

# Application Form

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## *Organization Information*

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### **Brief Project Descriptor**

Please briefly describe this organization's request.

**If you have previously applied for a Small Purchase and would like your previous request copied over to update and submit for consideration in Round Two, please contact Rose Cervantes. Due to the current inflationary environment, you will need to obtain new bids/estimates for your proposed purchases regardless of a prior submission. The new request amount must also fit within the maximum request amounts for Round Two.**

If you would like to complete this application in Word first and copy your answers over later, use the following link: [Download Application](#)

The evaluation rubric that will be used to score your request can be downloaded [here](#).

Please pay attention to character limits while working on your draft. These limits include spaces.

### **Organization Name\***

Starting Right, Now

### **Proposal Name\***

Please choose a short name to identify this project within the grant portal:

Transporting Homeless Youth

### **EIN\***

263725699

### **Incorporation Year\***

What year did your organization incorporate? This will be the year listed on your determination letter from the Internal Revenue Service.

2008

## Organizational Mission Statement\*

What is your organization's mission statement? This should be no longer than one or two sentences.

Starting Right, Now (SRN) ends homelessness for youth through one-on-one mentoring, providing a stable home, obtaining employment, teaching financial literacy/life skills and promoting educational achievement.

## Unique Entity ID (SAM)

Please provide your organization's Unique Entity ID number. This is a specific number used by the federal government to identify your organization. **This is different from a DUNS number, which the federal government no longer uses.**

If you do not have a Unique Entity ID number, you can create an account on SAM.gov and apply for one here (it is free and may take 3-4 days for approval): <https://sam.gov/content/home>

This field is optional as to not stop a qualifying organization from applying. **However**, a Unique Entity ID number will be required if your organization is approved for a grant. Your organization should apply for a number now if it does not yet have one.

Character Limit: 12

UKH4YV5M3LD7

## Annual Operating Budget Size\*

Please provide the amount of your annual operating budget, (expenditures only) for your entire organization.

\$2,085,004.00

## Parent Non-Profit/Subsidiaries\*

If your organization has a parent non-profit that has multiple subsidiaries, will multiple subsidiaries be applying in this process?

### Example

Better Tomorrow is the parent non-profit of three organizations. Two of those organizations want to apply in this process. Both would select "Yes" on this question.

No

## *Amount Requested (Annual Operating Budget > \$500,000)*

### **Amount Requested (Annual Operating Budget > \$500,000)\***

Because your annual operating budget is over \$500,000, the maximum grant request for your organization is \$150,000.

\$66,505.00

## Request Specifics

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### Priority Areas\*

For Round 2 of this funding process, the ARPA Nonprofit Capital Project Fund is prioritizing organizations that offer programming, and whose capital purchase is related to, the following areas:

- Individuals with Disabilities
- Food Security
- Specialized Healthcare
  - Mental Health
  - Dental Care
  - Substance Use Disorders
- Housing

Not offering programming in these areas does not disqualify you from applying. However, this prioritization will result in 10 bonus points being awarded to eligible requests when scored.

**Does your organization and its proposed capital purchase fit into one of these areas?**

Yes

### Organization Programmatic Background\*

Please describe the programming your organization offers to the community and the length of time it has been doing so. What does your organization **do** and **how long** has it been doing it?

**If you have indicated above that your programming and proposed purchase fit into the priority areas for this funding round, please be sure to describe the relevant programming.**

Sue enters the park bathroom where she sleeps, and wads up toilet paper in her panties, but it bleeds through, so she takes her only extra underwear and shoves it in her pants to catch the blood. These days with her period she can't attend school. Her mother was deported when they discovered her boyfriend was molesting Sue. Sue ends up a junior in high school alone and homeless.

When her absences accumulate, Sue is referred to SRN. She moves into SRN's safe housing. Staff helps her access transportation, food security, Medicaid, and mental health counseling to deal with the trauma from being raped. She receives academic support, financial literacy lessons, after school trainings, and we help her apply to college and scholarships. Today, she is a Registered Nurse.

Sue is now an RN in our community, a homeowner, wife and mother. She is one of over 300 youths over the past 14 years fortunate to escape the cycle of poverty and homelessness with SRN's programming. She now possesses the skill set to never endure homelessness again.

SRN serves homeless unaccompanied youths (age 15-19 living without a parent or fixed residence) attending high school in Pinellas and Hillsborough County. The misconception is foster care is responsible for these youths, but students in SRN were not taken away by DC; rather, they left voluntarily from hazardous

situations – neglect, abuse, addiction, eviction, etc. Choosing to leave home makes them ineligible for foster care.

Along with meeting basic needs (food, shelter, hygiene, etc.), our organization combines various human and health resources to eradicate youth homelessness and its associated traumas. We provide housing, food security, facilitation to medical and mental health care, all which align with ARPA's priority areas. Our holistic curriculum also includes life-skills classes, financial literacy, academic assistance, one-on-one mentors, post-secondary education/scholarship assistance, career readiness and more.

## Community Need\*

Please describe the community need that exists for your programming. If you are able to cite quantitative, local data, that will strengthen your proposal.

Unaccompanied homeless youth is a federal term defined in the McKinney-Vento Homeless Assistance Act as, "Youth not in the physical custody of a parent or guardian..who lack a fixed, and adequate nighttime residence." Representing various racial backgrounds, all SRN participants are below the "extremely low (30%)" federal HUD income limit. Without SRN's intervention, homeless youth will never grasp the skills or knowledge to escape poverty.

In 2020, the National Center for Housing and Child Welfare estimated between 1 and 1.7 million homeless youth who have run away or been asked to leave home. Florida's Council on Homelessness 2019 Report counted 95,000 homeless unaccompanied youths in Florida. The Analysis of Pinellas County's Point in Time Data identified 4,646 homeless unaccompanied Pinellas County school students in 2022, an increase from 4,244 in 2021. True rates are likely higher; it is difficult to collect data on this transient population, and youth are reluctant to admit to their precarious living conditions.

Deprivation of a stable residence, transportation and food insecurity make it impossible for students to focus on school or access support to overcome childhood traumas and develop into self-sufficient adults. They face barriers to higher education, proper hygiene, financial stability, mental well-being, and employment. Before entering SRN, unaccompanied homeless youths cannot envision any goals beyond surviving. They resort to nonviolent offenses, such as stealing food, selling drugs, or trading sex to survive. These acts put these youth at greater risk for criminal convictions. The National Health Care for the Homeless Council's article, "Behavioral Health among Youth Experiencing Homelessness," lists depression, anxiety, and post-traumatic stress syndrome as common mental health issues. To cope with their pain, these youth are likely to resort to drugs and alcohol. These difficulties further inhibit the ability to transition out of homelessness.

