Suncoast Center, Inc.

Employer identification number

59-2092717**Form 990 - Organization's Mission**

For over 75 years, Suncoast Center, Inc. has provided a comprehensive range of evidence-based programs that address emotional wellness, trauma services, and child advocacy to individuals and families throughout Pinellas County. During 2018-2019, Suncoast Center held true to its mission of strengthening, protecting, and restoring lives for a healthy community, through its provision of 313,906 services to over 26,000 individuals throughout Pinellas County. These services included mental health, substance abuse, family counseling, trauma assessment and therapeutic services. Services are provided regardless of the individual's sex, nationality, and/or religion and are administered with respect to the individual. The demographic snapshot of our clients consists of 33% minority with 47% of our clients living in poverty. Suncoast Center has 281 employees and 10 interns that include psychiatric and medical staff, clinical therapists, case managers, administrative and support staff. Suncoast Center's staff reflects the diversity of clients served. Forty percent (40%) of employees are minority members. Our staff are well trained professionals who practice within their scope of expertise. They receive extensive training, not only in trauma, behavioral health, engagement and advocacy, but also in cultural diversity and cultural competency, that includes, racial, ethnic, religious, sexual orientation, and the culture of poverty. Suncoast Center ensures that all staff are trained in trauma informed practices and treatment. Awareness of the impact of trauma on behavioral health and wellness is important throughout the recovery process.

Name of the organization

Suncoast Center, Inc.

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Suncoast Center is one of the largest utilizers of long-acting injectable antipsychotic medication in the State of Florida. Long-acting injectable antipsychotic medications can be more efficient and effective for some clients. They can increase medication compliance, improve daily functioning and stability, and improve long-term outcomes for severely and persistently mentally ill clients. We have repeatedly seen positive life changing impacts on individuals' lives and societal integration through the use of this and other interventions.

Clients receiving behavioral health services obtained an average of 21 services per client last year. While services may appear to be traditional outpatient therapy or medication management, they are actually embedded with the very effective culture of feedback informed treatment which assists both client and staff in working together to ensure good engagement, connection, and positive outcomes. Trauma informed care and culture is also embedded in all our services because we know how recognizing the impact of, and treating trauma improves the outcomes for our clients. Beyond our office walls, at our many sites throughout Pinellas, we bring the care to our clients in a variety of ways. Thirty percent (30%) of our services are in community locations such as jails, client homes, schools, or embedded into other community locations. We have therapists housed in eight elementary schools and in the health clinics of five high schools. Suncoast Center early childhood therapists are a resource to all the Head Start and Early Head Start Preschool Centers in Pinellas. Being able to meet clients where they are when they need help is important to us. We partner with Community Health Centers of Pinellas and

Name of the organization

Suncoast Center, Inc.

Employer identification number

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have therapists in their health care locations to screen for, and provide mental health services, family therapy and linkage to our other services.

Proving that treatment does work, our efforts resulted in 89% of our adult clients with severe and persistent mental illnesses are now living in a stable housing environment, and 40% of our adult clients with serious mental illness are competitively employed. Our child outcomes are just as impressive: 88% of our youth reduced anxiety, 87% improved from depression, 85% reduced trauma/stress symptoms, 85% reduced hyperactivity, and 82% reduced harm to self-thoughts and behaviors. All of the youths participating in our substance abuse treatment completed the program, and 100% of our young clients in substance abuse treatment reduced arrests from admission to discharge. Suncoast Center also provides a wide array of family support services and family therapy designed to strengthen and protect families. Our family services programing resulted in 99% having no report of abuse and/or neglect during participation of child abuse prevention services, and 99% having no new verified report of abuse and/or neglect for a period of 12 months after case closure.

As the provider for Pinellas County's Child Advocacy Center, we seek to prevent child maltreatment and child welfare involvement, assist with school readiness, and empower children to succeed in school. During 2018-2019, our Child Protection Team screened over 9,937 abuse reports and evaluated 1096 children. Our Child Protection Team provided 2,111 services to children and their families.

Suncoast Center is Pinellas County's only certified Sexual Assault Services

Name of the organization

Suncoast Center, Inc.

Employer identification number

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provider. In our community of over 970,000, we are the frontline for the preventive and reactive response to sexual assault. During 2018-2019, Sexual Assault Services responded to 1508 rape crisis calls and provided 230 sexual assault exams. Beyond the exams and forensic evidence collection, we provide education, awareness, and prevention services reaching out to the full population of Pinellas County. We have special connections to the local schools and universities in order to best connect our education and awareness campaigns. We serve victims of trauma, regardless of whether they have experienced recent or past trauma. We provided individual, group, and family therapy services to over 1,025 trauma victims in the 18-19 fiscal year.

Suncoast Center believes in community collaboration. We are represented on 71 community councils, collaborative partnerships, and task forces, and have formal agreements with over 50 local agencies, coalitions and advocacy groups. Suncoast Center coordinates the Pinellas Behavioral Health System of Care Workgroup. The workgroup convenes in order to analyze gaps in the coordination of care and implement improvements to our system of care. Some of these community partners have come together to form the Pinellas Community Empowerment Team to address the needs of individuals with serious behavioral health disorders who are repeatedly being admitted to the Crisis Stabilization Unit and the jail. The goal of this program is to engage individuals who have "fallen through the cracks" of our community systems and learn how the system can change to provide resources and services in a way to engage similar clients earlier in their experience. The program has significantly changed the lives of the clients involved and has provided valuable information to our system of care. The Behavioral Health System

Name of the organization

Suncoast Center, Inc.

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of Care members have also convened the local agencies to embark on a collaborative process improvement effort to prevent suicides in Pinellas. The Zero Suicide Initiative has harnessed collaboration across sectors of mental health, health, schools, law enforcement, and housing. As part of this collaboration, 17 partners signed an agreement to work on Suicide Prevention. The Zero Suicide initiative has resulted in area agencies agreeing to common screenings, assessments, safety plans and suicide safe care pathways for treatment. Agencies have implemented these core processes into their electronic record systems and are continuing to address area of metrics reporting, common messaging, awareness and education, and advocacy.

While the number of individuals seeking our services continues to rise, we continue to focus on prevention as well as treatment. Increasing awareness and education is part of our outreach services. Eliminating the stigma of mental health disorders and receiving treatment is important to Suncoast Center. During our 18-19 fiscal year, we touched over 44,000 people at our outreach activities, community events, and community trainings. Suncoast Center continues to build awareness on the prevention of abuse through events such as Art Heals. This powerful exhibit features artwork created by survivors of sexual violence in partnership with several of St. Petersburg's artists and arts organizations.

Our Success Breakfast provides the community with an opportunity to learn about the services provided at Suncoast Center and discuss the difficult and pivotal topics of violence, child abuse, substance abuse, mental health, and sexual assault. Our "Be the End" campaign focuses attention on

Name of the organization

Suncoast Center, Inc.

Employer identification number

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bringing an end to child abuse, sexual assault and the stigma related to mental illnesses.

Form 990, Part III, Line 4d - All Other Accomplishments

Suncoast Center continuously seeks to make improvements to our system of care. Suncoast Center has been able to share referrals and referral information electronically with many of our partners including 211 Tampa Bay Cares and other local mental health and substance abuse providers. Our initiation of this project many years ago has recently led to other agencies being funded to link up to the system that we are using. Improvement of our processes has included many automations this last year. One of the automations improved the linking of psychiatric service information to our client's primary care providers. Suncoast was able to ensure that primary care providers received records of care through a seamless process. The Community Health Centers of Pinellas was able to receive these records electronically into their system. This effort will improve client care and is a significant bridge and step forward for our processes.

Suncoast Center is providing tele-therapy and is prepared to provide tele-psychiatry when the funding mechanisms are more consistent. We have worked hard to engage funders in accepting Tele-therapy, and are able to offer the service to many of our clients. We have implemented processes to engage clients through tele-therapy before they leave a psychiatric crisis unit to assist and engage clients, improving their comfort level with attaining services.

Name of the organization

Suncoast Center, Inc.

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Through our Zero Suicide Initiative, Suncoast Center has currently gained agreements from 17 local behavioral health and health agencies to implement common screening and assessment tools of the Patient Health Questionnaire 9 and Columbia Suicide Severity Rating Scale, as well as to use a common Safety Plan. These tools and results will be able to be electronically shared in transitions of care and will be used as common metrics, and measures.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 Auditor provides preliminary copies of 990. CFO takes to Board of Trustees for review. Final 990 sent to IRS.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

Covered in the HR Manual under Table of Contents 3.09 "Conflicts of Interest". In summary this is reviewed annually and verbatim "Suncoast will not do business with the relatives of employees, volunteers, interns, contractors or members of Board of Trustees. If there is a question regarding this policy, it is always best to err on the side of caution and disclose all information that may cause a potential conflict."

Form 990, Part VI, Line 15a - Compensation Process for Top Official

The Board of Trustees determines the salary of the CEO. Comparables are used to stay competitive with the other similar state and local agencies providing community mental health services.

Suncoast Center, Inc. desires to ensure that its executive compensation program is competitive, fair and equitable, compliant with regulatory

Name of the organization

Employer identification number

Suncoast Center, Inc.

59-2092717

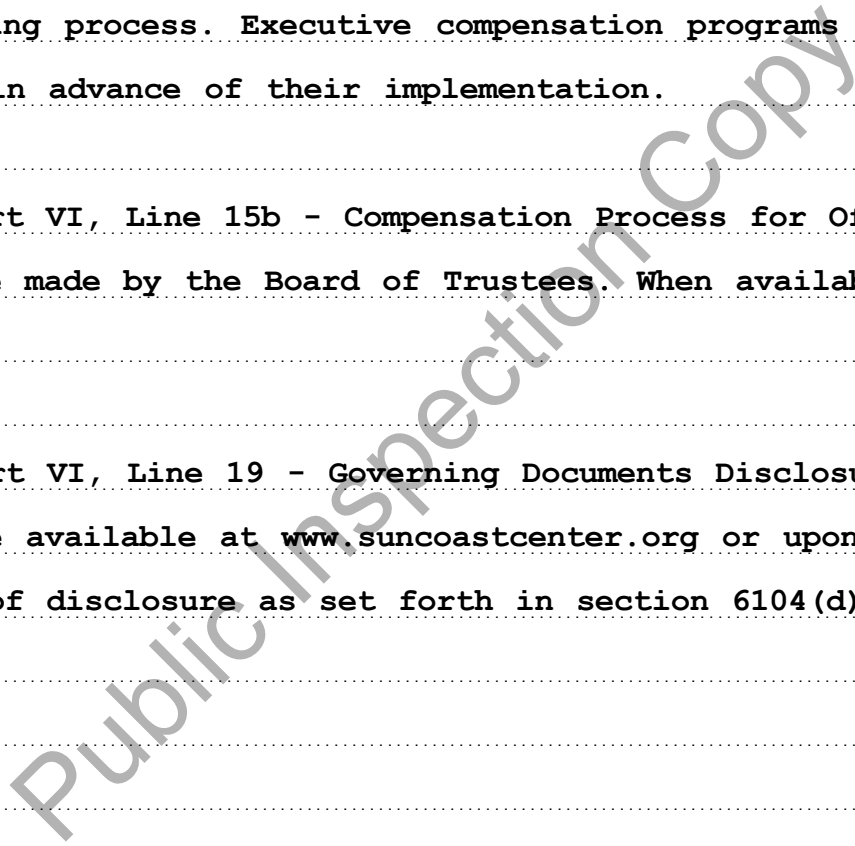
guidelines and representative of market best practices. The Executive Committee of the Board of Trustees provides the subcommittee oversight for executive compensation. The decision making process supports the mission, values, strategic direction and tax-exempt status of the agency. The decision process includes the evaluation of pay practices for the industry and relies upon appropriate independent comparability data to support its decision making process. Executive compensation programs and decisions will be approved in advance of their implementation.

Form 990, Part VI, Line 15b - Compensation Process for Officers

Decisions are made by the Board of Trustees. When available, comparatives are used.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

Documents are available at www.suncoastcenter.org or upon request for the same period of disclosure as set forth in section 6104(d).



**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2018

Open to Public Inspection

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

Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Suncoast Center, Inc.

Employer identification number

59-2092717

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
(1)					
(2)					
(3)					
(4)					
(5)					

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
(1) Suncoast Center Properties, Inc. 4024 Central Avenue 59-3385984 St. Petersburg FL 33711	Rental	FL	501c2		Suncoast C	X	
(2)							
(3)							
(4)							
(5)							

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 alloc.?		(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	
(1)												
(2)												
(3)												
(4)												

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
(1) Suncoast Center Enterprises, Inc. 4024 Central Avenue St. Petersburg FL 33711 20-8401811	Med Supply	FL	N/A	S					X
(2)									
(3)									
(4)									

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?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

	Yes	No
1a		X
1b		X
1c	X	
1d		X
1e	X	
1f		X
1g		X
1h		X
1i		X
1j		X
1k	X	
1l		X
1m		X
1n	X	
1o	X	
1p		X
1q		X
1r		X
1s		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) Suncoast Center Properties, Inc.	c	500,000	Cash grant
(2) Suncoast Center Properties, Inc.	e	772,635	Intercompany loan
(3) Suncoast Center Properties, Inc.	k	537,745	Intercompany rent
(4) Suncoast Center Properties, Inc	n		See Part VII
(5) Suncoast Center Enterprises, Inc	n		See Part VII
(6) Suncoast Center Properties, Inc	o		See Part VII

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?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

	Yes	No
1a		X
1b		X
1c	X	
1d		X
1e	X	
1f		X
1g		X
1h		X
1i		X
1j		X
1k	X	
1l		X
1m		X
1n	X	
1o	X	
1p		X
1q		X
1r		X
1s		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)	Suncoast Center Enterprises, Inc	o		See Part VII
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(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		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													

Public Inspection Copy

Part VII Supplemental Information.

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

Schedule R - Additional Information

Part II:

Suncoast Center, Inc. "Suncoast" is a controlling entity of Suncoast Center Properties, Inc. "SCP" under IRC 512(b)(13). SCP receives rental income from Suncoast on debt-financed real property. As the two organizations are related entities, the rental income is not considered unrelated business taxable income.

Part V, Lines n and o:

All activity for Suncoast Center Properties and Suncoast Center Enterprises is run by Suncoast Center employees in their facilities.

Public Inspection Copy

SUNCOAST CENTER INC.
SUMMARY COST CENTERS
For the Twelve Months Ending Wednesday, June 30, 2021

	July	August	September	October	November	December	January	February	March	April	May	June	<u>Year to Date</u>
Revenues													
DC&F/CFBHN	\$354,460	\$377,941	\$362,472	\$388,652	\$327,620	\$340,330	\$367,296	\$336,505	\$344,609	\$344,609	\$351,501	\$363,855	\$4,259,849
JWB Funding & Subcontract	490,575	465,108	476,802	473,692	457,840	499,759	482,226	436,053	499,614	482,105	460,731	481,779	5,706,284
Medicaid	258,885	250,456	255,755	313,105	295,842	255,339	311,929	287,181	316,180	316,180	289,133	303,045	3,453,029
Pinellas County	160,335	131,152	153,525	139,092	144,489	164,740	141,198	137,164	166,736	144,565	134,516	137,465	1,754,976
Pinellas County School Board	34,646	33,071	33,071	34,646	29,921	33,071	33,071	31,496	36,220	34,646	31,496	34,646	400,000
Department of Health	66,779	66,779	66,779	66,779	66,779	66,779	66,779	66,779	66,779	66,779	66,779	66,779	801,345
United Way	13,157	13,157	13,157	13,157	13,157	13,157	13,157	13,157	13,157	13,157	13,157	13,157	157,880
Medicare	65,847	66,348	59,426	69,741	81,987	77,045	91,831	82,013	87,891	87,891	83,013	84,952	937,985
VOCA	40,000	27,200	21,096	78,800	74,500	86,706	79,800	63,500	86,905	77,300	74,000	79,300	789,107
SAVE	16,000	15,000	12,000	15,500	11,500	8,500	15,500	15,500	15,500	16,000	12,500	14,000	167,500
FCASV	10,698	10,698	10,698	10,698	10,698	10,698	10,698	10,698	10,698	10,698	10,698	10,698	128,370
FNAC	16,355	11,180	12,784	12,399	11,663	13,173	15,382	11,262	16,155	12,684	11,648	13,084	157,769
CHCP-Pinellas JRC	77,217	73,778	73,778	77,217	66,900	73,778	73,778	70,339	80,656	77,217	70,339	77,217	892,214
PEMHS	33,142	33,142	31,307	34,059	30,390	31,307	33,142	31,307	33,142	33,143	31,307	33,142	388,530
Lutheran Services	883	843	843	883	762	843	843	803	923	883	803	883	10,193
Other Revenue	12,048	14,643	12,081	12,966	14,145	11,197	12,938	14,077	12,388	12,416	13,786	11,986	154,673
Private Insurance	22,253	28,494	28,199	21,150	26,945	21,324	32,868	25,549	27,909	27,909	25,372	25,372	313,344
Client Fees	22,625	19,810	19,628	22,753	17,668	18,200	26,452	27,468	24,180	24,180	21,982	21,982	266,928
Donations & Fundraising	5,438	5,438	14,438	63,882	50,882	49,882	50,882	49,882	52,682	59,882	59,882	48,882	512,050
In-Kind Revenue	131,752	131,504	131,229	131,529	131,929	130,575	130,133	130,501	131,429	131,429	131,329	131,409	1,574,745
Total Revenues	1,833,095	1,775,742	1,789,068	1,980,700	1,865,617	1,906,403	1,989,903	1,841,234	2,023,753	1,973,673	1,893,972	1,953,633	22,826,772
Expenses													
Salary Expenses	1,157,666	1,104,799	1,175,541	1,239,853	1,183,496	1,296,210	1,183,496	1,127,139	1,296,210	1,239,853	1,183,496	1,239,853	14,427,609
Fringe Expenses	273,529	268,315	281,038	291,050	285,251	304,664	363,924	299,898	314,498	308,035	302,390	307,934	3,600,526
CFBHN Drug LOC Exp	7,872	7,872	7,872	7,872	7,872	7,872	7,872	7,872	7,872	7,872	7,872	7,868	94,460
Client Support & Operating Exp	43,662	43,500	45,399	43,286	42,552	46,277	56,285	44,747	42,571	42,536	43,421	42,486	536,724
Other Professional Fees	39,526	33,923	62,536	41,587	42,125	39,569	38,397	45,388	34,667	34,667	34,667	40,667	487,718
Building Occupancy	80,867	79,178	81,856	91,434	90,726	86,737	87,625	93,340	89,841	90,164	90,460	91,332	1,053,559
Travel, Maint., Equip	11,944	13,968	11,702	19,197	22,948	17,314	24,679	28,789	18,620	26,256	26,043	26,234	247,696
Insurance	14,249	14,249	14,249	14,249	14,249	14,249	14,249	14,249	14,249	14,249	14,249	14,249	170,983
Office Expense	20,931	18,428	16,745	22,987	17,017	17,532	23,924	16,958	17,269	22,837	16,715	17,194	228,536
Telephone Expense	14,369	14,369	14,369	14,620	14,586	14,608	14,586	14,597	14,631	14,620	14,597	14,620	174,572
Other Expenses	1,471	1,414	3,150	1,643	1,192	6,749	1,383	2,726	1,375	1,375	1,375	1,375	25,229
Depreciation Expense	15,126	16,068	16,624	17,453	17,581	17,551	17,746	17,675	17,071	17,173	17,173	17,173	204,416
In-Kind Expenses	131,752	131,504	131,229	131,529	131,929	130,575	130,133	130,501	131,429	131,429	131,329	131,409	1,574,745
Total Expenses	1,812,964	1,747,587	1,862,310	1,936,760	1,871,524	1,999,907	1,964,299	1,843,879	2,000,303	1,951,066	1,883,787	1,952,394	22,826,772
Surplus/ (Deficit)	\$20,131	\$28,155	(\$73,242)	\$43,940	(\$5,907)	(\$93,504)	\$25,604	(\$2,645)	\$23,450	\$22,607	\$10,185	\$1,239	\$0



**Audited Combined Financial Statements
And Supplementary Information**

June 30, 2019 and 2018

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Gregory, Sharer & Stuart, P.A.

Certified Public Accountants and Business Consultants

Independent Auditor's Report

Board of Trustees
Suncoast Center, Inc. and Affiliate
St. Petersburg, Florida

Report on the Combined Financial Statements

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

Management's Responsibility for the Combined Financial Statements

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

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the combined financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the combined financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Organization's preparation and fair presentation of the combined 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 Organization'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 combined financial statements.

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

Opinion

In our opinion, the combined financial statements referred to above present fairly, in all material respects, the combined financial position of Suncoast Center, Inc. and affiliate as of June 30, 2019, and the combined changes in their net assets, functional expenses, and cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Summarized Comparative Information

We have previously audited Suncoast Center, Inc. and affiliate's 2018 combined financial statements, and we expressed an unmodified audit opinion on those audited combined financial statements in our report dated November 8, 2018. In our opinion, the summarized comparative information presented herein as of and for the year ended June 30, 2018 is consistent, in all material respects, with the audited combined financial statements from which it has been derived.

Other Matters

Additional Information

Our audit was conducted for the purpose of forming an opinion on the combined financial statements as a whole. The accompanying additional information on pages 22 through 27 is presented for purposes of additional analysis and is not a required part of the combined financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the combined financial statements. The information has been subjected to the auditing procedures applied in the audit of the combined financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the combined financial statements or to the combined financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated, in all material respects, in relation to the combined financial statements as a whole.

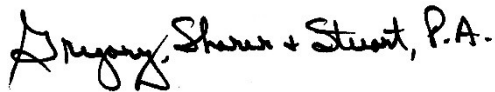
Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the combined financial statements as a whole. The accompanying schedule of expenditures of federal awards and state financial assistance and related notes, as required by Title 2 U.S. Code of Federal Regulations (CFR) Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*; Section 215.97, Florida Statutes; and Chapter 10.650, Rules of the Auditor General, is presented for purposes of additional analysis and is not a required part of the combined financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the combined financial statements. The information has been subjected to the auditing procedures applied in the audit of the combined financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the combined financial statements or to the combined financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated, in all material respects, in relation to the combined financial statements as a whole.

Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards*, we have also issued our report dated December 5, 2019 on our consideration of the Organization's internal control over financial reporting and our tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements, and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Organization's internal control over financial reporting and compliance.

Gregory, Sharer & Stuart, P.A.



St. Petersburg, Florida
December 5, 2019

Suncoast Center, Inc. and Affiliate
Combined Statements of Financial Position

	June 30,	
	<u>2019</u>	<u>2018</u>
Assets		
Current assets		
Cash and cash equivalents	\$ 2,456,277	\$ 2,352,633
Accounts receivable, net	2,029,457	1,635,160
Medication inventory	103,826	88,630
Prepaid expenses and current other assets	157,401	124,584
Total current assets	<u>4,746,961</u>	<u>4,201,007</u>
Property and equipment, net	4,509,494	4,442,359
Investments	1,397,307	1,241,701
Investments designated for deferred compensation	636,426	552,834
Endowed investments	334,182	334,182
Total investments	<u>2,367,915</u>	<u>2,128,717</u>
Charitable remainder trust	394,826	371,478
Other assets	18,600	18,600
Total assets	<u>\$ 12,037,796</u>	<u>\$ 11,162,161</u>
Liabilities and net assets		
Liabilities		
Current liabilities		
Accounts payable	\$ 68,250	\$ 87,853
Accrued expenses	734,327	638,183
Deferred revenue	39,331	15,285
Total current liabilities	<u>841,908</u>	<u>741,321</u>
Deferred compensation payable	636,426	552,834
Total liabilities	<u>1,478,334</u>	<u>1,294,155</u>
Net assets		
Without donor restrictions	9,823,015	9,139,117
With donor restriction	736,447	728,889
Total net assets	<u>10,559,462</u>	<u>9,868,006</u>
Total liabilities and net assets	<u>\$ 12,037,796</u>	<u>\$ 11,162,161</u>

Suncoast Center, Inc. and Affiliate
Combined Statement of Activities
For the Year Ended June 30, 2019
With Summarized Comparative Information for the Year Ended June 30, 2018

	Year Ended June 30, 2019			Summarized Comparative Totals Year Ended June 30, 2018
	Without Donor Restriction	With Donor Restrictions	Total	
Operating support and revenue				
Public support				
Special event revenue	\$ 66,347	\$ -	\$ 66,347	\$ 68,130
Less special event costs	(9,430)	-	(9,430)	(11,098)
Net revenue from special events	56,917	-	56,917	57,032
Contributions	380,137	23,349	403,486	412,618
In-kind contributions	1,728,906	-	1,728,906	1,251,605
	2,109,043	23,349	2,132,392	1,664,223
Revenue				
Reimbursement of direct and indirect costs of providing services to clients (including Medicaid and Medicare of \$3,604,963 and \$3,334,118 in 2019 and 2018, respectively)	4,357,510	-	4,357,510	3,915,473
Governmental and other agencies	14,231,429	-	14,231,429	13,489,084
Other income	105,702	-	105,702	122,500
	18,694,641	-	18,694,641	17,527,057
Net assets released from restrictions				
Satisfaction of donor restrictions	15,791	(15,791)	-	-
Total support and revenue	20,876,392	7,558	20,883,950	19,248,312
Operating expenses				
Program services	18,269,566	-	18,269,566	17,041,267
Supporting services				
Administrative and general	1,818,478	-	1,818,478	1,923,534
Fundraising and development	104,450	-	104,450	105,829
Total supporting services	1,922,928	-	1,922,928	2,029,363
Total expenses	20,192,494	-	20,192,494	19,070,630
Change in net assets	683,898	7,558	691,456	177,682
Net assets at beginning of year	9,139,117	728,889	9,868,006	9,690,324
Net assets at end of year	<u>\$ 9,823,015</u>	<u>\$ 736,447</u>	<u>\$ 10,559,462</u>	<u>\$ 9,868,006</u>

Suncoast Center, Inc. and Affiliate
Combined Statement of Functional Expenses
For the Year Ended June 30, 2019

With Summarized Comparative Information for the Year Ended June 30, 2018

	Program Services								
	Case Management	Community Intensive Services	Adult Integrated Services	Self Sufficiency Services	Intensive Family Services	Forensic Services	Family Integrated Services	Early Childhood Services	Child Protection Team
Salaries	\$ 664,473	\$ 953,611	\$ 2,811,614	\$ 50,156	\$ 266,037	\$ 447,607	\$ 1,470,480	\$ 978,653	\$ 699,496
Fringes	192,587	240,928	670,440	15,753	69,208	115,464	323,950	273,804	186,255
Psychiatric consultants	-	-	-	-	-	-	-	-	17,200
Total salaries and related expenses	857,060	1,194,539	3,482,054	65,909	335,245	563,071	1,794,430	1,252,457	902,951
Building occupancy	28,842	40,599	97,233	3,084	5,281	22,588	59,333	19,327	42,742
Professional services	20,645	59,929	89,917	1,522	6,233	12,861	43,496	27,730	21,381
Travel and training	33,088	23,072	4,198	122	14,048	33,105	8,585	29,856	4,943
Equipment costs	18,221	25,398	54,953	940	4,001	9,500	30,007	17,307	14,194
Medical and pharmacy	-	2,256	84,872	-	-	-	-	-	17,613
Insurance	8,596	15,891	20,168	350	1,476	6,663	10,061	6,471	4,464
Interest and amortization	-	-	-	-	-	-	-	-	-
Operating supplies and expenses	42,068	326,702	151,163	8,531	12,176	26,395	45,802	31,996	27,116
Other	13,201	-	161,922	-	9,092	-	69,974	21,692	4,689
In-kind expense	-	38,745	1,651,268	-	-	-	-	-	-
Total operating expenses	164,661	532,592	2,315,694	14,549	52,307	111,112	267,258	154,379	137,142
Total expenses	\$ 1,021,721	\$ 1,727,131	\$ 5,797,748	\$ 80,458	\$ 387,552	\$ 674,183	\$ 2,061,688	\$ 1,406,836	\$ 1,040,093

Suncoast Center, Inc. and Affiliate
Combined Statement of Functional Expenses
For the Year Ended June 30, 2019
With Summarized Comparative Information for the Year Ended June 30, 2018

	Program Services (cont.)			Supporting Services			Total Year Ended June 30, 2019	Summarized Comparative Totals Year Ended June 30, 2018
	Total Family Strategy	Trauma Services	Suncoast Center Properties, Inc.	Total Program Services	Fundraising and Development	Administrative and General		
Salaries	\$ 1,454,200	\$ 1,278,822	\$ -	\$ 11,075,149	\$ 66,010	\$ 1,190,542	\$ 12,331,701	\$ 11,689,786
Fringes	354,820	309,087	-	2,752,296	18,455	285,549	3,056,300	2,868,149
Psychiatric consultants	-	-	-	17,200	-	-	17,200	18,000
Total salaries and related expenses	1,809,020	1,587,909	-	13,844,645	84,465	1,476,091	15,405,201	14,575,935
Building occupancy	55,152	64,118	102,690	540,989	2,770	33,633	577,392	550,389
Professional services	44,948	53,243	-	381,905	5,669	107,451	495,025	487,972
Travel and training	45,222	24,483	-	220,722	3	28,118	248,843	274,588
Equipment costs	27,018	26,014	-	227,553	1,748	25,365	254,666	275,870
Medical and pharmacy	-	13,317	-	118,058	-	-	118,058	125,994
Insurance	10,116	8,918	45,827	139,001	406	18,104	157,511	152,483
Interest and amortization	-	-	-	-	-	-	-	70
Operating supplies and expenses	55,554	55,042	4,104	786,649	9,389	129,479	925,517	1,169,110
Other	193	375	-	281,138	-	237	281,375	206,614
In-kind expense	-	38,893	-	1,728,906	-	-	1,728,906	1,251,605
Total operating expenses	238,203	284,403	152,621	4,424,921	19,985	342,387	4,787,293	4,494,695
Total expenses	\$ 2,047,223	\$ 1,872,312	\$ 152,621	\$ 18,269,566	\$ 104,450	\$ 1,818,478	\$ 20,192,494	\$ 19,070,630

Suncoast Center, Inc. and Affiliate
Combined Statements of Cash Flows

	Year Ended June 30,	
	2019	2018
Cash flows from operating activities		
Change in net assets	\$ 691,456	\$ 177,682
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Depreciation	283,001	284,855
Realized and unrealized gains	(14,759)	(46,709)
Allowance for doubtful accounts	281,139	206,021
(Increase) decrease in operating assets		
Accounts receivable	(675,436)	(194,562)
Medication inventory	(15,196)	7,987
Prepaid expenses and other current assets	(56,165)	(42,157)
(Decrease) increase in operating liabilities		
Accounts payable	(19,603)	(6,649)
Accrued expenses	96,144	(8,087)
Deferred revenue	24,046	(53,341)
Net cash provided by operating activities	<u>594,627</u>	<u>325,040</u>
Cash flows from investing activities		
Purchases of property and equipment	(350,136)	(249,342)
Purchases of investments	(325,442)	(173,952)
Sales of investments	184,595	65,525
Net cash used by investing activities	<u>(490,983)</u>	<u>(357,769)</u>
Net change in cash and cash equivalents	103,644	(32,729)
Cash and cash equivalents at beginning of year	<u>2,352,633</u>	<u>2,385,362</u>
Cash and cash equivalents at end of year	<u>\$ 2,456,277</u>	<u>\$ 2,352,633</u>
Supplemental disclosure		
Cash paid for interest	<u>\$ -</u>	<u>\$ 70</u>
Change in value of investments designated for deferred compensation and related liability	<u>\$ 83,592</u>	<u>\$ 86,095</u>

Suncoast Center, Inc. and Affiliate
Notes to Combined Financial Statements
June 30, 2019 and 2018

Note A - Organization and Summary of Significant Accounting Policies

Organization and Purpose

Suncoast Center, Inc. and affiliate comprise Suncoast Center, Inc. (Suncoast) and Suncoast Center Properties, Inc. (SCP) (together, the Organization).

Suncoast was chartered as a not-for-profit Florida corporation on June 3, 1981. Today the Organization administers and provides a full spectrum of programs designed to resolve clients' emotional and behavioral problems arising from mental health issues, substance abuse, child abuse and neglect, lack of parenting skills, financial challenges, and domestic violence. Clients receiving services include children, adults, seniors, and families. The Organization continually evolves to meet the multifaceted and frequently interrelated behavioral, psychological, and financial needs of individuals and families. The Organization has the ability to provide a full continuum of care through integrated services and programs, with results that include providing a greater level of access for individuals and families. In addition, the Organization is one of the only certified Rape Crisis Treatment Centers and certified Children's Advocacy Centers in Pinellas County, Florida. The Organization furthers its commitment to the mission of strengthening, protecting, and restoring lives for a healthy community through the participation in numerous outreach and educational activities. Services are primarily provided to individuals and families residing in Pinellas County and Tampa Bay region of Florida. The Organization is accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF).

SCP was chartered as a title-holding Florida 501(c)(2) corporation on April 29, 1996. SCP holds title to certain real property in Pinellas County, Florida for the Organization.

Principles of Combination

The accompanying combined financial statements include the activities of Suncoast and SCP. All significant inter-organization accounts and transactions have been eliminated in combination.

Basis of Accounting

The accompanying combined financial statements have been prepared using the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Cash and Cash Equivalents

For purposes of the combined statements of cash flows, the Organization considers all highly liquid investments with original maturities of three months or less, such as money market accounts, to be cash equivalents.

Accounts Receivable

Client fees receivable are stated at unpaid balances, less an allowance for doubtful accounts. The Organization provides for losses on accounts receivable using the allowance method. The allowance is based on historical experience, third-party contracts, and other circumstances, which may affect the ability of clients to meet their obligations. Receivables are considered impaired if full principal payments are not received in accordance with the contractual terms. It is the Organization's policy to charge off uncollectible accounts receivable after an established period of time or when management determines the receivable will not be collected.

Client fees receivable are net of a contractual allowance dependent upon the agreement in place with the respective funder. The allowance for doubtful accounts was approximately \$370,000 and \$149,000 at June 30, 2019 and 2018, respectively.

Governmental and other agency receivables are due in less than one year. Management believes receivables under governmental and other agencies are fully collectible and has not provided an allowance for doubtful accounts on these receivables.

