# Application Form

## *Introduction*

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

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?

No

### Future Programming*

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

Yes

### Project Name*

eMergU Expansion Project - Pinellas County

## EIN*

59-2976029

## 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.**

036538551

## Mission Statement*

To provide supportive services and advocacy for the well-being of children and their families.

## Total Operating Expenditure*

What are your total annual operating expenses?

$211,449.00

## 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.**

$101,552.85

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
Low-income families

## Guiding Principles*

One of the guiding principles of this fund is that it will apply a lens of equity to ensure the needs of specified priority populations are met.
**From the priority populations you have indicated above, please explain to what extent one or more these populations are involved in the creation, design, and impact of your organization (or this specific project).**

The priority population indicated for this program are low income families within the communities of color, many families reside in the most economically, and educationally disadvantaged areas known for its higher concentration of crime, where the majority of children attend title 1 schools and families have limited access to mental healthcare. Communities of color have been long recognized for racial disparities and prevalence of certain chronic health conditions that are believed to aggravate the symptoms of COVID-19. Our programs engage LINK's community advisory board and feedback from program recipients. The families we serve are embedded within the fabric of the organization and therefore impact our organization, we work with our residents which involves bringing together the skills and resources to collectively identify stressors and protective factors to implement ways to promote better health.

## Length of time operating program/project*

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

We have been providing support services to Pinellas residents for over 5 years through our school readiness programs. The impact of COVID-19 stopped services. eMergU began in April 2020 in Hillsborough, our goal is to continue serving Pinellas.

## Service Area*

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

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

## Impact on Organization*

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

Due to mobility restrictions mandated by government "Safer at Home" orders back in the 1st quarter of 2020, Project LINK experienced a lower capacity to operate and experienced a sufficient decrease in service deliverables in areas of in-office client visits for case management, hosting in-person services for wellness workshops, person to person soft training skills, and halted our truancy diversion services that targets students struggling with school attendance. The impact completely reduced our ability to do in-home and at-school visitation helping children and parents facilitate life challenges and new catastrophes brought on by the COVID-19 pandemic. We learned quickly that we had to shift our programming to meet needs of new challenges from improving our clients' health and quality of life to simply just helping them survive by utilizing platforms and technologies. We also had to begin relying on new sources of funding and donations, to maintain our operating cost, while simultaneously addressing the concern for our staff and volunteer's health, safety, and financial stability. Our volunteer program has been temporarily suspended due to the COVID-19 pandemic. For volunteers and families with critically ill members, we can no longer go into homes and 'shelter in place' units. The guidelines from the CDC and our local officials, has nearly changed every way we now operate.

# *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 EZ 2018-2019 PLINK.pdf

## Board-Approved Budget*

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

approved 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.

PL AUDIT SEPT2019.pdf

Project LINK's operating year is from October - September. The audit with the accompanying financial statements of the PROJECT LINK, INC (Local Impact on Neighborhood Kids) D/B/A Project LINK, Inc. (a Florida not-for-profit), which comprise the statement of financial position as of September 30, 2019, and the related statements of activities, cash flows, and functional expenses for the year then ended, and the related notes to the financial statements is attached. The audit was conducted on March 17, 2020.

## 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.**

MGMT AUDIT LETTER.pdf

A copy of the independent audit management report is 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.

Awards Letters.pdf

Project LINK is applying for funding to expand our COVID-19 services and response in Pinellas County, Florida. Project LINK received a $15,000 award in May 2020 from the Pinellas Community Foundation's Tampa Bay Resiliency Fund to serve families that reside in Hillsborough county, Florida that have children in pre-K through high school levels, attending a Hillsborough County Public or Charter School, including private schools and/or home-schooled children that have been impacted by COVID-19. The eMergU program also received an award of $73,000 through the Community Foundation of Tampa Nonprofit Needs Request to support our contracted license mental health professional fees and platform benefits to service Hillsborough County families facing COVID-19 related concerns. This application request to extend COVID-19 related services and programs to Pinellas County residents. The award letters are attached.

# *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.**

This pandemic is pointing out the need of services in communities of color especially minority children that have a higher risk of becoming ill with COVID-19, and who are coping with social and economic factors. Children are not the face of this pandemic. But they risk being among its biggest victims, communities of color have been disproportionately affected by COVID-19. For most children, home represents a source of security and safety. But for communities of color, the opposite is tragically the case. Children often witnessing domestic violence, as detailed in the briefing on the impact of COVID-19. Such acts of violence are more likely to occur while families are confined at home and experiencing intense stress. We will contract 15 independent licensed therapists to provide virtual COVID-19 mental health services including career assessments; solution-focused goals; parent support. The mental health counseling will be three sessions, via the EmergU telehealth platform. The platform offers users the ability to schedule live video chats, audio sessions, as well as messaging with a licensed therapist or social worker.. Users will complete an initial short intake with our Intake Coordinator. Based on information provided, the client will be connected to either a therapist, or a social worker. Prior to each session, we will provide clients with guidance on how to ensure the best teletherapy experience. Clients seeking counseling will have the ability to choose their location for teletherapy, whether it be at home, work, auto or in one of our approved location throughout Pinellas County. Goals will be continually assessed, and clients will play an active role in their therapeutic journey. We will utilize a partnering program called "Cope Notes", which is a preventative digital health intervention that uses daily text messages to improve mental and emotional health. The targeted zip codes include: 33709,33710,33711,33713, and 33714 | Clearwater – 33755 and 33756

## Communication/Outreach and Community Engagement Efforts*

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

We will target desired population via news media outlets, faith based organizations, print PSAs in community newsletters and magazines, radio PSAs, community forums, and the agency's website. Educational Poster and flyers regarding mental health wellness will be placed in neighborhood 'Mom & Pops', laundry mats, community centers, etc. The target population will also learn of eMergU Telehealth program via the online marketing of our 'Emerging Together Workshop Series via CitySpark event calendar service. Other marketing strategies will include blog discussion about mental wellness, appearances on community talk radio by eMergU's Licensed mental health advisor, and the utilization of local social influencers. Our main goal in this endeavor is to also motivate potential clients to access treatment.

## 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.***

In the event a hurricane-related emergency were to strike Pinellas County this year, eMergU will remain operational, due to its technology accessibility requirements - an internet service provider or cellular data network. Either may enable us to continue providing assisantance to those, who may be facing weather-related PTSD, loss of property, chronic stress, among many mental health challenges associated with Florida's inclement weather.

Assuming there is electrical power or cellular access, we will solicit and recruit independent licensed therapist located out of the disaster areas, to provide virtual counseling sessions via the eMergU platform. If feasible, we will advocate for all our LPO's to open it doors for access to their 'eMergU Connect' room, which will provide an alternative solution to continue sessions with a therapist or to attract new applicants seeking mental health counseling or other support services provided by Project LINK and its community care network.

## 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.**

PL INSURANCE.pdf
Agency Insurance policy 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-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.

Project LINK Budget-Narrative-CARES1.pdf

## Capital Requests

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

Please upload in PDF format.

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

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

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

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

Yes

# *Logistical Partner Organizations (LPOs)*

## LPO List*

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

LPO List.pdf

The LPO will serve as a safety net location for residents seeking counseling. This comprehensive strategy to enhance the delivery of patient care offers alignment and strengthen the provision of mental health throughout our region. We have begun identifying LPO's that consist of faith-based organizations, neighborhood community centers, and non-profit organizations who has facilities that can offer a private space with minimal modifications to meet the criteria of an 'eMergU CONNECT' room. We will provide a detailed directory listing each LPO, location, phone number, zip code region, and point of contact prior to start of contract. The attached list is our preliminary findings.

## Role in Programming*

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

The role of our LPOs are to host "eMergU CONNECT" space to provide Pinellas county residents who do not have access to a personal computer or smart phone with internet service to participate in scheduled 45 minute virtual counseling sessions for up to 3 or more sessions, in a designated area within their facility. The program will offer up to 100 Community residents with scheduled virtual sessions for adults, teens, and/or couples seeking virtual mental health counseling over the next 3 months, due to impacts of COVID-19.

This designated area, also referred to as an 'eMergU CONNECT' space, which includes an enclosed safe haven or mind free zone - relaxation room, with a desktop or laptop, TV monitor, or video screen with high-quality video resolution, sound, and high speed internet, to conduct private online videoconferencing. Every eMergU Connect' space will include adequate lighting, uncluttered backgrounds, PPE for all clients and staff; in addition to following guidelines set by the Center for Disease and Control.

Our LPO's faith-based organizations will also provide spiritual guidance and support services they are already providing to their members and non-member residents seeking additional support services.

We will provide each LPO with essentials such as sanitizing wipes and cleaning solutions, face coverings, computer or external web cam rentals (if necessary), appointment book, water, coffee, etc. eMergU staff will assist in scheduling clients for virtual counseling at each LPO location, while each LPO will ensure their 'eMergU Connect' space is available, clean, and technology is operative. These spaces are natural settings and are ideal locations to reach children and adolescents with mental health, developmental, and behavioral issues. Other natural or innovative settings not usually considered for mental health services can reach at-risk, reluctant, and needy adults, such as women in shelters.

# *Behavioral Health*

This grant will require weekly reporting on the following measures:

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

This grant will require monthly reporting on the following measures:

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

## Affirmation of Reporting*

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

Yes

## Measurement - Behavioral Health*

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

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

To thoroughly understand the effectiveness of the EmergU Telehealth program, we will provide clients with the Symptom Checklist-90-R which is a relatively brief self-report psychometric instrument with self-reporting and performance-based tools to measure their quality of care outcomes, mental health progress, and satisfaction of the EmergU platform. Our main robust measure of progress is to validate clients overall mental health to determine if there is any progress of reduced symptoms of anxiety and depression. The instrument that will be used when mental health counseling is needed will be the Beck Depression Inventory (BDI), which measures characteristic attitudes & symptoms of depression. Our team of licensed mental health counselors and certified peer specialists will distribute this instrument and provide effective psychotherapy services to assist individuals with a variety of COVID-19 related concerns. A Likert scale per/post session will be utilized within the care plan.

## Methodology*

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

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

We will define and document a monthly progress rate for the Monthly Factor Score (MFS) determined by the accumulation of results. The MFS will range from 1 (low stress symptoms) to 7 (high stress clients) from the Symptom Checklist-90-R measuring quantitative and qualitative data utilizing electronic survey tool

(Beck Depression Inventory scores), treatment plans, individualized goals, and qualitative interviews with each client. The BDI outcome scales and checklists tracks therapy progress, primary symptom dimensions.. These measures range from brief rating scales completed by a client to more comprehensive measures incorporating both client and therapist perspective at various intervals throughout treatment. The BDI-II, the most recent version, is based on the diagnostic criteria for a major depressive episode in the DSM-V. The DSM (Diagnostical Statistical Manual for Mental Disorders) is the gold standard for clinicians seeking to diagnose mental illness. Our clients who decrease their MFS will be considered to have a positive Monthly Progress rates. Our agency goal is to achieve 70% of client base to report a positive Monthly Progress rate every 30 days, demonstrating progress toward reducing client behavioral health.