## Negative Economic Impact on Organization\*

**The following question is the keystone of a strong application in this process. If your organization cannot demonstrate a negative economic impact from the pandemic, your application will not qualify for committee review. If you are uncertain about what constitutes negative economic impact or how to demonstrate it, please contact PCF staff for technical assistance.**

Describe your organization's negative economic impact arising from the COVID-19 pandemic. Examples could include:

- Inflationary pressures
- A reduction in revenue since the onset of the pandemic
- An increase in pandemic-related revenue that is restricted, or otherwise does not permit the purchase of capital assets

- The use of reserves for pandemic-related unbudgeted expenses
- Allocation of resources to meet a pandemic-related increase in demand for services, which results in a lack of resources to purchase capital assets
- A need for additional capital assets to adapt operations to accommodate health and safety guidelines by the CDC

**You have the option to upload supporting documentation regarding negative economic impact. However, please limit your upload to no more than five pages.**

The headline from an NBC News article published March 30, 2022 reads, “A record spike in rent hits Tampa Bay after newcomers flocked to Florida during the pandemic.” A 10 Tampa Bay WTSP article from February 21, 2022 cites a study conducted by Online Mortgage Advisor that found on average local renters are spending 42% of their income on rent. As recent as July 25, 2022, CBS News reported on the Tampa Bay rent surge, spotlighting how families cannot find affordable housing, pushing them toward homelessness.

The Negative Economic Impacts SRN is experiencing because of the COVID pandemic can be classified as “a need for capital assets to offset community need,” “inflationary pressures” and “allocation of resources to meet a pandemic-related increase in demand for services”. SRN is struggling to transport our youth due to the high cost. For over a decade, we have partnered with a service that has a fleet of cars to facilitate transporting our youth to our classes, tutoring, health care appointments, our housing facility, community events, and home from school when sick. Our teens feel safe with these drivers, an important quality for traumatized youth.

Due to COVID, our contracted car service did not have enough business (most of their business was airport runs) which forced them to lay off the majority of their workforce. They have had a difficult time replacing those drivers, just as every business is struggling to hire employees. In addition, when gas prices rose, their cost of service increased as well. Funds normally used for youth programming had to be reallocated to the rising transportation costs. We supplemented as much as we could with Ubers, but many students are minors and Uber will not transport them. In addition, Uber is not a reliable transport for our youth if it is a time sensitive ride, such as a health care appointment.

Transporting our students to our life-skills classes and tutoring is an essential part of our curriculum to end homelessness. A one-way contracted trip has increased to about \$58 (up from \$45 before COVID). In addition, due to COVID, our population increased, which also had a direct impact on our costs.

In order to continue operating our privately funded program in a cost-efficient manner, decreasing the transportation costs is urgent. Purchasing a 15-passenger van for a staff member to drive would tremendously assist our mission and allow us to reallocate our funding to student programming (housing, food security, mental health counseling, academic assistance and life-skills classes). This would vastly reduce our costs and allow us to be efficient in transporting so many youth at one time.

## Proposal Description\*

The American Rescue Plan Act requires a request that is reasonable and proportional to the level of economic impact your organization experienced. This means the request you describe below should not be greater than the economic harm your organization has suffered.

Please describe your purchase proposal and address the following:

- What will you be purchasing with these funds?

- What is the estimated lifespan of the purchase/improvement?
- How does it address the negative economic harm you described in the previous question?

SRN proposes “Transporting Homeless Youth”- purchasing a 15-passenger van, to be driven by an SRN staff member. This van has many rewards, not just the economic impact. Opportunity costs will be reduced when our SRN driver transports more students in one trip.

Purchasing a 15 passenger van addresses the negative economic harm brought on by COVID by reducing our transportation costs significantly, thus allowing funds to directly serve our students instead. By purchasing a 15-passenger van we will reduce an average of six contracted trips daily (Monday through Friday) from our SRN office to our Pinellas housing facility route. SRN wishes to purchase a 15- passenger van in new condition to maximize the lifespan of the vehicle. Research indicates the van should last up to 300,000 miles or an average of 10 years. We have gathered three quotes, which show an average cost for this new vehicle to be \$66,505, a reasonable price considering the high cost we now pay for contracted transportation. This savings can now go towards direct service for the youth.

## Guiding Principles - Client Impact\*

The American Rescue Plan Act, which provides the funding for this grant program, aims to ensure an equitable recovery from the COVID-19 pandemic. According to federal guidance, the term “equity” is defined as:

The consistent and systematic fair, just, and impartial treatment of all individuals, including individuals who belong to underserved communities that have been denied such treatment, such as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality.

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.

### **Will this purchase benefit the community members defined above that have experienced disproportionate negative impacts from the COVID-19 pandemic? If so, how?**

Due to COVID, the prevalence of unaccompanied homeless youth has risen. With increased unemployment, healthcare expenses, and lack of education, families struggled to meet basic needs. Youth dealing with abuse/neglect at home no longer had school as an escape. Those struggling with food insecurity no longer had their free meals at school, which may have been their only. Mental health challenges, family separation, and deaths increased the demand for homeless services. In United Way’s 2021 report, Tampa Bay had the 7th-most eviction filings of US cities during the pandemic. Addressing this need, in 2020 SRN expedited a capacity increase in Pinellas.

SRN pivoted to home-school our youth, still graduating all seniors and preparing them for their next education level. Without the means to access virtual learning, many unaccompanied youths not in SRN fell behind or dropped out of school. The past 3 years have intensified our conviction to cultivate equity in our community, providing wrap-around services to the growing number of unaccompanied homeless youths, removing barriers that keep them homeless and impoverished.

SRN has always served a diverse, underserved population. We do not discriminate, and provide equity for youth adversely affected by poverty.

Historically, minorities are overrepresented in the homeless population. Our holistic care amends the inherited inequalities faced by homeless unaccompanied youths to ensure they do not become chronically homeless or incarcerated adults. Further, SRN's model is in accordance with the Social Determinants of Health (SDOH) and addresses inequities in all 5 key areas– access to healthcare, assist with education, encourage positive social/community context through support systems, teach financial literacy for economic stability, and create a safe, stable environment through transitional housing. Addressing disproportionate impacts in SDOH makes progress toward an equitable recovery from COVID and poverty in our community.

## Number Served\*

How many people will directly benefit from this capital purchase annually?

25

## Unduplicated vs. Duplicated\*

Is the number indicated above duplicated or unduplicated?

**Duplicated:** A client is counted each time they access services

**Unduplicated:** A client is counted once, regardless of the number of times they access services

**Example:** ABC Food Bank operates two mobile food pantries, one in Clearwater and one in St. Petersburg. Taylor, a Pinellas County resident, goes to both food pantries. If ABC Food Bank counts Taylor's visit TWICE, it is **duplicated**. If ABC Food Bank counts Taylor's visit ONCE, it is **unduplicated**.

Unduplicated

## Other (Explanation Required)

If you selected "Other" in the previous question, please explain how your organization determined the number of clients that will benefit from the proposed capital purchase.

## *Geographic Impact & Priority Populations*

The ARPA Nonprofit Capital Project Fund seeks to offset the negative economic impact Pinellas nonprofits faced due to the COVID-19 pandemic. Organizations who serve disproportionately impacted communities will be considered as serving a priority population. There are several ways to determine if your clients were disproportionately impacted.