Suncoast Center, Inc. and Affiliate
Notes to Combined Financial Statements
June 30, 2019 and 2018

Medication Inventory

Medication inventory is stated at the lower of cost or net realizable value. Cost, including the value of donated medication, is determined by the first-in, first-out (FIFO) method. Medication donated by pharmaceutical companies for specific Organization's clients as intended beneficiaries are not recorded by the Organization.

Property and Equipment

Property and equipment are carried at cost if purchased or at estimated fair market value at date of receipt if acquired by gift, less accumulated depreciation. Depreciation is calculated using the straight-line method over the estimated useful lives of the respective assets ranging from three to 40 years.

Expenditures for renewals and improvements that significantly add to the productive capacity or extend the useful life of the asset are capitalized. Expenditures for normal repairs and maintenance are expensed as incurred.

Property acquired with governmental funds is considered to be owned by the Organization while used in the program for which it was purchased or in future authorized programs; however, its disposition and the ownership of any proceeds are subject to applicable regulations.

Impairment of Long-Lived Assets

The Organization evaluates the recoverability of its long-lived assets whenever adverse events or changes in the business climate indicate that the expected undiscounted future cash flows from the related asset may be less than previously anticipated. If the net book value of the related asset exceeds the undiscounted future cash flows of the asset, the carrying amount would be reduced to the present value of its expected future cash flows and an impairment loss would be recognized. Management has determined that there is no indication that any long-lived assets are impaired at June 30, 2019 or 2018.

Investments and Fair Value

Investments are comprised of fixed income annuities, stocks and mutual funds, corporate bonds, other investments, and beneficial interests in assets held by a foundation. Investments are carried at fair value in the combined statement of financial position in accordance with current accounting literature.

Gains and losses on market value adjustments are recognized as the market fluctuates and recorded in the combined statement of activities. Investment earnings are recorded net of investment expenses. Investment income that is restricted by the donor is reported as an increase in net assets without donor restriction if the restrictions expire or are otherwise satisfied in the fiscal year in which the investment income is recognized.

The Organization defines fair value in accordance with accounting principles generally accepted in the United States of America, which specify a hierarchy of valuation techniques. The disclosure of fair value estimates in the hierarchy is based on whether the significant inputs into the valuation are observable. In determining the level of hierarchy in which the estimate is disclosed, the highest priority is given to unadjusted quoted prices in active markets and the lowest priority to unobservable inputs that reflect the Organization's significant market assumptions.

The Organization measures investments at fair value on a recurring basis. The following is a brief description of the type of valuation information (inputs) that qualifies a financial asset for each level:

Level 1 - Unadjusted quoted market prices for identical assets in active markets which are accessible by the Organization.

Level 2 - Observable prices in active markets for similar assets or liabilities. Prices for identical or similar assets or liabilities in markets that are not active. Market inputs that are not directly observable but are derived from or corroborated by observable market data.

Level 3 - Unobservable inputs based on the Organization's own judgment as to assumptions a market participant would use, including inputs derived from extrapolation and interpolation that are not corroborated by observable market data.

Suncoast Center, Inc. and Affiliate
Notes to Combined Financial Statements
June 30, 2019 and 2018

The Organization evaluates the various types of financial assets to determine the appropriate fair value hierarchy based upon trading activity and the observability of market inputs. The Organization employs control processes to validate the reasonableness of the fair value estimates of its assets and liabilities, including those estimates based on prices and quotes obtained from independent third-party sources.

Financial Statement Presentation and Contributions

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

Net Assets Without Donor Restriction - Net assets that are not subject to donor or grantor imposed restrictions and may be expended for any purpose in performing the primary objectives of the Organization. These net assets may be used at the discretion of the Organization's management and or board of directors.

Net Assets With Donor Restriction - Net assets subject to restrictions imposed by donors or grants. Some donor imposed restrictions are temporary in nature, such as those that will be met by actions of the Organization or by the passage of time. Other donor imposed restrictions are perpetual in nature, where the donor stipulates the resources be maintained in perpetuity.

All contributions are considered to be available without restriction of use unless specifically restricted by the donor. Contributions that are restricted by the donor are reported as increases in net assets without donor restriction if the restrictions expire or are otherwise satisfied in the fiscal year in which the contributions are recognized.

Contributions received that are designated for future periods or restricted by the donor for specific purposes are reported as net assets with donor restrictions.

When a restriction expires, net assets with donor restrictions are reclassified to net assets without donor restriction and reported in the combined statement of activities as net assets released from restrictions.

Revenue Recognition

The Organization receives funding under both performance and expense reimbursement contracts and grants. Performance contract and grant revenue is recognized when the unit of service has been provided or the performance object has been completed. Cost reimbursement contract revenue is recognized when the allowable costs, as defined by the funder, are incurred. Client fees are recognized when the service is provided. Payments received in advance are deferred to the applicable period in which the related services are performed, or expenditures are incurred.

Donated Services, Materials, and Building Space

Donations of materials and building space are recorded as support at their estimated fair market value at the date of donation. Donated professional services are recorded as support at the respective fair values of the services received. (Note K).

A number of fulltime and part-time volunteers have made contributions of their time to maintain the Organization's programs. The value of this contributed time is not reflected in these combined financial statements since these services do not meet recognition requirements.

Income Taxes

Suncoast and SCP are nonprofit entities exempt from federal income tax under Sections 501(c)(3) and 501(c)(2), respectively, of the Internal Revenue Code, and from Florida income tax under Chapter 220 of the Florida Statutes.

Suncoast Center, Inc. and Affiliate
Notes to Combined Financial Statements
June 30, 2019 and 2018

Estimates in Combined Financial Statements

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

Functional Allocation of Expenses

The costs of providing the various programs and other activities have been reported on a functional basis in the combined statement of activities and functional expenses. Expenses that can be identified with a specific program or support service are charged directly to the function. Certain other costs have been allocated among program and supporting services benefited. Such allocations are determined by management on an equitable basis that is consistently applied. The expenses that are allocated include the following:

<u>Expense</u>	<u>Method of Allocation</u>
Salaries	Time and effort
Fringes	Time and effort
Psychiatric consultants	Time and effort
Building occupancy	Square footage
Professional services	Direct costs
Travel and training	Direct costs
Equipment costs	Direct costs
Medical and pharmacy	Direct costs
Insurance	Direct costs
Interest and amortization	Direct costs
Operating supplies and expenses	Direct costs
Other	Direct costs
In-kind expense	Direct costs

New Accounting Pronouncements

In August 2016, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2016-14, *Presentation of Financial Statements of Not-for-Profit Entities*, to improve financial reporting to provide users of financial statements more useful information. 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. The ASU has been applied retrospectively to all period presented.

Recent Accounting Pronouncements

In May 2014, FASB issued ASU 2014-09, *Revenue from Contracts with Customers*, to clarify the principles used to recognize revenue for all entities. Subsequently, in August 2015, FASB issued ASU 2015-14, which delayed the effective date for nonpublic companies to annual periods beginning after December 15, 2018 (the Organization's June 30, 2020 combined financial statements). The Organization is currently evaluating the impact adopting this guidance will have on its combined financial statements.

In June 2018, FASB issued ASU 2018-08, *Clarifying the Scope and Accounting Guidance for Contributions Received and Contributions Made*, to clarify the definition of an exchange transaction and contribution and to clarify accounting for the same. The standard is effective for nonpublic entities for fiscal years beginning after December 15, 2018 (the Organization's June 30, 2020 combined financial statements) and early adoption is permitted. The Organization is currently evaluating the impact of this accounting standard on its combined financial statements.

Suncoast Center, Inc. and Affiliate
Notes to Combined Financial Statements
June 30, 2019 and 2018

In February 2016, FASB issued ASU 2016-02, *Leases*, to increase transparency and comparability among organizations by recognizing lease assets and lease liabilities on the balance sheet and disclosing key information about the leasing arrangements. In November 2019, FASB issued ASU 2019-10, *Financial Instruments-Credit Losses (Topic 326), Derivatives and Hedging (Topic 815), and Leases (Topic 842): Effective Dates* to change the effective dates of ASU 2016-02. The amendments are effective for nonpublic companies for fiscal years beginning after December 15, 2020 (the Organization's June 30, 2022 combined financial statements). The Organization is currently evaluating the impact adopting this guidance will have on its combined financial statements.

Subsequent Events

The Organization has evaluated subsequent events through December 5, 2019, which is the date the combined financial statements were available to be issued. There were no subsequent events which would require disclosure in the accompanying combined financial statements.

Note B - Availability and Liquidity

The Organization maintains a policy of structuring its financial assets to be available as its general expenditures, liabilities and other obligations come due. As part of its liquidity plan, excess cash is invested in short-term investments. The following represents the Organization's financial assets available to meet general expenditures over the next 12 months at June 30:

	2019	2018
Financial assets at year end:		
Cash and cash equivalents	\$ 2,456,277	\$ 2,352,633
Accounts receivable, net	2,029,457	1,635,160
Investments	2,367,915	2,128,717
Total financial assets	<u>6,853,649</u>	<u>6,116,510</u>
Less donor-imposed restrictions:		
Funds subject to time and purpose restrictions	(402,265)	(394,707)
Endowment funds restricted in perpetuity	(334,182)	(334,182)
	<u>(736,447)</u>	<u>(728,889)</u>
Less designated investments	(636,426)	(552,834)
Financial assets available to meet general expenditures over the next 12 months	<u>\$ 5,480,776</u>	<u>\$ 4,834,787</u>

Note C - Accounts Receivable

Accounts receivable consists of the following at June 30:

	2019	2018
Governmental and other agencies	\$ 1,554,560	\$ 1,225,235
Client fees, net	841,090	553,396
Other	3,448	5,373
	<u>2,399,098</u>	<u>1,784,004</u>
Allowance for doubtful accounts	(369,641)	(148,844)
	<u>\$ 2,029,457</u>	<u>\$ 1,635,160</u>

Suncoast Center, Inc. and Affiliate
Notes to Combined Financial Statements
June 30, 2019 and 2018

Note D - Property and Equipment

Property and equipment consists of the following at June 30:

	<u>2019</u>	<u>2018</u>
Land	\$ 2,515,262	\$ 2,515,262
Land improvements	165,703	160,903
Building and improvements	3,820,617	3,666,856
Furniture and equipment	4,485,686	4,294,111
Vehicles	162,363	162,363
	<u>11,149,631</u>	<u>10,799,495</u>
Less accumulated depreciation	<u>(6,640,137)</u>	<u>(6,357,136)</u>
	<u>\$ 4,509,494</u>	<u>\$ 4,442,359</u>

Depreciation expense was approximately \$283,000 and \$285,000 for the years ended June 30, 2019 and 2018, respectively.

Note E - Investments

Investments, including investments designated for deferred compensation, and endowed investments consist of the following at June 30:

	<u>2019</u>	<u>2018</u>
Fixed income annuities	\$ 197,172	\$ 193,843
Investments designated for deferred compensation	636,426	552,834
Cash and cash equivalents	23,787	-
Stocks and mutual funds	920,304	889,093
Corporate bonds	581,202	483,762
Beneficial interests in assets held by foundation	9,024	9,185
	<u>\$ 2,367,915</u>	<u>\$ 2,128,717</u>

Investment earnings included in other income in the combined statements of activities consist of the following for the years ended June 30:

	<u>2019</u>	<u>2018</u>
Realized and unrealized gains	\$ 14,759	\$ 46,709
Interest and dividends	69,699	47,526
	<u>\$ 84,458</u>	<u>\$ 94,235</u>

The amounts classified as “beneficial interests in assets held by foundation” include amounts held by Community Foundation of Tampa Bay, Inc. (CFT). Distributions from CFT are made as set forth in each agreement.

Suncoast Center, Inc. and Affiliate
Notes to Combined Financial Statements
June 30, 2019 and 2018

Note F - Fair Value

A review of fair value hierarchy classifications is conducted on an annual basis. The following table provides information about the Organization's financial instruments measured on a recurring basis as of June 30:

	Estimated Fair Value	Fair Value Measurements Using		
		Quoted Prices in Active Markets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
<i>2019</i>				
Investments				
Fixed income annuities	\$ 197,172	\$ -	\$ -	\$ 197,172
Investments designated for deferred compensation	636,426	636,426	-	-
Cash and cash equivalents	23,787	23,787	-	-
Stocks and mutual funds	920,304	920,304	-	-
Corporate bonds	581,202	-	581,202	-
Beneficial interests in assets held by foundation	9,024	-	9,024	-
Total investments	<u>\$ 2,367,915</u>	1,580,817	590,226	197,172
Charitable remainder trust	<u>\$ 394,826</u>	-	-	394,826
		<u>\$ 1,580,817</u>	<u>\$ 590,226</u>	<u>\$ 591,998</u>
<i>2018</i>				
Investments				
Fixed income annuities	\$ 193,843	\$ -	\$ -	\$ 193,843
Investments designated for deferred compensation	552,834	552,834	-	-
Stocks and mutual funds	889,093	889,093	-	-
Corporate bonds	483,762	-	483,762	-
Beneficial interests in assets held by foundation	9,185	-	9,185	-
Total investments	<u>\$ 2,128,717</u>	1,441,927	492,947	193,843
Charitable remainder trust	<u>\$ 371,478</u>	-	-	371,478
		<u>\$ 1,441,927</u>	<u>\$ 492,947</u>	<u>\$ 565,321</u>

Financial assets classified as level 1 in the fair value hierarchy include cash and cash equivalents and investments designated for deferred compensation and stocks and mutual funds which are measured at fair value based on quoted market prices in an active market. Fair values for fixed income annuities are classified as level 2 and are valued using a market value pricing model. Fair values for beneficial interest in assets held by the Foundation are classified as level 2 and recorded based on the statements received from CFT. Fair values for fixed income annuities are classified as level 3 and are determined by the accumulation of benefits derived from the guaranteed contract interest rate. Fair values for charitable remainder trusts are classified as level 3 and are determined by the present value of estimated future cash flows.

The following is an analysis of the fair value measurements for assets in level 3 for the year ended June 30:

	2019	2018
Beginning balance	\$ 565,321	\$ 531,350
Interest and change in value	26,677	33,971
Ending balance	<u>\$ 591,998</u>	<u>\$ 565,321</u>

Suncoast Center, Inc. and Affiliate
Notes to Combined Financial Statements
June 30, 2019 and 2018

Note G - Endowment Funds

The Organization has interpreted the wishes of donors and state law as requiring the preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment funds, absent explicit donor stipulations to the contrary. As a result of this interpretation, the Organization classifies as net assets with donor restrictions (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment, and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund.

In the absence of donor restrictions, the net appreciation on a donor-restricted endowment fund is spendable and classified as net assets. However, certain of the Organization's donors have placed restrictions on the use of the investment income or net appreciation resulting from the donor-restricted endowment funds.

The Organization tracks the net investment income attributed to each component of the endowment fund. Income earned from the endowments is available for general or specific purposes.

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.

The Organization considers the following factors in making a determination to appropriate or accumulate endowment funds:

- Donor desires and restrictions
- General economic conditions
- Historical and expected returns of investments
- Preservation and protection of assets

Return Objectives and Risk Parameters

The Organization has invested endowment assets in a manner that attempts to provide a predictable stream of funding to programs supported by its endowments, while seeking to maintain the value of the endowment assets.

Strategies Employed for Achieving Objectives

To satisfy its long-term rate of return objectives, the Organization relies on a total return strategy whereby investment returns are achieved through both capital appreciation (realized and unrealized) and current yield (interest and dividends). The Organization targets a diversified asset allocation.

Spending Policy and How the Investment Objectives Relate to Spending Policy

The Organization's objective is to maintain endowment assets, as well as to provide additional real growth through investment return.

Suncoast Center, Inc. and Affiliate
Notes to Combined Financial Statements
June 30, 2019 and 2018

Composition of endowment net assets and changes in endowment net assets are as follows as of and for the year ended June 30:

	Without Donor Restriction	With Donor Restriction	Total
<i>2019</i>			
Endowment net assets at beginning of year	\$ -	\$ 334,182	\$ 334,182
Investment income	372	2,858	3,230
Amounts released for expenditure	(372)	(2,858)	(3,230)
Endowment net assets at end of year	<u>\$ -</u>	<u>\$ 334,182</u>	<u>\$ 334,182</u>
<i>2018</i>			
Endowment net assets at beginning of year	\$ -	\$ 334,182	\$ 334,182
Investment income	372	2,858	3,230
Amounts released for expenditure	(372)	(2,858)	(3,230)
Endowment net assets at end of year	<u>\$ -</u>	<u>\$ 334,182</u>	<u>\$ 334,182</u>

Note H - Charitable Trusts

The Organization maintains two charitable remainder trusts with Family Service Center as the remainder beneficiary. These trust instruments require quarterly payments to the original donors of 6% of the fair market value of the trust assets as of the beginning of each year until the death of the last surviving donor(s). Upon the death of the last surviving donor(s), the Organization will receive its share of the remaining principal in each trust.

The Organization was named a remainder beneficiary in an additional charitable remainder trust.

The Organization's combined financial statements reflect receivables from the remainder trusts which are stated at the present value of the estimated future benefits to be received when the trust assets are distributed. Discount rates ranging from 3% to 7.6% are used in computing present values.

Note I - Line of Credit

The Organization maintains a line of credit agreement through a large commercial bank which allows the Organization to borrow up to \$1 million at prime rate of interest (5.50% and 5.00% at June 30, 2019 and 2018, respectively). The line of credit matures on April 24, 2021. Amounts drawn on the line of credit are due on demand. No amounts were drawn down during the years ended June 30, 2019 or 2018. There were no amounts outstanding under the line of credit at June 30, 2019 or 2018.

Note J - Operating Leases

The Organization leases certain office equipment under leases which are classified as operating leases for financial reporting purposes. Rent expense under operating leases was approximately \$55,000 and \$53,000 for the years ended June 30, 2019 and 2018, respectively.

Future minimum lease payments under noncancelable operating leases (with initial or remaining lease terms in excess of one year) as of June 30, 2019 are approximately as follows:

Year Ending June 30,	
2020	\$ 62,000
2021	62,000
2022	42,500
2023	38,600
2024	12,900
Total	<u>\$218,000</u>

Suncoast Center, Inc. and Affiliate
Notes to Combined Financial Statements
June 30, 2019 and 2018

Note K - In-Kind Revenue and Expenses

Certain goods and services are provided to the Organization gratis or at a cost substantially less than fair market value. The difference between the actual charge and the estimated fair market value is reflected as in-kind revenue and expense in the accompanying combined financial statements. In-kind revenue and expenses consist of the following for the years ended June 30:

	<u>2019</u>	<u>2018</u>
Salary and benefits	\$ 77,638	\$ 46,018
Pharmaceuticals	1,651,268	1,205,587
	<u>\$ 1,728,906</u>	<u>\$ 1,251,605</u>

Pharmaceuticals include donated drug samples from pharmaceutical companies.

Note L- Net Assets with Donor Restrictions

Net assets with donor restrictions are comprised of the following at June 30:

	<u>2019</u>	<u>2018</u>
Subject to expenditure for specified purpose		
Medical equipment	\$ 7,439	\$ 23,229
Charitable remainder trust	394,826	371,478
	<u>402,265</u>	<u>394,707</u>
Endowment - subject to endowment spending policy and appropriation	334,182	334,182
	<u>\$ 736,447</u>	<u>\$ 728,889</u>

Net assets with donor restrictions released from restrictions are comprised of the following for the years ending June 30:

	<u>2019</u>	<u>2018</u>
Restricted for future periods		
Restricted for children's building	\$ -	\$ 8,750
Medical equipment	15,791	-
	<u>\$ 15,791</u>	<u>\$ 8,750</u>

Note M - Commitments and Contingencies

The Organization routinely enters into grant agreements and contracts with governmental agencies that provide for reimbursement of the eligible direct and indirect costs of providing certain of the Organization's program services.

Grants and contracts are subject to audit or review and retroactive adjustment based on a final determination by the grantor of eligible reimbursable expenditures. The effect of such adjustments, if any, on the Organization's combined financial statements cannot be determined at this time and no provision has been made for any such adjustment in the accompanying combined financial statements.

In the normal course of business, the Organization is a named defendant in various litigation relating to professional liability matters. Management is of the opinion that the final disposition of these matters will not have a materially adverse effect on the Organization's combined financial statements.

Note N - Retirement Plans

The Organization has a 403(b) Tax Deferred Annuity Plan (403(b) Plan) covering substantially all employees. The 403(b) Plan provides for employee salary deferrals that are limited to the maximum amount allowable under the Internal Revenue Code and a discretionary match that is available to all employees after one year of service.

Suncoast Center, Inc. and Affiliate
Notes to Combined Financial Statements
June 30, 2019 and 2018

For 2019 and 2018, the discretionary match was a dollar-for-dollar match of the amount a participant deferred into the 403(b) Plan, up to a maximum of 3% of the participant's salary. Retirement plan expense was approximately \$195,000 and \$222,000 for the years ended June 30, 2019 and 2018, respectively.

The Organization maintains a nonqualified retirement plan as inducement and motivation to managerial and highly compensated employees pursuant to Section 457(b) of the Internal Revenue Code of 1986. Key managerial employees, as are determined by sole discretion of the board of trustees, are eligible to participate. The Organization's contribution to the plan is discretionary and is limited to the maximum amount allowable under the Internal Revenue Code. Contributions of approximately \$37,000 and \$54,000 for the years ended June 30, 2019 and 2018, respectively, were allocated to participants as determined by the board.

Note O - Concentrations and Risks

The Organization receives substantially all of its support directly from federal, state, and local government agencies or as pass-through government funding awards from other local agencies. Continuation of the Organization's program services is greatly dependent upon the fiscal ability of these agencies (federal, state, and local) to continue to provide support.

At June 30, 2019 and 2018, amounts due from governmental and other agencies, include in accounts receivable on the combined statements of financial position, of \$1,554,560 and \$1,225,235, respectively, consist almost entirely of amounts due from Central Florida Behavioral Health Network, Pinellas County Board of County Commissioners, State of Florida Department of Health, and Juvenile Welfare Board of Pinellas County.

Financial instruments that potentially subject the Organization to significant concentration of credit risk consist principally of cash, investments, and trade accounts receivable. Concentrations of credit risk with respect to trade accounts receivable are considered minimal, as the majority of the amounts related to grants from federal and state governmental agencies.

The Organization maintains its demand deposit accounts at several financial institutions. Accounts at each institution are insured by the Federal Deposit Insurance Corporation up to \$250,000 or the Securities Investor Protection Corporation up to \$500,000. Account balances periodically exceed the federally insured limits.

Additional Information

**SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES
PROGRAM/COST CENTER ACTUAL REVENUES AND EXPENSES**

**AGENCY: SUNCOAST CENTER, INC.
CONTRACT #: QD1A9**

BUDGET PERIOD FROM: 07/01/2018 to 06/30/2019

PART I: ACTUAL FUNDING SOURCES AND REVENUES	STATE DESIGNATED SAMH COST CENTERS												
	STATE SAMH-FUNDED COST CENTERS												
	SAMH												
FUNDING SOURCES & REVENUES	Case Mgmt.	Outpatient	Intervention	Medical Services	FACT	Outreach	In Home and On Site	Behavioral Health Fee	Total for State SAMH-Funded Cost Centers	Total for Nonstate-Funded SAMH Cost Centers	Total for All State-Designated SAMH Cost Centers	Non-SAMH Cost Centers	Total Funding
IA. STATE SAMH FUNDING													
(1) From Central Florida Behavioral Health Network	\$ 869,539	\$ 771,492	\$ 135,710	\$ 1,205,211	\$ 1,125,174	\$ 452,620	\$ 39,664	\$ -	\$ 4,599,410	\$ -	\$ 4,599,410	\$ 27,018	\$ 4,626,428
(2) From State IDP line of credit	-	-	-	-	94,459	-	-	-	94,459	-	94,459	-	94,459
TOTAL STATE SAMH FUNDING =	869,539	771,492	135,710	1,205,211	1,219,633	452,620	39,664	-	4,693,869	-	4,693,869	27,018	4,720,887
IB. OTHER GOVT. FUNDING													
(1) Other State Agency Funding	-	-	-	-	-	-	-	-	-	-	-	1,824,855	1,824,855
(2) Medicaid	335,567	584,406	4,998	591,442	-	-	222,535	-	1,738,948	949,287	2,688,235	245,642	2,933,877
(3) Local Government	99,160	2,610	112,908	24,803	35	-	867,849	-	1,107,365	3,889,162	4,996,527	2,564,269	7,560,796
(4) Federal Grants and Contracts	-	-	-	-	-	-	-	-	-	-	-	125,891	125,891
(5) In-kind from local govt. only	-	-	-	-	-	-	-	-	-	-	-	-	-
TOT. OTHER GOVT. FUNDING =	434,727	587,016	117,906	616,245	35	-	1,090,384	-	2,846,313	4,838,449	7,684,762	4,760,657	12,445,419
IC. ALL OTHER REVENUES													
(1) 1st & 2nd Party Payments	762	206,603	50	187,905	-	-	26,222	-	421,542	58,281	479,823	2,310	482,133
(2) 3rd Party Payments (except Medicare)	12	85,068	(50)	70,462	-	-	10,854	-	166,346	62,751	229,097	41,397	270,494
(3) Medicare	(200)	351,214	-	319,419	-	-	392	-	670,825	(7)	670,818	187	671,005
(4) Contributions and Donations	-	-	-	-	-	-	-	-	-	163,322	163,322	229,734	393,056
(5) Other	-	-	-	-	-	-	-	-	-	1,836	1,836	170,214	172,050
(6) In-kind	-	-	-	1,651,268	-	-	-	-	1,651,268	38,745	1,690,013	38,893	1,728,906
TOT. ALL OTHER REVENUES =	574	642,885	-	2,229,054	-	-	37,468	-	2,909,981	324,928	3,234,909	482,735	3,717,644
TOTAL FUNDING =	\$ 1,304,840	\$ 2,001,393	\$ 253,616	\$ 4,050,510	\$ 1,219,668	\$ 452,620	\$ 1,167,516	\$ -	\$ 10,450,163	\$ 5,163,377	\$ 15,613,540	\$ 5,270,410	\$ 20,883,950

**SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES
PROGRAM/COST CENTER ACTUAL REVENUES AND EXPENSES**

AGENCY: SUNCOAST CENTER, INC.
CONTRACT #: QD1A9

BUDGET PERIOD FROM: 07/01/2018 to 06/30/2019

PART II: ACTUAL EXPENSES	STATE DESIGNATED SAMH COST CENTERS											Non-SAMH Cost Centers	Admin	Total Expenses
	STATE SAMH FUNDED COST CENTERS													
	SAMH													
EXPENSE CATEGORIES	Case Mgmt.	Outpatient	Intervention	Medical Services	FACT	Outreach	In Home and On Site	Total for State SAMH-Funded Cost Centers	Total for Nonstate-Funded SAMH Cost Centers	Total for All State-Designated SAMH Cost Centers				
IIA. PERSONNEL EXPENSES														
(1) Salaries	\$ 895,184	\$ 1,219,264	\$ 80,409	\$ 1,483,012	\$ 615,437	\$ 255,121	\$ 781,245	\$ 5,329,672	\$ 3,180,534	\$ 8,510,206	\$ 2,630,956	\$ 1,190,539	\$ 12,331,701	
(2) Fringe Benefits	261,972	312,125	21,267	323,405	156,394	68,443	206,514	1,350,120	734,737	2,084,857	685,895	285,548	3,056,300	
(3) Psychiatric Consultants	-	-	-	-	-	-	-	-	-	-	17,200	-	17,200	
TOTAL PERSONNEL EXPENSES =	1,157,156	1,531,389	101,676	1,806,417	771,831	323,564	987,759	6,679,792	3,915,271	10,595,063	3,334,051	1,476,087	15,405,201	
IIB. OTHER EXPENSES														
(1) Building Occupancy	37,824	50,911	6,941	42,742	27,367	13,166	17,974	196,925	118,193	315,118	228,642	33,632	577,392	
(2) Professional Services	27,129	39,064	2,654	48,110	49,976	7,257	22,474	196,664	93,974	290,638	96,934	107,453	495,025	
(3) Travel	36,009	1,836	1,979	2,318	12,776	27,653	18,207	100,778	71,947	172,725	47,996	28,122	248,843	
(4) Equipment	22,297	22,368	1,634	30,820	15,475	6,007	13,974	112,575	64,365	176,940	52,364	25,362	254,666	
(5) Food Services	-	-	-	-	-	-	-	-	-	-	-	-	-	
(6) Medical and Pharmacy	-	1,342	-	83,530	1,073	-	-	85,945	1,183	87,128	30,930	-	118,058	
(7) Subcontracted Services	-	-	-	-	-	-	-	-	-	-	-	-	-	
(8) Insurance	10,108	8,270	584	11,249	13,560	5,364	5,221	54,356	21,537	75,893	63,514	18,104	157,511	
(9) Interest Paid	-	-	-	-	-	-	-	-	-	-	-	-	-	
(10) Operating Supplies & Expenses	50,406	64,851	3,749	82,191	203,214	17,911	28,473	450,795	226,209	677,004	119,033	129,480	925,517	
(11) Other	23,562	79,882	408	77,631	-	-	17,670	199,153	67,632	266,785	14,352	238	281,375	
(12) Donated Items	-	-	-	1,651,268	-	-	-	1,651,268	38,745	1,690,013	38,893	-	1,728,906	
TOTAL OTHER EXPENSES =	207,335	268,524	17,949	2,029,859	323,441	77,358	123,993	3,048,459	703,785	3,752,244	692,658	342,391	4,787,293	
TOT. PERSONNEL & OTH. EXP. =	1,364,491	1,799,913	119,625	3,836,276	1,095,272	400,922	1,111,752	9,728,251	4,619,056	14,347,307	4,026,709	1,818,478	20,192,494	
IIIC. DISTRIBUTED INDIRECT COSTS														
(a) Other Support Costs (Optional)	-	-	-	-	-	-	-	-	-	-	-	-	-	
(b) Administration	134,299	176,073	12,495	363,638	116,419	38,144	106,374	947,442	463,984	1,411,426	407,052	(1,818,478)	-	
TOT. DISTR'D INDIRECT COSTS =	134,299	176,073	12,495	363,638	116,419	38,144	106,374	947,442	463,984	1,411,426	407,052	(1,818,478)	-	
TOTAL ACTUAL OPER. EXPENSES =	1,498,790	1,975,986	132,120	4,199,914	1,211,691	439,066	1,218,126	10,675,693	5,083,040	15,758,733	4,433,761	-	20,192,494	
IIID. UNALLOWABLE COSTS	-	-	-	-	-	-	-	-	-	-	-	-	-	
TOT. ALLOWABLE OPER. EXP.	1,498,790	1,975,986	132,120	4,199,914	1,211,691	439,066	1,218,126	10,675,693	5,083,040	15,758,733	4,433,761	-	20,192,494	
IIIF. CAPITAL EXPENDITURES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	

Suncoast Center, Inc. and Affiliate
Schedule of State Earnings for Substance Abuse and Mental Health Services
Year Ended June 30, 2019

1	Total expenditures	\$ 20,192,494
2	Less other state and federal funds	(4,979,720)
3	Less nonmatch SAMH funds	(2,154,334) *
4	Less unallowable costs	-
5	Total allowable expenditures	<u>13,058,440</u>
6	Maximum available earnings (75%)	9,793,830
7	Amount of state funds requiring match (total of invoices paid and submitted to be paid, less Line 3)	<u>1,855,192</u> *
8	Amount due to the Department (Subtract Line 7 from Line 6. If negative, the amount of the difference is due to the Department up to the amount of Line 6.)	<u><u>\$ -</u></u>
Other State and Federal Funds		
	Department of Health (federal portion)	\$ 366,988
	Department of Health (state portion)	385,032
	Office of the Attorney General	872,335
	Pinellas County Justice Coordination	33,500
	Healthy Start Coalition of Pinellas (federal portion)	15,575
	Florida Council Against Sexual Violence (state portion)	126,252
	Florida Network for Children's Advocacy (state portion)	246,161
	Medicaid	<u>2,933,877</u>
	Total Other State and Federal Funds	<u><u>\$ 4,979,720</u></u>

* CFBHN contract #CF652-1210

Suncoast Center, Inc. and Affiliate
Schedule of Support and Revenue
Year Ended June 30, 2019

State SAMH Funding

Central Florida Behavioral Network, Inc. CF652-1010	
Community Mental Health Services	
(including federal funds of \$908,327)	\$ 4,626,428
IDP Line of Credit	94,459
Total State SAMH funding	<u>4,720,887</u>

Other Government Funding

Local government grants	
Juvenile Welfare Board of Pinellas County	5,058,201
Department of Health (including federal funds of \$366,988)	752,020
Victims of Crime Act (including federal funds of \$872,335)	872,335
Pinellas County, Florida (including federal funds of \$33,500)	1,511,581
Medicaid	2,933,877
Governmental funding passed through local agencies	
Florida Council Against Sexual Violence	126,252
Florida Network for Children's Advocacy	246,161
Community Health Center of Pinellas	255,831
Healthy Start Coalition (including Federal funds of \$15,575)	15,575
Other	673,586
Total Other Government Funding	<u>12,445,419</u>

All Other Funding and Revenues

Medicare	671,005
First and third party fees	752,627
Contributions, donations and bequests	78,017
United Way of Tampa Bay	315,039
In-kind revenues	1,728,906
Other revenues	172,050
Total Nongovernment Funding	<u>3,717,644</u>
 Total Support and Revenue	 <u><u>\$20,883,950</u></u>

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES
Schedule of Bed-Day Availability Payments

AGENCY: SUNCOAST CENTER, INC.
CONTRACT #: QD1A9

BUDGET PERIOD FROM: 07/01/2018 to 06/30/2019

Program	Cost Center	State Contracted Rate	Total Units of Service Provided	Total Units of Service Paid for by 3rd Party Contracts, Local Govt. or Other State Agencies	Maximum # of Units Eligible for Payment by Department	Amount Paid for Services by the Department	Maximum \$ Value of Units in Column F	Amount Owed to Department
Children's MH	Crisis Stabilization Unit	\$ -	-	-	-	\$ -	\$ -	\$ -
Adult MH	Crisis Stabilization Unit	-	-	-	-	-	-	-
Children's SA	Substance Abuse Detox	-	-	-	-	-	-	-
Adult SA	Substance Abuse Detox	-	-	-	-	-	-	-
Adult MH	Short-Term Residential Treatment	-	-	-	-	-	-	-
Total Amount Owed to Department								<u>\$ -</u>