## 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.

100

## Estimated Percentage of Progress - Grant Period*

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

70

## 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**.

80

## 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.

70

## November Projections - Number Served - Behavioral Health*

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

100

## 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.

30

## December Projections - Number Served - Behavioral Health*

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

100

## December Projections - Progress Rate - Behavioral Health*

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

70

# *Funder Involvement*

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

Allegany Franciscan Ministries
Foundation for a Healthy St. Petersburg
Pinellas Community Foundation
Tampa Bay Resiliency Fund
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:

N/A

## 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.**

Tina Young

# File Attachment Summary

## *Applicant File Uploads*

- 990 EZ 2018-2019 PLINK.pdf
- approved budget.pdf
- PL AUDIT SEPT2019.pdf
- MGMT AUDIT LETTER.pdf
- Awards Letters.pdf
- PL INSURANCE.pdf
- CARES-Partnership-Fund-Budget-Summary-Grant.pdf
- Project LINK Budget-Narrative-CARES1.pdf
- LPO List.pdf

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

# Short Form
# Return of Organization Exempt From Income Tax

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

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

▶ Go to *www.irs.gov/Form990EZ* for instructions and the latest information.

OMB No. 1545-1150

**2018**

**Open to Public Inspection**

**A** For the 2018 calendar year, or tax year beginning 10/1, 2018, and ending 09/30, 20 19

**B** Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

**C** Name of organization: Project LINK, Inc

Number and street (or P.O. box, if mail is not delivered to street address): 1315 W. Spruce Street | Room/suite

City or town, state or province, country, and ZIP or foreign postal code: Tampa, Fl 33607

**D** Employer identification number: 59-2976029

**E** Telephone number: 813-276-5671

**F** Group Exemption Number ▶

**G** Accounting Method: ☑ Cash ☐ Accrual Other (specify) ▶

**H** Check ▶ ☐ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**I** Website: ▶ www.project-link.org

**J** Tax-exempt status (check only one) – ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

**K** Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other

**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, column (B)) are $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 198,772

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I ☑

| | | | | | |
|---|---|---|---|---|---|
| Revenue | 1 | Contributions, gifts, grants, and similar amounts received | | 1 | 137,072 |
| | 2 | Program service revenue including government fees and contracts | | 2 | 60,000 |
| | 3 | Membership dues and assessments | | 3 | 0 |
| | 4 | Investment income | | 4 | 0 |
| | 5a | Gross amount from sale of assets other than inventory | 5a 0 | | |
| | b | Less: cost or other basis and sales expenses | 5b 0 | | |
| | c | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | | 5c | 0 |
| | 6 | Gaming and fundraising events: | | | |
| | a | Gross income from gaming (attach Schedule G if greater than $15,000) | 6a 1,300 | | |
| | b | Gross income from fundraising events (not including $ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000) | 6b 800 | | |
| | c | Less: direct expenses from gaming and fundraising events | 6c 400 | | |
| | d | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | | 6d | 1,700 |
| | 7a | Gross sales of inventory, less returns and allowances | 7a 0 | | |
| | b | Less: cost of goods sold | 7b 0 | | |
| | c | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | | 7c | 0 |
| | 8 | Other revenue (describe in Schedule O) | | 8 | 0 |
| | 9 | **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶ | | 9 | 198,772 |
| Expenses | 10 | Grants and similar amounts paid (list in Schedule O) | | 10 | 4,000 |
| | 11 | Benefits paid to or for members | | 11 | 5,700 |
| | 12 | Salaries, other compensation, and employee benefits | | 12 | 61,000 |
| | 13 | Professional fees and other payments to independent contractors | | 13 | 21,000 |
| | 14 | Occupancy, rent, utilities, and maintenance | | 14 | 2,500 |
| | 15 | Printing, publications, postage, and shipping | | 15 | 1,300 |
| | 16 | Other expenses (describe in Schedule O) | | 16 | 0 |
| | 17 | **Total expenses.** Add lines 10 through 16 ▶ | | 17 | 95,500 |
| Net Assets | 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) | | 18 | 103,272 |
| | 19 | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | | 19 | 13,017 |
| | 20 | Other changes in net assets or fund balances (explain in Schedule O) | | 20 | 0 |
| | 21 | Net assets or fund balances at end of year. Combine lines 18 through 20 ▶ | | 21 | 116,289 |

**For Paperwork Reduction Act Notice, see the separate instructions.**

Cat. No. 10642I Form **990-EZ** (2018)

**Part II** **Balance Sheets** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II . . . . . ☑

| | | (A) Beginning of year | | (B) End of year |
|---|---|---|---|---|
| 22 | Cash, savings, and investments | 13,017 | 22 | 116,289 |
| 23 | Land and buildings | 0 | 23 | 0 |
| 24 | Other assets (describe in Schedule O) | 0 | 24 | 0 |
| 25 | **Total assets** | 13,017 | 25 | 116,289 |
| 26 | **Total liabilities** (describe in Schedule O) | 0 | 26 | 14,741 |
| 27 | **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21) | 13,017 | 27 | 116,289 |

**Part III** **Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III . . ☐

What is the organization's primary exempt purpose? **support services and advocacy children & families**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**Expenses** (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

| | | | |
|---|---|---|---|
| 28 | **Just Strive Program - Parent sustainability training and workshops for low-income families. Parent coaching & mentoring for families in Hillsborough. Program services 90 families**<br>(Grants $ 15,000) If this amount includes foreign grants, check here ▶ ☐ | 28a | 15,000 |
| 29 | **Y.A.M.S Program - Truancy Diversion program for identified k-12th grade students in Hillsborough County Program services 50 students with attendance concerns**<br>(Grants $ 20,500) If this amount includes foreign grants, check here ▶ ☐ | 29a | 20,500 |
| 30 | **Back To School Health Clinics - School Readiness program; provides access for unsured, under-insured and medicaid families with school entry physicals, immunizations and school supplies along with parent training**<br>(Grants $ 60,000) If this amount includes foreign grants, check here ▶ ☐ | 30a | 60,000 |
| 31 | Other program services (describe in Schedule O)<br>(Grants $ ) If this amount includes foreign grants, check here ▶ ☐ | 31a | 0 |
| 32 | **Total program service expenses** (add lines 28a through 31a) ▶ | 32 | 95,500 |

**Part IV** **List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV . . . . . ☐

| (a) Name and title | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|---|---|---|---|---|
| **Charles Martin**<br>**Board Chair** | 3 | 0 | 0 | 0 |
| **Jason Robinson**<br>**Vice Chair** | 3 | 0 | 0 | 0 |
| **Daniel Westbrook**<br>**Treasurer** | 8 | 0 | 0 | 0 |
| **Raymond Leviston**<br>**Secretary** | 4 | 0 | 0 | 0 |
| **Tina Young**<br>**Executive Director** | 10 | 0 | 0 | 0 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

**Part V** **Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V . ☐

| | | | Yes | No |
|---|---|---|---|---|
| 33 | Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O | 33 | | ✓ |
| 34 | Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions | 34 | | ✓ |
| 35a | Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? | 35a | | ✓ |
| b | If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O | 35b | | |
| c | Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III | 35c | | ✓ |
| 36 | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N | 36 | | ✓ |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a | | | |
| b | Did the organization file **Form 1120-POL** for this year? | 37b | | ✓ |
| 38a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? | 38a | | ✓ |
| b | If "Yes," complete Schedule L, Part II and enter the total amount involved 38b | | | |
| 39 | Section 501(c)(7) organizations. Enter: | | | |
| a | Initiation fees and capital contributions included on line 9 39a | | | |
| b | Gross receipts, included on line 9, for public use of club facilities 39b | | | |
| 40a | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____ | | | |
| b | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 40b | | ✓ |
| c | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____ | | | |
| d | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ _____ | | | |
| e | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T | 40e | | ✓ |

41 List the states with which a copy of this return is filed ▶ _____

42a The organization's books are in care of ▶ _____ Telephone no. ▶ _____

Located at ▶ _____ ZIP + 4 ▶ _____

| | | | Yes | No |
|---|---|---|---|---|
| b | At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | 42b | | ✓ |
| c | At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ▶ _____ | 42c | | ✓ |

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here . . . . . ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ 43

| | | | Yes | No |
|---|---|---|---|---|
| 44a | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | 44a | | ✓ |
| b | Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | 44b | | ✓ |
| c | Did the organization receive any payments for indoor tanning services during the year? | 44c | | ✓ |
| d | If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 44d | | |
| 45a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 45a | | ✓ |
| b | 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions | 45b | | ✓ |

| | | | Yes | No |
|---|---|---|---|---|
| 46 | Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 46 | | ✓ |

**Part VI** **Section 501(c)(3) Organizations Only**

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

| | | | Yes | No |
|---|---|---|---|---|
| 47 | Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | 47 | | ✓ |
| 48 | Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 48 | | ✓ |
| 49a | Did the organization make any transfers to an exempt non-charitable related organization? | 49a | | ✓ |
| b | If "Yes," was the related organization a section 527 organization? | 49b | | |

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

| (a) Name and title of each employee | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|---|---|---|---|---|
| Cynthia Smith<br>Administrative Support | 15 | 16,000 | 0 | 16,000 |
| Noel Johnson<br>Program Manager | 20 | 18,000 | 0 | 18,000 |
| Tina Young<br>Executive Director | 25 | 27,000 | 0 | 27,000 |
| | | | | |
| | | | | |

f Total number of other employees paid over $100,000 ▶ 0

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

| (a) Name and business address of each independent contractor | (b) Type of service | (c) Compensation |
|---|---|---|
| None | | |
| | | |
| | | |
| | | |
| | | |

d Total number of other independent contractors each receiving over $100,000 ▶

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A ▶ ☑ Yes ☐ No

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 — Date

▶ Daniel Westbrook, Treasurer — January 18, 2020

Type or print name and title

**Paid Preparer Use Only**

| Print/Type preparer's name | Preparer's signature | Date | Check ☐ if self-employed | PTIN |
|---|---|---|---|---|
| | | | | |

Firm's name ▶ — Firm's EIN ▶

Firm's address ▶ — Phone no.

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☐ Yes ☐ No

Part I

Line 10 - $4,000 amounts paid reflect scholarships to seniors entering Colleges and/or Universities. 4 Hillsborough County students received $1,000 Mary E. Bryant Education Scholarship awards.

Part II

Line 26 - Total Liabilities $14,742 amount reflects deferred committed contributions from Hillsborough County special events vendor reimburements.

Part III

Primary Exempt purposes- Project LINK Inc is a community-based organization promoting academic achievement, advocating for equity education for all children, expanding access to health related service providers for low-income families, and improving the quality of life for disadvantaged families via targeted case management that focus on self- sufficiency for parents at risk of homelessness that reside in the Tampa Bay region. Our mission is to provide supportive services and advocacy for children and their families.