Examples of disproportionately impacted communities include those who:

- Live in a Qualified Census Tract (QCTs)
  - Defined by U.S. Department of Housing and Urban Development (HUD)
  - U.S. Treasury guidance prioritizes use of ARPA funds within QCTs
  - To assess if your organization serves or is headquartered in a QCT, use the following link: [https://www.huduser.gov/portal/sadda/sadda\\_qct.html](https://www.huduser.gov/portal/sadda/sadda_qct.html)  
In the top right-hand corner, choose the state of Florida and Pinellas County. Then on the left-hand side of the screen, click the box next to "Color QCT Qualified Tracts." The QCT zones are

denoted in purple. You can also map your address by adding it into the address box at the top to see if your location is inside the zones.

- Low- and moderate-income household and communities
- Households that qualify for federal assistance programs, such as SNAP and TANF
- Historically marginalized communities (BIPOC communities, persons with disabilities, LGBTQ+, religious minorities, and other communities that fit in the Equity definition provided on the ARPA website and application)

## Benefits and Geography of Purchase\*

Please describe the following:

1. The communities/clients that will benefit from this capital purchase, and whether they were disproportionately impacted by the pandemic according to the examples above.
2. The geographic areas in which this capital purchase will be put into use. Be as specific as possible.

SRN's population of homeless unaccompanied high school youths certainly qualify as disproportionately impacted. All SRN youths are well below the "extremely low (30%)" federal HUD income limit. All are coded as homeless by the school district. All reside in our transitional housing facility, access free-and-reduced lunch through the public school, qualify for Medicaid, and participate in the food stamp program, SNAP. While SRN's Pinellas transitional housing facility is just blocks from a Qualified Census Tract (QCT), we serve students attending high schools throughout the entire Pinellas County. It is extremely likely many of our students resided in QCTs before moving into SRN's housing.

Homeless youth are historically marginalized communities from various racial/ethnic backgrounds. 76% of our current high school students fall into the "BIPOC" category, 29% of this class has outwardly identified as LGBTQ+ (though we do not require students to tell us), and we do not discriminate regarding religious beliefs. Our population was the most negatively economically impacted by COVID. COVID enhanced the struggles of this already-marginalized population. Food security, academic assistance, shelter, avoiding abuse/neglect, accessing mental/physical healthcare, affording shelter/ basic needs, and achieving financial literacy all became more difficult with school closures, inflation and rising unemployment rates.

Purchasing this 15-passenger van will directly benefit our youth residing in SRN's Pinellas County transitional housing facility (address 4600 Haines Rd. N. St. Petersburg FL 33714).

## Headquarters Location\*

Please provide your organization's headquarters address as it appears on your Sunbiz account. To check your Sunbiz registration, you may search here: <https://dos.myflorida.com/sunbiz/search/>

1212 W. Cass St. Tampa FL 33606

## QCT Determination - Headquarters\*

Is this organization headquartered in a QCT?

Further determination required



## Community Connection

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PCF understands the value of authentic and diverse representation in philanthropy and in Pinellas County. To this end, we ask demographic and representation questions to gauge the human impact your organization has on the communities you serve.

PCF has generalized the demographic data questions more than it has in other processes because of the public nature of this process. PCF understands that identity disclosure can be a sensitive matter and wants to respect your organization's board and staff. If your organization feels comfortable sharing more detailed demographic information, it may do so in the "Community Representation and Connection" section.

### Community Representation and Connection\*

Describe how your organization is representative of, or has authentic connections to, the community your proposal seeks to serve. You can list other community-based organizations that work on programming with you and/or list examples of your work within this community.

If your staff, board, executive leadership, or long-term volunteers have personal identities or experiences that allow for a meaningful connection with your clients, please feel free to describe this connection below. When possible, please use internal data or specific details to describe how your organization is representative and connected to the communities you serve.

SRN effects systemic change in our community to reduce barriers faced by unaccompanied youth and to ease our service connection. Listening to the needs of our participants, SRN has amended ten Florida laws to protect unaccompanied youth statewide (benefitting more than the ones in our program): (1) unaccompanied youth can obtain their birth certificate, social security card, and state ID; (2) unaccompanied youth have the right to a 14-day expedited emancipation trial without fees; (3) unaccompanied youth are eligible for Medicaid and food stamps; (4) unaccompanied youth can consent for their own healthcare, including mental health, as minors; (5) homeless higher education tuition waivers are accepted at all post-secondary education; (6) unaccompanied youth can consent for their own psychiatric evaluation and treatment; (7) unaccompanied youth can consent for their own substance abuse evaluation and treatment; (8) unaccompanied youth qualify for Keys to Independence, which was formally limited to foster care youth, easing the process to become drivers; (9) school districts must provide identification cards proving student's status and rights as an unaccompanied youth; (10) state college campuses must have a homeless liaison and food bank.

SRN has connections with many organizations in our community, who increase our programming effectiveness. Pinellas County school social workers are our main referral source, guidance counselors offer post-secondary planning and academic assistance, Pinellas County Schools rents us our transitional housing for \$10 annually. Feeding Tampa Bay donates food weekly, OnBikes supplies our students with bikes to aid in transportation to their jobs, various local professionals instruct our life-skills classes, and we have community health professionals assisting with mental health, medical, dental, ophthalmic and orthodontic assistance.

Local prominent organizations such as Tampa Bay Rays, Tampa Bay Lightning, and United Way Suncoast raise awareness for and financially support SRN. Our volunteer mentors and tutors are all responsible adults in our community.

### Leadership Demographics - Board Membership\*

Do your board members consider themselves a member of one or more of the following populations? Check all that apply.

- BIPOC defined as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color
- LGBTQ+ (Lesbian, Gay, Bisexual, Transgender, Queer+)
- Neurodiverse/physically disabled. Neurodiversity is defined as “the range of differences in individual brain function and behavioral traits, regarded as part of normal variation in the human population.” Examples of neurodiversity include autism spectrum disorders, ADHD, and dyslexia.

BIPOC  
LGBTQ+

### Leadership Demographics - Executive Level Leadership Team\*

Does your executive leadership team consider themselves a member of one or more of the following populations? Check all that apply.

- BIPOC defined as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color
- LGBTQ+ (Lesbian, Gay, Bisexual, Transgender, Queer+)
- Neurodiverse/physically disabled. Neurodiversity is defined as “the range of differences in individual brain function and behavioral traits, regarded as part of normal variation in the human population.” Examples of neurodiversity include autism spectrum disorders, ADHD, and dyslexia.

If your organization is volunteer-run and does not have an executive leadership team, please select "Not applicable."

BIPOC

### Leadership Demographics - CEO/Executive Director\*

Does your CEO/Executive Director consider themselves a member of one or more of the following populations? Check all that apply.

- BIPOC defined as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color
- LGBTQ+ defined as Lesbian, Gay, Bisexual, Transgender, Queer+
- Neurodiverse/physically disabled. Neurodiversity is defined as “the range of differences in individual brain function and behavioral traits, regarded as part of normal variation in the human population.” Examples of neurodiversity include autism spectrum disorders, ADHD, and dyslexia.