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES
Schedule of Related Party Transaction Adjustment

AGENCY: SUNCOAST CENTER, INC.
CONTRACT #: QD1A9

BUDGET PERIOD FROM: 07/01/2018 to 06/30/2019

	Related Party	Allocation of Related Party Transaction State-Designated Cost Centers				Total
		1	2	3	4	
Revenues from Grantee						
Rent	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Services	-	-	-	-	-	-
Interest	-	-	-	-	-	-
Other	-	-	-	-	-	-
Total Revenue from Grantee	-	-	-	-	-	-
Expenses Associated with Grantee Transactions						
Personnel Services	-	-	-	-	-	-
Depreciation	-	-	-	-	-	-
Interest	-	-	-	-	-	-
Other	-	-	-	-	-	-
Total Associated Expenses	-	-	-	-	-	-
Related Party Transaction Adjustment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Supplementary Information

Suncoast Center, Inc. and Affiliate
Schedule of Expenditures of Federal Awards and State Financial Assistance
Year Ended June 30, 2019

Federal Agency <i>Pass-Through Entity</i> Federal Program	CFDA Number	Contract #	Federal Expenditures	Transfers To Subrecipients
U.S. Department of Justice				
<i>Passed through State of Florida Office of the Attorney General</i>				
Crime Victim Assistance	16.575	VOCA-2018- Suncoast Center, Inc.- 00006	\$ 872,335	\$ -
Total CFDA 16.575			872,335	-
<i>Passed through Pinellas County Justice Coordination</i>				
Edward Byrne Memorial Justice Assistance Grant Program	16.738	2018-JAGC-3222	33,500	-
Subtotal - U.S. Department of Justice			905,835	-
U.S. Department of Health and Human Services				
<i>Passed through Central Florida Behavioral Health Network, Inc.</i>				
Substance Abuse and Mental Health Services-Projects of Regional and National Significance	93.243	HB046-18	276,809	-
<i>Passed through State of Florida Department of Health</i>				
Social Services Block Grant	93.667	CPX5A	366,988	-
<i>Passed through Central Florida Behavioral Health Network, Inc.</i>				
Medical Assistance Program	93.778	QB046-18	269,222	-
<i>Passed through Healthy Start Coalition</i>				
Medical Assistance Program	93.778	Not applicable	15,575	-
Total CFDA 93.778 (Medicaid Cluster)			284,797	-
<i>Passed through Central Florida Behavioral Health Network, Inc.</i>				
Block Grants for Community Mental Health Services	93.958	QB046-18	451,685	-
<i>Passed through Central Florida Behavioral Health Network, Inc.</i>				
Block Grants for Prevention and Treatment of Substance Abuse	93.959	QB046-18	6,693	-
Subtotal - U.S. Department of Health and Human Services			1,386,972	-
Total Federal Awards			\$ 2,292,807	\$ -

Suncoast Center, Inc. and Affiliate
Schedule of Expenditures of Federal Awards and State Financial Assistance
Year Ended June 30, 2019

State Agency Pass-Through Entity State Project	CSFA Number	Contract #	State Expenditures	Transfers To Subrecipients
State of Florida Justice Administration				
<i>Passed through The Florida Network for Children's Advocacy Centers</i>				
Florida Network of Children's Advocacy Centers	41.031	18-19-GR-CAC16	\$ 236,207	\$ -
State of Florida Department of Legal Affairs and Attorney General				
<i>Passed through Florida Council Against Sexual Violence</i>				
Florida Council Against Sexual Violence	41.010	180AG13	14,439	-
State Of Florida Department of Children and Families				
<i>Passed through Central Florida Behavioral Health Network, Inc.</i>				
Mental Health State Funded for Profit Subrecipients	60.184	QB046-18	51,961	-
<i>Passed through The Florida Network for Children's Advocacy Centers</i>				
Florida Network Childrens Advocacy Center	60.124	Not applicable	5,070	-
Subtotal - State of Florida Department of Children and Families			<u>57,031</u>	<u>-</u>
State of Florida Department of Health				
<i>Direct Funding</i>				
Medical Services for Abused and Neglected Children	64.006	CPX5A	385,032	-
<i>Passed through Florida Council Against Sexual Violence</i>				
Rape Crisis Program Trust Fund - Sexual Battery Victims' Access to Services Act	64.061	16TFGR13	39,620	-
<i>Passed through Florida Council Against Sexual Violence</i>				
Rape Crisis Program Trust Fund - Rape Crisis Center	64.069	16TFGR13	72,193	-
Subtotal - State of Florida Department of Health			<u>496,845</u>	<u>-</u>
State of Florida Department of Highway Safety and Motor Vehicles				
<i>Passed through The Florida Network for Children's Advocacy Centers</i>				
Child Abuse Prevention and Intervention License Plate Project	76.067	Not Applicable	3,792	-
<i>Passed through The Florida Network for Children's Advocacy Centers</i>				
Florida Network of Children's Advocacy Center Voluntary Contribution	76.123	Not Applicable	1,092	-
Subtotal - State of Florida Department of Highway Safety and Motor Vehicles			<u>4,884</u>	<u>-</u>
Total State Financial Assistance			<u>\$ 809,406</u>	<u>\$ -</u>

Suncoast Center, Inc. and Affiliate

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

June 30, 2019

Note A - Basis of Presentation

The accompanying schedule of expenditures of federal awards and state financial assistance includes the federal and state contract and grant activity of Suncoast Center, Inc. and affiliate and is presented on the accrual basis of accounting. The information in this schedule is presented in accordance with the requirements of Subpart F of Title 2 U.S. Code of Federal Regulations (CFR), Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance), Section 215.97, Florida Statutes (Florida Single Audit Act), and Chapter 10.650, Rules of the Auditor General.

Note B - Support Requiring Matching Funds

From time to time, Suncoast Center, Inc. and affiliate receive funding from various sources that require the Organization to obtain matching funds. During the year ended June 30, 2019, Suncoast Center, Inc. and affiliate obtained matching funds of the required amount.

Note C - Indirect Costs

The Organization elected to use the 10% de minimus indirect cost rate allowed by the Uniform Guidance for federal awards.

Note D - Contingencies

Grant expenditures are subject to audit and possible disallowance by the grantor agencies. If any expenditure were to be disallowed by the grantor agency as a result of such an audit, any claim for reimbursement to the grantor agency would become a liability of Suncoast Center, Inc. and affiliate. In the opinion of management, all grant expenditures included on the accompanying schedule of expenditures of federal awards and state financial assistance are in compliance with the terms of the grant agreements and applicable federal and state laws and regulations.



Gregory, Sharer & Stuart, P.A.

Certified Public Accountants and Business Consultants

Independent Auditor's Report on Internal Control over Financial Reporting And on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance With *Government Auditing Standards*

Board of Trustees
Suncoast Center, Inc. and Affiliate
St. Petersburg, Florida

We have audited, in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the combined financial statements of Suncoast Center, Inc. and affiliate (the Organization) as of and for the year ended June 30, 2019, and the related notes to the combined financial statements, which collectively comprise the Organization's basic financial statements, and have issued our report thereon dated December 5, 2019.

Internal Control over Financial Reporting

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

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

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

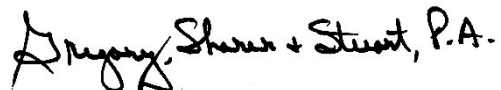
Compliance and Other Matters

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

Purpose of this Report

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

Gregory, Sharer & Stuart, P.A.

A handwritten signature in black ink that reads "Gregory, Sharer & Stuart, P.A." The signature is written in a cursive, flowing style.

St. Petersburg, Florida
December 5, 2019



Gregory, Sharer & Stuart, P.A.
Certified Public Accountants and Business Consultants

**Independent Auditor's Report on Compliance for Each Major Program and Major State Project
And Report on Internal Control over Compliance Required by the Uniform Guidance;
Section 215.97, Florida Statutes; and Chapter 10.650, Rules of the Auditor General**

Board of Trustees
Suncoast Center, Inc. and Affiliate
St. Petersburg, Florida

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

We have audited Suncoast Center, Inc. and affiliate's (the Organization) compliance with the types of compliance requirements described in the *OMB Compliance Supplement* and the requirements described in the State of Florida Department of Financial Services' State Projects Compliance Supplement that could have a direct and material effect on each of the Organization's major federal programs and major state projects for the year ended June 30, 2019. The Organization's major federal programs and major state projects are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

Management's Responsibility

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

Auditor's Responsibility

Our responsibility is to express an opinion on compliance for each of the Organization's major federal programs and major state projects based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; the audit requirements of Title 2 U.S. Code of Federal Regulations Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance); Section 215.97, Florida Statutes; and Chapter 10.650, Rules of the Auditor General. Those standards, the Uniform Guidance, Section 215.97, and Chapter 10.650 require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program or major state project occurred. An audit includes examining, on a test basis, evidence about the Organization's compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

We believe that our audit provides a reasonable basis for our opinion on compliance for each major federal program and major state project. However, our audit does not provide a legal determination of the Organization's compliance.

Opinion on Each Major Federal Program and Major State Project

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

Report on Internal Control over Compliance

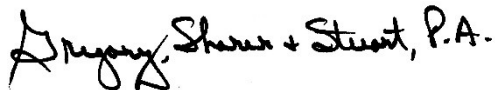
Management of the Organization is responsible for establishing and maintaining effective internal control over compliance with the types of compliance requirements referred to above. In planning and performing our audit of compliance, we considered the Organization's internal control over compliance with the types of requirements that could have a direct and material effect on each major federal program and major state project to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing an opinion on compliance for each major federal program and major state project, and to test and report on internal control over compliance in accordance with the Uniform Guidance, Section 215.97, and Chapter 10.650, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of the Organization's internal control over compliance.

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

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

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance, Section 215.97, and Chapter 10.650. Accordingly, this report is not suitable for any other purpose.

Gregory, Sharer & Stuart, P.A.



St. Petersburg, Florida
December 5, 2019

Suncoast Center, Inc. and Affiliate
Schedule of Findings and Questioned Costs
Federal Programs and State Financial Assistance Projects
Year Ended June 30, 2019

Section I - Summary of Auditor's Results

Financial Statements

Type of auditor's report issued: Unmodified

Internal control over financial reporting:

Material weakness(es) identified?	<u> </u> Yes	<u> X </u> No
Significant deficiency(ies) identified?	<u> </u> Yes	<u> X </u> None reported
Noncompliance material to financial statements noted?	<u> </u> Yes	<u> X </u> No

Federal Awards

Internal control over major federal programs:

Material weakness(es) identified?	<u> </u> Yes	<u> X </u> No
Significant deficiency(ies) identified?	<u> </u> Yes	<u> X </u> None reported

Type of auditor's report issued on compliance for major federal awards: Unmodified

Any audit findings disclosed that are required to be reported in accordance with Section 2 CFR 200.516(a)? Yes X No

Identification of major federal programs:

<u>CFDA Number</u>	<u>Name of Federal Program or Cluster</u>
16.575	Crime Victim Assistance
93.667	Social Services Block Grant

Dollar threshold used to distinguish between type A and type B programs \$750,000

Auditee qualified as low-risk auditee? X Yes No

State Financial Assistance Projects

Internal control over major projects:

Material weakness(es) identified?	<u> </u> Yes	<u> X </u> No
Significant deficiency(ies) identified?	<u> </u> Yes	<u> X </u> None reported

Type of auditor's report issued on compliance for state financial assistance projects: Unmodified

Any audit findings disclosed that are required to be reported in accordance with Chapter 10.650, Rules of the Auditor General? Yes X No

Identification of major state projects:

<u>CFSA Number</u>	<u>Name of Project</u>
41.031	FL Network of Children's Advocacy Centers
64.006	Medical Services for Abused and Neglected Children

Dollar threshold used to distinguish between type A and type B programs \$300,000

**Suncoast Center, Inc. and Affiliate
Schedule of Findings and Questioned Costs
Federal Programs and State Financial Assistance Projects
Year Ended June 30, 2019**

Section II - Financial Statement Findings

None reported.

Section III - Federal Award Findings and Questioned Costs

None reported.

Section IV - State Financial Assistance Findings and Questioned Costs

None reported.

Section V - Other Matters

No summary schedule of prior audit findings is required because there were no prior audit findings related to federal programs or state projects.

No Corrective Action Plan is required because there were no findings required to be reported related to federal programs or state projects.

There were no items related to state financial assistance that were required to be reported in the management letter as mandated by the Auditor General of the State of Florida.

Suncoast Center, Inc. and Affiliate

**Report to the Board of Trustees,
Executive Committee, and Management**

December 5, 2019



Gregory, Sharer & Stuart

Certified Public Accountants and Business Consultants



Gregory, Sharer & Stuart, P.A.

Certified Public Accountants and Business Consultants

Board of Trustees, Executive Committee, and Management
Suncoast Center, Inc. and Affiliate

We are pleased to present this report related to our audit of the combined financial statements of Suncoast Center, Inc. and affiliate (the Organization) as of and for the year ended June 30, 2019. This report summarizes certain matters required by our professional standards to be communicated to you in your oversight responsibility for Suncoast Center, Inc. and affiliate's financial reporting process.

We wish to gratefully acknowledge the support provided by your staff during the audit. The assistance and cooperation provided during the audit enhanced the process and resulted in a successful engagement.

This report is intended solely for the information and use of the board of trustees, executive committee, and management of the Organization, and is not intended to be, and should not be, used by anyone other than these specified parties. It will be our pleasure to respond to any questions you have about this report. We appreciate the opportunity to continue to be of service to Suncoast Center, Inc. and affiliate.

We are proud of our longstanding association with the Organization and look forward to a continued relationship.

Gregory, Sharer & Stuart, P.A.

A handwritten signature in black ink that reads "Gregory, Sharer & Stuart, P.A." The signature is written in a cursive, flowing style.

St. Petersburg, Florida
December 5, 2019

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Engagement Letter	
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Suncoast Center, Inc. and Affiliate
Required Communications
June 30, 2019

Generally accepted auditing standards (*AU-C 260, The Auditor's Communication with Those Charged with Governance*) require the auditor to promote effective two-way communication between the auditor and those charged with governance. Consistent with this requirement, the following summarizes our responsibilities regarding the financial statement audit as well as observations arising from our audit that are significant and relevant to your responsibility to oversee the financial reporting process.

Area	Comments
Our Responsibilities with Regard to the Financial Statement Audit	Our responsibilities under auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in <i>Government Auditing Standards</i> issued by the Comptroller General of the United States have been described to you in our engagement letter dated October 13, 2017. Our audit of the combined financial statements does not relieve management or those charged with governance of their responsibilities, which are also described in that letter.
Overview of the Planned Scope and Timing of the Audit	We discussed with you the planned scope and timing of our audit and our identification of, and planned audit response to significant risks of material misstatement on July 25, 2019.
Accounting Policies and Practices	<p>Preferability Of Accounting Policies and Practices</p> <p>Under accounting principles generally accepted in the United States of America, in certain circumstances, management may select among alternative accounting practices. In our view, in such circumstances, management has selected the preferable accounting practice.</p> <p>Adoption Of, or Change In, Accounting Policies</p> <p>Management has the ultimate responsibility for the appropriateness of the accounting policies used by the Organization. The Organization adopted Accounting Standard Update (ASU) 2016-14, <i>Presentation of Financial Statements of Not-for-Profit Entities</i>. There were no changes in existing significant accounting policies during the current period.</p> <p>Significant or Unusual Transactions</p> <p>We did not identify any significant or unusual transaction or significant accounting policies in controversial or emerging areas for which there is a lack of authoritative guidance or consensus.</p> <p>Management's Judgments and Accounting Estimates</p> <p>Summary information about the process used by management in formulating particularly sensitive accounting estimates, and about our conclusions regarding the reasonableness of those estimates, is communicated in the attached Summary of Accounting Estimates.</p>

Suncoast Center, Inc. and Affiliate
Required Communications
June 30, 2019

Area	Comments
Audit Adjustments	There were no audit adjustments made to the original trial balance presented to us to begin our audit.
Uncorrected Misstatements	We are not aware of any uncorrected misstatements other than misstatements that are clearly trivial.
Disagreements with Management	We encountered no disagreements with management over the application of significant accounting principles, the basis for management's judgments on any significant matters, the scope of the audit, or significant disclosures to be included in the combined financial statements.
Consultations with Other Accountants	We are not aware of any consultations management had with other accountants about accounting or auditing matters.
Significant Issues Discussed with Management	No significant issues arising from the audit were discussed or were the subject of correspondence with management.
Significant Difficulties Encountered in Performing the Audit	We did not encounter any difficulties in dealing with management during the audit.
Letter Communicating Significant Deficiencies and Material Weaknesses	None reported.
Significant Written Communications Between Management and Our Firm	Copies of significant written communications between our firm and the management of the Organization are attached as Exhibit A.

Suncoast Center, Inc. and Affiliate
Summary of Accounting Estimates
Year Ended June 30, 2019

Accounting estimates are an integral part of the preparation of financial statements and are based upon management's current judgment. The process used by management encompasses their knowledge and experience about past and current events and certain assumptions about future events. You may wish to monitor throughout the year the process used to determine and record these accounting estimates. The following describes the significant accounting estimates reflected in the Organization's June 30, 2019 combined financial statements.

Area	Accounting Policy and Estimation Process	Comments
Collectability of Accounts Receivable	Management's estimate of the allowance for uncollectible accounts receivable is based on historical collection rates and an analysis of the collectability of individual promises.	We evaluated the key factors and assumptions used by management and determined that the estimate is reasonable in relation to the combined financial statements taken as a whole.
Allowance for Contractual Adjustments and Uncollectible Accounts	Client fees receivable are shown net of an allowance for contractual adjustment and uncollectible accounts. This allowance is based on management's consideration of historical experience, third-party contracts, and other circumstances.	We evaluated the key factors and assumptions used by management and determined that the estimate is reasonable in relation to the combined financial statements taken as a whole.
Fair Market Value of level 3 Investments	Management's estimate of the fair market values of level 3 investments that are annuities is based on the accumulation of benefits derived from the guaranteed contract interest rate. Charitable remainder trusts are estimated based on the present value of estimated future cash flows.	We evaluated the key factors and assumptions used by management and determined that the estimate is reasonable in relation to the combined financial statements taken as a whole.
Basis of Allocation of Functional Expenses	<p>The allocation of indirect expenses (such as salaries) is primarily based upon management's estimate of the time spent by personnel in various roles.</p> <p>The allocation of direct support and administrative expenses is estimated by applying the individual programs' percentage of the total direct expenses incurred to the costs incurred by the direct support and administrative cost centers.</p>	We evaluated the key factors and assumptions used by management and determined that the estimate is reasonable in relation to the combined financial statements taken as a whole.

Suncoast Center, Inc. and Affiliate
Other Communications
Year Ended June 30, 2019

Recent Accounting Pronouncements: Revenue Recognition

For not-for-profit organizations with years beginning after December 15, 2018, there are two Accounting Standards Updates (ASUs) that will potentially affect their revenue recognition policy:

- ASU 2014-09, *Revenue from Contracts with Customers* (Topic 606)
- ASU 2018-08, Not-for-Profit Entities (Topic 958): *Clarifying the Scope and Accounting Guidance for Contributions Received and Contributions Made*

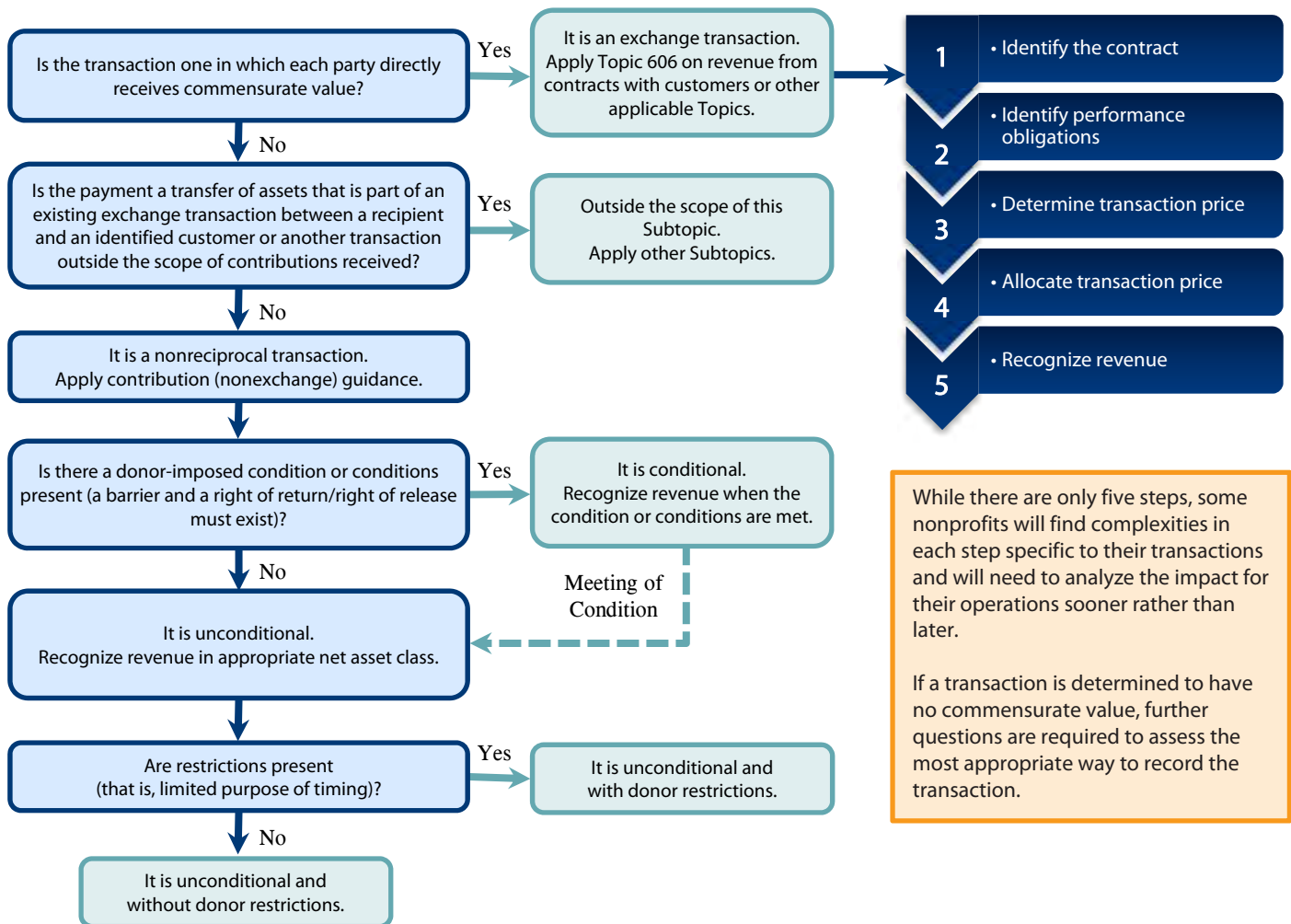
ASU 2014-09 will effectively change how all organizations recognize revenue, with some industries more significantly impacted than others. When released, it initially caused confusion for not-for-profit organizations, as many were questioning whether they had a contribution or a contract with a customer (exchange transaction). Recognizing the need for clarification, the Financial Accounting Standards Board (FASB) issued ASU 2018-08 to assist organizations in determining how certain transactions should be recorded.

The FASB provided decision tree in ASU 2018-08 (Topic 958) is used to determine the proper accounting treatment. If a transaction is determined to have commensurate value for both parties, it is an exchange transaction and a nonprofit organization will have to account for revenues using the following five-step process as described in ASU 2014-09 (Topic 606).

We recommend management assess the impact it will have on the Organization’s combined financial statements.

Topic 958 FASB Provided Decision Tree in ASU 2018-08

Topic 606 Flow Chart

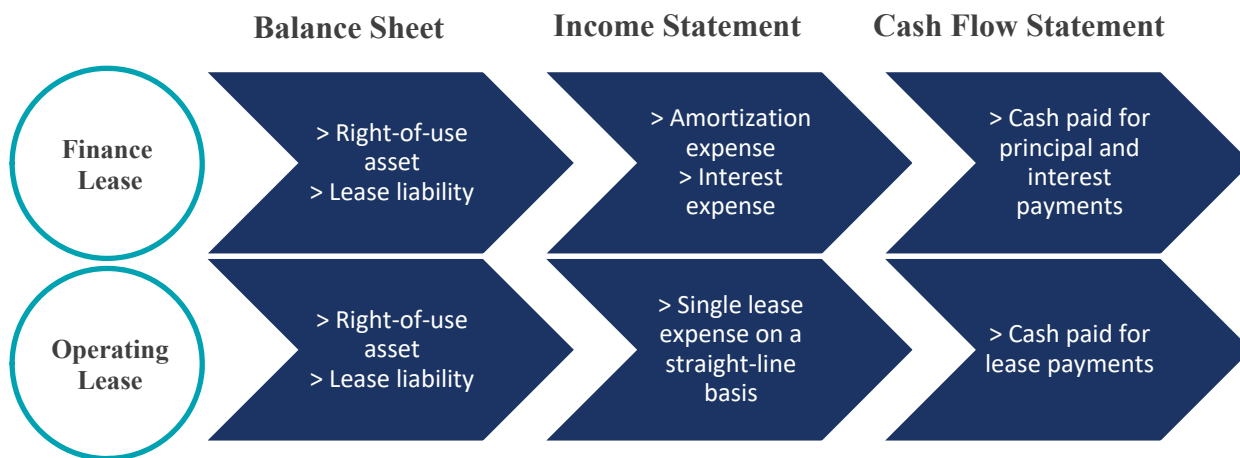


Suncoast Center, Inc. and Affiliate
Other Communications
June 30, 2019

Recent Accounting Pronouncements: Accounting for Leases

In February 2016, FASB issued ASU 2016-02, *Leases*, to increase transparency and comparability among organizations by recognizing lease assets and lease liabilities on the balance sheet and disclosing key information about the leasing arrangements. The amendments are effective for nonpublic companies for fiscal years beginning after December 15, 2019 (the Organization's June 30, 2021 combined financial statements). In November 2019, FASB issued ASU 2019-10, *Financial Instruments-Credit Losses (Topic 326), Derivatives and Hedging (Topic 815), and Leases (Topic 842): Effective Dates* to change the effective dates of ASU 2016-02. The amendments are effective for nonpublic companies for fiscal years beginning after December 14, 2020 (the Organization's June 30, 2022 combined financial statements).

The standard recognized two types of leases (operating and financing leases). The Organization will be required to recognize lease assets and liabilities for all leases, with certain exceptions. Accounting treatment of leases under the new ASU:



Endowment Fund

During our review of the investment accounts, it was noted permanently restricted endowment funds are comingled with unrestricted investment accounts. We recommend these assets be transferred to a separate investment account. By doing this, management can monitor the balances and easily identify temporarily restricted earnings.



A Professional Accounting Corporation
www.pncpa.com

System Review Report

To the Partners of Gregory, Sharer & Stuart, P.A.
& the National Peer Review Committee

We have reviewed the system of quality control for the accounting and auditing practice of Gregory, Sharer & Stuart, P.A. (the firm) applicable to engagements not subject to PCAOB permanent inspection, in effect for the year ended December 31, 2015. Our peer review was conducted in accordance with the Standards for Performing and Reporting on Peer Reviews established by the Peer Review Board of the American Institute of Certified Public Accountants. As a part of our peer review, we considered reviews by regulatory entities, if applicable, in determining the nature and extent of our procedures. The firm is responsible for designing a system of quality control and complying with it to provide the firm with reasonable assurance of performing and reporting in conformity with applicable professional standards in all material respects. Our responsibility is to express an opinion on the design of the system of quality control and the firm's compliance therewith based on our review. The nature, objectives, scope, limitations of, and the procedures performed in a System Review are described in the standards at www.aicpa.org/prsummary.

As required by the standards, engagements selected for review included engagements performed under *Government Auditing Standards* and audits of employee benefit plans.

In our opinion, the system of quality control for the accounting and auditing practice of Gregory, Sharer & Stuart, P.A. applicable to engagements not subject to PCAOB permanent inspection, in effect for the year ended December 31, 2015, has been suitably designed and complied with to provide the firm with reasonable assurance of performing and reporting in conformity with applicable professional standards in all material respects. Firms can receive a rating of *pass*, *pass with deficiency(ies)* or *fail*. Gregory, Sharer & Stuart, P.A. has received a rating of *pass*.

A handwritten signature in cursive script that reads 'Postlethwaite & Netterville'.

Donaldsonville, Louisiana
June 9, 2016



strengthening, protecting, and restoring lives for a healthy community.

December 5, 2019

Gregory, Sharer & Stuart, P.A.
100 Second Avenue South, Suite 600
St. Petersburg, FL 33701

This representation letter is provided in connection with your audit of the combined financial statements of Suncoast Center, Inc. and affiliate (the Organization), which comprise the combined statement of financial position as of June 30, 2019, the related combined statements of activities, functional expenses and cash flows for the year then ended, and the related notes to the combined financial statements, for the purpose of expressing an opinion on whether the combined financial statements are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP). The prior year summarized comparative information has been derived from the Organization's 2018 combined financial statements.

We confirm, to the best of our knowledge and belief, that as of December 5, 2019:

Financial Statements

1. We have fulfilled our responsibilities, as set out in the terms of the audit arrangement letter dated October 13, 2017, for the preparation and fair presentation of the combined financial statements referred to above in accordance with U.S. GAAP.
2. We acknowledge our responsibility for the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of combined financial statements that are free from material misstatement, whether due to fraud or error.
3. We acknowledge our responsibility for the design, implementation, and maintenance of internal control to prevent and detect fraud.
4. Significant assumptions used by us in making accounting estimates, including those measured at fair value, are reasonable and reflect our judgment based on our knowledge and experience about past and current events, and our assumptions about conditions we expect to exist and courses of action we expect to take.
5. Related-party relationships and transactions have been appropriately accounted for and disclosed in accordance with the requirements of U.S. GAAP.
6. All events subsequent to the date of the combined financial statements, and for which U.S. GAAP requires adjustment or disclosure, have been adjusted or disclosed.
7. The effects of all known actual or possible litigation and claims have been accounted for and disclosed in accordance with U.S. GAAP.
8. We have no knowledge of any uncorrected misstatements in the combined financial statements.
9. We acknowledge our responsibility for the accuracy of the amounts reflected on the statement of functional expenses including the appropriateness of the allocation of general and administrative expenses to program services.

Gregory, Sharer & Stuart, P.A.
December 5, 2019
Page 2

Information Provided

10. 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 combined financial statements such as records, documentation and other matters.
 - b. Additional information that you have requested from us for the purpose of the audit.
 - c. Unrestricted access to persons within the Organization from whom you determined it necessary to obtain audit evidence.
 - d. Minutes of the meetings of the governing board and committees, or summaries of actions of recent meetings for which minutes have not yet been prepared.
11. All transactions have been recorded in the accounting records and are reflected in the combined financial statements.
12. We have disclosed to you the results of our assessment of risk that the combined financial statements may be materially misstated as a result of fraud.
13. We have no knowledge of allegations of fraud or suspected fraud affecting the Organization's combined financial statements involving:
 - a. Management.
 - b. Employees who have significant roles in internal control.
 - c. Others where the fraud could have a material effect on the combined financial statements.
14. We have no knowledge of any allegations of fraud or suspected fraud affecting the Organization's combined financial statements received in communications from employees, former employees, regulators or others.
15. We have no knowledge of noncompliance or suspected noncompliance with laws and regulations.
16. We have disclosed to you all known actual or possible litigation and claims whose effects were considered when preparing the combined financial statements and we have not consulted legal counsel concerning litigation or claims.
17. We have disclosed to you the identity of the Organization's related parties and all the related-party relationships and transactions of which we are aware.
18. We are aware of no significant deficiencies, including material weaknesses, in the design or operation of internal controls that could adversely affect the Organization's ability to record, process, summarize and report financial data.
19. There have been no communications from regulatory agencies concerning noncompliance with, or deficiencies in, financial reporting practices.
20. During the course of your audit, you may have accumulated records containing data that should be reflected in our books and records. All such data have been so reflected. Accordingly, copies of such records in your possession are no longer needed by us.

Additional Information

21. With respect to additional information presented in relation to the combined financial statements as a whole:
 - a. We acknowledge our responsibility for the presentation of such information.
 - b. We believe such information, including its form and content, is fairly presented in accordance with guidelines prescribed by the funding sources as disclosed to us.
 - c. The methods of measurement or presentation have not changed from those used in the prior period.
 - d. When supplementary information is not presented with the audited combined financial statements, we will make the audited combined financial statements readily available to the intended users of the supplementary information no later than the date of issuance of the additional information and the auditor's report thereon.

Gregory, Sharer & Stuart, P.A.
December 5, 2019
Page 3

Supplementary Information

22. With respect to the schedule of expenditures of federal awards and state financial assistance presented as required by Title 2 U.S. Code of Federal Regulations Part 200, *Uniform Administrative Requirements, Cost Principles and Audit Requirements for Federal Awards* to supplement the basic combined financial statements:
- a. We acknowledge our responsibility for the presentation of such required supplementary information.
 - b. We believe such required supplementary information is measured and presented in accordance with guidelines prescribed by Title 2 U.S. Code of Federal Regulations, Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*.
 - c. The methods of measurement or presentation have not changed from those used in the prior period.
 - d. When supplementary information is not presented with the audited combined financial statements, we will make the audited combined financial statements readily available to the intended users of the supplementary information no later than the date of issuance of the supplementary information and the auditor's report thereon.