**Project LINK, Inc**
**Fiscal Year 2019-2020 Organizational Operating Budget**
**Board of Trustees Meeting - Tuesday, July 14, 2020**

| | |
|---|---|
| **Expenses** | |
| Payroll & Benefits | $75,000 |
| Contract Services | $80,000 |
| Professional Fees -- Bookkeeping, Audit, & Legal | 3,500 |
| Printing and Reproduction | 5,500 |
| Travel/Mileage Reimbursement | 1,200 |
| Insurance (liability, directors & officers) | 2,100 |
| Supplies (office & field) | 10,000 |
| Advertising & Marketing | 6,000 |
| Bank Fees & Payroll Processing Fees | 2,000 |
| Postage | 1,000 |
| Interest Expense | 500 |
| Equipment and Software | 8,000 |
| Internet Access & Web Page Design | 2,600 |
| Professional Development | 1,200 |
| Dues, Fees, & Memberships | 1,800 |
| Meals and Lodging | 500 |
| **Total Expenses** | **$200,900** |
| | |
| **Revenue** | |
| Individual Contributions (memberships, annual appeal, targeted gifts) | $250 |
| Corporate Contributions | 27,000 |
| Foundation Grants | 99,200 |
| Government Grants | 69,999 |
| Contracted Services (workshops,tutorial sessions, etc) | 12,000 |
| Events (Spring Banquet, Dr. Martin Luther King program, etc) | 3,000 |
| Fundraiser (Shoe drive, golf tournments,etc) | |
| **Total Revenue** | **$211,449** |

_____**Board Approved** 7/14/20
_____**Approved w/Adjustments**

# Project LINK, Inc

| Total amount requested: Oct 2019-Sept 2020 | $211,449.00 | | |
|---|---|---|---|
| **Corporate Sponsor Name/Donor Name** | **Requested amount** | **Collected amount** | **Difference** |
| Florida Blue | $15,000.00 | $15,000.00 | $0.00 |
| Hillsborough County Health & Social Services | $69,999.00 | $69,999.00 | $0.00 |
| Kiwanis of Tampa Bay | $6,000.00 | $6,000.00 | $0.00 |
| Publix | $500.00 | $500.00 | $0.00 |
| Florida KidCare | $5,000.00 | $2,500.00 | ($2,500.00) |
| Humana | $5,000.00 | $5,000.00 | $0.00 |
| CDC of Tampa | $8,000.00 | $8,000.00 | $0.00 |
| Allegany Foundation | $1,200.00 | $1,200.00 | $0.00 |
| Tampa Housing Authority Job Plus -Y.A.M.S | $10,000.00 | $10,000.00 | $0.00 |
| Tampa Housing Authority - Village Link-up | $2,000.00 | $2,000.00 | $0.00 |
| Pinellas County Foundation -Tampa Bay Resiliency Award | $15,000.00 | $15,000.00 | $0.00 |
| Hillsborough Community College - MLK Project | $3,000.00 | $3,000.00 | $0.00 |
| Tinsley Family Foundation | $250.00 | $250.00 | $0.00 |
| Community Foundation of Tampa Bay - eMergU | $73,000.00 | $73,000.00 | $0.00 |
| | | | $0.00 |
| | | | $0.00 |
| | | | $0.00 |

| | | | |
|---|---|---|---|
| | | | $0.00 |
| | | | $0.00 |
| | | | $0.00 |
| | | | $0.00 |
| | | | $0.00 |
| | | | $0.00 |
| | | | $0.00 |
| | | | $0.00 |
| | | | $0.00 |
| | | | $0.00 |
| | **$213,949.00** | **$211,449.00** | **($2,500.00)** |

# Project LINK, Inc.
## AGENCY EXPENSES

Fiscal Year: Oct 2019 - Sept 2020
Agency: Project LINK, Inc.
Program: All Programs
Address: 1315 W. Spruce St Tampa Fl 33607

### OPERATION BUDGET

| | BUDGET CATEGORIES | Summer Health Clinics | EmergU | Y.A.M.S | Village Linkup | Seeds Folks | Jazz on the Lawn | Sneaker Drive |
|---|---|---|---|---|---|---|---|---|
| | | (A) | (B) | (C ) | (D) | (E) | (E) | (G) |
| | **Program Receivables** | 98,999.00 | 88,000.00 | 11,200.00 | 2,000.00 | 3,000.00 | 8,000.00 | 250.00 |
| | **Total:** | 98,999.00 | 88,000.00 | 11,200.00 | 2,000.00 | 3,000.00 | 8,000.00 | 250.00 |
| 1 | **Expenditures** | | | | | | | |
| | Personnel: | | | | | | | |
| | Executive Director | 21,000.00 | 8,000.00 | 1,000.00 | 1,000.00 | 0.00 | 0.00 | 0.00 |
| | Family Support Specialist | 10,000.00 | 14,000.00 | 5,000.00 | 0.00 | 1,000.00 | 0.00 | 0.00 |
| 2 | **Subtotal Salaries** | **$31,000.00** | **$22,000.00** | **$6,000.00** | **$1,000.00** | **$1,000.00** | **$0.00** | **$0.00** |
| 3 | **Fringe Benefits** | | | | | | | |
| | FICA | 4,743.00 | 3,366.00 | 1,713.60 | 153.00 | 153.00 | 0.00 | 0.00 |
| | Unemployment Compensation | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | Worker's Compensation | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | Health Insurance | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | Disability Insurance | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | Life Insurance | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | 0.00 | | | | | | |
| 4 | **Subtotal Fringe Benefits** | **$4,743.00** | **$3,366.00** | **$1,713.60** | **$153.00** | **$153.00** | **$0.00** | **$0.00** |
| 5 | **Contractual Services** | | | | | | | |
| | Audit | 1,500.00 | 1,000.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | Tech Support | 4,000.00 | 17,250.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | Accountant | 1,200.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | Counselors | 0.00 | 30,000.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | Evaluation Team | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | Workshop Instructor | 15,550.00 | 0.00 | 300.00 | 500.00 | 840.00 | 3,000.00 | 0.00 |
| 6 | **Subtotal Contractural Services** | **$22,250.00** | **$48,250.00** | **$300.00** | **$500.00** | **$840.00** | **$3,000.00** | **$0.00** |
| | Building Lease/Rent | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | Telephone | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | Insurance | 1,100.00 | 600.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | Equipment Lease/Rent | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | Utilities | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 7 | **Subtotal Occupancy Costs** | **$1,100.00** | **$600.00** | **$0.00** | **$0.00** | **$0.00** | **$0.00** | **$0.00** |
| 8 | **Equipment** | | | | | | | |
| | Computer/office equipment | 4,000.00 | 2,500.00 | 200.00 | 100.00 | 200.00 | $1,000.00 | $0.00 |
| | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | $0.00 | $0.00 |
| 9 | **Subtotal Equipment** | **$4,000.00** | **$2,500.00** | **$200.00** | **$100.00** | **$200.00** | **$1,000.00** | **$0.00** |
| 10 | **Travel** | | | | | | | |
| | Conference/Evaluation Travel | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | Local Mileage | 400.00 | 400.00 | 100.00 | 50.00 | 50.00 | 100.00 | 0.00 |
| | Staff Development Travel | 1,000.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | Activity Travel | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 11 | **Subtotal Travel** | **$1,400.00** | **$400.00** | **$100.00** | **$50.00** | **$50.00** | **$100.00** | **$0.00** |
| 12 | **Supplies** | | | | | | | |
| | Office Supplies | 800.00 | 1,100.00 | 1,000.00 | 0.00 | 500.00 | 1,000.00 | 0.00 |
| | Event Supplies | 1,500.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | Operating Supplies | 2,200.00 | 500.00 | 100.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | Workshop/conference Supplies | 1,100.00 | 0.00 | 300.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 13 | **Subtotal Supplies** | **$5,600.00** | **$1,600.00** | **$1,400.00** | **$0.00** | **$500.00** | **$1,000.00** | **$0.00** |
| 14 | **Other** | | | | | | | |
| | Parent Training | 9,000.00 | | | | | | 200.00 |
| | Family Bill Pay Support | | 6,400.00 | | | | | |
| | Postage | 600.00 | 100.00 | 140.00 | 20.00 | 20.00 | 100.00 | |
| | Repair & Maint/Equipment | 1,500.00 | | | | | | |
| | Printing & Copying | 2,800.00 | 1,200.00 | | | | 1,500.00 | |
| | Advertising | 4,200.00 | 800.00 | 300.00 | 100.00 | 100.00 | 500.00 | |
| | Parent Volunteer Stipend | 0.00 | | | | | | |
| | Transportation Vouchers | 0.00 | | | | | | |
| | Office Subscriptions-Internet/Web Design | 1,560.00 | 700.00 | 200.00 | | | 140.00 | |
| | Business Memberships | 300.00 | | | | | | |
| | Service Agreements | 0.00 | | | | | | |
| 15 | **Subtotal Other Operating Costs** | **$19,960.00** | **$9,200.00** | **$640.00** | **$120.00** | **$120.00** | **$2,240.00** | **$200.00** |
| 16 | **Total Direct Expenditures** | $30,960.00 | $13,700.00 | $2,340.00 | $270.00 | $870.00 | $4,340.00 | $200.00 |
| 17 | **Overhead/Indirect Cost** | $59,093.00 | $74,216.00 | $8,013.60 | $1,653.00 | $1,993.00 | $3,000.00 | $0.00 |
| 18 | **Total Operating Expenditures** | $90,053.00 | $87,916.00 | $10,353.60 | $1,923.00 | $2,863.00 | $7,340.00 | $200.00 |
| 19 | **Total Balance** | $8,946.00 | $84.00 | $846.40 | $77.00 | $137.00 | $660.00 | $50.00 |
| 20 | **Remaining Budget Total** | **$10,800.40** | | | | | | |

**PROJECT LINK, INC (Local Impact on Neighborhood Kids)**
**D/B/A Project LINK, Inc**
**AUDITED FINANCIAL STATEMENTS**
**WITH INDEPENDENT AUDITORS' REPORT**
**FOR THE YEAR ENDED SEPTEMBER 30, 2019**

**PROJECT LINK, INC (Local Impact on Neighborhood Kids)**
**D/B/A Project LINK, Inc**

## TABLE OF CONTENTS

**Year Ended September 30, 2019**


| | Page |
|---|---|
| Independent Auditor's Report | 3 |
| Basic Financial Statements: | |
| Statement of Financial Position | 7 |
| Statement of Activities | 8 |
| Statement of Functional Expenses | 9 |
| Statement of Cash Flows | 10 |
| Notes to Financial Statements | 11 |
| Independent Auditor's Management Report | 16 |

**STEPHEN M. HARTSOCK, CPA**
Hartsock & Mann, CPA
*Certified Public Accountants*
1311 E 2nd Street Sanford, FL 32771

March 17, 2020

# INDEPENDENT AUDITOR'S REPORT

Board of Trustees
Project LINK, Inc (Local Impact on Neighborhood Kids)
1315 W. Spruce Street
Tampa, Florida 33607

**Report on the Financial Statements**

We have audited the accompanying financial statements of the PROJECT LINK, INC (Local Impact on Neighborhood Kids) D/B/A Project LINK, Inc. (a Florida not-for-profit), which comprise the statement of financial position as of September 30, 2019, and the related statements of activities, cash flows, and functional expenses for the year then ended, and the related notes to the financial statements.