If your organization is volunteer-run and does not have an executive leader, please select "Not applicable."

None of the above

## Proposal Costs

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Please upload current verifiable bids, estimates, or price lists [from your potential vendor(s)]. These bids must be dated within the past 60 days. *Please ensure there is a date noted on the bid or some annotation as to when you obtained these estimates/bids.*

- If your purchase is BELOW \$75,000, you must upload TWO verifiable bids or estimates for the proposed purchases.
- If your purchase is ABOVE \$75,000, you must upload THREE verifiable bids or estimates for your proposed purchases.

This can be as simple as screenshots from Amazon or Best Buy (though PCF does not endorse or recommend any specific vendor) or may be from specialized vendors that sell your proposed purchase. If you have concerns regarding bids or estimates, please reach out to PCF staff.

**Please note if you submitted a proposal in the first round of funding for Small Capital Purchases, you will be required to submit new bids for an accurate cost estimation in the current market.**

*If you need assistance compressing files, please email Rose Cervantes at [rcervantes@pinellascf.org](mailto:rcervantes@pinellascf.org).*

### Bid/Estimate #1\*

PDF files are accepted.

vanbid.pdf

### Bid/Estimate #2\*

PDF files are accepted.

vanbid0.pdf

### Bid/Estimate #3

PDF files are accepted.

shuttlequote.pdf

### Sole Source\*

In some cases, a proposed small purchase is only available from a single vendor, and as such, only one bid/estimate can be uploaded. If this is the case for your organization, please explain in the field below, and contact Rose Cervantes at [rcervantes@pinellascf.org](mailto:rcervantes@pinellascf.org).

Otherwise, write "N/A" below.

n/a

## Related Parties\*

Are any of the contractors/vendors that have provided bids/estimates a related party to your organization?

### Examples of Related Parties

- A board member that owns the contracting company that provided a bid
- The relative of a director, officer, or executive team member owns a company that provided an estimate
- The CEO of the applying organization has a financial interest in the construction company providing a bid

**If yes**, identify the vendor and describe the relationship.

**If no**, write "No related parties below."

No related parties.

## Budget Summary\*

**Please use THIS TEMPLATE to indicate costs and any cash match your organization may have for the proposed purchases. Note: this spreadsheet will automatically round numbers to make it easier to read for committee members.**

If you submitted a proposal in the first round of funding for Small Capital Purchases, you will be required to submit a new budget for an accurate cost breakdown in the current market. Additionally, this round of funding there is less available monies, and the max award request has decreased.

Please note that indirect costs are not permitted for small purchases.

If you have additional notes to add to your budget summary, you may do so in the text box below.

arpabudget.pdf

N/a

## Other Funding Sources\*

Please describe any other funding not already mentioned that your organization has applied for or obtained for this purchase.

This includes but is not limited to Community Block Development Grants (CBDG), local government grants (including Tourist Development Council funding), foundation grants, and private donors (you do not need to disclose donor identities but simply indicate the amount raised for this purchase). This includes any matching grants or in-kind contributions you may have obtained.

**Please be sure these other funding sources are represented in the "Applicant Match" column in the budget summary uploaded above.**

N/a. The ARPA Nonprofit Capital Project Fund is currently the sole source of proposed funding for this purchase.

## Changes in Operating Costs\*

Please answer this question based on the descriptions below:

- If this project **increases** ongoing operational costs (programmatic, operating maintenance or other costs), how will you compensate for the difference?
- If this purchase **decreases** ongoing operating costs, how will it do so?
- If this purchase **does not affect** operating costs, please note so below.

The one-time purchase of a 15-passenger van will increase fuel and vehicle maintenance expenses. However, the expense saved of contracted cars will overall net a decrease in our operating costs.

## Corrective and Investigative Action/Grant Recall

In the past three (3) years, has your organization or any affiliated parties with your organization had any of the following occur:

1. Been under legal investigation by a local, state, or federal institution?
2. Been placed on a corrective action plan by a funder?
3. Had grant funding recalled by a funder?

If yes, please describe the investigation, corrective action plan and/or grant recall, and the current status of such incidents. You may upload a PDF file to support your answer if necessary.

If no, write "N/A"

n/a

## Insurance Requirements

### Evidence of Insurance Coverage\*

Grantees of the ARPA Nonprofit Capital Project Fund will be required to maintain appropriate insurance related to your operations and this purchase. PCF will determine whether this coverage is appropriate.

Please upload evidence of insurance.

**If your organization does not have evidence of insurance coverage, please provide an explanation as to why.**

insurnce.pdf

### Insurance Requirement\*

**If you are awarded a contract from the ARPA Nonprofit Capital Project Fund, you may be required to list Pinellas Community Foundation as an additional insured through your general liability insurance or other appropriate coverages for the duration of the contract. If you would like to check with your insurance carrier on how to do this, here is the information about PCF you will need:**

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 if you are awarded a contract.**

**PCF will not ask for a certificate naming us as additional insured until the contracting stage.**

Yes, I understand and will comply with this requirement if awarded a contract.

## *Organization Documentation*

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**Please reach out to PCF staff if you have trouble uploading the files below. We are able to assist with file conversion and file compression.**

### **Organization Budget\***

Please upload your most recent, board-approved organizational budget for this fiscal year. PDF and Excel documents are accepted.

Proposed Budget 2023.pdf

### **Board of Directors List\***

Please upload your Board of Directors list.

Excel, Word, and PDF file formats are accepted.

BOD 2023.docx

### **IRS Form 990\***

Please upload a PDF copy of your most recently submitted IRS Form 990.

**If Form 990 from your most recent fiscal year is delayed or you have received an extension, please explain in the text space below. You may also explain if you don't have a Form 990 due to organization type. You should still upload the most recent publicly available 990.**

If you file a Form 990-EZ and do not have anything to attach, please note so below.

Only PDF files are permitted.

990 SRN 2021.PDFSIGNED.pdf

## Most Recent Financial Statements\*

Upload a PDF version of your most recent financial statements. If you have audited financial statements, please upload the most recently conducted audit. If you do not have a recent audit, please explain why.

EOY Financials 2022.pdf

After interviewing Auditors, we discovered that the best practice for nonprofits is a year end of June 30.

So, for 2022, we are reviewing our financials with a 12/31 year end. That will correlate with the IRS paperwork on file for us.

We have already filed paperwork to change our 2022 to June 30. So, for 2022, we will have audited financials for January through June. And, then a full 2023 audited financials for June to June. This process was suggested by several auditing companies to change our year end.

We hope this will suffice for our proposal, knowing that we have several audits scheduled.

## Post-Grant Requirements

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### Reporting Requirements Acknowledgment\*

Grantees will be required to submit a pre-award agreement within two weeks of receiving an award notice. In addition, grantees will be required to submit a report within 30 days after the purchase is completed.

Financial information justifying all expenditures will also need to be provided. This includes but is not limited to:

- Invoices
- Canceled checks
- Credit card statements, along with a record of paying the credit card.