Compliance Considerations

In connection with your audit conducted in accordance with *Government Auditing Standards*, we confirm that management:

23. Is responsible for the preparation and fair presentation of the combined financial statements in accordance with the applicable financial reporting framework.
24. Is responsible for compliance with the laws, regulations, and provisions of contracts and grant agreements applicable to the auditee.
25. Has identified and disclosed to the auditor all instances that have occurred, or are likely to have occurred, of fraud and noncompliance with provisions of laws and regulations that have a material effect on the combined financial statements or other financial data significant to the audit objectives, and any other instances that warrant the attention of those charged with governance.
26. Has identified and disclosed to the auditor all instances that have occurred, or are likely to have occurred, of noncompliance with provisions of contracts and grant agreements that have a material effect on the determination of financial statement amounts.
27. Has identified and disclosed to the auditor all instances that have occurred, or are likely to have occurred, of abuse that could be quantitatively or qualitatively material to the combined financial statements.
28. Is responsible for the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of combined financial statements that are free from material misstatement, whether due to fraud or error.
29. Acknowledges its responsibility for the design, implementation and maintenance of internal controls to prevent and detect fraud.
30. Has taken timely and appropriate steps to remedy fraud; noncompliance with provisions of laws, regulations, contracts and grant agreements; or abuse that the auditor reports.
31. Has a process to track the status of audit findings and recommendations.
32. Has identified for the auditor previous audits, attestation engagements and other studies related to the audit objectives and whether related recommendations have been implemented.
33. Has provided views on the auditor's reported findings, conclusions and recommendations, as well as management's planned corrective actions, for the report.
34. Acknowledges its responsibilities as it relates to non-audit services performed by the auditor, including a statement that it assumes all management responsibilities; that it oversees the services by designating an individual, preferably within senior management, who possesses suitable skill, knowledge or experience; that it evaluates the adequacy and results of the services performed; and that it accepts responsibility for the results of the services.

Gregory, Sharer & Stuart, P.A.
December 5, 2019
Page 4

In connection with your audit of federal awards conducted in accordance with Subpart F of Title 2 U.S. Code of Federal Regulations (CFR) Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance) and Section 215.97, Florida Statutes; and Chapter 10.650, Rules of the Auditor General, we confirm:

35. Management is responsible for complying, and has complied, with the requirements of Uniform Guidance and Florida Statutes.
36. Management is responsible for understanding and complying with the requirements of laws, regulations, and the provisions of contracts and grant agreements related to each of its federal and state programs.
37. Management is responsible for establishing and maintaining, and has established and maintained, effective internal control over compliance for federal programs that provides reasonable assurance that the auditee is managing federal awards in compliance with laws, regulations, and the provisions of contracts or grant agreements that could have a material effect on its federal and state programs.
38. Management has prepared the schedule of expenditures of federal awards and state financial assistance in accordance with Uniform Guidance and Florida Statutes and has included expenditures made during the period being audited for all awards provided by federal agencies in the form of grants, federal cost reimbursement contracts, loans, loan guarantees, property (including donated surplus property), cooperative agreements, interest subsidies, insurance, food commodities, direct appropriations and other assistance.
39. Management has identified and disclosed all of its government programs and related activities subject to the Uniform Guidance and Florida Statutes compliance audit.
40. Management has identified and disclosed to the auditor the requirements of laws, regulations, and the provisions of contracts and grant agreements that are considered to have a direct and material effect on each major program.
41. Management has made available all federal and state awards (including amendments, if any) and any other correspondence relevant to federal programs and related activities that have taken place with federal agencies or pass-through entities.
42. Management has identified and disclosed to the auditor all amounts questioned and all known noncompliance with the direct and material compliance requirements of federal and state awards.
43. Management believes that the auditee has complied with the direct and material compliance requirements (except for noncompliance it has disclosed to the auditor).
44. Management has made available all documentation related to compliance with the direct and material compliance requirements, including information related to federal and state program financial reports and claims for advances and reimbursements.
45. Management has provided to the auditor its interpretations of any compliance requirements that are subject to varying interpretations.
46. Management has disclosed to the auditor any communications from grantors and pass-through entities concerning possible noncompliance with the direct and material compliance requirements, including communications received from the end of the period covered by the compliance audit to the date of the auditor's report.
47. Management has disclosed to the auditor the findings received and related corrective actions taken for previous audits, attestation engagements, and internal or external monitoring that directly relate to the objectives of the compliance audit, including findings received and corrective actions taken from the end of the period covered by the compliance audit to the date of the auditor's report.
48. Management is responsible for taking corrective action on audit findings of the compliance audit.
49. Management has provided the auditor with all information on the status of the follow-up on prior audit findings by federal awarding agencies and pass-through entities, including all management decisions.

Gregory, Sharer & Stuart, P.A.
December 5, 2019
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50. Management has disclosed the nature of any subsequent events that provide additional evidence with respect to conditions that existed at the end of the reporting period that affect noncompliance during the reporting period.
51. Management has disclosed all known noncompliance with direct and material compliance requirements occurring subsequent to the period covered by the auditor's report or stating that there were no such known instances.
52. Management has disclosed whether any changes in internal control over compliance or other factors that might significantly affect internal control, including any corrective action taken by management with regard to significant deficiencies and material weaknesses in internal control over compliance, have occurred subsequent to the period covered by the auditor's report.
53. Federal program financial reports and claims for advances and reimbursements are supported by the books and records from which the basic combined financial statements have been prepared.
54. The copies of federal and state program financial reports provided to the auditor are true copies of the reports submitted, or electronically transmitted, to the federal agency or pass-through entity, as applicable.
55. There have been no subrecipients.
56. Management has charged costs to federal awards in accordance with applicable cost principles and the Uniform Guidance and Florida Statutes.
57. Management is responsible for, and has accurately prepared, the summary schedule of prior audit findings to include all findings required to be included by Uniform Guidance and Florida Statutes.
58. The reporting package does not contain protected personally identifiable information.
59. Management has accurately completed the appropriate sections of the data collection form.
60. If applicable, management has disclosed all contracts or other agreements with service organizations.
61. If applicable, management has disclosed to the auditor all communications from service organizations relating to noncompliance at those organizations.

Suncoast Center, Inc. and Affiliate



Barbara Daire, Executive Director



Dustin Sode, Chief Financial Officer

AGREEMENT
Between
THE JUVENILE WELFARE BOARD
and
Suncoast Center, Inc. (OPROV59)
Family Services

I. PURPOSE

The Juvenile Welfare Board of Pinellas County, hereinafter referred to as "JWB", and Suncoast Center, Inc. (OPROV59), hereinafter referred to as "Provider", enter into this mutual Agreement, including all attachments referred to herein, for the period commencing October 1, 2019 and extending through September 30, 2020. This Agreement does not take effect and JWB has no responsibility for any of its obligations hereunder until this Agreement is executed by all parties to this Agreement.

II. STAFF

Provider agrees to employ staff, at its own expense, to execute services provided in accordance with this Agreement. Such individuals shall not be considered employees of JWB, and are subject to the supervision, personnel practices and policies of the Provider. Unless otherwise approved by JWB, all Provider staff shall meet qualifications as stated in the approved position profile on file at JWB and any approved revisions which are submitted for FY20 funding.

III. SERVICES

Provider offers Child Advocacy Services, Sexual Assault Services, and is the largest provider of behavioral health services in Pinellas County. Provider has special expertise in trauma, early childhood, and family services. Beyond office based care, provider has the capacity to offer flexible services in client homes, and other community settings including schools, head start/early head start settings, and through technology to meet the family's needs throughout Pinellas County.

Provider agrees to deliver services as stated in the currently approved program methodology on file at JWB and to accomplish performance measures stated in Attachment 2, as determined by JWB, according to service areas stated in Attachment 3, and pursuant to the General Conditions stated in Section VIII and Special Conditions listed in Attachment 1. A program methodology update, or certification that no updates are needed, is due for submission thirty (30) calendar days after the effective date of this Agreement (see Attachment 5 for an outline of all document submittals). The Provider shall cooperate with JWB on the process for approval of program methodology updates by no later than January 10, 2020. Any proposed changes in service delivery after January 10 must be approved in writing by JWB in advance of making those changes and program methodologies shall subsequently be updated within thirty (30) calendar days of that approval. Costs associated with any unapproved changes in service delivery may not be reimbursed.

IV. FUNDS

The program budget for both JWB and other funds (if any) for accomplishing the above stated services must be approved in the JWB data system or other designated format before payment will commence. JWB agrees to reimburse up to \$5,056,821 for services rendered pursuant to this Agreement.

V. METHOD OF PAYMENT

1. JWB issues reimbursements in accordance with the schedule listed on Attachment 4 (or on the preceding working day in case of a holiday). The Provider shall elect to submit a request for payment at a minimum either every other week or once a month. Reimbursements shall be made on pace throughout the fiscal year in order to allow for a consistent and orderly delivery of services. Reimbursement requests shall be submitted timely and only for amounts actually incurred that should properly be reimbursed per this Agreement within reasonably needed amounts based on the budget and other funding sources. Request for payment must be accompanied by the appropriate documentation as prescribed by JWB.
2. Requests for advance funds may be made, consistent with JWB policy.

VI. TERMINATION

1. It is the intent of JWB to ensure a consistent and orderly delivery of services. It is the further intent of JWB to terminate Agreements in those situations where such action is essential to the protection of its interests and the interests of children and families served by JWB, as determined solely by JWB.
2. In the event funds to finance this Agreement become unavailable, JWB may terminate the Agreement upon no less than twenty-four (24) hours' notice in writing to the Provider. Said notice shall be delivered by certified mail, return receipt requested, or in person with proof of delivery.
3. JWB shall endeavor, whenever possible and consistent with its legal obligations and principles of prudent management, to provide thirty (30) days' notice for termination due to lack of funds. JWB shall be the final authority as to the availability of funds and extension of notice beyond the minimum time herein stated.
4. In addition to the rights as set forth in paragraph VI. 2 above, this Agreement may be terminated by JWB for any reason whatsoever upon twenty-four (24) hours' written notice. Said notice shall be delivered by certified mail, return receipt requested, or in person with proof of delivery.
5. Provider shall only be compensated for services performed prior to the termination date. Provider may only terminate this Agreement upon thirty (30) calendar days' written notice to JWB delivered in person, by facsimile or by US mail, return receipt requested.
6. The above provisions shall not limit JWB's right to remedies at law or to damages.

VII. COMMENCEMENT OF PAYMENT

Unless specifically authorized by JWB, payment shall not be made for services rendered prior to the effective date of this Agreement.

VIII. GENERAL CONDITIONS

1. Agreement Revisions

This Agreement and its attachments constitute the contractual relationship between the Provider and JWB. If there is any discrepancy between program-related documents, this Agreement preempts all other documents. No amendment to this Agreement or its attachments may be made without the prior written approval of JWB and Provider, except as may be provided in General Condition #4.

2. Fiscal Responsibility

- a. Provider agrees to maintain books, records, and documents in accordance with generally accepted accounting principles and practices which accurately and appropriately reflect all expenditures of funds listed in the approved budget on file at JWB.
- b. Provider agrees to submit Program Statement of Financial Activities reports within thirty (30) calendar days following the end of each quarter of JWB's fiscal year. Provider agrees that all financial records and supporting documentation shall be subject at all times to inspection, review, or audit by JWB personnel or its duly authorized agent.
- c. Provider agrees to maintain and file with JWB in a timely fashion reports related to services provided under this Agreement.
- d. Provider agrees to retain all financial records, supporting documentation, statistical records, and any other documents pertinent to this Agreement for a period of five (5) years after termination of this Agreement. If an audit has been initiated and audit findings have not been resolved at the end of five (5) years, all records shall be retained until resolution of audit findings.
- e. Payments during Disaster Recovery: JWB agrees to support funded programs that are unable to provide normal services for a period of at least sixty (60) calendar days after a disaster has been declared, provided the program agrees to comply with requests of JWB and Recover Pinellas. This period may be extended at the discretion of the Board upon recommendation of the Chief Executive Officer. Provider must file insurance and FEMA claims and shall reimburse JWB for any amounts received from FEMA and insurance that have previously been funded by JWB. The Provider must submit to JWB a copy of the Provider's Continuity of Operations Plan within thirty (30) calendar days of the effective date of this Agreement.
- f. Provider shall provide supporting documentation (board meeting minutes, etc.) for all salary adjustments. JWB shall not reimburse more than two (2) weeks of accrued leave for terminating employees. JWB shall not reimburse expenses not previously approved by JWB.

3. Audit and Management Letter

The Provider agrees to submit to JWB an independent audit of the financial statements of the entity in its entirety and any accompanying management letter(s) immediately upon receipt by the Provider's board, but within a period not to exceed one hundred and eighty (180) calendar days of the close of the Provider's fiscal year. The audit must be performed by a firm licensed to perform audits in the State of Florida and conducted in accordance with generally accepted auditing standards and standards established by the American Institute of Certified Public Accountants.

The Provider's auditor shall not provide any non-audit service to an issuer contemporaneously with the audit, including:

- (1) bookkeeping or other services related to the accounting records or financial statements of the audit client;
- (2) financial information systems design and implementation;
- (3) appraisal or valuation services, fairness

opinions, or contribution-in-kind reports; (4) actuarial services; (5) internal audit outsourcing services; (6) management functions or human resources; (7) broker or dealer, investment adviser, or investment banking services; (8) legal services and expert services unrelated to the audit.

The Provider is required to engage an audit firm that follows Government /Non-Profit Audit Standards when conducting the financial audit and that shows evidence of a peer review report completed every three (3) years.

4. Other Financial Support

- a. Provider shall report within ninety (90) calendar days any major changes in non-JWB revenue which would impact targeted service levels in JWB funded programs during the fiscal year.
- b. JWB funds shall not be used for expenditures also funded by other sources. JWB funds shall not be used to supplant other sources of revenue.
- c. Generally, JWB encourages use of its funds as financial match for securing funds from other sources. However, in such instances, Provider is required to obtain prior written approval to submit an application with JWB committed funds.
- d. Revenues earned in a JWB funded program must remain in that program as a condition of funding.
- e. Programs charging a fee for services supported by JWB funding must forward a copy of the fee schedule to JWB within thirty (30) calendar days of the effective date of this agreement and upon making changes to the fee schedule.

5. Program Monitoring and Data Quality

Provider agrees to submit monitoring, site visit, accreditation, and licensing reports supplied by funding, accreditation, and licensing entities, as applicable, to JWB upon Provider receipt. Provider agrees to submit progress reports and other information in such format and at such times as may be prescribed by JWB (including JWB Databases, JWB Secure Portals, and Provider specific data collection systems), and to cooperate in monitoring activities including, but not limited to, access to sites, staff, fiscal and participant records, logs, participant rights and responsibilities policies, participant handbooks, grievance and complaint procedures, and the provision of related participant and participant rights information. Provider shall maintain and have available for audit inspection participant records for five (5) years post termination of services. Provider agrees to abide by the JWB Board Policy Section IV: JWB Funded Program Monitoring.

Provider agrees to provide JWB representatives access, without presence of the Provider supervisor, to staff or program participants during any monitoring with or without advance notice.

Provider staff shall adhere to JWB's Data Quality Manual and JWB's Financial Policies and Procedures for Funded Programs, and all staff who have any responsibility (supervisory or direct) for data entry shall be trained within thirty (30) calendar days of hire. The Provider is responsible for maintaining written policies and procedures for providing data to JWB in a timely manner. The Provider is responsible for reviewing JWB Database and JWB Secure Portal User Access to ensure that all users are active employees with access to appropriate data systems and modules. The Provider shall notify support@mosaic-network.com for GEMS support and help@jwbpinellas.org for JWB Secure Portal support. Provider shall notify the JWB Program Consultant and complete the designated form immediately upon involuntary termination and within five (5) business days upon voluntary separation or whenever a Provider staff person's access must be inactivated due to the reasons outlined in JWB's Data Quality Manual. The Provider is responsible for implementing appropriate procedures into their data policies to protect data and prevent accidental or malicious disclosure of participant information. The Provider is responsible for maintaining fiscal workflow approval prior to creation of a program budget.

Provider shall notify JWB no less than ninety (90) days prior to implementation of data system(s) used for participant and/or financial information that are used to share data with JWB.

6. Board Members, Training, and Financial Review

Within thirty (30) calendar days of approval or a change of board composition, Provider shall submit to JWB an updated list of board members to include the email and physical address, phone number, and place of employment of the board chair.

Submission of Provider policies and procedures regarding board review of Provider finances shall be required within thirty (30) calendar days of this Agreement and upon revision and approval by the Provider's board.

Training of new board members by an external trainer is required within twelve months of joining the Provider board. Evidence of training must be provided to JWB by September 15, 2020. Training must consist of the following topics: nonprofit governance, fiduciary risks, and liabilities. Documentation of this training shall include an outline of topics covered, the board members in attendance, date the board member joined the board, and who provided the training. Providers that are governmental entities, higher education institutions, and hospitals are exempt from this training requirement.

7. Nondiscrimination

Providers receiving funding from JWB shall not discriminate against an employee, volunteer, or participant of the Provider on the basis of race, color, gender, religion, national origin, citizenship, disability, marital status, age, veteran status, sexual orientation, pregnancy, and genetic information, or any other legally protected category except that programs may target services for specific participant groups as defined in the application. Additionally, Providers receiving funds shall demonstrate the standards, policies, and practices necessary to render services in a manner that respects the worth of the individual and protects and preserves the dignity of people of diverse cultures, classes, races, religions, and ethnic backgrounds.

8. Publicizing of JWB Support - Endorsements

Requests for endorsements that require a commitment of JWB resources shall be submitted to the JWB Board for its consideration. However, endorsements, which do not require JWB resources may be given to those Providers that support the focus and priorities of the JWB Board, at the discretion of the JWB Chief Executive Officer. JWB's logo must be present on the following Provider materials as an acknowledgement of support:

- Annual Report
- Program Brochures
- Program Stationery

JWB's logo may not be used on any other publications requiring JWB resources without JWB approval. However, if a publication does not require a monetary commitment or indicate sponsorship, use of the JWB logo may be authorized at the sole discretion of the JWB Chief Executive Officer.

9. Publications

Provider agrees to supply JWB, without charge, up to three (3) copies of any publication developed in connection with implementation of programs addressed by this Agreement. Such publications will state that the

program is supported by JWB. Provider agrees that JWB will have unlimited use of copyrighted materials developed under this Agreement and Provider will be notified by JWB when this occurs.

10. Assignments and Subcontracts

Provider shall not assign the responsibility of this Agreement to another party nor subcontract for any of the work contemplated under this Agreement, including transportation of participants, without prior written approval of JWB through an approved budget or other written approval on file at JWB. No such approval by JWB of any assignment or subcontract shall be deemed in any event or in any manner to provide for the incurrence of any obligation by JWB in addition to the total dollar amount stated in this Agreement. JWB shall have the right to require the Provider to replace any Subcontractor found, in the reasonable judgment of JWB, to be unacceptable.

All such assignments or subcontracts shall be subject as applicable to the terms and General Conditions of this Agreement and to any conditions of approval that JWB shall deem necessary. Subcontracts for program service delivery described in the approved program methodology must be reviewed according to the Subcontract Assessment found at <http://www.jwbpinellas.org/Providers/SubcontractAssessment>. The assessment outlines elements that must be included in subcontracts. Subcontracts and the corresponding Subcontract Assessment shall be submitted to JWB within thirty (30) calendar days of the effective date of this Agreement and upon revision, amendment and execution of the subcontract thereafter.

Provider shall have full responsibility for the successful performance and completion of all subcontracted duties under this Agreement to the same extent as if the Provider performed such duties. The Provider shall be the sole point of contact for subcontracts with regard to all matters under this Agreement. Provider is responsible for monitoring subcontracts of JWB funded programs unless otherwise specified in a Special Condition of this Agreement. Documentation of monitoring of subcontracts shall be submitted to JWB no more than thirty (30) calendar days following completion of the monitoring activities.

11. Confidential Information

Provider must follow all laws regarding confidentiality of information including, but not limited to, HIPAA. Provider shall not use or disclose any information which specifically identifies a recipient of services under this Agreement, and shall adopt appropriate procedures for employees' handling of confidential data with the following exceptions: a) such information may be revealed as may be necessary to conform to Fiscal Responsibility and Program Monitoring requirements as stated in the General Conditions of this Agreement; b) such information may be revealed as may be necessary pursuant to applicable federal, state, or local law and related regulations; and c) such information may be revealed with the written consent (authorization) of the recipient, or the recipient's responsible parent or guardian, where authorized by law. Provider is responsible to adopt appropriate policies, notifications, authorizations, and other relevant information that allows for the sharing of confidential information with JWB.

Providers shall adhere to JWB's written statement of purpose for collection of confidential data in compliance with Section 119.071(5), Florida Statutes. Provider must distribute a copy of this statement to recipients of JWB-funded programs and services and obtain the signature of the recipient or recipient's responsible parent or guardian. A copy of this signed statement must be maintained in case files for each participant for whom confidential data is collected. Once executed, this signed statement does not require subsequent renewal.

The Provider shall also maintain in participant files a completed copy of a JWB-approved form for authorizing client consent to release information for each participant receiving services. As allowed by law and Provider

policy, the Provider shall add JWB to consent forms including HIPAA consent forms to facilitate data sharing and implement the Fiscal Responsibility and Program Monitoring requirements as stated in the General Conditions of this Agreement and advise JWB within two (2) business days if a participant has withdrawn consent to share data and note this withdrawal of consent in the case file. JWB has full discretion as to the use of data and JWB owns all data once transferred to JWB.

Provider shall obtain permission and license for the use of any and all photographs, videotaping, audio recordings, or written interviews/stories of participants, to include use of name, image and other identifiable information in connection with a press release, news story, testimonial, or story that may be viewed by the general public, and that the participant will not receive compensation for participation in the use of this information. For youth under the age of eighteen (18), Providers will obtain the signature of a parent or legal guardian.

In no event should participant identifying information ever be emailed or faxed to JWB.

In the event of an improper disclosure of participant information by Provider, Provider shall inform JWB of the improper disclosure and extent thereof within two (2) business days of becoming aware of the improper disclosure. Provider shall cooperate fully with JWB and take all necessary steps to correct and remedy any damage caused by the Provider's improper disclosure and to prevent future improper disclosure. Provider shall defend, indemnify and hold harmless JWB from any and all damages caused by the improper disclosure of any confidential information as defined by law including, but not limited to, Protected Health Information under HIPAA and any and all costs associated with remedying the disclosure. Provider shall defend, indemnify and hold harmless JWB from any and all damages caused by the improper disclosure as defined by law of any information including but not limited to personally identifiable information (PII) and protected health information (PHI) as required under HIPAA, HITECH and FIPA regulations or other information that is confidential and/or exempt from disclosure per F.S. 119. This provision shall survive the termination of this Agreement.

Likewise, in the event of an improper disclosure of Provider's participant information by JWB, JWB shall inform Provider of the improper disclosure and extent thereof within two (2) business days of becoming aware of the improper disclosure. JWB shall cooperate fully with Provider and take all necessary steps to correct and remedy any damage caused by JWB's improper disclosure and to prevent future improper disclosure. JWB shall defend, indemnify and hold harmless Provider from any and all damages caused by JWB's improper disclosure and any and all costs associated with remedying the disclosure subject to the doctrine of sovereign immunity and limitations set forth in F.S. 768.28.

12. Public Records

JWB is a public entity subject to Florida's Public Records Law, which includes provisions relating to records retention, production, and confidentiality. For purposes of this section, Provider is also referred to as Contractor. Provider subcontracts that arise out of this Agreement must apply the entirety of this public records condition to the Subcontractor.

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

**Juvenile Welfare Board of Pinellas County
14155 58th St. No., Ste. 100**

Clearwater, FL 33760
(727) 453-5600
communications@jwbpinellas.org

Contractors acting on behalf of JWB must comply with 119.0701 and must:

- a. Keep and maintain public records required by JWB to perform the service.
- b. Upon request from JWB's custodian of public records, provide JWB with a copy of the requested records or allow the records to be inspected or copied within a reasonable time at a cost that does not exceed the cost provided in F.S. 119 or as otherwise provided by law.
- c. Ensure that public records that are exempt or confidential and exempt from public records disclosure requirements are not disclosed except as authorized by law for the duration of the contract term and following completion of the contract if the contractor does not transfer the records to the public agency.
- d. Upon completion of the contract, transfer, at no cost, to JWB all public records in possession of Contractor or keep and maintain public records required by JWB to perform the service. If the Contractor transfers all public records to JWB upon completion of the contract, Contractor shall destroy any duplicate public records that are exempt or confidential and exempt from public records disclosure requirements. If Contractor keeps and maintains public records upon completion of the contract, the Contractor shall meet all applicable requirements for retaining public records. All records stored electronically must be provided to JWB, upon request from JWB's custodian of public records, in a format that is compatible with the information technology systems of JWB.

In addition, Contractors should be aware that Social Security numbers are confidential and exempt from disclosure (119.071(5)) and personal identifying information of a child or the parent or guardian of the child held by JWB or service provider under contract with JWB is exempt from disclosure (125.901(11)). There are many other exemptions in the law that Provider should be cognizant exist. However, for all Providers, any and all contracts between JWB and Provider, program methodology, budgets, requests for reimbursements, emails, other written correspondence and any other documents exchanged between the Provider and JWB are generally public records and will be disclosed in the sole discretion of JWB and must be retained in accordance with Florida's record retention policy. Providers should not provide any documents to JWB containing Trade Secrets, as defined by F.S. 812.08, or exempt or confidential and exempt information to JWB without specifically marking such document. By submitting any documents or information whatsoever to JWB, Provider agrees that JWB may use and disclose all information and documents submitted for any purpose JWB sees fit and that it is within JWB's sole discretion to determine if any information submitted is exempt from disclosure.

Any Provider who receives a public records request for records pertaining to JWB or services funded by JWB, must advise JWB within two (2) business days of the records request and JWB and Provider will work together to respond to any such request. This provision shall survive termination of this Agreement.

13. Return of Funds

Provider agrees to return to JWB any overpayment due to costs not incurred or costs disallowed pursuant to the terms of this Agreement and such funds shall be considered JWB funds and shall be refunded to JWB in accordance with its instructions. Should Provider fail to return said funds, Provider shall be responsible for all costs and fees of collection incurred by JWB - including, but not limited to, attorney fees and court costs including any pre-suit collections fees and costs. This provision survives termination of this Agreement and

return of funds for overpayment or disallowance will be required even if the overpayment or disallowance is discovered after this Agreement is terminated.

14. Special Situations and Incidents

Provider agrees to inform JWB within one (1) business day of any circumstances or events which may reasonably be considered to jeopardize its capability to continue to meet its obligations under the terms of this Agreement. Participant incidents are required to be reported for situations that occur only while under the Provider's care and includes anything that may reflect negatively or critically upon JWB.

Certain personnel are mandated by law to report their suspicions of child abuse, neglect, or abandonment to the Florida Abuse Hotline (1-800-96-ABUSE). All concerns regarding suspected abuse, neglect, or abandonment of a child or vulnerable adult by the Provider shall first be reported to the Florida Abuse Hotline and then reported to JWB. Incident reporting does not preclude mandated reporting requirements.

Critical Incidents are defined as follows:

Abduction - An incident in which an individual who does not have care and custody of a child has taken the child. Concerns of child abductions shall immediately be reported to the appropriate law enforcement personnel.

Abuse or Neglect - Reasonable cause to suspect that a child has been harmed or is believed to be threatened with harm from a person responsible for the care of the child.

Breach of Information - Sensitive, protected or confidential data has potentially been viewed, stolen or used by an individual unauthorized to do so.

Employee Arrest - Employee conduct or activity that results in potential liability to the Provider or JWB, death or harm to a participant, or results in a law violation, including falsification of official records. If an arrest is made for a potentially disqualifying offense under Level 2 background screening requirements, or if the arrest occurred while in the performance of an employee's official duties, the incident should be reported immediately.

Investigation or Lawsuit - Any formal investigation or legal action brought against Provider which relates to the services funded by JWB or which may reasonably be considered to jeopardize its capability to continue to meet its obligations under the terms of this Agreement.

Media Coverage or Public Inquiry - Media coverage or public reaction that may have an impact on the Provider or JWB's ability to protect and serve its participants, or other significant effect on the Provider or JWB.

Participant Death - The death of any participant receiving JWB services, regardless if the death occurred while under Provider's care.

Participant Illness - An illness of a participant requiring a response by Emergency Medical Services AND transport to a medical facility due to the severity of the illness while participant is attending the program.

Participant Injury - A medical condition of a participant requiring a response by Emergency Medical Services AND transport to the hospital due to the severity of the medical condition or injury while the participant is attending the program.

Note in both instances of Participant Illness and Participant Injury the parents may use Emergency Medical Services as transportation to the hospital - if it is used solely for this purpose an incident report is not required. In the event that the participant leaves the program and requires emergency care due to an injury or illness incurred at the program, an incident report should be complete when the program becomes aware.

Sexual Battery - An allegation of sexual battery involving a participant or employee as evidenced by medical evidence or law enforcement involvement. Sexual battery includes participant on participant incidents, employee on participant, and participant on employee.

Suicide Attempt - An act which clearly reflects the physical attempt by an active participant to cause his or her own death, which results in bodily injury requiring medical treatment by a licensed health care professional.

In addition, the Provider shall notify JWB immediately upon knowledge of any action or incident involving Provider staff or volunteers that could potentially jeopardize the terms of this Agreement which includes misconduct, malfeasance during working hours, or any conduct that results in the arrest of a staff member or volunteer after hours.

Within one (1) business day, the Provider must submit electronically a completed Incident Report to IRreviewteam@jwbpinellas.org with full details and disposition of the incident, excluding identifying information such as name, date of birth, and address. In the event of a participant death please contact by phone the JWB Chief Operating Officer within three (3) hours of knowledge of the incident.

All email communications made or received by JWB members or staff are considered public records and are retained and, upon request, made available to the public and media in accordance with Chapter 119, Florida Statutes.

Provider must adhere to the reporting requirements hereunder after the termination of this Agreement if Provider becomes aware of a Critical Incident after the termination of the Agreement if the Critical Incident occurred during the term of the Agreement and/or relates to the services funded by JWB.

15. Provider Staff Membership on Board

Provider agrees that Provider staff shall not serve as voting members of the Provider's governing board.

16. Waiver

JWB reserves the right to waive requirements of this Agreement and General Conditions where warranted by special circumstances. Any waiver shall be in writing and signed by JWB.

17. Provider & Program Data Maintained In 2-1-1 Database

Provider agrees to maintain accurate and up-to-date Provider and program data in the 2-1-1 Tampa Bay Cares database. The Provider will review and update (as necessary) this data at least once annually. The Provider will list data for newly funded program(s) within thirty (30) calendar days of the date that JWB funds the program. This requirement applies to all programs accepting 2-1-1 referrals.

18. Provider Staff Background Checks

All program staff and Provider staff (including employees, independent contractors, and staff of

subcontractors), volunteers and those who may have access to youth participants are required to undergo and pass a national Level 2 background check that complies with the standards set forth in F.S. 435. Those individuals must have no disqualifying offenses listed in F.S. 435.04. for which they have not received an exemption in accordance with Florida law. All staff and volunteers must continue to qualify to pass a Level 2 screening at all times and must notify their employer if at any time they no longer qualify to pass a Level 2 screening. Proof of Level 2 background clearance, including current executed affidavits/attestations of good moral character, must be maintained at all times in the appropriate files and the screening repeated every five (5) years or more often in accordance with law or as requested by JWB. This requirement applies to employees regardless of the funder supporting the position and all volunteers and subcontractors who may have access to youth. Volunteers and subcontractors who assist on an intermittent basis for less than ten (10) hours per month do not have to be screened if a person who meets the screening requirement of this section is always present and has the volunteer and subcontractor within his or her line of sight. The Provider is required to clearly document which volunteers meet the criteria for a Level 2 background screening and affidavits of good moral character, and which are exempt according to the terms of this Agreement. The Provider's policy and practice for background screening must provide for adequate protection and must comply with all applicable laws and implementing regulations including, but not limited to F.S. 435.

The Florida Department of Children and Families provides an exemption process under this statute. JWB does not provide an exemption or waiver process.

Should a Provider not be statutorily authorized to receive a national Level 2 background check in accordance with F.S. 435, the Provider must still comply with the standards set forth in F.S. 435 through VECHS background screening. Only in the event the Provider does not qualify to receive a national Level 2 background check in accordance with F.S. 435 and is not eligible to participate in VECHS, then the Provider must engage a third party vendor to conduct a national background check and must comply with the standards as set forth in F.S. 435.

Providers using VECHS, or any other third party vendor which does not allow the release of background screening results to JWB, must sign and provide to JWB an affidavit which ensures compliance with the entirety of this section. This affidavit must be renewed annually by the Provider's Executive Director or equivalent and submitted within thirty (30) calendar days of the effective date of this Agreement and upon change of staff in this position. Provider must also provide a written procedure within thirty (30) calendar days of the effective date of this Agreement which outlines the process by which compliance is ensured with the entirety of this section.

Provider agrees to submit to monitoring of personnel and volunteer files and other required documents to ensure compliance with this section. Monitoring will include, but not be limited to, review of training logs, position descriptions, applications, resumes and Provider verification of staff credentials. Providers shall not release PHI to JWB and shall keep this information separated from personnel and volunteer files. Parental consent for JWB monitoring activities must be evident in the personnel and volunteer files of minor children.

19. Attendance

Provider is required to keep attendance records. If Attachment 2 requires a program to track participant attendance, attendance may be tracked in the JWB Database or other approved data system.

20. Link to JWB's Websites

Provider website shall include links to the JWB website (www.jwbpinellas.org) and include the JWB logo.

21. Drug-Free Workplace

The Provider shall have and enforce a Drug and Alcohol Free Workplace Policy. This policy shall be submitted to JWB within thirty (30) calendar days of the execution of this Agreement.

22. Public Entity Crimes

Per Section 287.133, F.S., a person or affiliate who has been placed on the convicted vendor list following a conviction for a public entity crime may not submit a bid on a contract to provide any goods or services to a public entity, may not submit a bid on a contract with a public entity for the construction or repair of a public building or public work, may not submit bids on leases of real property to a public entity, may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with a public entity, and may not transact business with a public entity in excess of the threshold amount provided in Section 287.017, for CATEGORY TWO for a period of thirty-six (36) months from the date of being placed on the convicted vendor list.