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

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of the 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 financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of Americ. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

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

of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

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

**Opinion**

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Project LINK, INC (Local Impact on Neighborhood Kids) d/b/a Project LINK, Inc (a Florida not-for-profit) as of September 30, 2019 and the changes in its net assets and its cash flows for the year then ended, in accordance with auditing principles generally accepted in the United States of America.

**Other Reporting Required by Government Auditing Standards**

In accordance with Government Auditing Standards, we have also issued our report dated March 17, 2020 on our consideration of Project LINK, INC (Local Impact on Neighborhood Kids) d/b/a Project LINK, Inc' internal control over financial reporting and compliance with certain provisions of laws, regulations, contracts, and grant agreements. 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 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 Project LINK, Inc.'s internal controls over financial reporting and compliance.

Respectfully submitted,

Stephen M Hartsock

STEPHEN M. HARTSOCK, CPA

March 17, 2020

**STEPHEN M. HARTSOCK, CPA**
Hartsock & Mann, CPA
*Certified Public Accountants*
1311 E 2nd Street Sanford, FL 32771

March 17, 2020

**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**

**PROJECT LINK, INC (Local Impact on Neighborhood Kids) D/B/A Project LINK, Inc**

Board of Trustees
Project LINK, Inc (Local Impact on Neighborhood Kids)
1315 W. Spruce Street
Tampa, Florida 33607

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in Government Auditing Standards issued by the State of Florida Auditor General, the financial statements of Project LINK, INC (Local Impact on Neighborhood Kids) d/b/a Project LINK, Inc (a Florida not-for-profit) which comprise the statement of financial position as of September 30, 2019, and the related statements of activities, and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon March 17, 2020.

**Internal Control Over Financial Reporting**

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

Respectfully submitted,

Stephen M Hartsock

STEPHEN M. HARTSOCK, CPA

March 17, 2020

**PROJECT LINK, INC (Local Impact on Neighborhood Kids)**
**D/B/A Project LINK, Inc**
**STATEMENT OF FINANCIAL POSITION**
**Year Ended September 30, 2019**

| | | |
|---|---|---|
| **ASSETS** | | |
| CURRENT ASSETS | | |
| Cash and Cash Equivalents | $ | 15,446 |
| Accounts Receivable | | 107,000 |
| Donated Assets and Services | | 23,000 |
| Fund Raising Revenues | | 1,200 |
| Total Current Assets | | 146,646 |
| PROPERTY AND EQUIPMENT | | |
| Total Property and Equipment | | 7,245 |
| Accumulated Depreciation | | (4,060) |
| Total Property and Equipment, Net | | 3,185 |
| Total Assets | $ | 149,831 |
| **LIABILITIES AND NET ASSETS** | | |
| CURRENT LIABILITIES | | |
| Accounts Payable | $ | 84,075 |
| Accrued Liabilities | | 600 |
| Accrued Expenses | | 29,100 |
| Total Current Liabilities | | 113,775 |
| NET ASSETS | | |
| Without donor restrictions | | 21,056 |
| With donor restrictions | | 15,000 |
| Total Net Assets | | 36,056 |
| Total Liabilities and Net Assets | $ | 149,831 |

The accompanying notes are an integral part of the financial statements.

**PROJECT LINK, INC (Local Impact on Neighborhood Kids)**
**D/B/A Project LINK, Inc**
**STATEMENT OF ACTIVITIES**
**Year Ended September 30, 2019**

| | Without Donor Restrictions | With Donor Restrictions | Total |
|---|---|---|---|
| **REVENUES AND GAINS** | | | |
| Public Support: | | | |
| Contributions | $ 31,500 | $ 97,775 | $ 129,275 |
| Proposals - Fund raising | 1,200 | - | 1,200 |
| Grants | - | 89,500 | 89,500 |
| Program Income: | | | |
| Auction | 6,946 | - | 6,946 |
| THA Trainings | 12,000 | - | 12,000 |
| Total Public Support | 51,646 | 187,275 | 238,921 |
| Net Assets Released from Restriction | 15,000 | (15,000) | - |
| Total Revenues and Support | 66,646 | 187,275 | 253,921 |
| **EXPENSES** | | | |
| Program Services | 189,348 | - | 189,348 |
| Total Program Services | 189,348 | - | 189,348 |
| Supporting Services: | | | |
| General and Administrative | 47,504 | - | 47,504 |
| Fund Raising | 1,150 | - | 1,150 |
| Total Supporting Services | 48,654 | - | 48,654 |
| Total Expenses | 238,002 | - | 238,002 |
| CHANGE IN NET ASSETS | 15,919 | (15,000) | 15,919 |
| NET ASSETS - Beginning of Year | 3,354 | 1,783 | 5,137 |
| NET ASSETS - End of Year | $19,273 | $ 1,783 | $ 21,056 |

The accompanying notes are an integral part of the financial statements

**PROJECT LINK, INC (Local Impact on Neighborhood Kids)**
**D/B/A Project LINK, Inc**
**STATEMENT OF FUNCTIONAL EXPENSES**
**Year Ended September 30, 2019**

| | Program Services | General and Administration | Fund Raising | Total |
|---|---|---|---|---|
| Salaries Expenses | $ 22,000 | $ - | $ - | $ 22,000 |
| Employee benefits | 2,000 | 7,100 | - | 7,100 |
| Accounting | 2,000 | - | - | 2,000 |
| Advertising | 3,800 | 1,900 | 315 | 6,015 |
| Office expenses | 2,610 | 220 | 400 | 3,230 |
| Occupancy | 84,275 | - | - | 84,275 |
| Contract Labor | 32,150 | 3,500 | - | 35,650 |
| Bank Service Charges | 218 | 40 | - | 258 |
| Back to School Supplies | 15,000 | - | - | 15,000 |
| Depreciation | 2,185 | 1,000 | - | 3,185 |
| Insurance | - | 960 | - | 960 |
| Parent Workshops | 19,000 | 24,850 | - | 43,850 |
| Postage and Delivery | - | 410 | 115 | 525 |
| Printing and Reproduction | 1,500 | 4,000 | 142 | 5,642 |
| Program Supplies | 4,200 | 2,963 | 178 | 7,341 |
| Miscellaneous | 410 | 561 | - | 971 |
| Total | $ 189,348 | $ 47,504 | $ 1,150 | $ 238,002 |

The accompanying notes are an integral part of the financial statements

**PROJECT LINK, INC (Local Impact on Neighborhood Kids)**
**D/B/A Project LINK, Inc**
**STATEMENT OF CASH FLOW**
**Year Ended September 30, 2019**

| | |
|---|---|
| CASH FLOWS FROM OPERATING ACTIVITIES: | |
| Change in Net Assets | $ 15,919 |
| Adjustments to Reconcile Net Assets to Net Cash Provided by Operating Activities: | |
| Depreciation | 4,060 |
| Changes in Assets and Liabilities: | |
| (Increase) Decrease in: | |
| Accounts Receivable | 17,146 |
| Inventory | 800 |
| Increase (Decrease) in: | |
| Accounts Payable | 17,577 |
| Accrued Liabilities | 25,600 |
| Net Cash Provided by Operating Activities | 81,102 |
| NET INCREASE (DECREASE) IN CASH AND CASH EQUIVALENTS | 8,546 |
| CASH AND CASH EQUIVALENTS, Beginning | 5,137 |
| CASH AND CASH EQUIVALENTS, Ending | $ 13,683 |
| Supplemental Information for Noncash Activities: | |
| In-Kind Contributions | 23,000 |
| In-Kind Expenses | (23,000) |
| Total | - |

The accompanying notes are an integral part of the financial statements

**PROJECT LINK, INC (Local Impact on Neighborhood Kids)**
**D/B/A Project LINK, Inc**
**NOTES TO FINANCIAL STATEMENTS**
**FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2019**

NOTE 1 -- PURPOSE AND ORGANIZATION

PROJECT LINK, INC (Local Impact on Neighborhood Kids) D/B/A Project LINK, Inc was organized as a Florida not-for-profit in 1989. The organization is dedicated to improving the quality of life for school-aged children and their families that reside in the Tampa Bay region. A partnering agency of Hillsborough County Public Schools that provides supportive services and advocacy for children and their families. Recognized by the U.S. Treasury Department as a charitable and educational organization under the section 501 (c)(3) code of 1954. The major sources of revenues are grants and contributions, programs, and special fundraising events.

The accompanying financial statements are summaries of the financial position, results of operations, net asset classifications and sources and applications of cash of Project LINK, Inc (Local Impact on Neighborhood Kids) D/B/A Project LINK.

NOTE 2 -- SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting - The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (GAAP).

Basis of Presentation - The financial statements of the Organization have been prepared in accordance with U.S. generally accepted accounting principles ("U.S. GAAP"), which require the Organization to report information regarding its financial position and activities according to the following net asset classifications:

Net Assets without donor restrictions – Net assets that are not subject to donor-imposed restrictions and may be expended for any purpose in performing the primary objectives of the Organization. These net assets may be used at the discretion of the Organization's management and Board of Trustees.

Net Assets with donor restrictions – Net assets subject to stipulations imposed by donors and grantors. Some donor restrictions are temporary in nature; those restrictions will be met by actions of the Organization

or by passage of time. Other donor restrictions are perpetual in nature, whereby the donor has stipulated the funds be maintained in perpetuity.

Cash and Cash equivalents – For the purposes of the Statement of Cash Flows, cash included certificates of deposit. Cash equivalents are carried at cost, which approximates fair value.

Grants/Contract Receivables - The Organization records grants receivable upon execution of the grant contract. The primary payment source for these receivables is from contributors and cost reimbursement contracts. The Organization records an allowance for uncollectable accounts receivable and adjusts the required provision based upon an evaluation of its historical experience and industry averages. As of September 30, 2019, the Organization concluded that no allowance for uncollectable accounts was required.

Use of Estimates – Management uses estimates and assumptions in preparing its financial statements in accordance with U.S. GAAP. Those estimates and assumptions affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities, and the reported revenues and expenses. Actual results could vary from the estimates that were used.

Property and Equipment - Property and equipment are stated at cost, if purchased, or at estimated fair value at the date of receipt if acquired by gift. Depreciation is calculated using the straight-line method over the estimated useful lives of the respective assets. Maintenance, repairs, and minor renewals are expensed as incurred. It is the policy of the Organization to maintain all property and equipment in good condition.

Contributions – Contributions received are recorded as without donor restrictions or with donor restrictions, depending on the existence or nature of any donor restrictions. Contributions that are restricted by the donor are reported as an increase in net assets without donor restrictions if the restriction expires in the reporting period in which the contribution is recognized.

All other donor restricted contributions are reported as an increase in net assets with donor restrictions, depending on the nature of the restriction. When a restriction expires, that is when a stipulated time restriction

ends or purpose restriction is accomplished, net assets with donor restrictions are reclassified to net assets without restrictions and reported in the Statement of Activities as Net assets released from restrictions.