If you have any questions, please contact Rose Cervantes, ARPA Program Officer at [rcervantes@pinellascf.org](mailto:rcervantes@pinellascf.org).

Yes, I agree to submit this grant agreement and impact report within the specified timeframes.

## Additional Information

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### Additional Upload

If you have something to share, you can upload it here in PDF format.

SRN Prospectus FINAL (1).pdf

## Anything else to share?

Is there anything else that you would like Pinellas Community Foundation to know or other information your organization would like to share that isn't addressed elsewhere in this application?

What makes SRN's program unique is we continue case management/tracking through post-secondary education, and many times, indefinitely. We become a family. SRN staff monitors bank accounts, academic portals, mental well-being, etc., intervening to help students get back on track, if necessary. Communicating with and monitoring SRN graduates throughout their educational studies and careers tracks long-term results. Many of SRN's students choose service-oriented careers - teachers, social workers, nurses, firefighter, paramedic, EMT's- all which benefit our community in the long run. Our first Dr. just graduated from Medical School and started her residency in Pediatric Surgery! Few nonprofits have metrics of the final outcome of a client.

## Agreements

---

### Affirmation of Application Materials\*

I hereby certify that, to the best of my knowledge, the provided information within this application is true and accurate.

Yes

### Public Application and Grant Process\*

In order to maintain transparency for the use of public funding, PCF will publish all submitted funding requests, committee review meeting minutes, executed contracts, and reports to its website. This means your funding request in its entirety will be published. Please check the box below to indicate your understanding of this.

Yes, I understand.

### Final Approval for Grant Award\*

The grantmaking process administered by PCF results in funding recommendations by an external committee using an objective, public rubric. Final approval of recommendations is made by the Pinellas Board of County Commissioners.

Yes, I understand.



## File Attachment Summary

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### *Applicant File Uploads*

- vanbid.pdf
- vanbid0.pdf
- shuttlequote.pdf
- arpabudget.pdf
- insurnce.pdf
- Proposed Budget 2023.pdf
- BOD 2023.docx
- 990 SRN 2021.PDFSIGNED.pdf
- EOY Financials 2022.pdf
- SRN Prospectus FINAL (1).pdf

**Enterprise Passenger Van Sales--Vehicle Inquiry--Alli Ducker**

1 message

Gonzalez, Teresa <Teresa.Gonzalez@ehi.com>  
To: "allison.ducker@startingrightnow.org" <allison.ducker@startingrightnow.org>  
Cc: "Siney, Scott A" <Scott.A.Siney@ehi.com>

Tue, Mar 28, 2017

Hi Alli,

Following up with our conversation earlier today please see attach large van disclosure and the total to the van you inquired below. If you have any additic questions or would like to move forward with the purchase please feel free to give me a call at

877-826-4725. Thank you-Teresa

**The van you inquired about is still available for purchase \*\*\*At the moment\*\*\* (Stock 7SDHWM):**

<https://www.enterprisevansales.com/vehicle-details/2019-ford-transit-350-xlt--mid-roof-15-passenger-seating-van-044615f138334f51b8d2cff3d2d118ea>

**Our Program**

**No-Haggle Pricing** - just a great price every time.

**30-Day Warranty** - Every vehide includes a bumper-to-bumper warranty for 30-days or 5,000 miles (whichever comes first).

**7-day Repurchase Agreement** - if you change your mind within 7 days or 1,000 miles, we'll repurchase your vehicle. minus a small cleaning and documentation fee, w questions asked.

**Financing** - We do not have any in-house financing options, reaching out to your local bank or credit union is a great place to start.

**Price Break-down Tampa, FL (delivered directly to your house or business):**

Total breakdown with Enterprise shipping:

Purchase Price on Motor Vehicle:	\$39,499.00
Document Processing Charge:	\$85.00
Shipping fee to Tampa, FL	\$2,700.00
<b>Total Sale Amount:</b>	<b>\$42,284.00</b>

(You will be responsible to pay sales tax/registration in FL if applicable)

OR

**Price break-down Example if picking the van up in CA and driving back to Tampa, FL:**

Total breakdown if driving van back to FL:

Purchase Price on Motor Vehicle:	\$39,499.00
Document Processing Charge:	\$85.00
CA Sales Tax 10.25%:	\$4,057.36
<b>Total Sale Amount:</b>	<b>\$43,641.36</b>

(You will be responsible to pay registration in the state you register the van in if applicable)

*If you want us to hold the van and move forward with the purchase, we need the following ite prepare the sale documents to be overnighted via FedEx:*

- Proof of insurance on any existing vehicle the business owns
- Copy of Driver's License for the contact signing on behalf of the business
- How will the paperwork read on the sale documents (Confirm below)?
- Address where we can overnight the documents?
- If you're taking out a loan, we need the Lienholder information/instructions:

**How will the DMV/Enterprise Paperwork Read:**

- Name:
- Address:
- City, ST ZIP:
- Phone Number:

***We only accept two types of payment (Cashier's Check payable to "Enterprise" or Wire/ACH Transfer)***

***A few procedural reminders for Non CA state customers:***

- 30 Day/5,000 miles (whichever comes first) warranty begins the day you receive the van
- 7 day/1,000 miles (whichever comes first) cancellation period begins the day you receive the van
- Shipping Fee Non-Refundable
- Title will be sent out after the 7 day cancelation period expires (Title will be sent to the Lienholder if applicable)
- Normal time to receive title is 10-14 days from date you receive the van
- Once payment and signed documents have been received it can take anywhere from one to four weeks to get the van booked about another week for the van to get delivered
- When paying with a cashier's check we must hold onto the title for 10 business days for the check to clear. If paying with a wire transfer we can release title after the 7 day cancellation period



Van Sales Associate

(877) 826-4725 office

Enterprise Van Sales  
3384 Cherry Ave  
Long Beach, CA 90807  
877-826-4725

www.Enterprisevansales.com



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**From:** allison.ducker+startingrightnow.org@mg.automanager.com <allison.ducker+startingrightnow.org@mg.automanager.com>  
**Sent:** Tuesday, March 28, 2023 12:39 PM  
**To:** Siney, Scott A <Scott.A.Siney@ehi.com>; Siney, Scott A <Scott.A.Siney@ehi.com>; Gonzalez, Teresa <Teresa.Gonzalez@ehi.com>; Van Sales 32QQ <VanSales32QQ@ehi.com>; Dennis C <Andrew.C.Dennis@ehi.com>  
**Subject:** WebManager Notification: Vehicle Question

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**Note:** This notification was automatically generated and sent by WebManager. **Please do not reply to this email message.** Any replies to this notification will not be seen by the contact (if included in this notification).

---

### WebManager Notification: Vehicle Question

A visitor to your website has submitted the Vehicle Question form.