23. JWB Policies and Procedures

Provider agrees to follow all JWB policies and procedures which can be located on the JWB website at www.jwbpinellas.org and which are incorporated into this Agreement in their entirety. Said policies include, but are not limited to, all Board policies, funding policies, JWB Financial Policies and Procedures for Funded Programs, research policies, security policies, JWB Data Quality Manual, and policies that may be promulgated by JWB within its sole discretion from time to time. JWB reserves the right to change these policies from time to time within its sole discretion. JWB will provide a minimum of thirty (30) calendar days' notice to the Provider and it is the responsibility of the Provider to be in compliance with all policies and procedures at all times.

Provider is encouraged to provide certification of current accreditation by a recognized national accrediting body appropriate to the programming funded by JWB.

Regardless of accreditation, the Provider must meet the highest professional standards established through its specific field.

24. Conflict of Interest

The Provider must have no interest and shall acquire no interest, either direct or indirect, which would conflict in any manner with the performance or services required hereunder. The Provider further represents that no person having any such interest shall be employed by the Provider during the Agreement term and any extensions.

The Provider shall promptly notify JWB, in writing, by certified mail, of all potential conflicts of interest for any prospective business association, interest, or other circumstance, which may influence or appear to influence the Providers judgment or quality of services being provided hereunder. Such written notification shall identify the prospective business association, interest or circumstance, the nature of work that the Provider may undertake and request an opinion of JWB as to whether the association, interest or circumstance would, in the opinion of JWB, constitute a conflict of interest if entered into by the Provider. JWB agrees to notify the Provider of its opinion, by certified mail, within thirty (30) days of receipt of notification by the Provider.

25. Insurance Requirements - Basic Provisions

The Provider will procure, pay for, and maintain, throughout the period of this Agreement, on behalf of the Provider and JWB, the following MINIMUM limits of basic insurance coverage with responsible companies, eligible to do business in the State of Florida, which maintain a rating of A-(IX) or higher with A.M. Best.

a. Worker's Compensation

Part One:	"Statutory"
Part Two: Each Accident	\$500,000
Disease - Policy Limit	\$500,000
Disease - Each Employee	\$500,000

Such insurance shall be no more restrictive than that provided by the latest edition of the standard Workers' Compensation Policy, as filed for use in Florida by the National Council on Compensation Insurance (NCCI), without any restrictive endorsements other than any endorsements required by NCCI or the State of Florida. In addition to coverage for the Florida Workers' Compensation Act, where appropriate, coverage is to be included for the Federal Employer's Liability Act and any other applicable Federal or State law.

b. Commercial General Liability

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

Such insurance shall be no more restrictive than that provided by the latest edition of the standard Commercial General Liability Form (Form CG 00 01) as filed for use in the State of Florida by the Insurance Services Office (ISO) without any restrictive endorsements other than any endorsements specifically required by ISO or the State of Florida.

JWB and JWB's Board members, employees, volunteers, and agents shall be included as an "Additional Insured" on the Commercial General Liability coverage a form no more restrictive than ISO form CG 20 10 (Additional Insured - Owners, Lessees, or Provider).

c. Automobile

Combined Single Limit	\$2,000,000
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Such insurance shall be no more restrictive than that provided by Section II (Liability Coverage) of the most recent version of the standard Business Auto Policy (ISO Form CA 00 01) without any restrictive endorsements, including coverage for liability contractually assumed, and shall cover all owned, non-owned, and hired autos used in the performance of the work under this Agreement.

Providers who hire participant transportation services shall be required to maintain verification of transportation vendor's automobile liability insurance limits in the same amount that the Provider would be required to maintain if Provider were providing the transportation services directly. Such amount shall be determined by JWB based upon the maximum number of passengers per vehicle (including driver) in the vehicle being utilized. These limits can be found at jwbpinellas.org/Provider/Automobile Liability Insurance Requirements.

d. **Excess or Umbrella Insurance:**

All required limits of insurance may be satisfied by the use of any combination of primary and excess/umbrella liability insurance coverages. All Certificates of Insurance for umbrella and excess liability policies should clearly indicate which underlying policies such excess or umbrella liability policies are applicable to on an excess basis.

e. **Evidence of Insurance:**

Provider shall not commence work until the required insurance is in force and evidence of insurance meeting all of the requirements set forth herein has been provided to JWB.

JWB at all times reserves the right to request such additional documentation and evidence of insurance as in its sole discretion it may require and the Provider hereby agrees to provide same. An appropriate Certificate of Insurance signed by an authorized representative of the insurer shall be satisfactory evidence of insurance. With respect to the Commercial General Liability, an appropriate Certificate of Insurance signed by an authorized representative of the insurer, and copies of the actual additional insured endorsement(s) as issued on the policy(ies), shall be satisfactory evidence of such insurance.

The evidence of insurance provided by Provider must include a disclosure of the amount(s) of all deductibles or self-insured retentions applicable to any policy of insurance required under this section.

Until such insurance is no longer required by this Agreement, Provider shall provide JWB with renewal or replacement evidence of insurance at least fifteen (15) calendar days prior to the expiration or termination of such insurance.

Notwithstanding the prior submission of a Certificate of Insurance, copies of endorsements, or other evidence initially acceptable to JWB, if requested by JWB, Provider shall, within thirty (30) calendar days after receipt of a written request from JWB, provide JWB with a certified copy(ies) of the policy(ies) providing the coverage required herein. Provider may redact or omit, or cause to be redacted or omitted, those provisions of the policy or policies which are not relevant to the insurance required herein.

f. **Notice of Cancellation:**

All required policies must be endorsed to provide JWB with thirty (30) calendar days' prior notice of cancellation.

g. Primary and Non-Contributory:

The insurance provided by the Provider shall apply on a primary basis to and shall not require contribution from, any insurance maintained by JWB. Any insurance or self-insurance maintained by JWB shall be in excess of, and shall not contribute with, the insurance provided by Provider.

h. Deductibles/Self-Insured Retentions:

Except as otherwise specifically authorized in this Agreement, no deductible or self-insured retention for any insurance required of Provider pursuant to this Agreement will be allowed. To the extent any required insurance is subject to any deductible or self-insured retention (whether with or without prior approval of JWB), Provider shall be solely responsible for paying any such deductible or self-insured retention.

Non-Waiver/Remedies: Compliance with these insurance requirements shall not limit the liability of Provider, its subcontractors, sub-subcontractors, employees or agents. Any remedy provided to JWB or JWB's Board members, employees, volunteers, and agents by the insurance provided by Provider shall be in addition to and not in lieu of any other remedy (including, but not limited to, as an indemnitee of Provider) available to JWB under this Agreement or otherwise.

Neither approval nor failure to disapprove insurance furnished by Provider shall relieve Provider from the responsibility to provide insurance as required by this Agreement.

Provider shall provide JWB with renewal or replacement evidence of insurance at least fifteen (15) calendar days prior to the expiration or termination of such insurance.

26. Insurance Requirements - Additional Coverages

The Provider will procure, pay for, and maintain, throughout the period of this Agreement, on behalf of the Provider and JWB, the following MINIMUM limits of additional insurance coverage with responsible companies, eligible to do business in the State of Florida, which maintain a rating of A-(IX) or higher with A.M. Best.

a. Professional Liability

Each Claim	\$1,000,000
Annual Aggregate	\$3,000,000
Maximum Deductible or Maximum Self-Insured Retention	\$25,000

Such insurance shall be on a form acceptable to JWB and shall cover Provider for those sources of liability arising out of the rendering or failure to render professional services in the performance of the services required in the Agreement including any hold harmless and/or indemnification agreement.

If the Professional Liability is provided on a Claims Made Form, the retroactive date must be no later than the first date of this Agreement and such claims-made coverage must respond to all claims reported within three years following the period for which coverage is required.

b. Cyber Liability

Each Claim	\$1,000,000
Annual Aggregate	\$1,000,000
Maximum Deductible or Maximum Self-Insured Retention	\$25,000

The Cyber Liability insurance shall be on a form acceptable to JWB and shall cover Security & Privacy Liability and Breach Response Coverage, including Notification Expenses.

If the Cyber Liability is provided on a Claims Made Form, the retroactive date must be no later than the first date of this Agreement and such claims-made coverage must respond to all claims reported within three (3) years following the period for which coverage is required.

The required Cyber Liability coverage may be included as part of the Professional Liability coverage and limits required above.

c. Abuse and Molestation Liability

Each Claim	\$1,000,000
Annual Aggregate	\$1,000,000
Maximum Deductible or Maximum Self-Insured Retention	\$25,000

Such insurance shall be on a form acceptable to JWB and shall cover Provider and its employees for liability arising out of any occurrence of abuse or molestation in relation to the work provided by Provider under the Agreement.

If the Abuse and Molestation coverage is provided on a Claims Made Form, the retroactive date must be no later than the first date of this Agreement and such claims-made coverage must respond to all claims reported within three (3) years following the period for which coverage is required.

d. Directors and Officers/Employment Practices Liability

Each Claim	\$1,000,000
Annual Aggregate	\$1,000,000
Maximum Deductible or Maximum Self-Insured Retention	\$25,000

Such insurance shall be on a form acceptable to JWB and shall cover Provider and its directors, officers and employees for liability arising out of "Wrongful Acts" in the performance of their duties as directors, officers and employees of Provider. In addition, coverage shall be included for "Wrongful Acts" of Provider arising out of Provider's employment practices.

If, the coverage is provided on a Claims Made Form, the retroactive date must be no later than the first date of this Agreement and such claims-made coverage must respond to all claims reported within three (3) years following the period for which coverage is required.

e. Crime Insurance

Such insurance shall be on a form acceptable to JWB and shall provide the following coverages in the following amounts:

Employee Dishonesty:	\$500,000
Forgery or Alteration:	\$500,000
Robbery (on or off premises):	\$500,000
Computer Fraud:	\$500,000
Funds Transfer Fraud:	\$500,000
Maximum Deductible or Maximum Self-Insured Retention	\$25,000

f. Watercraft Liability

To the extent watercraft are utilized, Provider shall purchase and maintain insurance which shall, at a minimum, cover Provider for injuries or damage arising out of the use of all owned, non-owned, and hired watercraft.

The insurance shall include JWB and JWB's Board members, employees, volunteers, and agents as additional insureds.

The limits applicable to watercraft liability shall be:

Each Occurrence/Annual Aggregate	N/A
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g. Pollution Legal Liability

Such insurance shall cover Provider for liability resulting from pollution or other environmental impairment arising out of, or in connection with, work performed under this Agreement, or which arises out of, or in connection with this Agreement, including coverage for cleanup of pollution conditions and third party bodily injury and property damage claims arising from pollution conditions. Such insurance shall also include transportation coverage and non-owned disposal site coverage.

Coverage must either be on an occurrence basis; or, if on a claims-made basis, the coverage must respond to all claims reported within three (3) years following the period for which coverage is required and which would have been covered had the coverage been on an occurrence basis.

The minimum limits (inclusive of any amounts provided by an umbrella or excess policy) shall be:

Each Claim	N/A
Annual Aggregate	N/A

Maximum Deductible or Maximum Self-Insured Retention N/A

JWB and JWB's Board members, employees, volunteers, and agents shall be included as an "Additional Insureds" on the policy.

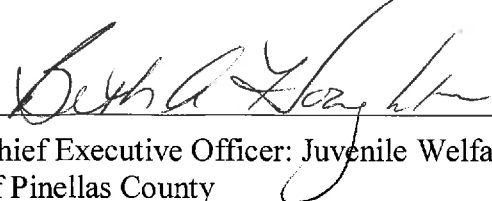
27. Indemnification

Provider shall defend, indemnify, and hold harmless JWB, its agents, and employees from and against any and all liabilities, claims, judgments, or actions including, but not limited to, attorney's fees and all costs that may hereafter at any time be made or brought by any person or entity on account of any claim including but not limited to, personal injury, property damage, loss of monies, civil rights violation, or discrimination allegedly caused in whole or part by any act or omission, including but not limited to, breach of contract, negligent act, wrongful act, intentional act, omission, and any acts of fraud or defalcation, of the Provider, its agents, employees, or subcontractors, arising out of or relating to its performance of this Agreement or for Provider's improper disclosure of confidential and/or exempt information, or failure to comply with F.S. 119 or any other applicable law, rule or regulation. In no event will the Provider be liable for or have any obligation to defend JWB against such liability, claims, judgments, or actions, including costs and attorney's fees, arising out of the sole negligent acts of JWB. This provision survives termination of the Agreement.


28. Certification that Provider is legally able to contract with JWB

In compliance with F.S. 287.135(a), a Provider is ineligible to and may not enter into a contract with JWB if the Provider is on the Scrutinized Companies that Boycott Israel List, created pursuant to s. 215.4725 or is engaged in a boycott of Israel. In compliance with F.S. 287.135(b), for contracts of \$1 million or more, a Provider is ineligible to and may not enter into a contract with JWB if the Provider (1) is on the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Section List, created pursuant to s. 215.473 or, (2) is engaged in business operations in Cuba or Syria. By entering into this Agreement, you are certifying that you are eligible to contract with JWB and are not participating in a boycott of Israel, are not on the Scrutinized Companies with Activities in Sudan List, are not on the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List and that you do not have business operations in Cuba or Syria. In addition, this Agreement may be terminated if Provider (1) has found to have submitted a false certification, (2) has been placed on the Scrutinized Companies that Boycott Israel List, or is engaged in a boycott of Israel, (3) has been placed on the Scrutinized Companies with Activities In Sudan List or the Scrutinized Companies with Activities in The Iran Petroleum Energy Sector List; or (4) has been engaged in business operations in Cuba or Syria.

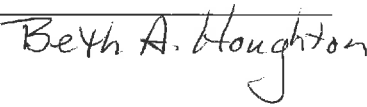
IX. SIGNATURES



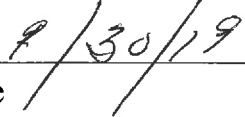
Chief Executive Officer: Juvenile Welfare Board
of Pinellas County



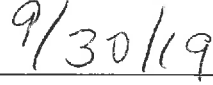
President/CEO: Suncoast Center, Inc.

~~Dr. Marcie A. Biddleman~~ 

Barbara E. Daire, LCSW



Date



Date

Attachment 1

Special Conditions of the Agreement

The following condition(s) applies to the program(s):

--- Family Services

Provider shall upload individual-level participant demographic and measurable objective data from their data system to JWB. The data shall adhere to JWB's Data Quality Manual and the JWB Data Warehouse Upload Guidelines. Files containing this data shall be uploaded to JWB by the 20th of each month. The Provider shall upload an end of year report to JWB's Secure Portal for the fiscal year by October 30. The report shall include total number of adults and children served both consented and non-consented. Provider shall continue to use the JWB fiscal modules for budgets, budget amendments and reimbursements.

In order to provide increased visibility into the agency's scope of JWB funded Domestic Violence services, school based counseling and neighborhood family center services with the FY20 budget provider agrees to specifically identify clinical staff assigned to and sited at: 1) CASA; 2) Transformation zone schools and 3) The Hispanic Outreach Center.

PROGSC205-Targeted Service Levels include primary participants with a medical record number who are receiving Family Services and additional family members served as part of the family systems approach. Neither the primary participant nor the additional family members can be duplicated as part of this target.

Provider shall upload completed incident reports to JWB's Secure Portal and not the IRreviewteam@jwbpinellas.org e-mail address. All other stipulations in General Condition #14 Special Situations and Incidents apply.

In order to offset likely fiscal lapse and mitigate potential impacts on direct service delivery, as a result of staff turnover and corresponding vacancies, the Parties agree that Provider shall submit a deficit budget in the amount of \$175,000. The primary intent of this funding arrangement is to allow the provider to apply an overage staffing model that supports the prompt filling of positions as vacancies occur. In the event that additional funds are required to prevent Provider from incurring a net financial loss during the term of this agreement, Section IV of this agreement shall be amended to increase the FY20 program allocation up to an additional \$100,000 to eliminate any actual operating deficit. In order to evaluate the effectiveness of this model provider agrees to submit quarterly reports that analyze: 1) vacancy and turnover rates; 2) duration of vacancies; 3) frequency and trends of vacancies across specific positions and 4) realized reductions in lapse. In addition provider agrees to submit an end of year report detailing the cumulative findings of the quarterly reports.

JWB may do analysis on data such as, but not limited to: State Standardized Testing, GPA, school attendance or disciplinary information. This data is reported as a dashboard, baseline or pilot information intended to gain a better understanding of the changing metrics and indicators for the population served.

The following condition(s) applies to the Provider (OPROV59):

--- Suncoast Center

General Condition #14 Special Situations and Incidents. Provider will assess all breaches and potential breaches of participant information through a standardized review process and will report as an incident when the breach or potential breach has been assessed to include sensitive, protected or confidential data which has been viewed, stolen or used by an individual unauthorized to do so. All other conditions of General Condition #14 remain unchanged.

General Condition #12- Public Records- the last sentence that states, "Any Provider who receives a Public Records request for records pertaining to JWB or services funded by JWB, must advise JWB within two (2) business days of the records request and JWB and Provider will work together to respond to any such request" is waived. All other provisions of the condition remain.

Attachment 2
Suncoast Center, Inc. (OPROV59)
Family Services (OPROG542)
Performance Measurement
FY20

Participant Level Performance Measurements

All Participants will be measured through the Performance Measurement reporting module in GEMS within the contract period. Measured is defined as each participant having all the appropriate administration points required during the fiscal year based on the language of each Performance Measurement.

Targets Information for OPROG542

Target (Measurable): TRGT1222: Children's Global Assessment Scale (CGAS) / Global Assessment of Functioning (GAF)	
TargetV2DefinitionId	2473
ShortTargetTitle	TRGT1222: Children's Global Assessment Scale (CGAS) / Global Assessment of Functioning (GAF)
TargetText	Percent of children (4 years of age and older) who are open in the program for at least 30 days will improve overall functioning as measured by the CGAS.
TargetType	Milestone Data
ProjectedValue	70
ProjectedStartDate	10/01/2019
ProjectedEndDate	09/30/2020
Notes	A CGAS score will be reported at intake (pre) and at episode closure (post) for children with a medical record/treatment plan (i.e., primary participant). When the parent/guardian is considered the primary participant, the Global Assessment of Functioning Scale (GAF) will be used. Improvement is defined as an increase of a minimum of five points from the initial CGAS score (pre) to the final CGAS score (post). Data will be uploaded to JWB by the 20th of each month.

Target (Measurable): TRGT986: Children's Global Assessment Scale - CGAS Aftercare	
TargetV2DefinitionId	2711
ShortTargetTitle	TRGT986: Children's Global Assessment Scale - CGAS Aftercare
TargetText	Percent of children who completed counseling services and then transfer to ongoing psychiatric services (aftercare) will maintain or improve their level of functioning as measured by the Children's Global Assessment Scale (CGAS).
TargetType	Milestone Data
ProjectedValue	85
ProjectedStartDate	10/01/2019
ProjectedEndDate	09/30/2020
Notes	A CGAS score will be reported at the time the participant transfers to psychiatric services; at each six-month anniversary date; and at case closure. Improvement is defined as an increase between the initial (pre) score and the final (post) score. Maintenance is defined as no change between the initial (pre) score and the final (post) score.

Target (Measurable): TRGT959: FSFN Abuse/Neglect Reports During Program	
TargetV2DefinitionId	2696
ShortTargetTitle	TRGT959: FSFN Abuse/Neglect Reports During Program
TargetText	Percent of children will have no new verified report of abuse and/or neglect during program participation as measured by independent verification with Florida Safe Families Network (FSFN).
TargetType	Milestone Data
ProjectedValue	95
ProjectedStartDate	10/01/2019
ProjectedEndDate	09/30/2020
Notes	JWB will complete the analysis.

Target (Measurable): TRGT964: FSFN Abuse/Neglect Reports After Program	
TargetV2DefinitionId	2701
ShortTargetTitle	TRGT964: FSFN Abuse/Neglect Reports After Program
TargetText	Percent of children who completed the program will have no new verified report of abuse and/or neglect for a period of twelve months after case closure as measured by independent verification with Florida Safe Families Network (FSFN).
TargetType	Milestone Data
ProjectedValue	90

ProjectedStartDate	10/01/2019
ProjectedEndDate	09/30/2020
Notes	JWB will complete the analysis.

Target (Measurable): TRGT995: FSFN Out-of-Home Placement During Program	
TargetV2DefinitionId	2715
ShortTargetTitle	TRGT995: FSFN Out-of-Home Placement During Program
TargetText	Percent of children will not experience an out-of-home placement during program participation as measured by independent verification Florida Safe Families Network (FSFN).
TargetType	Milestone Data
ProjectedValue	95
ProjectedStartDate	10/01/2019
ProjectedEndDate	09/30/2020
Notes	JWB will complete the analysis.

Target (Measurable): TRGT996: FSFN Out-of-Home Placement After Program	
TargetV2DefinitionId	2716
ShortTargetTitle	TRGT996: FSFN Out-of-Home Placement After Program
TargetText	Percent of children who have completed the program will not experience an out-of-home placement for a period of twelve months following case closure as measured by independent verification Florida Safe Families Network (FSFN).
TargetType	Milestone Data
ProjectedValue	90
ProjectedStartDate	10/01/2019
ProjectedEndDate	09/30/2020
Notes	JWB will complete the analysis.


Attachment 3

Geographical Service Area

Provider agrees whenever possible to maintain service sites which are accessible by public transportation and convenient to the target participant group. Provider will advise JWB of any changes made in service sites.

The geographical service area for this agreement is as follows:

Program Name	Participants are eligible Countywide	Participants are eligible who reside in the following zip codes or the following geographical areas (list all ZIP codes of the target area or describe the geographical area)
Family Services	X	

Attachment 4			
FY20 Accounts Payable Schedule			
Pay#	Submission Due Date	Reimbursement Date	
1	09/27/19	10/04/19	
2	10/11/19	10/18/19	
3	10/25/19	11/01/19	
4	11/08/19	11/15/19	
5	11/22/19	11/29/19	
6	12/06/19	12/13/19	
7	12/20/19	12/27/19	
8	01/03/20	01/10/20	
9	01/17/20	01/24/20	
10	01/31/20	02/07/20	
11	02/14/20	02/21/20	
12	02/28/20	03/06/20	
13	03/13/20	03/20/20	
14	03/27/20	04/03/20	
15	04/10/20	04/17/20	
16	04/24/20	05/01/20	
17	05/08/20	05/15/20	
18	05/22/20	05/29/20	
19	06/05/20	06/12/20	
20	06/19/20	06/26/20	
21	07/03/20	07/10/20	
22	07/17/20	07/24/20	
23	07/31/20	08/07/20	
24	08/14/20	08/21/20	
25	08/28/20	09/04/20	
26	09/11/20	09/18/20	
27	09/25/20	10/01/20 (September business)	
28	10/09/20	10/15/20 (September business)	
29	10/23/20	10/29/20 (September business)	

Attachment 5

Document Submittal Chart

Provider Document	Time Frame	Submit To
Program methodology update or certification that no updates are needed.	Within thirty (30) calendar days of effective date of Agreement	Agency Specific JWB Secure Portal Site
Approved program methodology	January 10, 2020	Agency Specific JWB Secure Portal Site
COOP	Within thirty (30) calendar days of effective date of Agreement	Agency Specific JWB Secure Portal Site
Salary Adjustment Approval	If applicable, then prior to budget submission or subsequent amendment	Agency Specific JWB Secure Portal Site
Quarterly Program Statement of Financial Activities	Within thirty (30) calendar days following the end of each quarter of JWB's fiscal year	Agency Specific JWB Secure Portal Site
Most Recent Audit	Immediately upon receipt by the Provider's board or not to exceed 180 days of the close of the Provider's fiscal year	Agency Specific JWB Secure Portal Site
Fee Schedules	Within thirty (30) calendar days of the effective date of this agreement and upon making changes to the fee schedule	Agency Specific JWB Secure Portal Site
Monitoring, Site Visit, Accreditation and Licensing Reports	Upon receipt	Agency Specific JWB Secure Portal Site
Notification of Change in Participant and/or Finance Data Base	Within ninety (90) calendar days in advance of any changes	Email to JWB Chief Financial Officer
User Access	Notify the JWB Program Consultant and complete the designated form immediately upon involuntary termination and within five (5) business days upon voluntary separation or whenever a Provider staff person's access must be inactivated due to the reasons outlined in JWB's Data Quality Manual	JWB Program Consultants
Board Member List	Within thirty (30) calendar days of approval or a change of board composition	Agency Specific JWB Secure Portal Site
Policy and procedure regarding board review of Provider finances	Within thirty (30) calendar days of effective date of Agreement and upon revision and approval by the Provider's board	Agency Specific JWB Secure Portal Site
Board Training Documentation (Outline of topics, members in attendance,	For new board members, within twelve (12) months of joining the board. Documentation of training is due by September 15, 2020.	Agency Specific JWB Secure Portal Site

date the board members joined the board, and who provided training)		
Subcontracts	Within thirty (30) calendar days of the effective date of this Agreement and upon revision, amendment and execution thereafter.	Agency Specific JWB Secure Portal Site
Subcontract Assessment	Within thirty (30) calendar days of the effective date of this Agreement and upon revision, amendment and execution thereafter.	Agency Specific JWB Secure Portal Site
Subcontract Monitoring Documentation	No more than thirty (30) calendar days following completion of the monitoring activities.	Agency Specific JWB Secure Portal Site
Incident Reports	Within one (1) business day of occurrence	IRreviewteam@jwbpinellas.org
Executive Director Affidavit (Providers using VECHS) N/A	Within thirty (30) calendar days of the effective date of this Agreement and upon change of staff in this position	Agency Specific JWB Secure Portal Site
Procedure for General Condition #18 - Provider Staff Background Checks (Providers using VECHS) N/A	Within thirty (30) calendar days of the effective date of this Agreement	Agency Specific JWB Secure Portal Site
Drug-Free Workplace policy	Within thirty (30) calendar days of effective date of Agreement and upon revision and approval by the Provider's board	Agency Specific JWB Secure Portal Site
Insurance Documentation	Throughout the period of the Agreement and with renewal or replacement at least fifteen (15) calendar days prior to the expiration or termination of such insurance.	Agency Specific JWB Secure Portal Site

AGREEMENT
Between
THE JUVENILE WELFARE BOARD
and
Suncoast Center, Inc. (OPROV59)
Early Childhood Services

I. PURPOSE

The Juvenile Welfare Board of Pinellas County, hereinafter referred to as "JWB", and Suncoast Center, Inc. (OPROV59), hereinafter referred to as "Provider", enter into this mutual Agreement, including all attachments referred to herein, for the period commencing October 1, 2019 and extending through September 30, 2020. This Agreement does not take effect and JWB has no responsibility for any of its obligations hereunder until this Agreement is executed by all parties to this Agreement.

II. STAFF

Provider agrees to employ staff, at its own expense, to execute services provided in accordance with this Agreement. Such individuals shall not be considered employees of JWB, and are subject to the supervision, personnel practices and policies of the Provider. Unless otherwise approved by JWB, all Provider staff shall meet qualifications as stated in the approved position profile on file at JWB and any approved revisions which are submitted for FY20 funding.

III. SERVICES

Provider delivers an array of assessment, counseling, case management consultation services and behavioral interventions for children under the age of 6 and their families. Targeted consultation and intervention are provided in-home and at daycare/Head Start sites. The program targets the support of healthy social emotional development of young children while providing parents and caregivers needed interventions for educating youth in this age group with challenging behaviors.

Provider agrees to deliver services as stated in the currently approved program methodology on file at JWB and to accomplish performance measures stated in Attachment 2, as determined by JWB, according to service areas stated in Attachment 3, and pursuant to the General Conditions stated in Section VIII and Special Conditions listed in Attachment 1. A program methodology update, or certification that no updates are needed, is due for submission thirty (30) calendar days after the effective date of this Agreement (see Attachment 5 for an outline of all document submittals). The Provider shall cooperate with JWB on the process for approval of program methodology updates by no later than January 10, 2020. Any proposed changes in service delivery after January 10 must be approved in writing by JWB in advance of making those changes and program methodologies shall subsequently be updated within thirty (30) calendar days of that approval. Costs associated with any unapproved changes in service delivery may not be reimbursed.

IV. FUNDS

The program budget for both JWB and other funds (if any) for accomplishing the above stated services must be approved in the JWB data system or other designated format before payment will commence. JWB agrees to reimburse up to \$649,464 for services rendered pursuant to this Agreement.

V. METHOD OF PAYMENT

1. JWB issues reimbursements in accordance with the schedule listed on Attachment 4 (or on the preceding working day in case of a holiday). The Provider shall elect to submit a request for payment at a minimum either every other week or once a month. Reimbursements shall be made on pace throughout the fiscal year in order to allow for a consistent and orderly delivery of services. Reimbursement requests shall be submitted timely and only for amounts actually incurred that should properly be reimbursed per this Agreement within reasonably needed amounts based on the budget and other funding sources. Request for payment must be accompanied by the appropriate documentation as prescribed by JWB.
2. Requests for advance funds may be made, consistent with JWB policy.

VI. TERMINATION

1. It is the intent of JWB to ensure a consistent and orderly delivery of services. It is the further intent of JWB to terminate Agreements in those situations where such action is essential to the protection of its interests and the interests of children and families served by JWB, as determined solely by JWB.
2. In the event funds to finance this Agreement become unavailable, JWB may terminate the Agreement upon no less than twenty-four (24) hours' notice in writing to the Provider. Said notice shall be delivered by certified mail, return receipt requested, or in person with proof of delivery.
3. JWB shall endeavor, whenever possible and consistent with its legal obligations and principles of prudent management, to provide thirty (30) days' notice for termination due to lack of funds. JWB shall be the final authority as to the availability of funds and extension of notice beyond the minimum time herein stated.
4. In addition to the rights as set forth in paragraph VI. 2 above, this Agreement may be terminated by JWB for any reason whatsoever upon twenty-four (24) hours' written notice. Said notice shall be delivered by certified mail, return receipt requested, or in person with proof of delivery.
5. Provider shall only be compensated for services performed prior to the termination date. Provider may only terminate this Agreement upon thirty (30) calendar days' written notice to JWB delivered in person, by facsimile or by US mail, return receipt requested.
6. The above provisions shall not limit JWB's right to remedies at law or to damages.

VII. COMMENCEMENT OF PAYMENT

Unless specifically authorized by JWB, payment shall not be made for services rendered prior to the effective date of this Agreement.

VIII. GENERAL CONDITIONS

1. Agreement Revisions

This Agreement and its attachments constitute the contractual relationship between the Provider and JWB. If there is any discrepancy between program-related documents, this Agreement preempts all other documents. No amendment to this Agreement or its attachments may be made without the prior written approval of JWB and Provider, except as may be provided in General Condition #4.

2. Fiscal Responsibility

- a. Provider agrees to maintain books, records, and documents in accordance with generally accepted accounting principles and practices which accurately and appropriately reflect all expenditures of funds listed in the approved budget on file at JWB.
- b. Provider agrees to submit Program Statement of Financial Activities reports within thirty (30) calendar days following the end of each quarter of JWB's fiscal year. Provider agrees that all financial records and supporting documentation shall be subject at all times to inspection, review, or audit by JWB personnel or its duly authorized agent.
- c. Provider agrees to maintain and file with JWB in a timely fashion reports related to services provided under this Agreement.
- d. Provider agrees to retain all financial records, supporting documentation, statistical records, and any other documents pertinent to this Agreement for a period of five (5) years after termination of this Agreement. If an audit has been initiated and audit findings have not been resolved at the end of five (5) years, all records shall be retained until resolution of audit findings.
- e. Payments during Disaster Recovery: JWB agrees to support funded programs that are unable to provide normal services for a period of at least sixty (60) calendar days after a disaster has been declared, provided the program agrees to comply with requests of JWB and Recover Pinellas. This period may be extended at the discretion of the Board upon recommendation of the Chief Executive Officer. Provider must file insurance and FEMA claims and shall reimburse JWB for any amounts received from FEMA and insurance that have previously been funded by JWB. The Provider must submit to JWB a copy of the Provider's Continuity of Operations Plan within thirty (30) calendar days of the effective date of this Agreement.
- f. Provider shall provide supporting documentation (board meeting minutes, etc.) for all salary adjustments. JWB shall not reimburse more than two (2) weeks of accrued leave for terminating employees. JWB shall not reimburse expenses not previously approved by JWB.

3. Audit and Management Letter

The Provider agrees to submit to JWB an independent audit of the financial statements of the entity in its entirety and any accompanying management letter(s) immediately upon receipt by the Provider's board, but within a period not to exceed one hundred and eighty (180) calendar days of the close of the Provider's fiscal year. The audit must be performed by a firm licensed to perform audits in the State of Florida and conducted in accordance with generally accepted auditing standards and standards established by the American Institute of Certified Public Accountants.

The Provider's auditor shall not provide any non-audit service to an issuer contemporaneously with the audit, including:

- (1) bookkeeping or other services related to the accounting records or financial statements of the audit client;
- (2) financial information systems design and implementation;
- (3) appraisal or valuation services, fairness

opinions, or contribution-in-kind reports; (4) actuarial services; (5) internal audit outsourcing services; (6) management functions or human resources; (7) broker or dealer, investment adviser, or investment banking services; (8) legal services and expert services unrelated to the audit.

The Provider is required to engage an audit firm that follows Government /Non-Profit Audit Standards when conducting the financial audit and that shows evidence of a peer review report completed every three (3) years.

4. Other Financial Support

- a. Provider shall report within ninety (90) calendar days any major changes in non-JWB revenue which would impact targeted service levels in JWB funded programs during the fiscal year.
- b. JWB funds shall not be used for expenditures also funded by other sources. JWB funds shall not be used to supplant other sources of revenue.
- c. Generally, JWB encourages use of its funds as financial match for securing funds from other sources. However, in such instances, Provider is required to obtain prior written approval to submit an application with JWB committed funds.
- d. Revenues earned in a JWB funded program must remain in that program as a condition of funding.
- e. Programs charging a fee for services supported by JWB funding must forward a copy of the fee schedule to JWB within thirty (30) calendar days of the effective date of this agreement and upon making changes to the fee schedule.