Donated Goods and Services - Donated services that create or enhance nonfinancial assets or require specialized skills and are provided by individuals possessing those skills are to be recognized as support. The Organization reports these gifts as without donor restriction support, unless explicit donor stipulations specify how the donated assets must be used. During the year ended 2019, the Organization was supported by 14 volunteers serving in various capacities valued at $23,000 of contributed services meeting the requirements for recognition in the financial statements.

Advertising - The Organization expenses advertising and marketing costs as they incurred. These Advertising costs are expensed as incurred. These costs were $6,015 for the year ended September 30, 2019.

Income Taxes- The Organization is a non-profit corporation exempt from federal and state income taxes under Section (501)(c)(3) of the Internal Revenue Code and related state law, and classified by the Internal Revenue Service as other than a private foundation. Accordingly, the accompanying financial statements do not reflect a provision or liability for federal or state income taxes.

The Organization has determined that it does not have any material unrecognized tax benefits or obligations as of September 30, 2019. The Organization's tax filings for the year ending September 30, 2019 and thereafter remain subject to examination by the Internal Revenue Service.

Functional Allocation of Expenses - The expenses of providing the various programs and other activities have been summarized on a functional basis. Accordingly, certain costs have been allocated between the program services, management, and general and fundraising activities.

**PROJECT LINK, INC (Local Impact on Neighborhood Kids)**
**D/B/A Project LINK, Inc**
**NOTES TO FINANCIAL STATEMENTS**
**FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2019**

NOTE 3 -- PROPERTY AND EQUIPMENT

Property and equipment consist of the following at September 30, 2019:

Changes in general fixed assets are shown below:

| | | Amount |
|---|---|---|
| Furniture, Fixtures, and Equipment | $ | 5,195 |
| Computer and Computer Software | | 2,050 |
| Total | | 7,245 |
| Less Accumulated Depreciation | | (4,060) |
| Total | $ | 3,185 |

NOTE 4 – LIQUIDITY AND AVAILABILITY

Financial assets available for general expenditures, that is, without donor imposed or other restrictions limiting their use, within one year of the balance sheet date, comprise the following:

| | | |
|---|---|---|
| Cash | $ | 15,446 |
| Accounts receivable | | 107,000 |
| | $ | 122,446 |

The Organization structures its financial assets to be available as its general expenditures, liabilities, and other obligations come due.

**PROJECT LINK, INC (Local Impact on Neighborhood Kids)**
**D/B/A Project LINK, Inc**
**NOTES TO FINANCIAL STATEMENTS**
**FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2019**

NOTE 5 -- NET ASSETS

Net assets with donor restrictions represent contributions, grants, or contracts in which donor/grantor restrictions have been imposed or are applicable to periods subsequent to the date of the financial statements. Net assets with donor restrictions are generally not available for normal operations, unless specified in the donor agreements. Net assets with donor restrictions, based on purpose, consisted of the following as of September 30, 2019.

| Grantor | Amount |
|---|---|
| Hillsborough County Public Schools | $ 84,275 |
| Hillsborough County Health & Social Services | 70,000 |
| CDC of Tampa, Inc | 19,500 |
| Kiwanis Club of Tampa Bay | 6,000 |
| Allegany Franciscan Ministries | 5,000 |
| Humana Foundation | 2,500 |
| Total | $ 187,275 |

NOTE 6 --IN-KIND CONTRIBUTIONS

The Organization recorded donated in-kind contribution of facilities from Hillsborough County Public Services of $84,275 and a corresponding in-kind expense of $23,000 in the year-ended September 30, 2019.

NOTE 7 –COMMUNITY FUNDRAISING ACTIVITIES

The Organization community fundraising activities for the 2019 year consist of the following:

| Revenue | |
|---|---|
| Sneaker Drive | $1,200 |
| Auction | 6,946 |
| | $8,146 |

*****

STEPHEN M. HARTSOCK, CPA
Hartsock & Mann, CPA
1311 E 2nd Street
Sanford, FL 32771

March 17, 2020

AUDITOR'S MANAGEMENT REPORT

We have recently completed our audit of Project LINK, Inc.'s internal control which we conducted in accordance with Government Auditing Standards. Those standards require that we plan and perform the audit to obtain reasonable assurance that the annual financial statements are free of material misstatements but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit is conducted to enable us to form and express an opinion on the financial statements that have been prepared by management with the oversight of the Board of Trustees. The audit of the financial statements does not relieve management or the Board of Trustees of their responsibilities.

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 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 the 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.

We would like to thank the Board of Trustees and staff of Project LINK, Inc for their assistance and co-operation during the audit.

Respectfully submitted,

Stephen M Hartsock

Stephen M. Hartsock, CPA
March 17, 2020

**Pinellas Community Foundation**

**Pinellas CARES Nonprofit Partnership Fund Grant Application**

Organization Name: ABC Charity, Inc.

Project Name: Feeding the Children

FROM (date): 09/01/2020 TO (date): 12/30/2020

| Budget Category/Line Item | Organizational Budget - Total | Pinellas CARES Grant |
|---|---|---|
| Personnel *(salaries, wages, benefits, payroll taxes, time allocation on the project for all personnel involved in program)* | $125,000 | $8,000 |
| Equipment *(computers, furniture, etc., less than $3,000 per item)* | $2,000 | $750 |
| Supplies *(office materials, program related purchases, program necessities to deliver services, etc.)* | $55,500 | $36,000 |
| Occupancy (property rent, mortgage, utilities, telephone, internet, etc. assigned as program expenses) | $10,000 | $0 |
| Local Travel (mileage, tolls, parking for regular local travel, rental/leasing cost of transportation) | $40,000 | $24,000 |
| Training *(staff development, conferences, long distance travel)* | $5,000 | $0 |
| Design, Printing, Marketing & Postage (for direct program related services only) | $12,000 | $0 |
| Capital *(Buildings, vehicles, equipment $3,000 or more per item. The purchase of capital must represent the lower cost option for the period during which the purchased asset would be used for COVID-response activities)* | $75,000 | $0 |
| Purchased Services *(consultants, legal, accounting services, logistical partner costs, technology enhancements, computer software licensing/agreements)* | $15,000 | $120 |
| **TOTAL** | $339,500.00 | $68,870.00 |

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

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

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

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

Organization Name:
Project Name:
FROM *(month/year):* TO *(month/year):*

ALL DESCRIPTIONS BELOW SHOULD BE CLEAR AS TO HOW REQUESTED FUNDS BY AREA RELATE TO ADDITIONAL COSTS THAT WOULD NOT HAVE BEEN INCURRED OR PLANNED IF NOT FOR COVID-19

Personnel *(salaries, wages, benefits, payroll taxes, time allocation, and a brief description of the responsibilities on the project for all personnel involved in program)*
Define each position and indicate how the costs you are requesting expands your COVID-19-related programming and/or how it was unbudgeted as of 3/1/2020 or later. Be sure to include as much detail as possible for each position, e.g. rate per hour and number of hours for new position due to COVID-19 or increased hours as a result of COVID-19 (see example if needed).

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.

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.

Occupancy (property rent, mortgage, utilities, telephone, internet, etc. assigned as program expenses)
Define each occupancy-related item, the supplier of the service, how much it costs, the % which is appropriately allocated to this grant, and how the costs you are requesting expands your COVID-19-related programming.

Local Travel (mileage, tolls, parking for regular local travel, rental/leasing cost of transportation)
Define each travel item, the person who will be incurring the cost (for staff travel), the supplier of the services (for rental/leasing), and how the costs you are requesting expands your COVID-19-related programming.

Design, Printing, Marketing & Postage (for direct program related services only)
Define each item, the supplier of the services, the cost, and how the costs you are requesting expands your COVID-19-related programming.

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.

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.

STEPHEN M. HARTSOCK, CPA
Hartsock & Mann, CPA
1311 E 2nd Street
Sanford, FL 32771

March 17, 2020

AUDITOR'S MANAGEMENT REPORT

We have recently completed our audit of Project LINK, Inc.'s internal control which we conducted in accordance with Government Auditing Standards. Those standards require that we plan and perform the audit to obtain reasonable assurance that the annual financial statements are free of material misstatements but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit is conducted to enable us to form and express an opinion on the financial statements that have been prepared by management with the oversight of the Board of Trustees. The audit of the financial statements does not relieve management or the Board of Trustees of their responsibilities.

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 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 the 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.

We would like to thank the Board of Trustees and staff of Project LINK, Inc for their assistance and co-operation during the audit.

Respectfully submitted,

Stephen M Hartsock

Stephen M. Hartsock, CPA
March 17, 2020

PINELLAS Community Foundation

*Giving Humanity a Hand*

TAMPA BAY RESILIENCY FUND

May 8, 2020

Project LINK, Inc
1315 W Spruce Street
Just Full Service Center
Tampa, FL 33607-3510

RE: Tampa Bay Resiliency Fund

Dear Project LINK, Inc,

Pinellas Community Foundation is pleased to provide a grant to your organization via ACH payment on behalf of the Tampa Bay Resiliency Fund in the amount of $15,000.00 for the project referenced in your online award agreement.

Accepting payment indicates your organization is willing to adhere to the grant guidelines which were included in your project application – including recognition of the support this fund provides and the reporting required by this grant.

We are excited to support the important work of your organization through the generosity of the Tampa Bay Resiliency Fund.

Sincerely,

Duggan Cooley
CEO

COMMUNITY FOUNDATION OF TAMPA BAY

BOARD OF TRUSTEES

**Officers**
*Robert H. Mohr, Chair*
*Edward F. Koren, Treasurer*
*Susanna Fenhagen, Secretary*
*Betty Castor, Past Chair*
*Donna L. Longhouse, Past Chair*
*Marlene M. Spalten, President and CEO*

**Trustees**
*Miles S. Capron*
*Ronald L. Ciganek*
*Richard J. Dobkin*
*Patricia Douglas*
*Laurence R. Fasan*
*Bill Fries*
*Damon C. Glisson*
*Seton T. Hengesbach*
*Oscar J. Horton*
*Lyda T. Lindell*
*Richard J. Rios*
*Mark D. Sena*
*Linda O. Simmons*
*Juel S. Smith*
*James R. Stanger*
*Mike M. Starkey*
*Sue S. Williams*

LEADERSHIP COUNCIL

*Gail Whiting, Co-Chair*
*Cecelia D. Ferman, Co-Chair*
*George J. Baxter, President Emeritus*
*Monroe Berkman*
*G. Robert Blanchard, Sr.*
*Phillip E. Casey*
*Betty Castor*
*Richard J. Dobkin*
*Patricia Douglas*
*David J. Fischer*
*Frederick E. Fisher*
*Joseph Garcia*
*Linda C. Hanna*
*Gerald F. Hogan*
*Donna L. Longhouse*
*Gene E. Marshall*
*Frank Morsani*
*Frank J. Rief, III*
*Barbara Romano*
*Gregory A. Rosica*
*Geoff Simon*
*Alex Sink*
*Martin B. Solomon*
*Bill Starkey*
*James B. Strenski*
*Jerry L. Williams*

LEGACY SOCIETY

*William Zewadski, Chair*

LEGAL COUNSEL

*Allen Dell, P.A.*
*Frank J. "Sandy" Rief III*

AUDITOR

*Rivero, Gordimer & Company*

June 24, 2020

Tina Young
Project LINK, Inc
JUST Full Service Center Bldg., 1315 W. Spruce Street
Tampa, FL 33607

Dear Tina,

Congratulations! The Community Foundation of Tampa Bay is pleased to inform you that Project LINK, Inc has been selected to receive a grant in the amount of $18,000.00 for the ProBono License Mental Health Professionals program as outlined in your Nonprofit Needs Request Form.