### Contact Details

Name: Alli Ducker

Email: allison.ducker@startingrightnow.org

Daytime Phone: (813) 716-8031

Contact Preference: No Preference - Any Time

### Vehicle Details

---

**2019 Ford Transit 350 XLT Mid Roof 15 Passenger Seating**

VIN: 1FBAX2CMXKKB05697

Stock #: 7SDHWM

Price:

Mileage:

### Questions or Comments

---

Hi, We are interested in purchasing a 15+ passenger van for our nonprofit. I see you are located in CA. Is there a way I could get a written estimate of the cost including shipping to Florida (if that)?

---

**CONFIDENTIALITY NOTICE:** This e-mail and any files transmitted with it are intended solely for the use of the individual or entity to whom they are addressed and may contain confidential information protected by law. If you received this e-mail in error, any review, use, dissemination, distribution, or copying of the e-mail is strictly prohibited. Please notify the sender immediately and delete all copies from your system.



# AutoNation Ford St. Petersburg

Date: 03/23/2023 3:45 PM Manager: Carl O'lane  
ID: 60520407 Associate: Dominic Fatone Butler

Customer: Alli Ducker

Phone: (813) 716-8031

Address: SAINT PETERSBURG,  
FL 33714

Email: allison.ducker@startingrightnow.org

## VEHICLE



### 2023 Ford Transit-350 Passenger XL

Stock #: PKA90212  
Mileage: 10  
VIN: 1FBAX2CG2PKA90212  
Warranty: Manufacturer Warranty

## BRAND PROMISE



### AutoNation Pricing

You'll see a low price, upfront, on every car, truck, and sport utility, so you'll save time and money.

## PURCHASE OPTION

AutoNation Price		<b>\$56,680.00</b>
Sales Tax (estimate):	+	\$3,522.83
Tire/Battery/MVWEA	+	\$ 8.50
Electronic Filing Fee	+	\$199.00
Dealer Services Fee****	+	\$995.00
Reg/Tag/Title Fee	+	\$400.00
Balance Due (estimate):		<b>\$61,805.33</b>

## TRADE



### We'll Buy Your Car

We provide a Guaranteed Trade-In Offer honored for 7 days or 500 miles at any of our locations.

## Notes:

**Ask how you can protect your vehicle tomorrow with a Vehicle Service Contract today!** This menu is provided to you, our customer, to assist you in better understanding the financial options available. Appearance, Windshield, Theft and Dent Protection coverages are optional. Appearance Protection Products (fabric, leather and paint) have been pre-applied to the vehicle. Amounts above are ESTIMATES ONLY and may vary based on approved credit, applicable taxes, vehicle selection, trade value(s), estimated payoff, eligibility for rebates and other factors particular to your transaction. Final payments and terms may vary. Customer agrees to pay the difference, if any, in the amount of the trade lien payoff. \*\*\*\*This charge represents costs and profit to the dealer for items such as inspecting, cleaning, and adjusting vehicles, and preparing documents related to the sale.

**X**

03/23/2023

Buyer: Alli Ducker

Date

**X**

03/23/2023

Sales Manager

Date

# Las Vegas Bus Sales, Inc.

4530 E Carey Ave

Las Vegas NV 89115

(702) 456-9800

Starting Right, Now  
1212 W Cass St  
Tampa FL 33606

03/28/2023

Order No.

Salesman

Fax

(877) 456-9804

## Purchase Agreement

I hereby agree to purchase the following unit(s) from you under the terms and conditions specified in this document.

### Unit Information

New/Used	Year	Make	Model	Serial No.	Stock No.	Price
Used	2019	FORD	STARCRAFT	1FDEE3F63KDC27811	S27811	\$89,995.00

#### Notes:

\*\*\* Vehicle subject to prior sale\*\*\*

All out of state payments must be in the form of cashier's check or bank wire - USD.

Out of state residents: Sales tax waived with proof of out of state residency.

Options:

Lienholder:

None

Dealer Unit Price	\$89,995.00
Added Accessories	\$0.00
Freight	\$5,231.00
Dealer Prep/Rigging Fee	\$0.00
<b>Price</b>	<b>\$95,226.00</b>

<b>Net Sale</b> (Cash Price - Net Trade)	\$95,226.00
Sales Tax	\$0.00
Document or Administration Fees	\$200.00

Trade Information (VIN Required):

Total Other Charges	\$200.00
<b>Sub Total</b> (Net Sale + Other Charges)	<b>\$95,426.00</b>
Down Payment	\$0.00
<b>Amount to Pay/Finance</b>	<b>\$95,426.00</b>

#### VEHICLE SOLD "AS IS WHERE IS"

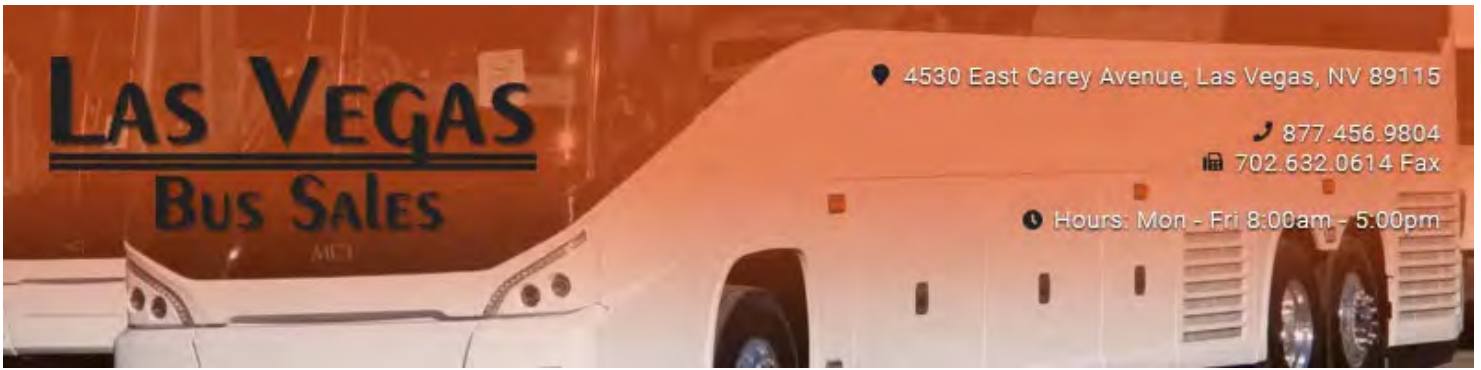
NOTICE TO BUYER: (1) Title remains in sellers possession until payment is received in full. (2) Buyer acknowledges receipt of a copy of this purchase agreement and further acknowledges having read and agreed to the terms and conditions printed on the agreement. Buyer understands that the down payment tendered is not refundable unless stated otherwise.

A negotiable documentary service fee up to \$150.00 may be added.

TRADE-IN NOTICE: Customer represents that all trade in units described above are free of all liens and encumbrances except as noted.

Customer Signature \_\_\_\_\_ Dealer Signature \_\_\_\_\_ Approved By \_\_\_\_\_

Thank You for Your Business!