5. Program Monitoring and Data Quality

Provider agrees to submit monitoring, site visit, accreditation, and licensing reports supplied by funding, accreditation, and licensing entities, as applicable, to JWB upon Provider receipt. Provider agrees to submit progress reports and other information in such format and at such times as may be prescribed by JWB (including JWB Databases, JWB Secure Portals, and Provider specific data collection systems), and to cooperate in monitoring activities including, but not limited to, access to sites, staff, fiscal and participant records, logs, participant rights and responsibilities policies, participant handbooks, grievance and complaint procedures, and the provision of related participant and participant rights information. Provider shall maintain and have available for audit inspection participant records for five (5) years post termination of services. Provider agrees to abide by the JWB Board Policy Section IV: JWB Funded Program Monitoring.

Provider agrees to provide JWB representatives access, without presence of the Provider supervisor, to staff or program participants during any monitoring with or without advance notice.

Provider staff shall adhere to JWB's Data Quality Manual and JWB's Financial Policies and Procedures for Funded Programs, and all staff who have any responsibility (supervisory or direct) for data entry shall be trained within thirty (30) calendar days of hire. The Provider is responsible for maintaining written policies and procedures for providing data to JWB in a timely manner. The Provider is responsible for reviewing JWB Database and JWB Secure Portal User Access to ensure that all users are active employees with access to appropriate data systems and modules. The Provider shall notify support@mosaic-network.com for GEMS support and help@jwbpinellas.org for JWB Secure Portal support. Provider shall notify the JWB Program Consultant and complete the designated form immediately upon involuntary termination and within five (5) business days upon voluntary separation or whenever a Provider staff person's access must be inactivated due to the reasons outlined in JWB's Data Quality Manual. The Provider is responsible for implementing appropriate procedures into their data policies to protect data and prevent accidental or malicious disclosure of participant information. The Provider is responsible for maintaining fiscal workflow approval prior to creation of a program budget.

Provider shall notify JWB no less than ninety (90) days prior to implementation of data system(s) used for participant and/or financial information that are used to share data with JWB.

6. Board Members, Training, and Financial Review

Within thirty (30) calendar days of approval or a change of board composition, Provider shall submit to JWB an updated list of board members to include the email and physical address, phone number, and place of employment of the board chair.

Submission of Provider policies and procedures regarding board review of Provider finances shall be required within thirty (30) calendar days of this Agreement and upon revision and approval by the Provider's board.

Training of new board members by an external trainer is required within twelve months of joining the Provider board. Evidence of training must be provided to JWB by September 15, 2020. Training must consist of the following topics: nonprofit governance, fiduciary risks, and liabilities. Documentation of this training shall include an outline of topics covered, the board members in attendance, date the board member joined the board, and who provided the training. Providers that are governmental entities, higher education institutions, and hospitals are exempt from this training requirement.

7. Nondiscrimination

Providers receiving funding from JWB shall not discriminate against an employee, volunteer, or participant of the Provider on the basis of race, color, gender, religion, national origin, citizenship, disability, marital status, age, veteran status, sexual orientation, pregnancy, and genetic information, or any other legally protected category except that programs may target services for specific participant groups as defined in the application. Additionally, Providers receiving funds shall demonstrate the standards, policies, and practices necessary to render services in a manner that respects the worth of the individual and protects and preserves the dignity of people of diverse cultures, classes, races, religions, and ethnic backgrounds.

8. Publicizing of JWB Support - Endorsements

Requests for endorsements that require a commitment of JWB resources shall be submitted to the JWB Board for its consideration. However, endorsements, which do not require JWB resources may be given to those Providers that support the focus and priorities of the JWB Board, at the discretion of the JWB Chief Executive Officer. JWB's logo must be present on the following Provider materials as an acknowledgement of support:

- Annual Report
- Program Brochures
- Program Stationery

JWB's logo may not be used on any other publications requiring JWB resources without JWB approval. However, if a publication does not require a monetary commitment or indicate sponsorship, use of the JWB logo may be authorized at the sole discretion of the JWB Chief Executive Officer.

9. Publications

Provider agrees to supply JWB, without charge, up to three (3) copies of any publication developed in connection with implementation of programs addressed by this Agreement. Such publications will state that the

program is supported by JWB. Provider agrees that JWB will have unlimited use of copyrighted materials developed under this Agreement and Provider will be notified by JWB when this occurs.

10. Assignments and Subcontracts

Provider shall not assign the responsibility of this Agreement to another party nor subcontract for any of the work contemplated under this Agreement, including transportation of participants, without prior written approval of JWB through an approved budget or other written approval on file at JWB. No such approval by JWB of any assignment or subcontract shall be deemed in any event or in any manner to provide for the incurrence of any obligation by JWB in addition to the total dollar amount stated in this Agreement. JWB shall have the right to require the Provider to replace any Subcontractor found, in the reasonable judgment of JWB, to be unacceptable.

All such assignments or subcontracts shall be subject as applicable to the terms and General Conditions of this Agreement and to any conditions of approval that JWB shall deem necessary. Subcontracts for program service delivery described in the approved program methodology must be reviewed according to the Subcontract Assessment found at <http://www.jwbpinellas.org/Providers/SubcontractAssessment>. The assessment outlines elements that must be included in subcontracts. Subcontracts and the corresponding Subcontract Assessment shall be submitted to JWB within thirty (30) calendar days of the effective date of this Agreement and upon revision, amendment and execution of the subcontract thereafter.

Provider shall have full responsibility for the successful performance and completion of all subcontracted duties under this Agreement to the same extent as if the Provider performed such duties. The Provider shall be the sole point of contact for subcontracts with regard to all matters under this Agreement. Provider is responsible for monitoring subcontracts of JWB funded programs unless otherwise specified in a Special Condition of this Agreement. Documentation of monitoring of subcontracts shall be submitted to JWB no more than thirty (30) calendar days following completion of the monitoring activities.

11. Confidential Information

Provider must follow all laws regarding confidentiality of information including, but not limited to, HIPAA. Provider shall not use or disclose any information which specifically identifies a recipient of services under this Agreement, and shall adopt appropriate procedures for employees' handling of confidential data with the following exceptions: a) such information may be revealed as may be necessary to conform to Fiscal Responsibility and Program Monitoring requirements as stated in the General Conditions of this Agreement; b) such information may be revealed as may be necessary pursuant to applicable federal, state, or local law and related regulations; and c) such information may be revealed with the written consent (authorization) of the recipient, or the recipient's responsible parent or guardian, where authorized by law. Provider is responsible to adopt appropriate policies, notifications, authorizations, and other relevant information that allows for the sharing of confidential information with JWB.

Providers shall adhere to JWB's written statement of purpose for collection of confidential data in compliance with Section 119.071(5), Florida Statutes. Provider must distribute a copy of this statement to recipients of JWB-funded programs and services and obtain the signature of the recipient or recipient's responsible parent or guardian. A copy of this signed statement must be maintained in case files for each participant for whom confidential data is collected. Once executed, this signed statement does not require subsequent renewal.

The Provider shall also maintain in participant files a completed copy of a JWB-approved form for authorizing client consent to release information for each participant receiving services. As allowed by law and Provider

policy, the Provider shall add JWB to consent forms including HIPAA consent forms to facilitate data sharing and implement the Fiscal Responsibility and Program Monitoring requirements as stated in the General Conditions of this Agreement and advise JWB within two (2) business days if a participant has withdrawn consent to share data and note this withdrawal of consent in the case file. JWB has full discretion as to the use of data and JWB owns all data once transferred to JWB.

Provider shall obtain permission and license for the use of any and all photographs, videotaping, audio recordings, or written interviews/stories of participants, to include use of name, image and other identifiable information in connection with a press release, news story, testimonial, or story that may be viewed by the general public, and that the participant will not receive compensation for participation in the use of this information. For youth under the age of eighteen (18), Providers will obtain the signature of a parent or legal guardian.

In no event should participant identifying information ever be emailed or faxed to JWB.

In the event of an improper disclosure of participant information by Provider, Provider shall inform JWB of the improper disclosure and extent thereof within two (2) business days of becoming aware of the improper disclosure. Provider shall cooperate fully with JWB and take all necessary steps to correct and remedy any damage caused by the Provider's improper disclosure and to prevent future improper disclosure. Provider shall defend, indemnify and hold harmless JWB from any and all damages caused by the improper disclosure of any confidential information as defined by law including, but not limited to, Protected Health Information under HIPAA and any and all costs associated with remedying the disclosure. Provider shall defend, indemnify and hold harmless JWB from any and all damages caused by the improper disclosure as defined by law of any information including but not limited to personally identifiable information (PII) and protected health information (PHI) as required under HIPAA, HITECH and FIPA regulations or other information that is confidential and/or exempt from disclosure per F.S. 119. This provision shall survive the termination of this Agreement.

Likewise, in the event of an improper disclosure of Provider's participant information by JWB, JWB shall inform Provider of the improper disclosure and extent thereof within two (2) business days of becoming aware of the improper disclosure. JWB shall cooperate fully with Provider and take all necessary steps to correct and remedy any damage caused by JWB's improper disclosure and to prevent future improper disclosure. JWB shall defend, indemnify and hold harmless Provider from any and all damages caused by JWB's improper disclosure and any and all costs associated with remedying the disclosure subject to the doctrine of sovereign immunity and limitations set forth in F.S. 768.28.

12. Public Records

JWB is a public entity subject to Florida's Public Records Law, which includes provisions relating to records retention, production, and confidentiality. For purposes of this section, Provider is also referred to as Contractor. Provider subcontracts that arise out of this Agreement must apply the entirety of this public records condition to the Subcontractor.

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

**Juvenile Welfare Board of Pinellas County
14155 58th St. No., Ste. 100**

Clearwater, FL 33760
(727) 453-5600
communications@jwbpinellas.org

Contractors acting on behalf of JWB must comply with 119.0701 and must:

- a. Keep and maintain public records required by JWB to perform the service.
- b. Upon request from JWB's custodian of public records, provide JWB with a copy of the requested records or allow the records to be inspected or copied within a reasonable time at a cost that does not exceed the cost provided in F.S. 119 or as otherwise provided by law.
- c. Ensure that public records that are exempt or confidential and exempt from public records disclosure requirements are not disclosed except as authorized by law for the duration of the contract term and following completion of the contract if the contractor does not transfer the records to the public agency.
- d. Upon completion of the contract, transfer, at no cost, to JWB all public records in possession of Contractor or keep and maintain public records required by JWB to perform the service. If the Contractor transfers all public records to JWB upon completion of the contract, Contractor shall destroy any duplicate public records that are exempt or confidential and exempt from public records disclosure requirements. If Contractor keeps and maintains public records upon completion of the contract, the Contractor shall meet all applicable requirements for retaining public records. All records stored electronically must be provided to JWB, upon request from JWB's custodian of public records, in a format that is compatible with the information technology systems of JWB.

In addition, Contractors should be aware that Social Security numbers are confidential and exempt from disclosure (119.071(5)) and personal identifying information of a child or the parent or guardian of the child held by JWB or service provider under contract with JWB is exempt from disclosure (125.901(11)). There are many other exemptions in the law that Provider should be cognizant exist. However, for all Providers, any and all contracts between JWB and Provider, program methodology, budgets, requests for reimbursements, emails, other written correspondence and any other documents exchanged between the Provider and JWB are generally public records and will be disclosed in the sole discretion of JWB and must be retained in accordance with Florida's record retention policy. Providers should not provide any documents to JWB containing Trade Secrets, as defined by F.S. 812.08, or exempt or confidential and exempt information to JWB without specifically marking such document. By submitting any documents or information whatsoever to JWB, Provider agrees that JWB may use and disclose all information and documents submitted for any purpose JWB sees fit and that it is within JWB's sole discretion to determine if any information submitted is exempt from disclosure.

Any Provider who receives a public records request for records pertaining to JWB or services funded by JWB, must advise JWB within two (2) business days of the records request and JWB and Provider will work together to respond to any such request. This provision shall survive termination of this Agreement.

13. Return of Funds

Provider agrees to return to JWB any overpayment due to costs not incurred or costs disallowed pursuant to the terms of this Agreement and such funds shall be considered JWB funds and shall be refunded to JWB in accordance with its instructions. Should Provider fail to return said funds, Provider shall be responsible for all costs and fees of collection incurred by JWB - including, but not limited to, attorney fees and court costs including any pre-suit collections fees and costs. This provision survives termination of this Agreement and

return of funds for overpayment or disallowance will be required even if the overpayment or disallowance is discovered after this Agreement is terminated.

14. Special Situations and Incidents

Provider agrees to inform JWB within one (1) business day of any circumstances or events which may reasonably be considered to jeopardize its capability to continue to meet its obligations under the terms of this Agreement. Participant incidents are required to be reported for situations that occur only while under the Provider's care and includes anything that may reflect negatively or critically upon JWB.

Certain personnel are mandated by law to report their suspicions of child abuse, neglect, or abandonment to the Florida Abuse Hotline (1-800-96-ABUSE). All concerns regarding suspected abuse, neglect, or abandonment of a child or vulnerable adult by the Provider shall first be reported to the Florida Abuse Hotline and then reported to JWB. Incident reporting does not preclude mandated reporting requirements.

Critical Incidents are defined as follows:

Abduction - An incident in which an individual who does not have care and custody of a child has taken the child. Concerns of child abductions shall immediately be reported to the appropriate law enforcement personnel.

Abuse or Neglect - Reasonable cause to suspect that a child has been harmed or is believed to be threatened with harm from a person responsible for the care of the child.

Breach of Information - Sensitive, protected or confidential data has potentially been viewed, stolen or used by an individual unauthorized to do so.

Employee Arrest - Employee conduct or activity that results in potential liability to the Provider or JWB, death or harm to a participant, or results in a law violation, including falsification of official records. If an arrest is made for a potentially disqualifying offense under Level 2 background screening requirements, or if the arrest occurred while in the performance of an employee's official duties, the incident should be reported immediately.

Investigation or Lawsuit - Any formal investigation or legal action brought against Provider which relates to the services funded by JWB or which may reasonably be considered to jeopardize its capability to continue to meet its obligations under the terms of this Agreement.

Media Coverage or Public Inquiry - Media coverage or public reaction that may have an impact on the Provider or JWB's ability to protect and serve its participants, or other significant effect on the Provider or JWB.

Participant Death - The death of any participant receiving JWB services, regardless if the death occurred while under Provider's care.

Participant Illness - An illness of a participant requiring a response by Emergency Medical Services AND transport to a medical facility due to the severity of the illness while participant is attending the program.

Participant Injury - A medical condition of a participant requiring a response by Emergency Medical Services AND transport to the hospital due to the severity of the medical condition or injury while the participant is attending the program.

Note in both instances of Participant Illness and Participant Injury the parents may use Emergency Medical Services as transportation to the hospital - if it is used solely for this purpose an incident report is not required. In the event that the participant leaves the program and requires emergency care due to an injury or illness incurred at the program, an incident report should be complete when the program becomes aware.

Sexual Battery - An allegation of sexual battery involving a participant or employee as evidenced by medical evidence or law enforcement involvement. Sexual battery includes participant on participant incidents, employee on participant, and participant on employee.

Suicide Attempt - An act which clearly reflects the physical attempt by an active participant to cause his or her own death, which results in bodily injury requiring medical treatment by a licensed health care professional.

In addition, the Provider shall notify JWB immediately upon knowledge of any action or incident involving Provider staff or volunteers that could potentially jeopardize the terms of this Agreement which includes misconduct, malfeasance during working hours, or any conduct that results in the arrest of a staff member or volunteer after hours.

Within one (1) business day, the Provider must submit electronically a completed Incident Report to IRreviewteam@jwbpinellas.org with full details and disposition of the incident, excluding identifying information such as name, date of birth, and address. In the event of a participant death please contact by phone the JWB Chief Operating Officer within three (3) hours of knowledge of the incident.

All email communications made or received by JWB members or staff are considered public records and are retained and, upon request, made available to the public and media in accordance with Chapter 119, Florida Statutes.

Provider must adhere to the reporting requirements hereunder after the termination of this Agreement if Provider becomes aware of a Critical Incident after the termination of the Agreement if the Critical Incident occurred during the term of the Agreement and/or relates to the services funded by JWB.

15. Provider Staff Membership on Board

Provider agrees that Provider staff shall not serve as voting members of the Provider's governing board.

16. Waiver

JWB reserves the right to waive requirements of this Agreement and General Conditions where warranted by special circumstances. Any waiver shall be in writing and signed by JWB.

17. Provider & Program Data Maintained In 2-1-1 Database

Provider agrees to maintain accurate and up-to-date Provider and program data in the 2-1-1 Tampa Bay Cares database. The Provider will review and update (as necessary) this data at least once annually. The Provider will list data for newly funded program(s) within thirty (30) calendar days of the date that JWB funds the program. This requirement applies to all programs accepting 2-1-1 referrals.

18. Provider Staff Background Checks

All program staff and Provider staff (including employees, independent contractors, and staff of subcontractors), volunteers and those who may have access to youth participants are required to undergo and pass a national Level 2 background check that complies with the standards set forth in F.S. 435. Those individuals must have no disqualifying offenses listed in F.S. 435.04. for which they have not received an exemption in accordance with Florida law. All staff and volunteers must continue to qualify to pass a Level 2 screening at all times and must notify their employer if at any time they no longer qualify to pass a Level 2 screening. Proof of Level 2 background clearance, including current executed affidavits/attestations of good moral character, must be maintained at all times in the appropriate files and the screening repeated every five (5) years or more often in accordance with law or as requested by JWB. This requirement applies to employees regardless of the funder supporting the position and all volunteers and subcontractors who may have access to youth. Volunteers and subcontractors who assist on an intermittent basis for less than ten (10) hours per month do not have to be screened if a person who meets the screening requirement of this section is always present and has the volunteer and subcontractor within his or her line of sight. The Provider is required to clearly document which volunteers meet the criteria for a Level 2 background screening and affidavits of good moral character, and which are exempt according to the terms of this Agreement. The Provider's policy and practice for background screening must provide for adequate protection and must comply with all applicable laws and implementing regulations including, but not limited to F.S. 435.

The Florida Department of Children and Families provides an exemption process under this statute. JWB does not provide an exemption or waiver process.

Should a Provider not be statutorily authorized to receive a national Level 2 background check in accordance with F.S. 435, the Provider must still comply with the standards set forth in F.S. 435 through VECHS background screening. Only in the event the Provider does not qualify to receive a national Level 2 background check in accordance with F.S. 435 and is not eligible to participate in VECHS, then the Provider must engage a third party vendor to conduct a national background check and must comply with the standards as set forth in F.S. 435.

Providers using VECHS, or any other third party vendor which does not allow the release of background screening results to JWB, must sign and provide to JWB an affidavit which ensures compliance with the entirety of this section. This affidavit must be renewed annually by the Provider's Executive Director or equivalent and submitted within thirty (30) calendar days of the effective date of this Agreement and upon change of staff in this position. Provider must also provide a written procedure within thirty (30) calendar days of the effective date of this Agreement which outlines the process by which compliance is ensured with the entirety of this section.

Provider agrees to submit to monitoring of personnel and volunteer files and other required documents to ensure compliance with this section. Monitoring will include, but not be limited to, review of training logs, position descriptions, applications, resumes and Provider verification of staff credentials. Providers shall not release PHI to JWB and shall keep this information separated from personnel and volunteer files. Parental consent for JWB monitoring activities must be evident in the personnel and volunteer files of minor children.

19. Attendance

Provider is required to keep attendance records. If Attachment 2 requires a program to track participant attendance, attendance may be tracked in the JWB Database or other approved data system.

20. Link to JWB's Websites

Provider website shall include links to the JWB website (www.jwbpinellas.org) and include the JWB logo.

21. Drug-Free Workplace

The Provider shall have and enforce a Drug and Alcohol Free Workplace Policy. This policy shall be submitted to JWB within thirty (30) calendar days of the execution of this Agreement.

22. Public Entity Crimes

Per Section 287.133, F.S., a person or affiliate who has been placed on the convicted vendor list following a conviction for a public entity crime may not submit a bid on a contract to provide any goods or services to a public entity, may not submit a bid on a contract with a public entity for the construction or repair of a public building or public work, may not submit bids on leases of real property to a public entity, may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with a public entity, and may not transact business with a public entity in excess of the threshold amount provided in Section 287.017, for CATEGORY TWO for a period of thirty-six (36) months from the date of being placed on the convicted vendor list.

23. JWB Policies and Procedures

Provider agrees to follow all JWB policies and procedures which can be located on the JWB website at www.jwbpinellas.org and which are incorporated into this Agreement in their entirety. Said policies include, but are not limited to, all Board policies, funding policies, JWB Financial Policies and Procedures for Funded Programs, research policies, security policies, JWB Data Quality Manual, and policies that may be promulgated by JWB within its sole discretion from time to time. JWB reserves the right to change these policies from time to time within its sole discretion. JWB will provide a minimum of thirty (30) calendar days' notice to the Provider and it is the responsibility of the Provider to be in compliance with all policies and procedures at all times.

Provider is encouraged to provide certification of current accreditation by a recognized national accrediting body appropriate to the programming funded by JWB.

Regardless of accreditation, the Provider must meet the highest professional standards established through its specific field.

24. Conflict of Interest

The Provider must have no interest and shall acquire no interest, either direct or indirect, which would conflict in any manner with the performance or services required hereunder. The Provider further represents that no person having any such interest shall be employed by the Provider during the Agreement term and any extensions.

The Provider shall promptly notify JWB, in writing, by certified mail, of all potential conflicts of interest for any prospective business association, interest, or other circumstance, which may influence or appear to influence the Providers judgment or quality of services being provided hereunder. Such written notification shall identify the prospective business association, interest or circumstance, the nature of work that the Provider may undertake and request an opinion of JWB as to whether the association, interest or circumstance would, in

the opinion of JWB, constitute a conflict of interest if entered into by the Provider. JWB agrees to notify the Provider of its opinion, by certified mail, within thirty (30) days of receipt of notification by the Provider.

25. Insurance Requirements - Basic Provisions

The Provider will procure, pay for, and maintain, throughout the period of this Agreement, on behalf of the Provider and JWB, the following MINIMUM limits of basic insurance coverage with responsible companies, eligible to do business in the State of Florida, which maintain a rating of A-(IX) or higher with A.M. Best.

a. Worker's Compensation

Part One:	"Statutory"
Part Two: Each Accident	\$500,000
Disease - Policy Limit	\$500,000
Disease - Each Employee	\$500,000

Such insurance shall be no more restrictive than that provided by the latest edition of the standard Workers' Compensation Policy, as filed for use in Florida by the National Council on Compensation Insurance (NCCI), without any restrictive endorsements other than any endorsements required by NCCI or the State of Florida. In addition to coverage for the Florida Workers' Compensation Act, where appropriate, coverage is to be included for the Federal Employer's Liability Act and any other applicable Federal or State law.

b. Commercial General Liability

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

Such insurance shall be no more restrictive than that provided by the latest edition of the standard Commercial General Liability Form (Form CG 00 01) as filed for use in the State of Florida by the Insurance Services Office (ISO) without any restrictive endorsements other than any endorsements specifically required by ISO or the State of Florida.

JWB and JWB's Board members, employees, volunteers, and agents shall be included as an "Additional Insured" on the Commercial General Liability coverage a form no more restrictive than ISO form CG 20 10 (Additional Insured - Owners, Lessees, or Provider).

c. Automobile

Combined Single Limit	\$2,000,000
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Such insurance shall be no more restrictive than that provided by Section II (Liability Coverage) of the most recent version of the standard Business Auto Policy (ISO Form CA 00 01) without any

restrictive endorsements, including coverage for liability contractually assumed, and shall cover all owned, non-owned, and hired autos used in the performance of the work under this Agreement.

Providers who hire participant transportation services shall be required to maintain verification of transportation vendor's automobile liability insurance limits in the same amount that the Provider would be required to maintain if Provider were providing the transportation services directly. Such amount shall be determined by JWB based upon the maximum number of passengers per vehicle (including driver) in the vehicle being utilized. These limits can be found at jwbpinellas.org/Provider/Automobile Liability Insurance Requirements.

d. **Excess or Umbrella Insurance:**

All required limits of insurance may be satisfied by the use of any combination of primary and excess/umbrella liability insurance coverages. All Certificates of Insurance for umbrella and excess liability policies should clearly indicate which underlying policies such excess or umbrella liability policies are applicable to on an excess basis.

e. **Evidence of Insurance:**

Provider shall not commence work until the required insurance is in force and evidence of insurance meeting all of the requirements set forth herein has been provided to JWB.

JWB at all times reserves the right to request such additional documentation and evidence of insurance as in its sole discretion it may require and the Provider hereby agrees to provide same. An appropriate Certificate of Insurance signed by an authorized representative of the insurer shall be satisfactory evidence of insurance. With respect to the Commercial General Liability, an appropriate Certificate of Insurance signed by an authorized representative of the insurer, and copies of the actual additional insured endorsement(s) as issued on the policy(ies), shall be satisfactory evidence of such insurance.

The evidence of insurance provided by Provider must include a disclosure of the amount(s) of all deductibles or self-insured retentions applicable to any policy of insurance required under this section.

Until such insurance is no longer required by this Agreement, Provider shall provide JWB with renewal or replacement evidence of insurance at least fifteen (15) calendar days prior to the expiration or termination of such insurance.

Notwithstanding the prior submission of a Certificate of Insurance, copies of endorsements, or other evidence initially acceptable to JWB, if requested by JWB, Provider shall, within thirty (30) calendar days after receipt of a written request from JWB, provide JWB with a certified copy(ies) of the policy(ies) providing the coverage required herein. Provider may redact or omit, or cause to be redacted or omitted, those provisions of the policy or policies which are not relevant to the insurance required herein.

f. Notice of Cancellation:

All required policies must be endorsed to provide JWB with thirty (30) calendar days' prior notice of cancellation.

g. Primary and Non-Contributory:

The insurance provided by the Provider shall apply on a primary basis to and shall not require contribution from, any insurance maintained by JWB. Any insurance or self-insurance maintained by JWB shall be in excess of, and shall not contribute with, the insurance provided by Provider.

h. Deductibles/Self-Insured Retentions:

Except as otherwise specifically authorized in this Agreement, no deductible or self-insured retention for any insurance required of Provider pursuant to this Agreement will be allowed. To the extent any required insurance is subject to any deductible or self-insured retention (whether with or without prior approval of JWB), Provider shall be solely responsible for paying any such deductible or self-insured retention.

Non-Waiver/Remedies: Compliance with these insurance requirements shall not limit the liability of Provider, its subcontractors, sub-subcontractors, employees or agents. Any remedy provided to JWB or JWB's Board members, employees, volunteers, and agents by the insurance provided by Provider shall be in addition to and not in lieu of any other remedy (including, but not limited to, as an indemnitee of Provider) available to JWB under this Agreement or otherwise.

Neither approval nor failure to disapprove insurance furnished by Provider shall relieve Provider from the responsibility to provide insurance as required by this Agreement.

Provider shall provide JWB with renewal or replacement evidence of insurance at least fifteen (15) calendar days prior to the expiration or termination of such insurance.

26. Insurance Requirements - Additional Coverages

The Provider will procure, pay for, and maintain, throughout the period of this Agreement, on behalf of the Provider and JWB, the following MINIMUM limits of additional insurance coverage with responsible companies, eligible to do business in the State of Florida, which maintain a rating of A-(IX) or higher with A.M. Best.

a. Professional Liability

Each Claim	\$1,000,000
Annual Aggregate	\$3,000,000
Maximum Deductible or Maximum Self-Insured Retention	\$25,000

Such insurance shall be on a form acceptable to JWB and shall cover Provider for those sources of liability arising out of the rendering or failure to render professional services in the performance of the services required in the Agreement including any hold harmless and/or indemnification agreement.

If the Professional Liability is provided on a Claims Made Form, the retroactive date must be no later than the first date of this Agreement and such claims-made coverage must respond to all claims reported within three years following the period for which coverage is required.

b. Cyber Liability

Each Claim	\$1,000,000
Annual Aggregate	\$1,000,000
Maximum Deductible or Maximum Self-Insured Retention	\$25,000

The Cyber Liability insurance shall be on a form acceptable to JWB and shall cover Security & Privacy Liability and Breach Response Coverage, including Notification Expenses.

If the Cyber Liability is provided on a Claims Made Form, the retroactive date must be no later than the first date of this Agreement and such claims-made coverage must respond to all claims reported within three (3) years following the period for which coverage is required.

The required Cyber Liability coverage may be included as part of the Professional Liability coverage and limits required above.

c. Abuse and Molestation Liability

Each Claim	\$1,000,000
Annual Aggregate	\$1,000,000
Maximum Deductible or Maximum Self-Insured Retention	\$25,000

Such insurance shall be on a form acceptable to JWB and shall cover Provider and its employees for liability arising out of any occurrence of abuse or molestation in relation to the work provided by Provider under the Agreement.

If the Abuse and Molestation coverage is provided on a Claims Made Form, the retroactive date must be no later than the first date of this Agreement and such claims-made coverage must respond to all claims reported within three (3) years following the period for which coverage is required.

d. Directors and Officers/Employment Practices Liability

Each Claim	\$1,000,000
Annual Aggregate	\$1,000,000
Maximum Deductible or Maximum Self-Insured Retention	\$25,000

Such insurance shall be on a form acceptable to JWB and shall cover Provider and its directors, officers and employees for liability arising out of "Wrongful Acts" in the performance of their

duties as directors, officers and employees of Provider. In addition, coverage shall be included for "Wrongful Acts" of Provider arising out of Provider's employment practices.

If, the coverage is provided on a Claims Made Form, the retroactive date must be no later than the first date of this Agreement and such claims-made coverage must respond to all claims reported within three (3) years following the period for which coverage is required.

e. Crime Insurance

Such insurance shall be on a form acceptable to JWB and shall provide the following coverages in the following amounts:

Employee Dishonesty:	\$500,000
Forgery or Alteration:	\$500,000
Robbery (on or off premises):	\$500,000
Computer Fraud:	\$500,000
Funds Transfer Fraud:	\$500,000
Maximum Deductible or Maximum Self-Insured Retention	\$25,000

f. Watercraft Liability

To the extent watercraft are utilized, Provider shall purchase and maintain insurance which shall, at a minimum, cover Provider for injuries or damage arising out of the use of all owned, non-owned, and hired watercraft.

The insurance shall include JWB and JWB's Board members, employees, volunteers, and agents as additional insureds.

The limits applicable to watercraft liability shall be:

Each Occurrence/Annual Aggregate	N/A
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g. Pollution Legal Liability

Such insurance shall cover Provider for liability resulting from pollution or other environmental impairment arising out of, or in connection with, work performed under this Agreement, or which arises out of, or in connection with this Agreement, including coverage for cleanup of pollution conditions and third party bodily injury and property damage claims arising from pollution conditions. Such insurance shall also include transportation coverage and non-owned disposal site coverage.

Coverage must either be on an occurrence basis; or, if on a claims-made basis, the coverage must respond to all claims reported within three (3) years following the period for which coverage is required and which would have been covered had the coverage been on an occurrence basis.

The minimum limits (inclusive of any amounts provided by an umbrella or excess policy) shall be:

Each Claim	N/A
Annual Aggregate	N/A
Maximum Deductible or Maximum Self-Insured Retention	N/A

JWB and JWB's Board members, employees, volunteers, and agents shall be included as an "Additional Insureds" on the policy.

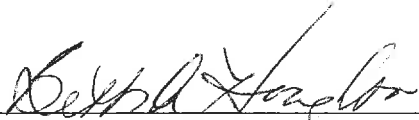
27. Indemnification

Provider shall defend, indemnify, and hold harmless JWB, its agents, and employees from and against any and all liabilities, claims, judgments, or actions including, but not limited to, attorney's fees and all costs that may hereafter at any time be made or brought by any person or entity on account of any claim including but not limited to, personal injury, property damage, loss of monies, civil rights violation, or discrimination allegedly caused in whole or part by any act or omission, including but not limited to, breach of contract, negligent act, wrongful act, intentional act, omission, and any acts of fraud or defalcation, of the Provider, its agents, employees, or subcontractors, arising out of or relating to its performance of this Agreement or for Provider's improper disclosure of confidential and/or exempt information, or failure to comply with F.S. 119 or any other applicable law, rule or regulation. In no event will the Provider be liable for or have any obligation to defend JWB against such liability, claims, judgments, or actions, including costs and attorney's fees, arising out of the sole negligent acts of JWB. This provision survives termination of the Agreement.

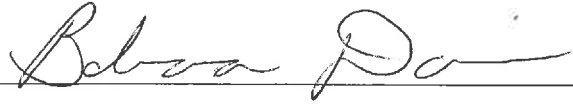
28. Certification that Provider is legally able to contract with JWB

In compliance with F.S. 287.135(a), a Provider is ineligible to and may not enter into a contract with JWB if the Provider is on the Scrutinized Companies that Boycott Israel List, created pursuant to s. 215.4725 or is engaged in a boycott of Israel. In compliance with F.S. 287.135(b), for contracts of \$1 million or more, a Provider is ineligible to and may not enter into a contract with JWB if the Provider (1) is on the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Section List, created pursuant to s. 215.473 or, (2) is engaged in business operations in Cuba or Syria. By entering into this Agreement, you are certifying that you are eligible to contract with JWB and are not participating in a boycott of Israel, are not on the Scrutinized Companies with Activities in Sudan List, are not on the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List and that you do not have business operations in Cuba or Syria. In addition, this Agreement may be terminated if Provider (1) has found to have submitted a false certification, (2) has been placed on the Scrutinized Companies that Boycott Israel List, or is engaged in a boycott of Israel, (3) has been placed on the Scrutinized Companies with Activities In Sudan List or the Scrutinized Companies with Activities in The Iran Petroleum Energy Sector List; or (4) has been engaged in business operations in Cuba or Syria.

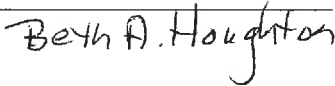
IX. SIGNATURES



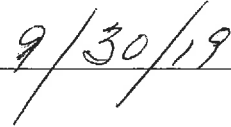
Chief Executive Officer: Juvenile Welfare Board
of Pinellas County



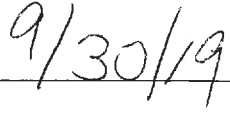
President/CEO: Suncoast Center, Inc.