Please visit https://cftampabay.org/nonprofitneedslist/ and search for your request to view the current amount funded and amount of your original request that remains to be funded.

By accepting this grant, you agree to 1) publicly promote your partnership with the Community Foundation, 2) highlight the program's progress, and 3) report significant outcomes through a final report. You will receive an electronic reminder 30 days prior to your final report due date with more detailed instructions.

For your convenience, we have created an online promotional checklist of helpful tools and suggestions for publicizing your grant on your website, in your publications and on social media platforms. You may find it here: http://cftampabay.org/nonprofits/grantstoolkit/ .

Thank you for all your help in building a better community in Tampa Bay.

We look forward to working with you during the coming year.

Sincerely,

Jesse Coraggio, PhD
Vice President, Community Impact

COMMUNITY ACCREDITED FOUNDATION
Excellence. Accountability. Impact.™

4300 W. Cypress St., Suite 700, Tampa, FL 33607 *p:* 813.282.1975 *w:* CFTampaBay.org
SERVING HILLSBOROUGH, PINELLAS, PASCO, HERNANDO AND CITRUS COUNTIES

COMMUNITY FOUNDATION OF TAMPA BAY

BOARD OF TRUSTEES

**Officers**
*Robert H. Mohr, Chair*
*Edward F. Koren, Treasurer*
*Susanna Fenhagen, Secretary*
*Betty Castor, Past Chair*
*Donna L. Longhouse, Past Chair*
*Marlene M. Spalten, President and CEO*

**Trustees**
*Miles S. Capron*
*Ronald L. Ciganek*
*Richard J. Dobkin*
*Patricia Douglas*
*Laurence R. Fasan*
*Bill Fries*
*Damon C. Glisson*
*Seton T. Hengesbach*
*Oscar J. Horton*
*Lyda T. Lindell*
*Richard J. Rios*
*Mark D. Sena*
*Linda O. Simmons*
*Juel S. Smith*
*James R. Stanger*
*Mike M. Starkey*
*Sue S. Williams*

LEADERSHIP COUNCIL

*Gail Whiting, Co-Chair*
*Cecelia D. Ferman, Co-Chair*
*George J. Baxter, President Emeritus*
*Monroe Berkman*
*G. Robert Blanchard, Sr.*
*Phillip E. Casey*
*Betty Castor*
*Richard J. Dobkin*
*Patricia Douglas*
*David J. Fischer*
*Frederick E. Fisher*
*Joseph Garcia*
*Linda C. Hanna*
*Gerald F. Hogan*
*Donna L. Longhouse*
*Gene E. Marshall*
*Frank Morsani*
*Frank J. Rief, III*
*Barbara Romano*
*Gregory A. Rosica*
*Geoff Simon*
*Alex Sink*
*Martin B. Solomon*
*Bill Starkey*
*James B. Strenski*
*Jerry L. Williams*

LEGACY SOCIETY

*William Zewadski, Chair*

LEGAL COUNSEL

*Allen Dell, P.A.*
*Frank J. "Sandy" Rief III*

AUDITOR

*Rivero, Gordimer & Company*

COMMUNITY ACCREDITED FOUNDATION

Excellence. Accountability. Impact.™

June 24, 2020

Tina Young
Project LINK, Inc
JUST Full Service Center Bldg., 1315 W. Spruce Street
Tampa, FL 33607

Dear Tina,

Congratulations! The Community Foundation of Tampa Bay is pleased to inform you that Project LINK, Inc has been selected to receive a grant in the amount of $55,000.00 for the EmergU program as outlined in your Nonprofit Needs Request Form.

Please visit https://cftampabay.org/nonprofitneedslist/ and search for your request to view the current amount funded and amount of your original request that remains to be funded.

By accepting this grant, you agree to 1) publicly promote your partnership with the Community Foundation, 2) highlight the program's progress, and 3) report significant outcomes through a final report. You will receive an electronic reminder 30 days prior to your final report due date with more detailed instructions.

For your convenience, we have created an online promotional checklist of helpful tools and suggestions for publicizing your grant on your website, in your publications and on social media platforms. You may find it here: http://cftampabay.org/nonprofits/grantstoolkit/ .

Thank you for all your help in building a better community in Tampa Bay.

We look forward to working with you during the coming year.

Sincerely,

Jesse Coraggio, PhD
Vice President, Community Impact

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 05/22/2020

**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 | | |
|---|---|---|
| Hiscox Inc.<br>520 Madison Avenue<br>32nd Floor<br>New York, NY 10022 | CONTACT NAME: | |
| | PHONE (A/C, No, Ext): (888) 202-3007 | FAX (A/C, No): |
| | E-MAIL ADDRESS: contact@hiscox.com | |
| | INSURER(S) AFFORDING COVERAGE | NAIC # |
| | INSURER A : Hiscox Insurance Company Inc | 10200 |
| INSURED<br>Project LINK, Inc<br>1315 W. Spruce Street<br>Just Full Service Center<br>Tampa FL 33607 | INSURER B : | |
| | INSURER C : | |
| | INSURER D : | |
| | INSURER E : | |
| | INSURER F : | |

**COVERAGES** **CERTIFICATE NUMBER:** **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 | |
|---|---|---|---|---|---|---|---|---|
| | **COMMERCIAL GENERAL LIABILITY** | | | | | | EACH OCCURRENCE | $ |
| | CLAIMS-MADE / OCCUR | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | $ |
| | | | | | | | MED EXP (Any one person) | $ |
| | | | | | | | PERSONAL & ADV INJURY | $ |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREGATE | $ |
| | POLICY / PRO-JECT / LOC | | | | | | PRODUCTS - COMP/OP AGG | $ |
| | OTHER: | | | | | | | $ |
| | **AUTOMOBILE LIABILITY** | | | | | | COMBINED SINGLE LIMIT (Ea accident) | $ |
| | ANY AUTO | | | | | | BODILY INJURY (Per person) | $ |
| | OWNED AUTOS ONLY / SCHEDULED AUTOS | | | | | | BODILY INJURY (Per accident) | $ |
| | HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY | | | | | | PROPERTY DAMAGE (Per accident) | $ |
| | | | | | | | | $ |
| | **UMBRELLA LIAB** / OCCUR | | | | | | EACH OCCURRENCE | $ |
| | **EXCESS LIAB** / CLAIMS-MADE | | | | | | AGGREGATE | $ |
| | DED / RETENTION $ | | | | | | | $ |
| | **WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** Y / N | | | | | | PER STATUTE / OTH-ER | |
| | ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below | N / A | | | | | E.L. EACH ACCIDENT | $ |
| | | | | | | | E.L. DISEASE - EA EMPLOYEE | $ |
| | | | | | | | E.L. DISEASE - POLICY LIMIT | $ |
| A | Professional Liability | | | UDC-1543203-EO-20 | 02/12/2020 | 02/12/2021 | Each Claim:<br>Aggregate: | $ 1,000,000<br>$ 1,000,000 |

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

**CERTIFICATE HOLDER**

**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**

**© 1988-2015 ACORD CORPORATION. All rights reserved.**



**The ACORD name and logo are registered marks of ACORD**

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 05/22/2020

**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 | | |
|---|---|---|
| Hiscox Inc.<br>520 Madison Avenue<br>32nd Floor<br>New York, NY 10022 | CONTACT NAME: | |
| | PHONE (A/C, No, Ext): (888) 202-3007 | FAX (A/C, No): |
| | E-MAIL ADDRESS: contact@hiscox.com | |
| | INSURER(S) AFFORDING COVERAGE | NAIC # |
| | INSURER A : Hiscox Insurance Company Inc | 10200 |
| INSURED<br>Project LINK, Inc<br>1315 W. Spruce Street<br>Just Full Service Center<br>Tampa FL 33607 | INSURER B : | |
| | INSURER C : | |
| | INSURER D : | |
| | INSURER E : | |
| | INSURER F : | |

**COVERAGES** **CERTIFICATE NUMBER:** **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 | |
|---|---|---|---|---|---|---|---|---|
| A | X COMMERCIAL GENERAL LIABILITY<br>CLAIMS-MADE X OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br>X POLICY PRO-JECT LOC<br>OTHER: | | | UDC-1543203-CGL-20 | 02/12/2020 | 02/12/2021 | EACH OCCURRENCE | $ 1,000,000 |
| | | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | $ 100,000 |
| | | | | | | | MED EXP (Any one person) | $ 5,000 |
| | | | | | | | PERSONAL & ADV INJURY | $ 1,000,000 |
| | | | | | | | GENERAL AGGREGATE | $ 2,000,000 |
| | | | | | | | PRODUCTS - COMP/OP AGG | $ S/T Gen. Agg. |
| | | | | | | | | $ |
| | AUTOMOBILE LIABILITY<br>ANY AUTO<br>OWNED AUTOS ONLY<br>SCHEDULED AUTOS<br>HIRED AUTOS ONLY<br>NON-OWNED AUTOS ONLY | | | | | | COMBINED SINGLE LIMIT (Ea accident) | $ |
| | | | | | | | BODILY INJURY (Per person) | $ |
| | | | | | | | BODILY INJURY (Per accident) | $ |
| | | | | | | | PROPERTY DAMAGE (Per accident) | $ |
| | | | | | | | | $ |
| | UMBRELLA LIAB OCCUR<br>EXCESS LIAB CLAIMS-MADE<br>DED RETENTION $ | | | | | | EACH OCCURRENCE | $ |
| | | | | | | | AGGREGATE | $ |
| | | | | | | | | $ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below | N / A | | | | | PER STATUTE OTH-ER | |
| | | | | | | | E.L. EACH ACCIDENT | $ |
| | | | | | | | E.L. DISEASE - EA EMPLOYEE | $ |
| | | | | | | | E.L. DISEASE - POLICY LIMIT | $ |

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

**CERTIFICATE HOLDER**

**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**

**© 1988-2015 ACORD CORPORATION. All rights reserved.**



**The ACORD name and logo are registered marks of ACORD**

**Pinellas Community Foundation**

**Pinellas CARES Nonprofit Partnership Fund Grant Application**

Organization Name: Project LINK, Inc

Project Name: eMergU Program

FROM (date): October 1, 2020 TO (date): December 30, 2020

| **Budget Category/Line Item** | **Program Budget - Total** | **Pinellas CARES Grant** |
|---|---|---|
| Personnel *(salaries, wages, benefits, payroll taxes, time allocation on the project for all personnel involved in program)* | $53,300.00 | $53,300.00 |
| Equipment *(computers, furniture, etc., less than $3,000 per item)* | $2,528 | $2,527.98 |
| Supplies *(office materials, program related purchases, program necessities to deliver services, etc.)* | $5,999 | $5,998.92 |
| Occupancy (property rent, mortgage, utilities, telephone, internet, etc. assigned as program expenses) | 14165.97 | 14,166 |
| Local Travel (mileage, tolls, parking for regular local travel, rental/leasing cost of transportation) | 0.00 | 0.00 |
| Training *(staff development, conferences, long distance travel)* | 0 | 0 |
| Design, Printing, Marketing & Postage (for direct program related services only) | 1,810 | 1,810 |
| Capital *(Buildings, vehicles, equipment $3,000 or more per item. The purchase of capital must represent the lower cost option for the period during which the purchased asset would be used for COVID-response activities)* | 0 | 0 |
| Purchased Services *(consultants, legal, accounting services, logistical partner costs, technology enhancements, computer software licensing/agreements)* | 23750 | 23750 |
| **TOTAL** | 101552.85 | 101552.85 |

Project LINK Application
**eMergU TeleHealth Program**
BUDGET NARRATIVE FORM

Organization Name: Project LINK, Inc.
Project Name: eMergU TeleHealth Program
From: 10/01/2020 - 12/30/2020

Uncertain prognoses, looming severe shortages of resources for treatment from the infection, imposition of unfamiliar public health measures that infringe on personal freedoms, and growing financial losses, and conflicting messages from authorities are among the major stressors that undoubtedly will continue to contribute to widespread emotional distress and increased risk for psychiatric illness associated with Covid-19. TeleHealth has an important role in addressing these emotional outcomes as part of the pandemic response.