## 2019 Starcraft Allstar Shuttle Bus S27811



**Stock #:** S27811

**\*\*\* Ford Factory Powertrain Warranty until July 25, 2024 or 60,000 Miles, whichever occurs first! \*\*\***

Just in is this 2019 Starcraft Allstar shuttle bus in excellent condition. It is built on a Ford E350 chassis powered by Ford's 6.2 liter V8 gas engine. Inside the bus is seating for 14 with overhead parcel storage that includes individual reading lights. This shuttle's passenger capacity is below the CDL limit in MOST states. Seating consists of individual high back reclining seats with aisle arm rests, and lap seat belts. Other options include A/C and heat, an advanced fast idle system, and more. This shuttle is ready to go to work for you.

## Additional Information

<b>Status</b>	In Stock – Las Vegas Location
<b>Condition</b>	Used
<b>Year</b>	2019
<b>Make</b>	Starcraft
<b>Model</b>	Allstar
<b>Chassis</b>	Ford E350 Super Duty
<b>Engine</b>	6.2 Liter V8
<b>Fuel Type</b>	Gas
<b>Transmission</b>	Automatic
<b>Odometer</b>	13,642
<b>GVWR</b>	12,500 lbs.
<b>Capacity</b>	14
<b>Handicap Accessible (ADA)</b>	No

<b>Air Conditioning</b>	Front & Rear
<b>Heat</b>	Front & Rear
<b>Seats</b>	Aisle Arm Rests, Individual High Back, Recliners
<b>Seat Belts</b>	Lap Belts
<b>Storage</b>	No
<b>Canadian Admissible</b>	Yes
<b>Media</b>	AM/FM Stereo w/CD
<b>Misc. Options &amp; Features</b>	Overhead Parcel Storage, Advanced Fast Idle System, Back Up Alarm, Individual Reading Lights, Tilt and Cruise Steering Wheel, Touring Style Windows w/ T Sliders







527811

VANPOOL

STARBUCKS



STARCRAFT

STARCRAFT

STARCRAFT

SOLD



STARCRAFT

STARCRAFT

VANHOOL

C4685

STARCRAFT











## ARPA Nonprofit Capital Project Fund – Small Purchases Budget

**Organization Name:** Starting Right, Now

**Proposal Name:** Transporting Homeless Youth

A	B	C	D	E	F	G	H
Line Item	Item (Description)	Price Per Item	Quantity of Item	Purchase Total	ARPA Grant Funds Requested	Applicant Match	Funding Total
1	15-passenger van/shuttle	\$66,505.00	1	\$ 66,505	\$ 66,505	\$ -	\$ 66,505
2		\$ -		\$ -	\$ -	\$ -	\$ -
3		\$ -		\$ -	\$ -	\$ -	\$ -
		\$ -		\$ -	\$ -	\$ -	\$ -
		\$ -		\$ -	\$ -	\$ -	\$ -
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		\$ -		\$ -	\$ -	\$ -	\$ -
		<b>TOTAL</b>	<b>1</b>	<b>\$ 66,505</b>	<b>\$ 66,505</b>	<b>\$ -</b>	<b>\$ 66,505</b>

**THE "PURCHASE TOTAL" AND "FUNDING TOTAL" COLUMN SHOULD BE EQUAL**

Columns E, H, and the "TOTAL" row are locked and cannot be edited

**Key**

<b>Item (Description)</b>	<i>Brief name/description of the purchase requested</i>		
<b>Price per item</b>	<i>The individual price of one unit of the proposed purchase</i>		
<b>Quantity of Item</b>	<i>The number of units of the proposed purchase you are requested</i>		
<b>Purchase Total</b>	<i>Total purchase cost of the proposed line item (quantity multiplied by price)</i>		
<b>ARPA Grant Funds Requested</b>	<i>The amount of ARPA funding requested for this line item</i>		
<b>Applicant Match</b>	<i>The amount (if any) that you, the applicant, are contributing towards the purchase of the line item</i>		
<b>Funding Total</b>	<i>Total funding for proposed line item (ARPA grant request plus applicant match)</i>		



**INSURANCE PROPOSAL  
FOR**

**Starting Right, Now, Inc.**

**POLICY PERIOD**

**03/31/2022 to 03/31/2023**

**PREPARED BY:**

**Julia Sewell, Senior Underwriter**

**Care Providers Insurance Services, LLC**

**16301 Quorum Drive Suite 100A**

**Addison, Tx 75001**

**Fax 800-224-7145**

**QUOTE ISSUED: 03/24/2022**

**QUOTE EXPIRATION: 03/31/2022**

**QUOTE VERSION: 001**

Disclaimer: Product descriptions are included herein for the sole purpose of providing a quick reference tool concerning the general nature and types of products available from NSM Insurance Group. The descriptions contained herein are not intended to be complete descriptions of all terms, exclusions and conditions in the subject policies, but are solely provided as general descriptions of the products. Descriptions contained herein are not intended to be relied upon by potential insureds. Anyone interested in a particular product should request a copy of the policy for complete description of the scope and limitations of coverage.

Please note that this quotation is based on the exposures, operations, loss experience and risks aspects presented with the submission and any subsequent correspondence. This quotation is strictly conditioned upon no material change in the risk occurring between the date of this quotation and the inception date of this policy. In the event of such change in risk, the Program may in its sole discretion modify and/or withdraw this quotation regardless of acceptance of the proposal by the Insured.

We are pleased to present our quote through NSM Insurance Group. The coverage, limits and exposures included in our proposal follow. **Please review this proposal carefully, as limits, coverage and deductibles may differ from the application submitted.** Only those coverages showing premium and limits beside them, are included in this proposal. This quotation expires at 12:01 AM on the inception date of the policy period indicated above.



**Applicant/Insured: Starting Right, Now, Inc.**  
**Effective Date: 03/31/2022**

**Premiums & Commission by Coverage Line Summary**

<b>Lines of Insurance</b>	<b>Broker Commission</b>	<b>Renewal Premium</b>
Property	15.00%	\$2,297.00
Property Surcharges		\$6.30
General Liability	15.00%	\$11,025.00
Professional Liability	15.00%	\$2,193.00
Abuse & Molestation Liability	15.00%	\$977.00
<b>Total Package Premium</b>		<b>\$16,498.30</b>
<b>Automobile Premium</b>	<b>10.00%</b>	<b>\$15,276.00</b>
<b>Care Providers Fee</b>		<b>\$500.00</b>
<b>Total Renewal Quotation</b>		<b>\$32,274.30</b>
<b>Helpline (optional)</b>		<b>\$395.00</b>

**\*\*\* Please indicate payment option shown on the Conditions of Proposal (Page 6) of this quote.**



**Applicant/Insured: Starting Right, Now, Inc.**  
**Effective Date: 03/31/2022**

**Program Highlights**

*Compare the Care Providers Program to other Social Service Programs*

<b>Program Highlights</b>	<b>CareProviders</b>	<b>Others</b>
A.M. Best “A+” Rated Carrier	✓	?
GL limits to \$3,000,000 aggregate on a per location basis	✓	?
GL automatically covers fund raising events with full liquor coverage	✓	?
GL Enhancement Endorsement with 21 different Extensions	✓	?
Professional Liability Policy with separate limits and aggregates. Includes “employed physicians”	✓	?
Abuse and Molestations coverage with separate limits and aggregates	✓	?
Blanket Property Limits available with large in-house capacity	✓	?
Property Enhancement Endorsement with 45 different coverage extensions	✓	?
Automobile Enhancement Endorsement with 18 different coverage extensions	✓	?
Dedicated Claims TPA specializing in the Human Social Service Industry	✓	?
On-line/On-Site Risk Management Services Available	✓	?