~~Dr. Marcie A. Biddleman~~ 

Barbara E. Daire, LCSW



Date



Date

Attachment 1

Special Conditions of the Agreement

The following condition(s) applies to the program(s):

--- Early Childhood Services

Provider shall upload individual-level participant demographic and measurable objective data from their data system to JWB. The data shall adhere to JWB's Data Quality Manual and the JWB Data Warehouse Upload Guidelines. Files containing this data shall be uploaded to JWB by the 20th of each month. The Provider shall upload an end of year report to JWB's Secure Portal for the fiscal year by October 30. The report shall include total number of adults and children served both consented and non-consented. Provider shall continue to use the JWB fiscal modules for budgets, budget amendments and reimbursements.

The Provider will submit an aggregate report on the Ages and Stages: Social Emotional Questionnaire (ASQ-SE) to JWB 30 days after the end of the fiscal year to the JWB Secure Portal site. The report will include information mutually agreed upon between JWB and the Provider.

~~During the first quarter of FY20 provider agrees to conduct a metrics analysis of the number of referrals, volume of central intake calls and associated administrative staff workload for the Early Child Consultation program. At the end of said first quarter this information will be submitted to JWB in a report format that provides conclusions that support a fiscal methodology for determining cost drivers for cost allocations proportional to the ECC program related to agency wide expenses.~~

In FY20 quarter one, the provider will determine appropriate assessment tools to measure participants' progress for this population. Available FY20 data will be analyzed by JWB staff in order to determine performance measures for the following fiscal year.

PROGSC205-Targeted Service Levels include primary participants with a medical record number who are receiving services and additional family members served as part of the family systems approach. Neither the primary participant nor the additional family members can be duplicated as part of this target.

Provider shall upload completed incident reports to JWB's Secure Portal and not the IRreviewteam@jwbpinellas.org e-mail address. All other stipulations in General Condition #14 Special Situations and Incidents apply.

The following condition(s) applies to the Provider (OPROV59):

--- Suncoast Center

General Condition #14 Special Situations and Incidents. Provider will assess all breaches and potential breaches of participant information through a standardized review process and will report as an incident when the breach or potential breach has been assessed to include sensitive, protected or confidential data which has been viewed, stolen or used by an individual unauthorized to do so. All other conditions of General Condition #14 remain unchanged.

General Condition #12- Public Records- the last sentence that states, "Any Provider who receives a Public Records request for records pertaining to JWB or services funded by JWB, must advise JWB within two (2) business days of the records request and JWB and Provider will work together to respond to any such request" is waived. All other provisions of the condition remain.

Attachment 2
Suncoast Center, Inc. (OPROV59)
Early Childhood Services (PROG599)
Performance Measurement
FY20

Participant Level Performance Measurements

All Participants will be measured through the Performance Measurement reporting module in GEMS within the contract period. Measured is defined as each participant having all the appropriate administration points required during the fiscal year based on the language of each Performance Measurement.

Target (Measurable): TRGT959: FSFN Abuse/Neglect Reports During Program	
TargetV2DefinitionId	2696
ShortTargetTitle	TRGT959: FSFN Abuse/Neglect Reports During Program
TargetText	Percent of children will have no new verified report of abuse and/or neglect during program participation as measured by independent verification with Florida Safe Families Network (FSFN).
TargetType	Milestone Data
ProjectedValue	95
ProjectedStartDate	10/01/2019
ProjectedEndDate	09/30/2020
Notes	JWB will complete the analysis.

Target (Measurable): TRGT964: FSFN Abuse/Neglect Reports After Program	
TargetV2DefinitionId	2701
ShortTargetTitle	TRGT964: FSFN Abuse/Neglect Reports After Program
TargetText	Percent of children who completed the program will have no new verified report of abuse and/or neglect for a period of twelve months after case closure as measured by independent verification with Florida Safe Families Network (FSFN).
TargetType	Milestone Data
ProjectedValue	90
ProjectedStartDate	10/01/2019
ProjectedEndDate	09/30/2020
Notes	JWB will complete the analysis.

Target (Measurable): TRGT995: FSFN Out-of-Home Placement During Program

TargetV2DefinitionId	2715
ShortTargetTitle	TRGT995: FSFN Out-of-Home Placement During Program
TargetText	Percent of children will not experience an out-of-home placement during program participation as measured by independent verification Florida Safe Families Network (FSFN).
TargetType	Milestone Data
ProjectedValue	95
ProjectedStartDate	10/01/2019
ProjectedEndDate	09/30/2020
Notes	JWB will complete the analysis.

Target (Measurable): TRGT996: FSFN Out-of-Home Placement After Program

TargetV2DefinitionId	2716
ShortTargetTitle	TRGT996: FSFN Out-of-Home Placement After Program
TargetText	Percent of children who have completed the program will not experience an out-of-home placement for a period of twelve months following case closure as measured by independent verification Florida Safe Families Network (FSFN).
TargetType	Milestone Data
ProjectedValue	90
ProjectedStartDate	10/01/2019
ProjectedEndDate	09/30/2020
Notes	JWB will complete the analysis.


Attachment 3

Geographical Service Area

Provider agrees whenever possible to maintain service sites which are accessible by public transportation and convenient to the target participant group. Provider will advise JWB of any changes made in service sites.

The geographical service area for this agreement is as follows:

Program Name	Participants are eligible Countywide	Participants are eligible who reside in the following zip codes or the following geographical areas (list all ZIP codes of the target area or describe the geographical area)
Early Childhood Services	X	

Attachment 4			
FY20 Accounts Payable Schedule			
Pay#	Submission Due Date	Reimbursement Date	
1	09/27/19	10/04/19	
2	10/11/19	10/18/19	
3	10/25/19	11/01/19	
4	11/08/19	11/15/19	
5	11/22/19	11/29/19	
6	12/06/19	12/13/19	
7	12/20/19	12/27/19	
8	01/03/20	01/10/20	
9	01/17/20	01/24/20	
10	01/31/20	02/07/20	
11	02/14/20	02/21/20	
12	02/28/20	03/06/20	
13	03/13/20	03/20/20	
14	03/27/20	04/03/20	
15	04/10/20	04/17/20	
16	04/24/20	05/01/20	
17	05/08/20	05/15/20	
18	05/22/20	05/29/20	
19	06/05/20	06/12/20	
20	06/19/20	06/26/20	
21	07/03/20	07/10/20	
22	07/17/20	07/24/20	
23	07/31/20	08/07/20	
24	08/14/20	08/21/20	
25	08/28/20	09/04/20	
26	09/11/20	09/18/20	
27	09/25/20	10/01/20 (September business)	
28	10/09/20	10/15/20 (September business)	
29	10/23/20	10/29/20 (September business)	

Attachment 5

Document Submittal Chart

Provider Document	Time Frame	Submit To
Program methodology update or certification that no updates are needed.	Within thirty (30) calendar days of effective date of Agreement	Agency Specific JWB Secure Portal Site
Approved program methodology	January 10, 2020	Agency Specific JWB Secure Portal Site
COOP	Within thirty (30) calendar days of effective date of Agreement	Agency Specific JWB Secure Portal Site
Salary Adjustment Approval	If applicable, then prior to budget submission or subsequent amendment	Agency Specific JWB Secure Portal Site
Quarterly Program Statement of Financial Activities	Within thirty (30) calendar days following the end of each quarter of JWB's fiscal year	Agency Specific JWB Secure Portal Site
Most Recent Audit	Immediately upon receipt by the Provider's board or not to exceed 180 days of the close of the Provider's fiscal year	Agency Specific JWB Secure Portal Site
Fee Schedules	Within thirty (30) calendar days of the effective date of this agreement and upon making changes to the fee schedule	Agency Specific JWB Secure Portal Site
Monitoring, Site Visit, Accreditation and Licensing Reports	Upon receipt	Agency Specific JWB Secure Portal Site
Notification of Change in Participant and/or Finance Data Base	Within ninety (90) calendar days in advance of any changes	Email to JWB Chief Financial Officer
User Access	Notify the JWB Program Consultant and complete the designated form immediately upon involuntary termination and within five (5) business days upon voluntary separation or whenever a Provider staff person's access must be inactivated due to the reasons outlined in JWB's Data Quality Manual	JWB Program Consultants
Board Member List	Within thirty (30) calendar days of approval or a change of board composition	Agency Specific JWB Secure Portal Site
Policy and procedure regarding board review of Provider finances	Within thirty (30) calendar days of effective date of Agreement and upon revision and approval by the Provider's board	Agency Specific JWB Secure Portal Site
Board Training Documentation (Outline of topics, members in attendance,	For new board members, within twelve (12) months of joining the board. Documentation of training is due by September 15, 2020.	Agency Specific JWB Secure Portal Site

date the board members joined the board, and who provided training)		
Subcontracts	Within thirty (30) calendar days of the effective date of this Agreement and upon revision, amendment and execution thereafter.	Agency Specific JWB Secure Portal Site
Subcontract Assessment	Within thirty (30) calendar days of the effective date of this Agreement and upon revision, amendment and execution thereafter.	Agency Specific JWB Secure Portal Site
Subcontract Monitoring Documentation	No more than thirty (30) calendar days following completion of the monitoring activities.	Agency Specific JWB Secure Portal Site
Incident Reports	Within one (1) business day of occurrence	IRreviewteam@jwbpinellas.org
Executive Director Affidavit (Providers using VECHS) N/A	Within thirty (30) calendar days of the effective date of this Agreement and upon change of staff in this position	Agency Specific JWB Secure Portal Site
Procedure for General Condition #18 - Provider Staff Background Checks (Providers using VECHS) N/A	Within thirty (30) calendar days of the effective date of this Agreement	Agency Specific JWB Secure Portal Site
Drug-Free Workplace policy	Within thirty (30) calendar days of effective date of Agreement and upon revision and approval by the Provider's board	Agency Specific JWB Secure Portal Site
Insurance Documentation	Throughout the period of the Agreement and with renewal or replacement at least fifteen (15) calendar days prior to the expiration or termination of such insurance.	Agency Specific JWB Secure Portal Site

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



**Reimbursement Template
Summary of Expenses**

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

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

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

Item Number	Quantity	Item Description	Total Cost
1	9	Computers with 3 year warranty	\$12,164
2	50	Computer monitors	\$6,000
3	27	Port replicators	\$6,993
4	25	Webcams	\$869
5	1	48 port network switch w/ 3 yr warranty	\$5,940
6	1	24 port network switch w/ 3 yr warranty	\$3,705
7	1	Wall framing 3836 Central Avenue	\$5,400
8	1	Carpeting 3836 Central Avenue	\$5,432
10	1	Security System for Safety Harbor site	\$8,590
11	27	Filing cabinets for new office spaces	\$1,485
12	20	Staff chairs for new Safety Harbor site	\$2,285
13	7	Staff chairs for new Safety Harbor site	\$1,181
14	50	Guest/waiting area chairs Safety Harbor	\$8,085
15	3	Sanitizer stations for 4024 Central Ave	\$501
16	27	Standing desks for Safety Harbor	\$7,560
17	1	Room divider for employee spacing	\$431

18	4	Room dividers for employee spacing	\$2,096
19	2	Sanitizer stations for Safety Harbor	\$164
20	4	Benches for outdoor client waiting area	\$3,463
21	12	Air scrubbers for agency buildings	\$4,500
22	25	Air scrubbers for agency buildings	\$9,375
23	-1	Returned air scrubber	-\$375
24	5	Filing cabinets for 3836 Central Avenue	\$326
25	1	Conference Table & Chairs Safety Harbor	\$1,347
26	2	Standing Desks 3836 Central Avenue	\$540
27	4	Wifi Access Points Safety Harbor	\$388
28	1	Patch Panel for Safety Harbor	\$100
29	1	UPS for switches	\$731
30	10	Headsets for Safety Harbor	\$199
31	1	Server rack for Safety Harbor	\$240
32	27	Laptop locks	\$918
33	2	Computers	\$2202
34	1	Roof at 3836 Central Avenue	\$4950
35	3	L Shaped Desks at 3836 Central Avenue	\$533
36	3	Chairs for 3836 Central Ave	\$528
37	2	Chairs for 3836 Central Ave	\$360
			\$109,206.00

Total Purchased Items: \$109,206

Items Reimbursed by Other Providers: \$41,832

Total Reimbursement Request: \$67,374

Line Item #1 \$12,164 - The demand for tele-health services at the onset of COVID-19 demonstrated inadequacies in our technology infrastructure. As demand for services increase and the rate of client no show decreased the need for computers with higher processing speed and updated security features has become necessary to address providers' need for a secure and clear visual of the client and their environment; ensuring the client's safety. 9 Desktop computers were purchased from GHA Technologies to support office based management of the tele-conferencing technologies and simultaneous data processing. $(4 \times 1,456) = 5,824 + (5 \times 1,268) = 6,340 = \$12,164$

Line Item #2 \$6,000 - The COVID-19 pandemic has greatly impacted the provision of therapy. Providing therapy using tele-health has demanded that staff have flexibility from community based to shift to office based services. Laptop screens are insufficient for providers to see the electronic medical record and video-conference at the same time. One-time purchase from GHA Technologies for 50 monitors at \$120 each for staff computers. Dual monitors significantly improves the therapeutic experience because it allows the provider to view the client on one screen while having access to the client's medical record on a separate screen. (50 x \$120 = \$6,000)

Line Item #3 \$6,993 - The COVID-19 pandemic has greatly impacted the provision of therapy. Providing therapy using tele-health has demanded that staff have flexibility from community based to shift to office based services. Laptop screens are insufficient for providers to see the electronic medical record and video-conference at the same time. Port replicators allow community based staff with laptops the flexibility of connecting their laptop to non-portable devices such as printers, dual monitors, signature pads, external cameras, all that promote the flexibility of tele-health and in person visits with clients and important to support successful office-based tele-health services. 27 port replicators have been purchased from GHA Technologies. (27 x \$259 = \$6,993)

Line Item #4 \$869 - Covid-19 has brought on a new world of isolation and social distancing. Webcams are necessary for the provision of tele-health and provide a way for therapist to keep in touch with vulnerable clients, while seeing their faces and expressions. Web cameras are very important for the success of telehealth services necessitated by the pandemic and safety protocols. One time purchase from GHA Technologies. (25 x 34.75 = \$868.75)

Line Item #5 \$5,940 - The COVID-19 pandemic caused us to need additional office space in order to apply the physical distancing requirements for both staff and clients. We entered into a leasing contract for additional office space. The office space requires appropriate IT infrastructure and support to support telehealth services. The expansion of behavioral health services to northern Pinellas County required A48 and A24 port network switch to be installed to connect multiple devices to the network. This will enable all providers and therapists to provide uninterrupted telehealth services simultaneously. We purchased a Network Switch 48 Port for \$5,940 from our vendor of choice, GHA Technologies as they are familiar with our system needs.

Line Item #6 \$3,705 - The COVID-19 pandemic caused us to need additional office space in order to apply the physical distancing requirements for both staff and clients. We entered into a leasing contract for additional office space. The office space requires appropriate IT infrastructure and support to support telehealth services. The expansion of behavioral health services to northern Pinellas County required A48 and A24 port network switch to be installed to connect multiple devices to the network. This will enable all providers and therapists to provide uninterrupted telehealth services simultaneously. We purchased an A24 Port Network Switch from GHA Technologies for \$3,705 to connect multiple lines to our equipment for Safety Harbor site.

Our property at 3836 Central Avenue had been vacant, in disrepair, and was not acceptable for staff use. The roof was leaking. The air conditioner was not working. And the layout was not conducive to a functioning office space. We needed to renovate this building to be able to put the building into use as office space to support physical distancing of staff and clients required by CDC guidelines. Prior to COVID-19, this recently acquired property was being contemplated for record storage, facility maintenance and extended parking. The COVID 19 pandemic and the need to spread staff out to ensure a minimum of 6 foot distance and increase the individual offices needed for tele-health purposes quickly changed our planning.

Line Item #7 \$5,400 – We contracted with Reel Construction, LLC to frame walls to create individual offices in our 3836 Central Avenue building so that we can properly space our staff and move them out of common areas such as conference rooms and kitchens where they were temporarily placed to ensure physical distancing.

Line Item #8 \$5,432 – Our 3836 Central Avenue building required renovation in order to have staff working from this building. This has resulted in the need for new carpeting which we have purchased from Yancey's Flooring.

Line Item #10 \$8,590 - Due to the COVID-19 pandemic's requirement of physical distancing and individual offices for tele-health services, Suncoast Center leased office space. The office space needs to be maintained in a manner that is safe and secure for our staff, clients, and ensures the security of our protected health information. To this end, all of our sites are required to have swipe entry security systems that record the individuals entering and leaving our buildings and automatically locks doors for security. We contracted with our existing vendor, All Phase Security, to install a badge swipe security system at our Safety Harbor facility that is identical to our other facilities.

Line Items #11 and 24

\$1,811 – The COVID-19 pandemic has necessitated us increasing office space that is equipped with the appropriate furnishings that meet the needs of clinicians providing the tele-health and individual services and must continue to meet the guidelines of CARF and agency standards. 32 filing cabinets for securing protected documents and personal belongings were purchased at Office Depot. $(27 \times 54.99 = \$1,484.73) + (5 \times 65.24 = \$326.20) = \$1,810.93$

Line Items #12, 13, 14, 36 and 37

\$12,439 – The COVID-19 pandemic has necessitated us increasing office space that is equipped with the appropriate furnishings that meet the needs of clinicians providing the tele-health and individual services and must continue to meet the guidelines of CARF and agency standards. 20 staff chairs at \$114.25 each, 7 staff chairs at \$168.78 each, 40 guest chairs at \$154.12 and 10 large guest chairs at \$192 each, 2 chairs at \$179.99 and 3 chairs at \$175.99 each were purchased from Office Depot for new office space. $(20 \times 114.25 = \$2,285) + (7 \times 168.78 = \$1,181.46) + (40 \times 154.12 = \$6,164.80) + (10 \times 192 = \$1,920) + (3 \times 175.99 = \$527.97) + (2 \times 179.99 = \$359.98) = \$12,439.21$

Line Items # 15 and 19

\$665 – COVID-19 guidance from the CDC has directed access to hand sanitizer for clients and staff. We have installed sanitizing stations for existing locations and for our additional office space. 3 standing sanitizing stations at \$166.91 and 4 wall-mounted sanitizing stations at \$81.81 were purchased from Central Restaurant Products. $(3 \times 166.91 = \$500.73) + (2 \times 81.81 = \$163.62) = \$664.35$

The CDC continues to stress the importance for employers to *“Use methods to physically separate employees in all areas of the building, including work areas and other areas such as meeting rooms, break rooms, parking lots, entrance and exit areas, and locker rooms.”*

To meet the demand, Suncoast Center is remodeling our Central Avenue location and expanding to an office in northern Pinellas. The expansion of our office space is necessary to allow us to adhere to CDC physical distancing guidelines and create a safe environment for our clients and staff through the COVID pandemic, and the changing environmental landscape. The following items have been purchased to furnish these new workspaces and to provide our staff with a functional workspace to provide services to approximately 600 additional clients.

Line Items #16, 26, and 35

\$8,633 – The COVID-19 pandemic has necessitated us increasing office space that is equipped with the appropriate furnishings that meet the needs of clinicians providing the tele-health and individual services and must continue to meet the guidelines of CARF and agency standards. 27 Flexispot adjustable standing desks at \$279.99 and 2 at \$269.99 for staff purchased from Amazon and 3 L shaped desks at \$177.54 from Office Depot for additional space. $(27 \times 279.99 = \$7,559.73) + (2 \times 269.99 = \$539.98) + (3 \times 177.54 = \$532.62) = \$8,632.59$.

Line Items # 17 and 18

\$2,527 – The COVID-19 pandemic has necessitated us increasing office space that is equipped with the appropriate furnishings that meet the needs of clinicians providing the tele-health and individual services and must continue to meet the guidelines of CARF and agency standards. 1 sound absorbing room dividers at \$431.49 and 4 at \$524

purchased on Amazon will provide staff sharing spaces with barriers safely and cut down on noise in large offices (1 x 431.49=\$431.49) + (4 x 524 = \$2,096) = \$2,527

Line Item #20

\$3,463 – Prior to the pandemic, our lobby was able to hold more than 35 people at time, which turned over every 15 minutes, due to space constrictions of 6 foot distancing, we are now only able to have 10 people in our main lobby at any given time. Therefore, we are constructing a comfortable outdoor waiting area for clients who arrive via public transportation or Medicaid transport and cannot wait in the lobby. This outdoor waiting areas has 4 benches at \$865.64 for a client waiting area outdoors enables guests to social distance purchased at OCC Outdoors. 4 x 865.64 = \$3,462.56.

Line Items 21, 22, and 23

\$13,500 – Recent studies and CDC guidance have promoted that air quality, fresh air circulation, and cleaning of the air is very important for reducing the possibility of spreading COVID-19 for indoor environments. We purchased 37 air scrubbers at \$375 each to decontaminate air in all of our buildings from Baker Distributing. 37 x 375 = \$13,875; 1 was returned.

Line Item #25

\$1,347 - The COVID-19 pandemic has necessitated us increasing office space that is equipped with the appropriate furnishings that meet the needs of clinicians providing the tele-health and individual services and must continue to meet the guidelines of CARF and agency standards. The meeting room is necessitated when we need to have family groups seen in person with physical distancing and HIPPA compliant privacy. A 10-foot conference table and 8 chairs for new Safety Harbor site from Amazon will provide a meeting space appropriate for staff and clients.

Line Item #27

\$388 – The COVID-19 pandemic has necessitated us increasing office space that is equipped with the appropriate furnishings that meet the needs of clinicians providing the tele-health and individual services and must continue to meet the guidelines of CARF and agency standards. These access points allow clients and well as community-based therapists to access telehealth modalities while in the building. 4 Wi-Fi access points at \$96.97 each from Amazon allows enhanced internet connection at our Safety Harbor site leading to increased productivity. 4 x 96.97 = \$387.88.

Line Item #28

\$100 – – The COVID-19 pandemic has necessitated us increasing our office space, this office space needs to have the appropriate IT standards that meet the needs of clinicians providing the tele-health and individual services, and must continue to meet the guidelines of HIPPA security standards ensuring that all client communication and records are safe and secure in our network. 1 patch panel bundles multiple network ports together to connect incoming and outgoing lines for new Safety Harbor site purchased on Amazon.

Line Item #29

\$731– The COVID-19 pandemic has necessitated us increasing our office space, this office space needs to have the appropriate IT standards that meet the needs of clinicians providing the telehealth and individual services. Protection of the network from power failures is essential and a basic standard.1 UPS switch to protect data and equipment in case of power failure was purchased on Amazon. 1 X \$731.49.

Line Item #30

\$199 – 10 headsets at \$19.86 each that will be used for tele-health and other communication over the computer or phone for staff purchased on Amazon. In response to the telehealth video conferencing increase brought about by the pandemic, the providers have indicated a variety of headset needs to support their devices (phone, cell phone and computer). Each device requires specific connections. Headsets provide privacy and for staff social distancing within the same office, headsets block background noise. In many cases this has resulted in providers needing

several different headset devices. Providers with the multiple headsets report greater satisfaction and less frustration with the tele-health experiences. (10 x \$19.86 = \$198.60)

Line Item #31

\$240 – The COVID-19 pandemic has necessitated us increasing our office space, this office space needs to have the appropriate IT standards that meet the needs of clinicians providing the telehealth and individual services. The protection of our network is essential to the provision of services at the new office spaces. A server rack will keep the equipment evenly spaced and reduce obstruction of ventilation. The server rack was needed for the Safety Harbor site which has been needed to spread out staff due to the pandemic. 1 Server Rack needed to secure network server for new Safety Harbor site purchased on Amazon. (1 X \$240)

Line Item # 32

\$918 – COVID-19 has changed the way that our providers deliver services and demanded more flexibility. The offices in the north county are designed for staff to primarily work with laptops to ensure flexibility for office and community based work. Maintaining the security of the devices is to not just keeping them encrypted, but also have physical locks to ensure security. 27 laptop locks were purchased from Newegg, Inc. (27 x 33.99 = \$917.73)

Line Item#33

\$2,202 – The demand for tele-health services at the onset of COVID-19 demonstrated inadequacies in our technology infrastructure. As demand for services increase and the rate of client no show decreased the need for computers with higher processing speed and updated security features has become necessary to address providers' need for a secure and clear visual of the client and their environment; ensuring the client's safety. 2 computers were purchased from GHA Technologies (2 x 1,101.02) = \$2,202.04

Line Item #34

\$4,950 – Our property at 3836 Central Avenue had been vacant, in disrepair, and was not acceptable for staff use. The air conditioner was not working. And the layout was not conducive to a functioning office space. We needed to renovate this building to be able to put the building into use as office space to support physical distancing of staff and clients required by CDC guidelines. Prior to COVID-19 this recently acquired property was being intended for record storage, facility maintenance and extended parking. The COVID 19 pandemic and the need to spread staff out to ensure a minimum of 6 foot distance and increase the individual offices needed for telehealth purposes quickly changed our planning. While completing the interior build out of the offices it was discovered that there was a roof leak requiring the roof to be replaced before the building could have staff begin services at the site. In order to be able to have staff working out of the new 3836 Central Avenue building, and to prevent water damage to equipment and furniture, we had to make roof repairs to our Central Avenue building, which was completed by John Hogan Roofing.



HURRICANES

Hurricane season is June through November. A **Hurricane Watch** means a hurricane may pose a threat to our coastal area within 48 hours. A **Hurricane Warning** means a hurricane is expected to affect our coastal area within 24 hours.

EMPLOYEES

For news on CLOSING and OPENING of office locations and services

Monitor the Agency EMAIL, Agency INTRANET, Agency WEBSITE, Agency MAIN PHONE LINE (727)327-7656 and the Suncoast Center FACEBOOK Page

Agency Preparations

The President/CEO, Risk Manager, or designee will notify all locations of a hurricane watch or warning via All Staff Email

Note:

Prior to the notification of a hurricane warning that closes the agency, all employees should speak directly to their supervisor if they need to leave work or evacuate earlier. Personal Time Off may be applied if the agency has not closed for business.

Once a hurricane watch or warning has been issued:

- Agency staff will take appropriate measures to ensure minimal losses.
- Supervisory staff is responsible for completing tasks on the pre-hurricane check-lists for their area.

Pre-Hurricane Checklist

- All employees must check or update their demographics in ADP.

Appendix A Disaster Preparedness Checklists



SURVIVING THE STORM
Survival Kit

- Check your evacuation zone (call the Interactive Voice Response line at (727) 453-3150)**
- Containers for drinking water (5 gallons per person, minimum)**
- Seal water containers tightly, label and date when filled, and store in a cool, dark place.**
- Containers for sewage: 5-gallon buckets, with covers (at least 2)**
- Heavy-duty trash bags**
- Bleach (pure, unscented, liquid)**
- Water purification tablets**
- Non-perishable (canned or packaged) food and beverages (at least a 3-day supply)**
- Pet carrier(s), extra pet food and water, litter or other pet needs**
- Non-electric can opener**
- Emergency/camping cooking equipment and fuel**
- Fire extinguisher**
- Portable cooler**
- Matches or lighters**
- Rope**
- Duct tape**
- Tarp**
- Babyfood/formula, diapers and wipes**
- Extra prescription medicine (2-week supply)**
- Battery-powered radio and extra batteries**
- 2 flashlights and 2 extra packets of batteries**
- List of important phone numbers**
- Insurance policies/titles to real property**
- Toiletries**
- Special dietary needs**
- Insect repellent**
- First-aid kit**
- Cash**



Pinellas County
EMERGENCY MANAGEMENT

For more information, call (727) 464-3800.

Visit the Pinellas County website
www.pinellascounty.org



General Decontamination

Floodwaters may be contaminated with sewage and decaying animal and human remains. Disinfection of hands, clothing, tools/equipment, and surfaces in work areas is critical in disease prevention.

Hand Decontamination

- Wash hands completely with soap and water.
- Rinse completely; dry with a clean towel or air dry.

Clothing, Tool/Equipment Decontamination

- It is preferable to use soap and clean water when available.
- If only contaminated water is available, mix 1/4 cup bleach per gallon of water.
- Immerse objects in solution for 10 minutes; if clothing, gently agitate periodically.
- Transfer objects to hand wash solution for 10 minutes; if clothing, gently agitate periodically.
- Allow clothes and tools/equipment to thoroughly air-dry before re-use.

Severe Surface Decontamination

Use for decontaminating only the most seriously affected surfaces.

- Mix 1 1/2 cups bleach per gallon of water.
- Douse surfaces with heavy contamination and allow to sit for 3 minutes.
- Wipe the contamination from the surface with a paper towel and douse the surface again but use the hand wash solution.
- Wipe off residual contamination with a paper towel.

Important Considerations

- Use gloves and eye protection.
- Prepare bleach solutions **daily** and allow to stand for at least 30 minutes before use.
- All containers should be labeled "**Bleach-disinfected water, DO NOT DRINK.**" **CAUTION: Do not mix bleach with products containing ammonia.**
- Do not immerse electrical or battery operated tools/equipment in solutions; clean exterior with a rag soaked with soap and water or disinfectant solution.

For more complete information:



OSHA 328-429N-015

Hurricane Information Folder: [Share SC4\Hurricane-Severe Weather Information](#)

Evacuation Levels: www.pubgis.co.pinellas.fl.us/hurricane_txt/

Bus Information: www.psta.net

Shelter Information: www.pinellascounty.org/emergency

Guide for Elders: <http://elderaffaris.state.fl.us/english/disaster.html>

Agency Disaster Plans: [Share SC4\Agency Disaster-Safety-COOP](#)

Agency Policy Manual: [Share SC4\Policy Manual](#)

myLearningPointe: www.mylearningpointe.com

2.0 PROCEDURES

2.1 STATEMENT

Following a large disaster, our client population is expected to swell. A prioritization system will be used to determine which clients appear to be at greatest risk and have the greatest needs. These clients will be served first. When the demand for the services exceeds the agency's capabilities with existing staff, the agency will notify the Department of Children & Families, the Department of Health, the Juvenile Welfare Board, and other funders of program services.

2.2 COORDINATION WITH LOCAL AND STATE EMERGENCY MANAGEMENT JURISDICTIONS

Suncoast Center will cooperate with local and state emergency management representatives in the event of a major disaster. The agency is represented at the Pinellas County Disaster Preparedness Committee and other Disaster Preparedness task force groups developed in preparation for and coordination of community disaster planning.

Suncoast Center will coordinate with Pinellas County Disaster Management, DCF, the Red Cross, or requests from local officials to provide counseling services after a disaster. Counselors will be utilized not only in providing services to our current clients, but to the community as well.

The Risk Manager or designee will contact 211Tampa Bay Cares at "211" or (727) 210-4211 and key funders to report any agency closure/relocation or change in services during pre-disaster preparedness.

Post disaster, the Risk Manager or designee will contact 211Tampa Bay Cares and all key funders to report agency re-opening, change in hours of operation, status of building, status of services, etc.

The Chief Operating Officer or designee will add 211 Tampa Bay Cares, Inc., enews@211tampabay.org for press release/media list.

2.3 COORDINATION WITH LOCAL, COUNTY, AND STATE LAW ENFORCEMENT AGENCIES

Suncoast Center will cooperate with local, county and state law enforcement representatives in the event of a major disaster.

3.0 DISASTER RESPONSE

3.1 GENERAL INFORMATION

Locations that are owned or operated by Suncoast Center are covered under this plan. Locations include but may not be limited to:

St. Petersburg Locations

- 4024 Central Avenue
- 4010 Central Avenue
- 4050 Central Avenue
- 3800 Central Avenue
- 1001 – 16th Street South
- 928 22nd Ave South
- 940 22nd Ave South

Clearwater Locations

- 2188 58th Street North
- 2960 Roosevelt Blvd Annex
- 2960 Roosevelt Boulevard

North Pinellas County

- Tarpon Springs Location

Offices located in schools or facilities not owned or operated by the agency will follow the safety procedures on file with the organization and ensure that they are familiar with those facilities emergency procedures.

Suncoast Center will obtain a copy of the safety procedures for all facilities not owned or operated by the agency where employee offices are located.

The Disaster Preparedness Plan/COOP is located on the agency network (Share on Agency Plans) for all employees.

The agency Disaster Preparedness Plan/COOP is distributed to funders who request a copy on an annual basis and as updated throughout the year. The plan is available to local officials upon request.

3.2 CHAIN OF COMMAND

President/CEO

The Board of Trustees has delegated the overall responsibility to develop and maintain an agency-wide safety program to the President/CEO. The President/CEO has appointed a Safety Committee Chair and a Risk Manager for Suncoast Center. All agency employees are responsible for maintaining a safe work environment. In the absence of the CEO, the remaining members of the management team which is comprised of the Chief Operating Officer, Chief Financial Officer, Director of Clinical Services, Human Resources Director, Medical Director, Director of Quality Improvement, and Director of Information Services, will delegate duties to appropriate staff.

Chief Financial Officer

The Chief Financial Officer, in coordination with the Safety Committee, is responsible for complying with the Safety Plan through planned, systematic monitoring and planning based on the guidelines in the plan. The Safety Committee reports directly to the Quality Improvement Committee.

Safety Committee

The agency's Safety Committee is responsible for reviewing the Safety Plan each year and making recommendations to the Chief Financial Officer, Risk Manager and President/CEO for modification. The President/CEO has the authority to approve all modifications to the plan. All changes that are the result of changes to existing policies or the addition of new policies will be made following the approval of the policies by the President/CEO.

3.3 ACTIVATION OF PLAN

The Disaster Plan will be activated by the President/CEO of Suncoast Center and the Chief Operating Officer. In the event these people cannot be contacted, the following people will be contacted: Director of Clinical Services, Chief Financial Officer, Human Resources Director, Medical Director, Director of Quality Improvement/Compliance Officer, and the Director of Information Services..

Essential Staff who are available to provide support during a disaster are Program and Department Managers, Senior Managers, the Management Team, and any others specifically designated by the President/CEO.

3.4 EMERGENCY INFORMATION- STAFF

Supervisors are instructed to access ADP for a copy of the employee emergency contact information. All employees are responsible for keeping their personal contact information including cell phone, email, and evacuation zone, updated in ADP.

All employees are to download the ReadyPinellas APP onto their agency and/or personal cell phone as a resource for up to date information on county disasters and emergency management.

Employees are requested to follow the recommendation of Pinellas County when creating personal evacuation plans. The recommendation is to select an evacuation location in a non-evacuation zone within the county. This reduces the strain on exit routes, roadways and county resources.