Since volunteer sources are no longer available, there is no funding to help identify, develop, and disseminate education and evidence-based resources related to disaster mental health, mental health triage and referrals, needs for special populations, and death notification and bereavement care.

The positions and expenses listed in this narrative are essential to risk-communication efforts that address the complexities of emerging issues such as prevention directives, needed evidence-based interventions and ranges of psychosocial concerns relevant to the pandemic. It is imperative that assessment and intervention methods for psychosocial concerns be administered within communities of color.

The following costs are forecast to continue providing support services to over 100 adults and youth in Pinellas County and to expand our behavioral health services to address mental health and emergency management**.**

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

(1) LPO Support Coordinator - Logistical Partnership Organization Support Coordinator acts as the liaison services between the LPO sites and clients; This new position will provide outreach support. The COVID-19 LPO Site Coordinator will be responsible for implementing all procedures adopted by the eMergU TeleHealth program and organization sites that are applicable to the site in connection with COVID-19 service deliverables, weekly periodic checks of inventories of any shortages of safety supplies and cleaning supplies, including wipes, gloves, soap and/or hand sanitizer; Ensuring LPO sites have taken steps to address proper handling and cleaning of the LPO facility and equipment; and update and implement health & safety protocols within the pandemic preparedness readiness initiative.

**$50/hr X 20hrs/ $1,000 a week X 13 weeks = Total $13,000.00)**

(2X) Social workers - will provide COVID-19 care coordination and assist clients with bill pay referrals and other assistance in real-time remote collaboration between service providers, clients, and the social worker, as they either assist in their develop plans or assess the progress of client comprehensive care plans. The social worker will manage the caseload of families seeking COVID-

19 related crisis support. Some patients will need referral for formal mental health evaluation and care, while others may benefit from supportive interventions designed to promote wellness and enhance coping (such as psychoeducation or cognitive behavioral techniques). The social worker would manage a caseload of 50 per social worker due to the pandemic response. This will be two new temporary positions to address the caseload of residents that are dealing with COVID 19 concerns. Because of COVID, current clients are not receiving counseling services from the eMergU TeleHealth services proposed in this application and are an expansion of services due to the mental health needs.

**$30/hr x 25hrs/ $750 a week x 13 weeks = $9,750 ($9,750 x 2 social workers = Total $19,500)**

(2X) Intake Coordinators- Intake coordinators will complete an initial short intake form and review client needs and connect with licensed counselors. The Intake Coordinators will communicate with families and licensed therapists regarding questions and concerns related to COVID-19 services. The Intake coordinator will constantly remind clients appointment times, available LPO sites, stay home if they are sick and exposed to someone with COVID 19 symptoms. Maintain LPO site attendance log of client visits where implemented, ensuring the temperature screening process is being properly applied and recorded.

**$20/hr x 40hrs/ $800 a week X 13 weeks ($10,400 each intake coordinator = Total $20,800.00)**

**The grant total for eMergU TeleHealth COVID-19 program personnel= $53,300.00**

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

We will take the following steps to create a safe and healthy remote therapy space, because of the COVID pandemic and the safety measures needed to convert our new designated LPO sites in St. Petersburg. We will adapt to CDC best practices and protocols for publicly used spaces, and the following additional accommodations will occur:

Purchase and installation of three transparent desk shields to protect LPO staff and telehealth clients. We would like to purchase two desk shields for 3 therapy spaces= 6 shields @ $169.89 = $1019.34. The total for desk shields= $1,019.34.

Purchase of three dedicated desktop computers at Office Depot for client therapy sessions at LPO sites = All in One computer is $502.88 each x 3 computers= $1,508.64. The total for computers = $1,508.64.

**Total cost for Equipment= $2,527.98**

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

The program will follow the guidance for cleaning and disinfecting and maintain a plan to perform regular cleanings of surfaces to reduce the risk of people's exposure to the virus that causes COVID-19. CDC recommends wearing a cloth face covering as a measure to contain the wearer's respiratory droplets and help protect others. PPE supplies (face-coverings, and face shields, will be provided to LPO's sites and clients that need face-coverings while utilizing sites for therapy sessions. PPE supplies will be purchased via Amazon site. To purchase 150 facemask the cost is $84.90. To purchase 180 face shields the cost is $249.95. Total expense for PPE supplies is $334.85.

LPO operation stipends - PPE supplies will be provided to LPO including hand sanitizers, Lysol wipes gloves, and tissues. The clients will be provided with comfort supplies to include bottle water, small snacks, and stress balls during their sessions. PPE and comfort supplies will be purchased via Amazon site. Total LPO operation stipends are $1,026.22

Beck Depression/Anxiety Inventory program supplies. This material will be utilized during client assessments. Materials will be purchased through Beck Institute. Total BDAI materials= $3.500. 00

Office supplies purchased at Staples- $1,137.85 budget to cover program supplies including printer ink, copy paper, file folders, client journals, etc, during the program period. The expansion would be an additional cost against the agency current field and office supplies budget. Total office supplies are $1,137.85.

**Total cost for Supplies= $5,998.92**

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

DOXY.ME is a telemedicine solution designed for healthcare providers and mental health practices. The solution is HIPAA compliant and offers a secure platform, video conferencing, and virtual waiting room features. The platform is accessible on mobile devices including iOS and Android smartphones. The DOXY.ME platform will be the supplier for licensed mental health counselor to provide secured telehealth services. The service fee of $2,700 will cover 15 licensed mental health counselors.

Cope Notes is a mobile service that provides daily text messages that combine peer support and positive psychology to help improve mental and emotional health. The services are based in lived-experience peer support, digital journaling, and positive psychology which equal to $95.88 each client. The one-time fee for 100 client package subscriptions is $9,588.

Appointment Plus is an online appointment scheduling technology platform that tracks appointments for COVID-19 eMergU TeleHealth clients. This software is transforming the way clients interact with service providers. It provides an entirely new way to engage with those we serve. Appointment Plus fees are assessed by per user at $99. Intake Coordinators and Social Workers will have the ability schedule appointments on behalf of the mental licensed counselors. We would like to purchase four additional user accounts. $99 per month x 4 users $396.00 x 3 months. Total service fee is $1,188.

Wireless Cell Phone Service - The COVID-19 pandemic has shown the values and efficiencies associated with remote work given the shift occasioned by the COVID-19 pandemic. The program intends to purchase Cricket Wireless non-contract cell phones for LPO Support coordinator and the two social workers to utilize for client crisis interventions and COVID-19 business-related expenses. This will allow clients and community partners to have access to program self without giving up their personnel contact information outside of the normal business hours and field work. 3 cellphones @ 69.99 = $ 209.97, cellular monthly plans @ $40 a month x 3 program personnel =$120, $120.00 cost @ 3 months= $360.00. Total wireless service plan = $689.97

**Total for Occupancy expenses = $14,165.97**

**Local Travel (mileage, tolls, parking for regular local travel, rental/leasing cost of transportation)**
None

**Design, Printing, Marketing & Postage (for direct program related services only)**
We are trying to sound the alarm that this virus is devastating communities of color, especially African American communities. This outcome surprised a lot of people, because the first victims of the virus were mostly white Americans who had traveled to Asia. Next came elderly people who were dying in nursing homes. Therefore, many people assumed that this disease kills only white people and older people. But now the data is clear. The hot spots for this virus are disproportionately in black and brown communities. "Contact tracing is one of the key components to reduce the spread of COVID-19 but Black and Latin Americans, who are among the hardest hit communities may be least likely to participate if efforts to engage them aren't grounded in their experiences," "It won't matter how many contact tracers we have if no one answers the phone, disregards their message, or responds with skepticism. Our research suggests that people are more likely to answer the call or seek assistance if the effort has been promoted, endorsed and reinforced by trusted community leaders and if the messages are empowering and engender a sense of agency and self-determination." Our marketing efforts will include partnership with public health officials and health department staff to strengthen the efforts on mental health resources, prevention strategies, testing, isolation and quarantine, contact tracing and community engagement in order to meet the goals of protecting public health and safely reopening communities. Our goal is to design and print collateral in flyers, posters, and brochures on the eMergU TeleHealth COVID-19 service messaging. The cost for the design and printing will for 1000 -12x18 community posters=$1,380.00, 1000 - 8x5 tri-fold brochures for $ 239.98, and 1000 - for 8x5 flyers for $ 190.00. The total cost for marketing and advertising expenses will be $ 1,809.98

**Design, Printing, Marketing & Postage = $1,809.98**

**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)**
None

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

Opportunities to monitor psychosocial needs and deliver support through direct patient encounters in our remote practice will be curtailed during this crisis because of large-scale home confinement. Psychosocial services will be delivered in remote care settings and offered by means of telehealth. In the context of Covid-19, psychosocial assessment and monitoring will include queries about Covid-19–related stressors (such as exposures to infected sources, infected family members, loss of loved ones, and physical distancing), secondary adversities (economic loss, for example), psychosocial effects (such as depression, anxiety, psychosomatic preoccupations, insomnia, increased substance use, and domestic violence), and indicators of vulnerability (such as preexisting physical or psychological conditions). In light of the widening economic crisis and numerous uncertainties surrounding this pandemic, suicidal ideation may emerge and necessitate immediate consultation with a mental health professional or referral for possible emergency psychiatric hospitalization.

On the milder end of the psychosocial spectrum, we expect experiences from patients, family members, and the public to be appropriately normalized by providing information about usual reactions to this kind of stress and by pointing out that people can and do manage even in the midst of dire circumstances. The Licensed mental health counselors will offer suggestions for stress management and coping (such as structuring activities and maintaining routines). The expansion included licensed mental health counselors that will focus on Pinellas County residents that are experiencing COVID-19 related experiences and concerns. The 15 therapists will collectively service 100 clients and provide 3 complimentary therapy sessions for each client. 100 clients @ $75 per session, the cost will be $225 per client, 100 x $225.00 = $22,500. The total therapist expenses will $22,500. To increase the E&O insurance coverage for the additional therapist will be $1,250 from Hiscox Insurance Agency. The Hiscox Insurance coverage is billed on a quarterly basis and this will be an added expense to the policy. The services category cost will be $23,750.

**Purchased services cost is $23,750.**

All Enter keyword or product number

Departments Buy Again Savings Hub EN Hello, Tina Account for Project LINK,... Lists Business Prime 6

# Shopping Cart

Price

**Post Pandemic Partitions Commercial Grade Freestanding Antimicrobial Desk, Table, Countertop Clear Acrylic Sneeze Guard Personal Protection Shield - 48"W x 24"H**

In Stock

Shipped from: clickhere2shop

Gift options not available. Learn more

Qty: 6 Delete Save for later

Compare with similar items

**$169.89**

Business Price

Save 5%

Clip Coupon

Subtotal (6 items): **$1,019.34**

Subtotal (6 items): **$1,019.34**

Proceed to checkout

**Sponsored Products related to items in your cart**



Safco Products...

$116.59

See all buying options

Pixelverse Design 48...

9

$155.99

See all buying options

Protective Sneeze...

129

$169.99

See all buying options



Portable Lightweight...

2

$229.00

See all buying options

1.800.463.3768

# Shopping Cart

Delivery based on 33601

**Your pickup store:**
26277 US HIGHWAY 19 N AT ENTERPRISE RD. CLEARWATER, FL 33761 Change

HP 22-dd0016 All-in-One Desktop PC, 21.5" Screen, AMD Athlon™ Silver, 4GB Memory, 1TB Hard Drive, Windows® 10

Item # 5582086

**Store and Curbside Pickup**
Ready for pickup today
Clearwater, Store #95
In Stock Change Store

1

$409.99 / each
**$409.99**

2-Year Protection Plan
Remove

Service available to register after checkout

1

$59.99 each
**$59.99**

Feedback

## Order Summary

| | |
|---|---|
| Subtotal (1 Item): | $469.98 |
| Estimated Tax: | $32.90 |
| **Estimated Total** | **$502.88** |

You are saving **$20.00** on this order

All Enter keyword or product number

Departments Buy Again Savings Hub EN Hello, Tina Account for Project LINK,... Lists Business Prime 39

# Shopping Cart

Price

**Kleenex Expressions Ultra Soft Facial Tissues, 18 Cube Boxes, 65 Tissues per Box (1,170 Tissues Total)** **$25.18**

Quantity Price

In Stock

& FREE Returns

This is a gift Learn more

Qty: 3 Delete Save for later

Compare with similar items

**New Disposable Latex Gloves, Powder Free (100 Gloves Per Box) (Medium)** **$25.95**

In Stock

& FREE Returns

This is a gift Learn more

Qty: 6 Delete Save for later

**Lysol Disinfecting Wipes, Lemon and Lime Blossom Scent, Kills Viruses and Bacteria, 4 Tubs, 35 Count Each (Total 140 Wipes)** **$58.97**

In Stock

Shipped from: God Bless America

Gift options not available. Learn more

Qty: 4 Delete Save for later

Compare with similar items

**Stress Balls Puffer Stress Relief Toys Value Assortment Bulk 1 Dozen Stress Relax Toy Balls, Squeeze Ball Puffer Ball Assortment Most Popular Selection of Hand Exercise Balls & Therapy Balls** **$12.97**

In Stock

& FREE Returns

This is a gift Learn more

Qty: 9 Delete Save for later

**Healthy snack Care Package (52 count) A Gift crave Snack Box with a Variety of Healthy Snack Choices – Great for Office, College Military, Work, Students etc.** by The Snack Bar **$32.33**

Quantity Price

In stock on October 10, 2020.

This is a gift Learn more

Part of your order qualifies for FREE Shipping. Choose this option at checkout. See details

Subtotal (39 items): **$1,026.22**

This order contains a gift

Proceed to checkout

**Sponsored Products related to items in your cart**

Kleenex Professional...
133
$72.05
See all buying options

Kleenex Professional...
477
$57.99
See all buying options

Kleenex Professional...
1,349
$39.28
See all buying options

20 Bulk 3" Large Red...
17
$25.99
See all buying options

Qty: 6 Delete Save for later

Compare with similar items

**Poland Spring Origin, 100% Natural Spring Water, 900mL Recycled Plastic Bottle (12 Pack)** by Poland Spring Origin **$19.69**

In Stock

This is a gift Learn more

Qty: 5 Delete Save for later

Compare with similar items

**Superfy Hand Sanitizer, Moisturizing Gel Hand Wash with Pump,No-residue,Quick-drying 16 fl.oz (Pack of 4)** **$24.99**

In Stock

This is a gift Learn more

Qty: 6 Delete Save for later

Compare with similar items

Subtotal (39 items): **$1,026.22**

Move to Wish List

Staples

# Your Cart

continue shopping

## Order Summary

hide details

**FREE** shipping on this order

| | |
|---|---|
| Items (104) | $1137.85 |
| Coupons | -$0.00 |
| Subtotal | $1137.85 |
| Shipping | FREE |
| **Order Total** | **$1137.85** |

Apply coupons

Step 1 of 3

## 104 Items in cart

Checkout

TRU RED™ Small Hard Cover Ruled Journal, Black (TR54770)

**Delivery** (Delivered by **Monday, Oct 05**)

**Pick up in store**

100

**$899.00**

Hammermill Copy Plus Paper, 8.5" x 11", 20 lbs., White, 500 Sheets/Ream, 10 Reams/Carton (105007)

**Delivery** (Delivered by **Friday, Oct 02**)

**Pick up in store**

2

**$59.98**

Includes Instant Savings (limit 10) -$68.00

TRU RED™ File Folders, 1/3 Cut, Letter Size, Assorted Colors, 250/Box (TR502678)

**Delivery** (Delivered by **Friday, Oct 02**)

Pick up in store (Arrives by Friday, Oct 02)

1

$41.88

HP 85A Black Toner Cartridges, Standard, 2/Pack (CE285D)

Delivery (Delivered by Monday, Oct 05)

Pick up in store

1

$136.99

**Offer available:** 25% back in rewards when you purchase toner. Coupon code 25398.

Checkout

amazon

Search Amazon

Select a location to see product availability

Subtotal (1 item): **$249.95**

Proceed to checkout

**180 Pack Face Shield, Protection for Face and Eyes with Clear An...**

$249.95

In Stock

Shipped from: Synergy™

1

Delete

Save for later

**Returns are easy**

30-day returns on millions of items

**Pay ~~$249.95~~ $239.95 for this order. Get $10 off instantly** upon approval for the Amazon Store

amazon

10

Search Amazon

Select a location to see product availability

Subtotal (10 items): **$84.90**

Your order qualifies for FREE Shipping. Choose this option at checkout. See details

This order contains a gift

Proceed to checkout

**Disposable Face Mask 3 Layer Earloop Pollution Health Protection...**

$8.49

In Stock

Eligible for FREE Shipping & FREE Returns

10

Delete

Save for later

**Returns are easy**

30-day returns on millions of items

"Tampa's Quickest Signs and Printing"

- Home
- Automotive »
- Banners »
- Business Cards
- Graphics »
- Printing »
- Signs »
- Stickers
- News Blog

Enter your email address

## Contact Us!

**Phone #:**

**813-516-4464** main

**Location:**

211 E Yukon St

Tampa Florida

33604

# 500 Postcards

Home » Postcards » 500 Postcards

## 500 Postcards for $99.99

+ $20.00 shipping

paper : glossy

Add to Cart

Back

### Shopping Cart

**Your Shopping Cart**

| Item Name | Quantity | Price |
|---|---|---|
| 100 12X18 Posters (smooth) | 10 | $900.00 |
| 1000 1-Sided Color Copies | 1 | $150.00 |
| 500 Postcards (glossy) | 2 | $199.98 |
| | **Subtotal:** | $1,249.98 |
| | **Shipping:** | $560.00 |
| | **Total:** | $1,809.98 |

I want to pick up from store

Checkout with PayPal

### Up Load

AppointmentPlus

# INVOICE

INV00468774

StormSource, LLC
15300 N 90th St #100
Scottsdale, AZ 85260

**BILL TO:**
Project LINK
1315 W Spruce St,
Tampa, Florida 33607
jmeans@project-link.org

Quote Date: 09/29/2020
Terms: Due Upon Receipt
PO:

**Invoice Detail**

| Description | QTY | COST | TOTAL |
|---|---|---|---|
| *Monthly Gold Tier* 09/29/2020-10/28/2020 | *1 User* | *$99.00* | $99.00 |
| | | **Total** | **$99.00** |

**Sales Tax**

| Tax Name | Tax Rate | Tax Rate Type | Tax Amount |
|---|---|---|---|
| | | **Total Tax** | **$0.00** |

**Payments**

| Transaction Date | Transaction Number | Transaction Type | Description | Applied Amount |
|---|---|---|---|---|
| | | | **Invoice Balance** | **$99.00** |

**Outstanding Invoices**

| Invoice Date | Invoice Number | Due Date | Amount | Balance Due |
|---|---|---|---|---|

**Invoice Notes**

In order to expedite any billing inquiries, please sign into your account to submit a support ticket.

Terms & Conditions

Powered by zuora

©2015 StormSource, LLC, d.b.a. AppointmentPlus. All rights reserved. The AppointmentPlus logo is a mark of StormSource, LLC.

# Cart

Clear Cart (2)

Email me my cart

## My Line

Line Complete

Delete Line

**Alcatel APPRISE™**
Color: Suede Gray
**Edit**

**$69.99**

**Cricket Protect**
Declined
**Edit**

**10 GB**
Monthly Plan Charge
**Edit**

**$40.00**

**My New Number**
ZIP Code: 33607
**Edit**

**Next Business Day Shipping**
**Restrictions apply**

**FREE**

SALES HELP

Have a promo code?

**Estimated Total** **$109.99**

Device, SIM Card and Accessory taxes will be shown on the review order page.

**eMergU Program**

**LPO Potential List**

Gladden Park Recreation Center
3901 30th Ave N, St. Petersburg, FL 33713
Phone: 727-893-7111

Child's Park Community Library
691 43rd St S, St. Petersburg, FL 33711
Phone: (727) 893-7714

Martin Luther King Jr Community Center.
1201 Douglas Ave Clearwater, FL 33755
Phone:(727) 442-5355

New Zion Missionary Baptist Church
845 Woodlawn St, Clearwater, FL 33756
Phone: (727) 461-7524

Foundation for a Healthy St. Petersburg
2333 34th St S, St. Petersburg, FL 33711
Phone: (727) 865-4650