The Human Resources department will email program supervisors and staff prior to evacuations due to disaster to update ADP.

3.5 COMMUNICATION

If a disaster strikes, multiple communication sources and formats will be used.

- The Information Services Dept or designee will activate All Staff Group text messaging and voicemails based on the contact information set up in ADP.
- The Information Services Dept or designee will also activate All Client text message and voicemail based on the contact information set up in Avatar.
- An all staff voice mail will be left on the agency's phone system and on the voice recorder at off-site locations. Staff should check their agency and personal cell phones for calls/texts for the current status of the agency.
- The agency intranet web site will be updated with information on an hourly basis. If internet connection is off-line, updates will be continued as soon as connection is re-established.

- The agency Facebook and other social media accounts will be updated with the latest disaster information including notices of disruption to or continuation of agency operations.

3.6 ACCESS TO INFORMATION NEEDED IN EMERGENCY SITUATIONS

Personnel Records

The following positions have immediate access to personnel records in the event of an emergency:

1. Human Resources Director
2. President/CEO
3. Human Resources staff

Client Medical Records

The following positions have immediate access to client records in the event of an emergency:

1. Health Information Management Department
2. President/CEO
3. Chief Operating Officer
4. Senior Manager of HIM
5. Compliance Officer

Transfer of Clients during a temporary emergency loss of location

1. All direct service programs have a department ready plan that addresses the internal transfer of clients if needed in the event of a loss of personnel or location that impacts service delivery.
2. Services will be delivered in alternate locations, by alternate agency staff, or by telehealth in order to maintain continuity of care.
3. If required, a plan for external transfer of clients to another organization will be developed by the President /CEO, and the agency Management Team in partnership with the funders as required by contract.

3.7 PAYROLL

It is the intent of the agency that in the event of a disaster to maintain the normal payroll schedule. This includes normal direct deposit. If the payroll schedule or the electronic transfer for direct deposit is not possible, President/CEO or designee will approve an alternate payroll process.

4.0 EMERGENCY PREPAREDNESS

4.1 TRAINING

The Safety Committee will schedule and coordinate service training sessions with the Training Committee for all agency staff. Training will include procedural plans in the event of an internal or external disaster. The training sessions may also cover the following topic areas: County Disaster Planning, Crisis Intervention Procedures, Fire Drill and/or Disaster Drill Procedures.

Education of Staff:

Netsmart University

In addition to staff development trainings, Suncoast Center utilizes *myLearningPointe*® as an online training tool, www.mylearningpointe.com. Staff will be given *myLearningPointe*® information upon hire.

Staff completes the required health and safety trainings annually via *My Learning Pointe*®. Staff may utilize other *myLearningPointe*® library training courses as needed.

Questions regarding *myLearningPointe*® should be directed to Human Resources or the Chief Operating Officer.

Additionally:

- All staff review hurricane emergency procedures in the Disaster Plan/COOP and attend the Health & Safety component of at new hire orientation and annually.
- Each Manager is responsible for the documentation of the education of all employees on their Department COOP/Ready Plan on an annual basis and as needed in preparation of a live event.
- Staff is educated on the means of communication in the event of a disaster.
- Staff is trained on how to assist clients in preparing for, responding to, and recovering from a hurricane/tornado in the event of a storm.
- Staff is encouraged to attend shelter training at the Red Cross and other hurricane training available in the community.

Client Education:

Clients are educated on the emergency procedures at the time of admission/enrollment for services. Information is available online and in the Client Information Booklet which is retained by the client.

Information Guides are available to clients. Guides are located in the lobby of the facilities or through their clinicians or case managers or is available online Information highlights include:

5.0 SEVERE WEATHER

5.1 HURRICANES

Hurricane season is June through November. A **Hurricane Watch** means a hurricane may pose a threat to our coastal area within 48 hours. A **Hurricane Warning** means a hurricane is expected to affect our coastal area within 24 hours.

Each department and Program is required to submit a Department Ready Plan for review to the Safety Committee. All plans will become an attachment to the Agency COOP upon approval.

Please see Hurricane Preparedness -Attachment I of this plan.

Agency Location Hurricane Evacuation and Flood Zones
(Check these for update)

Location	Evacuation Zone	Flood Zone
4024 Central Ave	Non	Non
4010 Central Ave	Non	Non
4050 Central Ave	Non	Non
3800 Central Ave	Non	Non
928 22 nd Ave	C	Non
940 22 nd Ave	C	Non
16 th Street	Non	Non
2960 Roosevelt and Annex	C	Non
2188 58 th St North	C	Non
Tarpon Office	C	Non

General Agency Preparations

The President/CEO, Risk Manager and/or Compliance Officer will notify all locations of a hurricane watch or warning.

Once a hurricane watch or warning has been issued:

- Agency staff will take appropriate measures to ensure minimal losses.
- Supervisory staff is responsible for completing tasks on the pre-hurricane checklists for their area.
- All Supervisors are required to review and implement their department Disaster Ready Plan.

General Pre-Hurricane Checklist

- The Management Team and Information Services (IS) will meet prior to a natural disaster that may impact the agency.
- IS and Community-based Programs will notify clients scheduled for appointments that agency will be closed.

- Notify traveling staff via cell phones of agency closing.
- Return all manual medical records to the HIM Department for securing.
- Back-up personal computers. Agency system will be backed-up by the I.S. department.
- Make certain your supervisor has your evacuation plan and location, should the need arise.
- If your office is located on the first floor of a building, make sure all valuable papers and equipment are off the floor.
- Clear desk tops, Unplug electrical equipment, cover with plastic if possible.
- Take personal belongings home.

5.2 EMERGENCY MEDICATION REFILL INFORMATION

Medication Line

The agency nursing department will check the medication helpline and will attempt to contact clients who have left a message. A message will be recorded notifying clients to contact PEMHS or 911 for a mental health emergency.

Emergency Medication Refills

House Bill No. 7121 was signed into law June 01, 2006. Section 29 of this bill made it easier for individuals who take medications to receive a 30-day refill prior to an imminent Hurricane threat.

In order to receive an Emergency-Preparedness Prescription Medication 30- Day Refill, the following criteria must be met:

- You must live in the county you are seeking the prescription medication refill from and that county you live in:
 - Has been issued to be under a Hurricane Warning by The National Weather Service, or
 - Has been declared to be under a “State of Emergency” in an Executive Order, issued by the Governor, or
 - Your County Emergency Operations Center has activated their Emergency Operation Center and its Emergency Management Plan.

If the county you reside in meets these categories and you wish to refill your prescription medications so that you are prepared for a storm, please do so immediately at your pharmacy. If you have questions as to how this applies to your current insurance provider, please consult your pharmacist.

5.3 SHELTERS

Shelters may change from year to year. The current list of shelters is available on www.pinellascounty.org/emergency.

- Clinical staff should assist annually in determining evacuation level for clients.
- Not all shelters may be open in an evacuation. Check local news to see what is open.

Special Needs

Information and registration for special needs and transportation assistance can be downloaded at www.pinellascounty.org/emergency/specialneeds.htm.

Pet Friendly Shelters

Pinellas County offers a limited number of pet friendly shelters. Residents must pre-register to take advantage of these shelters. Information can be located at: www.pinellascounty.org/emergency/petpreparedness.htm.

5.4 TORNADOES

It is Suncoast Center's policy to follow the policies and recommendations of the Civil Defense in the event of a tornado. The decision on when to close the agency is the ultimate responsibility of the President/CEO.

A tornado warning cannot be issued until a tornado has actually been spotted, do not always count on being warned before a tornado actually strikes. Therefore, it is of the utmost importance to be totally prepared and ready to take emergency actions while under a tornado watch condition.

Tornado watches and warning alerts are generally sent through personal and agency cell phones based on your location.

Agency Preparedness

Tornado Watch

Once notified of a tornado watch, the following precautionary measures will be taken:

- Move away from windows and doors. Locate to an inside room with no windows. If this is not possible, move to the inside of the room and maintain cover.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/28/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Wallace Welch & Willingham, Inc. 300 1st Ave. So., 5th Floor Saint Petersburg FL 33701	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">CONTACT NAME: Certificates/Commercial Lines</td> </tr> <tr> <td>PHONE (A/C, No, Ext): 727-522-7777</td> <td>FAX (A/C, No): 727-521-2902</td> </tr> <tr> <td colspan="2">E-MAIL ADDRESS: certificates@w3ins.com</td> </tr> </table>	CONTACT NAME: Certificates/Commercial Lines		PHONE (A/C, No, Ext): 727-522-7777	FAX (A/C, No): 727-521-2902	E-MAIL ADDRESS: certificates@w3ins.com									
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INSURED Suncoast Center, Inc. 4024 Central Ave Saint Petersburg FL 33711	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A : RSUI Indemnity Company</td> <td>22314</td> </tr> <tr> <td>INSURER B : Travelers Cas & Sur Co of America</td> <td>31194</td> </tr> <tr> <td>INSURER C : FIT / Markel Global Reinsurance Co.</td> <td>10829</td> </tr> <tr> <td>INSURER D : Hiscox Insurance Co., Inc.</td> <td>10200</td> </tr> <tr> <td>INSURER E : Century Surety Company</td> <td>36951</td> </tr> <tr> <td>INSURER F : Star Insurance Company</td> <td>18023</td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : RSUI Indemnity Company	22314	INSURER B : Travelers Cas & Sur Co of America	31194	INSURER C : FIT / Markel Global Reinsurance Co.	10829	INSURER D : Hiscox Insurance Co., Inc.	10200	INSURER E : Century Surety Company	36951	INSURER F : Star Insurance Company	18023
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COVERAGES **CERTIFICATE NUMBER:** 216264188 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
C	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> *Abuse & Molesta GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			FITGL337772020	6/1/2020	6/1/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
C	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			FITAU337772020	6/1/2020	6/1/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
E	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0			FITXS337772020L2	6/1/2020	6/1/2021	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$
F	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			FITWC337772020	6/1/2020	6/1/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 2,000,000 E.L. DISEASE - EA EMPLOYEE \$ 2,000,000 E.L. DISEASE - POLICY LIMIT \$ 2,000,000
A D B	Directors & Officers Crime Cyber			BINDER FITCR337772020 106839022	6/1/2020 6/1/2020 12/2/2019	6/1/2021 6/1/2021 12/2/2020	Limit/\$0 Ded 3,000,000 Limit/\$5000 Ded 500,000 Limit/\$10,000 Ded 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 FLORIDA INSURANCE TRUST REINSURER: MARKEL GLOBAL REINSURANCE COMPANY; NAIC#10829; AM BEST RATED A XIII
 CENTURY SURETY COMPANY; AM BEST RATING A- X
 *Policy #FITGL337772020 Additional Coverage:
 Professional Liability (Occurrence): \$1,000,000 Each Claim/ \$3,000,000 General Aggregate/\$0 Deductible
 Abuse & Molestation Liability (Claims-Made/ Retro Date 7/1/2011): \$1,000,000 Each Claim/ \$3,000,000 General Aggregate/\$0 Deductible
 Employee Benefits Liability (Claims-Made/Retro Date 7/1/2011): \$1,000,000 Each Claim/ \$1,000,000 General Aggregate

CERTIFICATE HOLDER Suncoast Center, Inc. PO Box 10970 St Petersburg FL 33733-0970	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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**Pinellas Community Foundation
Pinellas CARES Nonprofit Partnership Fund Grant Application**

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

Organization Name: Suncoast Center, Inc.

Project Name: Responding to Behavioral Health Needs During COVID-19

FROM (date): 3/1/2020 TO (date): 12/31/2020

Budget Category/Line Item	Program Budget - Total	Pinellas CARES Grant
Personnel (<i>salaries, wages, benefits, payroll taxes, time allocation on the project for all personnel involved in program</i>)		
Equipment (<i>computers, furniture, etc., less than \$3,000 per item</i>)	\$131,386	\$100,218
Supplies (<i>office materials, program related purchases, program necessities to deliver services, etc.</i>)	\$20,170	\$20,170
Occupancy (<i>property rent, mortgage, utilities, telephone, internet, etc. assigned as program expenses</i>)		
Local Travel (<i>mileage, tolls, parking for regular local travel, rental/leasing cost of transportation</i>)		
Training (<i>staff development, conferences, long distance travel</i>)		
Design, Printing, Marketing & Postage (<i>for direct program related services only</i>)		
Capital (<i>Buildings, vehicles, equipment \$3,000 or more per item. The purchase of capital must represent the lower cost option for the period during which the purchased asset would be used for COVID-response activities</i>)	\$39,749	\$29,087
Purchased Services (<i>consultants, legal, accounting services, logistical partner costs, technology enhancements, computer software licensing/agreements</i>)	\$33,507	\$33,507
TOTAL	224812	182982

Pinellas Community Foundation
PCF CARES Application
Budget Narrative Form

BRIEF INSTRUCTIONAL VIDEO – CLICK LINK - <https://youtu.be/s5kkxaQkCg>

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

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

Organization Name: Suncoast Center, Inc.

Project Name: Responding to Behavioral Health Needs during COVID

FROM: 03/01/2020

TO: to 12/31/2020

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

Define each individual piece of equipment, where it will be purchased from, how much it costs, and how the costs you are requesting expands your COVID-19-related programming. Including estimates, quotes, or print offs from a supplier website is helpful to defend these costs.

EQUIPMENT: \$56,862.56

Since the onset of COVID-19, Suncoast Center has had to quickly respond to social distancing requirements and convert to a telehealth environment. This has resulted in a challenge to find work space for staff; while ensuring we continue to provide much needed services to our clients. To meet those needs, the following IT equipment, furniture and personal protective supplies were purchased to ensure we continue to provide services safely, keeping both our providers and those in need protected from COVID-19 exposure as we continue to battle the effects of the COVID pandemic:

- \$6,000 – 50 monitors will be purchased from GHA Technologies at \$120 each. Dual monitors significantly improves the therapeutic experience while providing the tele-health services necessitated by the COVID-19 pandemic because it allows the provider to view the client on one screen while having access to the client’s medical record on a separate screen. Being able to adequately see the client and their environment is essential to ensuring the client safety while providing telehealth services. (50 x \$120 = \$6,000)
- \$5,957 –The COVID 19 pandemic has greatly impacted the provision of therapy. Providing therapy using telehealth has demanded that staff have flexibility from community based to shift to office based services. Laptop screens are insufficient for providers to see the electronic medical record and the video-conferencing tele-health at the same time. 23 port replicators will be purchased from GHA Technologies at \$259 each for new computers. The port replicators allow community based staff with laptops the flexibility of connecting their laptop to non-portable devices such as printers, dual monitors, signature pads, external cameras, all that promote the flexibility of telehealth and in person visits with clients and important to support successful office-based tele-health services. (23 x \$259 = \$5,957)

- \$11,916 – 600 headsets at \$19.86 each that will be used for tele-health and other communication over the computer or phone for staff purchased on Amazon. In response to the telehealth video conferencing increase brought about by the pandemic, the providers have indicated a variety of headset needs to support their devices (phone, cell phone and computer). Since each device requires specific connections, our providers have reported needing headsets for each device to ensure excellent communication and clarity of their voice for the clients and clarity of hearing their clients. This is especially important when having significant therapeutic communications that may include discussions of emotional pain and trauma that has been caused or increased by the COVID-19 pandemic. Headsets provide privacy and for staff social distancing within the same office, headsets block background noise. In many cases this has resulted in providers needing several different headset devices. Providers with the multiple headsets report greater satisfaction and less frustration with the tele-health experiences. (600 x 19.86 = \$11,916)
- \$10,769 – The demand for tele-health services at the onset of COVID-19 demonstrated inadequacies in our technology infrastructure. We need to replace 8 computers that were insufficient for use to complete telehealth services due to the processing limitations of the old computers. The new computers will have sufficient video card and processing speed to allow for Telehealth video conferencing and use of our electronic medical record concurrently. (8 X 1.346.20 = \$10,769.60)
- \$18,340 – We expect we will need an additional 35 sound-absorbing room dividers at \$524 each purchased on Amazon will provide staff sharing spaces in large offices with barriers to safely keep COVID-19 appropriate distancing and cut down on noise in large spaces. (35 x 524 = \$18,340)
- \$2,926 – The COVID-19 pandemic has necessitated us increasing our office space, this office space needs to have the appropriate IT standards that meet the needs of clinicians providing the telehealth and individual services. Protection of the network from power failures is essential and a basic standard.4 UPS at \$731.49 each for switches protects data and equipment in case of power failure will be purchased on Amazon. (4 x 731.49 = \$2,925.96)
- \$750 – Recent studies and CDC guidance have promoted that air quality, fresh air circulation, and cleaning of the air is very important for reducing the possibility of spreading COVID-19 for indoor environments. We will purchase an additional 2 air scrubbers at \$375 each to decontaminate air in all of our buildings purchased at Baker Distributing. (2 x 375 = \$750)
- \$204 – The COVID-19 pandemic has necessitated us increasing our office space, this office space needs to have the appropriate IT standards that meet the needs of clinicians providing the telehealth and individual services. The network cabling will need to be installed in the new office space.2 network cable packages at 1000 feet per package \$102 each to provide internet and other communications to be purchased on Amazon. (2 x 102 = \$204)

The CDC continues to stress the importance for employers to *“Use methods to physically separate employees in all areas of the building, including work areas and other areas such as meeting rooms, break rooms, parking lots, entrance and exit areas, and locker rooms.”*

To meet the demand, Suncoast Center is remodeling our Central Avenue location and expanding to an office in northern Pinellas. The expansion of our office space is necessary to allow us to adhere to CDC physical distancing guidelines and create a safe environment for our clients and staff through the COVID pandemic, and the changing environmental landscape. The following items have been purchased to furnish these new workspaces and to provide our staff with a functional workspace to provide services to approximately 600 additional clients.

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

Define each supply requested, where it will be purchased from, how much it costs, and how the costs you are requesting expands your COVID-19-related programming.

SUPPLIES: \$\$19,506.99

The following supplies will be purchased for the safety of our staff and clients to protect against COVID-19 and other health issues and for the required distancing of our staff at the new locations.

- \$164 – 2 wall mounted sanitizing stations at \$81.81 each for new spaces and for existing building purchased at Central Restaurant Products. $(2 \times 81.81 = \$163.62)$.
- \$9,213 – 364 gallons of cleaning supplies at \$25.31 per gallon to sanitize our buildings using our proposed Clorox 360 machine to be purchased from Imperial Dade. $364 \times 25.31 = \$9,212.84$
- \$1,080 – 9 vehicle sneeze guards at \$120 each to provide barrier between staff and clients to be purchased on Amazon. $9 \times 120 = \$1,080$
- \$1,500 – 20 desktop sneeze guards at \$75 each to provide barrier between staff and clients to be purchased on Amazon. $20 \times 75 = \$1,500$
- \$848 – 50 boxes of gloves at \$16.95 each (100 count) to protect staff while examining clients purchased at Spectrum Medical Supplies. $50 \times 16.95 = \$847.50$
- \$315 – 10 packages of gowns at \$31.50 each (10 count) to protect staff while examining clients purchased at McKesson. $10 \times 31.50 = \$315.00$
- \$4,738 – 250 containers of sanitizing wipes at \$18.95 each (75 count) for staff to wipe down surface areas in their office purchased at Spectrum Medical Supplies. $250 \times 18.95 = \$4,737.50$
- \$130 – To ensure that the new offices necessitated by COVID-19 pandemic comply with our standards for provider offices to provide services in office and though tele-health we need 36 small waste baskets at \$3.61 each for new offices purchased at Office Depot. $36 \times 3.61 = \$129.96$
- \$168 – To ensure that the new offices necessitated by COVID-19 pandemic comply with our standards for provider offices to provide services in office and though telehealth we need 2 - 23-gallon janitorial trash containers for new offices purchased at Office Depot. $2 \times 83.99 = \$167.98$

- \$315 – To ensure that the new offices necessitated by COVID-19 pandemic comply with our standards for provider offices to provide services in office and though telehealth we need 15 cork boards at \$20.99 for new offices purchased at Office Depot. $15 \times 20.99 = \$314.85$
- \$1036 – To ensure that the new offices necessitated by COVID-19 pandemic comply with our standards for provider offices to provide services in office and though telehealth we need 15 dry erase boards \$47.99 each with markers \$9.99 each and erasers \$11.09 each for new office spaces purchased to Office Depot. $(15 \times 47.99 = \$719.85) + (15 \times 9.99 = \$149.85) + (15 \times 11.09 = \$166.35) = \$1,036.05$

Capital (buildings, vehicles, equipment \$5,000 or more per item. The purchase of capital must represent the lower cost option for the period during which the purchased asset would be used for COVID-response activities)

Define each item, the vendor who will supply the capital item, or construct the item, and provide a defense for how the purchase of this item costs less than the leasing of the item for the grant period. Also explain how this item is necessary for the expansion of your COVID-19-related programming.

CAPITAL: \$21,514

Capital purchases include cleaning machines designed to kill viruses and other germs in our facilities, IT infrastructure and security for our new Safety Harbor site.

\$15,980 – Even though we are providing outpatient services via tele-health, Suncoast Center still has a large client base that need to be provided services in person, i.e. medication management and injectables. In addition, as we transition to more needed in person visits, we need sanitizing equipment that will assist us in maintaining staff and client safety and minimize down time when the inevitable potential exposures occur. In continuing our adherence to CDC recommendations of regularly disinfecting to minimize the spread of the COVID-19 virus and other respiratory microorganisms, we will purchase 4 Clorox 360 machines at \$3,995 each to sanitize large areas of all our office buildings. This will be a none-time purchase from Imperial Dade since the option to lease is not available. A comparable machine was viewed on SweepScrub.com at a rate of \$6,299.00. See estimates.

\$5,534 – We are contracting with our existing provider All Phase Security to install a security system at 3836 Central Avenue to protect staff and equipment. See estimate.

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

Define each item, the vendor supplying the purchased services, the cost of the services per a specified period of time, and explain how this is necessary for the expansion of your COVID-19-related programming.

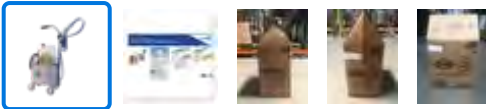
PURCHASED SERVICES: \$17,725

\$5,000 – Prior to the pandemic, our lobby at 4024 Central Ave. was able to hold more than 35 people at time, which turned over every 15 minutes, due to space constrictions of 6 foot distancing, we are now only able to have 10 people in our main lobby at any given time. Suncoast Center needs to make accommodations for clients that must be seen in person, arrive via public transportation, or have to wait for Medicaid transportation. A covered awning will be installed over a waiting area outside of our main building to meet these needs. This area will also assist in limiting the number of people in the lobby. We have obtained a quote for approximately \$5,000 from Awning Works, Inc., but it did not comply with ADA requirements, so we will continue our search for additional quotes. See original quote.

\$12,725 – The COVID-19 pandemic has necessitated us increasing our office space, this office space needs to have the appropriate IT standards that meet the needs of clinicians providing the telehealth and individual services. Part of preparing this office for opening is wiring the building for network services. The expansion of behavioral health services to our North County requires that we rewire for phone, electrical and internet connections at Safety Harbor facility to our HIPPA Compliant and industry standard specifications. We have contracted with Digital South Communications, Inc. for this one-time expense. See estimate.



[Home](#) > Clorox Total 360 Electrostatic Sprayer



Clorox Total 360 Electrostatic S

by Clorox

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Quantity 1

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- Covers more, treat up to 18,000 square feet per hour.
- Cost effective, 65% less solution (versus a trigger sprayer per square foot).
- Ergonomically designed with lightweight handle.
- Ideal for use in schools, athletic facilities, offices, healthcare facilities, public restrooms, hotels, airports, ambulances, daycare centers, and institutional kitchens.
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\$6,299.00**Quantity**

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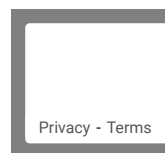
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All Phase Security, Inc.
 License # IF0000893
 114 Forty-Ninth Street South
 Saint Petersburg, Florida 33707
 Phone: (727) 328-2272 Fax: (727) 328-8151

Security Products/ Services Agreement

This agreement is made this 14 day of October, 2020 between All Phase Security, Inc ("APS") and Suncoast Center, Inc ("Client") This agreement incorporates all applicable terms and conditions contained in this document, front and back, for the type of product or service indicated below

Address of secured premises: 3836 Central Ave., St. Petersburg, FL 33711
 Telephone _____

Billing Address: Suncoast Center, 4024 Central Ave., St. Petersburg, FL 33711
 Telephone _____

Type of Transaction:	
<input checked="" type="checkbox"/> Direct Sale	
<input checked="" type="checkbox"/> Recurring Service (including central station monitoring, repair, inspection, etc.)	
Type of System:	
<input checked="" type="checkbox"/> Subscriber-owned	<input checked="" type="checkbox"/> Burglar Alarm
<input type="checkbox"/> Fire Alarm	<input checked="" type="checkbox"/> Other Access Control system
Recurring Services to be provided:	
<input checked="" type="checkbox"/> Central Station Monitoring	<input type="checkbox"/> Openings/Closings <input type="checkbox"/> Fire Alarm Inspections
<input type="checkbox"/> Repair	<input type="checkbox"/> Other
Schedule of Equipment:	
1 Honeywell 2-door NetAxis control panel (requires a network connection)	
1 Power supply for locks	
2 Standby rechargeable power supply	
2 Proximity card readers	
2 Electric door strike	
1 Alarm control/communicator panel, Bosch B5512 with 1 Touch-sense Digital Keypads, B921C	
2 Door contact switches, 1 Dual-technology motion detector	
1 Interior siren, 1 Wiring and hardware, installation and programming	
1 Cellular radio for monitoring	

Client hereby acknowledges that All Phase Security, Inc. (hereinafter referred to as APS) does not expressly nor impliedly warrant the following: (a) the operation of the alarm system, leased or purchased equipment; (b) that the alarm system, equipment or monitoring services provided by APS will prevent any loss by fire, criminal or tortuous act, or (c) that the alarm system or equipment will provide the protection desired by the client. The client acknowledges that APS does not make any warranty, either expressed or implied, with respect to the condition of the alarm system or equipment, its merchantability, or fitness for any particular purpose and client hereby acknowledges that client has not relied on any such warranties. The only exception to this disclaimer is the limited warranty on equipment purchased or leased under this Agreement as described herein.

It is understood and agreed by Client that APS is not an insurer, nor is this Agreement intended to be an insurance policy or substitute for insurance policy. Insurance, if any, will be obtained independently by the client and is not responsibility of APS. Charges made by APS are solely in consideration of the equipment and/or services stated above. APS shall not be responsible for consequential, collateral, incidental, Special or other damages to the client related to the equipment or services purchased. Client agrees APS shall not be liable for loss or damage due directly or indirectly to the products or services provided under this contract. From the nature of the equipment and/or services provided hereunder, it is extremely difficult to affix actual damages, if any, which may result from negligence or malfeasance on the part of APS to perform any obligations hereunder or the failure of the equipment to properly, operate. If APS should be found liable for the loss or damage due to failure on the part of APS, the equipment or services provided by APS, such liability shall be limited to an amount of \$250.00, and regardless of the type of transaction, this liability shall be exclusive. In the event that the client desires APS to assume greater liability under this agreement, a choice is hereby given of obtaining full or limited liability APS will assume. If this option is chosen, an additional rider shall be attached to this Agreement setting forth the additional liability and additional charge.

The terms and conditions contained on the reverse side of this Agreement are incorporated herein and made a part hereof by reference. Client acknowledges receiving a copy of this Agreement and represents having read and understood all terms and conditions including all limitations of warranties and liability of APS. This Agreement shall not be binding upon APS unless executed by an authorized representative of APS. In absence of such approval, APS shall be required only to refund Client any amount paid, and shall be further released from any and all liability or obligation.

Sale Charges

Purchase Price \$ 5,534.00
 Sales Tax (if applicable) \$ _____
SUBTOTAL \$ 5,534.00

Deposit Received \$ _____
TOTAL \$ 5,534.00

Recurring Service Charges

APS Recurring Charge \$ 35.00/mo.
 Sales Tax \$ _____
TOTAL \$ 35.00/mo.

Billing Period

Monthly Quarterly
 Semi-Annual Annually

Can All Phase Security, Inc. email invoices directly? If so, please provide us with an email address:

ALL PHASE SECURITY, INC.

Paul McShea Digitally signed by Paul McShea
 Date: 2017.11.06 11:56:41
 .0500

BY _____ TITLE _____

CLIENT

Dustin Seal

BY _____ TITLE _____

CFU
10/14/2020

Awning Works, Inc.

10820 US 19 N
 CLEARWATER, FL 33764
 727-524-1118
 AWI@awningworksinc.com
 www.awningworksinc.com



Estimate

ADDRESS

Kelly Bollon
 Suncoast Center, Inc.
 4024 Central Avenue
 St. Petersburg, FL 33711

SHIP TO

4024 Central Avenue
 St. Petersburg, FL 33711

ESTIMATE # 23066**DATE** 09/24/2020**CONTACT**

Kelly Bollon

SALES REP

DP - Dan Perri

LEAD TIME

8-10 Weeks

DESCRIPTION**QTY****AMOUNT**

Project Name: Waiting Area Awning
 Project Location: 4024 Central Avenue St. Petersburg, FL 33711
 Contact: Kelly Bollon Ph: 727-388-1220 E: kellybollon@suncoastcenter.org

Corona Virus Notice- We are providing our typical lead time without any negative influence delays that will be caused by the Corona Virus, as its currently changing daily and not predictable. Once we proceed into an approved estimate/contract to move forward we will advise the current lead time conditions. As always we endeavor to proactively communicate with our customers, especially under these unique circumstances.

Vinyl Awning

2,388.00T

Decorative Fabric Awnings

Traditional Monoslope Style Awning Design

Valance Style: Rigid

Valance Height: 4"

Weblon Fabric (5-Year Manufacturer's Warranty) – Style # TBD

Fabric Type: Vinyl

Color: TBD

Welded Fabric Seams

GORE® TENARA® Sewing Thread

Welded Structural Aluminum Frame: Mill Finish

Fabric Attachment Method: Staple In System

Approximate Dimensions:

Quantity: One (1) at 25' (W) x 2' (H) x 6' Projection

Estimate Includes Project Survey

Product Price Includes All Materials, Manufacturing Labor and Equipment

Installation Labor Price Non-Taxable

597.00

Florida Engineered Drawing

650.00

Permit and Administrative Costs (Approximate)

550.00

If Proceeding, Please Sign, Date and Return. Please Also Sign Next to any Options Selected and Remember to Include Required Deposit. Thank You!

Name _____ Date _____

DESCRIPTION	QTY	AMOUNT
County Sales Tax 1.0% on the First \$5000.00, MAX \$50.00 (Pinellas County)	0.01	23.88

NOTES:

- All Pricing Pending Engineering
- Camera To Be Moved By Other

Price Is Subject To Change If Dimensions Vary From Our Survey That Affect Increase Cost In Labor And Materials And/Or If "Easy" Access Or Conditions For The Installation Is Not As Estimated.

LEAD TIME: (8-10 Weeks) Lead Time Starts After Field Dimensions And Or Approved Permit.
 TERMS: 50% Down, Balance on Install/Invoice

Your Project LEAD TIME Begins When Both Your Deposit And Signed Estimate Have Been Received By Us Or Your Sales Representative. All Fabric And Valance Choices, Powder Coat Colors And Other Custom Selections Should Be Made Prior To Signing Your Estimate If At All Possible As These Variables Can Affect The Lead Time On Production And Manufacturing.

This estimate is valid for 30 days from the noted date. Due to the custom nature of the products offered herein, we have a "no refund" policy and all payments are due per the specified Terms & Conditions or as reflected above. Please be aware lead time can at times be beyond our control and affected by weather, availability of components and permitting processes. Lead times are expressed after receipt of deposit and after permits are issued. Unless noted otherwise we pass through all manufacturer warranties and offer a one year workmanship warranty from the date of installation. A 10% per year finance charge on the unpaid balance will be added for payments beyond the terms noted and all products provided herein remain the property of Awning Works Inc until paid in full.

SUBTOTAL	4,208.88
TAX	143.28
TOTAL	\$4,352.16

Accepted By _____

Accepted Date _____

If Proceeding, Please Sign, Date and Return. Please Also Sign Next to any Options Selected and Remember to Include Required Deposit. Thank You!

Name _____ Date _____

Digital South Communications, Inc.

1150 Kapp Drive

Clearwater, FL 33765

727.441.2700

accounting@digitalsouth.com

www.digitalsouth.com

Invoice**BILL TO**

Jim Shea
 Suncoast Center
 2455 McMullen Booth Rd.
 Unit B & C
 Clearwater, FL 33759
 United States

INVOICE #	DATE	TOTAL DUE	DUE DATE	TERMS	ENCLOSED
9035	10/08/2020	\$12,725.00	10/08/2020	50% due now	

DATE	ACTIVITY	QTY	RATE	AMOUNT
10/08/2020	<p>Hardware Cost Name: Cat6 Cabling T20201008.0001 Cost Description: Install Cat6 Cabling for the Following</p> <p>(57) Single Data (3) Voice Data (4) WAP (4) CAMs (1) HDMI Cable (Converters Not Included)</p> <p>Provide/Install - Cat6 CMR - 1-Port Face Plates - 2 Port Face Plates - 1 Port Surface Mount Box - 50ft HDMI Cable - Brush Face Plates - J-hooks - Misc Materials</p> <p>* (2) Patch Panel (Customer Providing) * Rolling Rack (Customer Providing) * Patch Cords and Connecting Frame Provided/Completed by Customer</p> <p>**WAPS & CAMS to be terminated on surface mount w/ Jack box inside building ceiling. Customer responsible for drilling and installing</p>	1	12,670.00	12,670.00

We now offer convenient no fee automatic payment options. If you are interested in enrolling in Auto-Pay, please complete the attached credit card form and return to: accounting@digitalsouth.com.

DATE	ACTIVITY	QTY	RATE	AMOUNT
10/08/2020	Camera/WAP. **Voice Jacks to be coiled up and labeled at Dmarc/ITCloset. **Quote Includes, terminating testing and Labeling Trip Charge Cost Name: Trip Fee T20201008.0001 Cost Description:	1	55.00	55.00

Thank you for the opportunity to be of service.

BALANCE DUE

\$12,725.00