For industry expertise, comprehensive coverages and superior service...  
 “Get with the Program” with NSM Insurance Group

*(Note: Check your quotation as not all coverage enhancements are offered in every quote.)*



**Applicant/Insured: Starting Right, Now, Inc.**  
**Effective Date: 03/31/2022**

## **CONDITIONS OF PROPOSAL & FEE DISCLOSURE**

**PLEASE REVIEW YOUR QUOTE CAREFULLY AS COVERAGE TERMS, CONDITIONS & EXCLUSIONS MAY NOT BE THE SAME AS EXPIRING OR PER APPLICATION SUBMITTED.**

This quotation is subject to the insured's acceptance of the following conditions and our receipt, review &/or underwriting approval of any additional information requested below:

1. **This Conditions of Proposal to be signed by Insured and Agent (Next page)**
2. **Selection of payment plan & insured's email address (Page 6)**
3. 22-23 Updated ACORDS signed/dated by insured & agent. Must reflect GL exposures as quoted.
4. CPS NB Supp signed/dated by Agent.
5. **Confirmation background checks run on all employees (paid & unpaid) prior to hiring.**
6. **Written confirmation insured has implemented procedure to obtain proof of personal auto coverage for all non-owned drivers and collects certs w/ AI from transportation company for hired autos.**
7. Signed FL UM/UIM Forms Rejection/Selection (attached).
8. Signed FL PIP Rejection/Acceptance Form (attached).
9. FL W/H Exclusion acknowledgment on the insured's letterhead & signed/dated by director (wording to copy & paste below):

*"Starting Right, Now, Inc. & affiliated entities listed on the 22-23 policies does not want the insurance on its structures scheduled on the policy to pay for damage from windstorms as indicated on the property schedule. Starting Right, Now, Inc. & affiliated entities will be responsible for these costs. Starting Right, Now, Inc. & affiliated entities' insurance will not."*

### **ACCEPTANCE OF QUOTATION**

***I have reviewed the terms, conditions and premiums of this quotation and find them to be acceptable. I further understand that binding authority is limited to NSM Insurance Group.***

**Carrier is AMGuard Insurance Company – Admitted  
AM BEST "A+" X**



**Applicant/Insured: Starting Right, Now, Inc.**  
**Effective Date: 03/31/2022**

**CONDITIONS OF PROPOSAL & FEE DISCLOSURE**

**Fee Charged: \$** 500.00

**Length of Service Agreement:** One year from effective date indicated above.

**DISCLOSURE NOTICE TO ALL CLIENTS:**

The Care Providers Services program provides (through its insurance companies or via contract services) a variety of services that may include, but are not limited to: loss prevention, motor vehicle reports, training, policy issuance, risk management and related services to its insureds.

For example, telephone contact may be made with policyholders to assess their individual loss prevention needs. On-site physical inspections may be conducted at one or more of a client’s facilities. The fees charged for services is based on an estimate of the those usually required for an average social service client of similar size and operation.

A policyholder may be subject to additional fees and/or charges should it be determined that additional services are warranted due to loss severity, loss frequency, operational change in business exposure, risk management needs, elevated MVR requests, training or a policyholder’s desire for services beyond what the above fee contemplates.

This fee is a reimbursement for administrative services (MVR’s, delivery services, property location reports, printing and reproductions services, electronic mail and telephone transmission costs) unrelated to the purchase or sale of insurance. You are not required to purchase insurance to obtain these administrative services.

**ACCEPTED AND ACKNOWLEDGED BY:**

*Vicki Sokolik*

**Insured Signature:** \_\_\_\_\_

**Print Name:** Vicki Sokolik

**Insured’s FEIN required:** 26-3725699

**Today’s Date** 5/20/2022 **Date Coverage to be Bound:** 3/31/2022

**Broker Signature:** *Sherri Britton* \_\_\_\_\_

**Print Name:** Sherri J. Britton

**NOTE – THIS PROPOSAL IS A SUMMATION OF THE LIMITS, TERMS COVERAGE AND CONDITIONS ALL OF WHICH ARE SUPERCEDED BY THE ACTUAL POLICY WHEN ISSUED.**



**Applicant/Insured: Starting Right, Now, Inc.**  
**Effective Date: 03/31/2022**

### **PAYMENT OPTIONS:**

**1. Full Pay Plan – Agency Bill**

100% Annual Premium due to NSM within 10 days of binding (including if you choose to pursue your own premium financing arrangement).

**2. NEW & IMPROVED! Zero Percent Financing (through First Insurance Funding)**

- **Credit Card Payments Now Accepted!**
- **Online Account Management**
- **Electronic/Emailed Statements and Notices**

20% down payment due within 10 days of binding

Balance payable in 9 equal monthly installments (plus \$15 admin. fee per installment).

### **SELECTION OF PAYMENT OPTION (CHOOSE ONE):**

Full Pay Plan: 100% of premium due to NSM within 10 days of binding

Zero Percent Financing \* through First Insurance Funding: 20% down – 9 equal monthly installments plus \$15 administrative fee per installment.

**\*Insured Email Address:** vicki.sokolik@startingrightnow.org

*(After binding, insured will receive an email from First Insurance Funding with the down payment invoice and instructions to log in to [www.firstinsitepay.com](http://www.firstinsitepay.com) set up their account.)*



**HUMAN RESOURCE SUPPORT SERVICES**

**\$395.00**

**Toll- Free Employer HELPLINE:**

Telephone consultation access to experienced Human Resource professionals who help organizations deal with issues ranging from basic regulatory/compliance concerns, to policies and procedures, as well as complex personnel situations. Personalized attention to your organization's unique questions and issues is provided, and all communications are strictly confidential. No later than "next business day" response time will be provided on all questions. Access is available for one manager/supervisor from the policyholder organization throughout the annual policy period, Monday – Friday, from 9 a.m. to 5 p.m. EST.

**Briefcase & HR Law Library (including on-line access to HR specialists):**

The Briefcase & HR Law Library contain state of the art content that is provided by CCH/KnowledgePoint, the leading publisher of legal, HR, tax and Employment Law information in the United States. Using the login above, you can gain access to a comprehensive resource station that includes up to date Federal and State specific law changes, template letters, recent court rulings, forms and checklists. Five total users from your organization can have unlimited access to these resources and ask the Human Resource professionals your unique questions via e-mail at the click of a button!

**Monthly HR Express Updates & HR Alerts:**

These human resource updates are provided to the 5 designated users within your organization via e-mail or fax. The objective is to help keep continuously changing workplace issues and regulations up in front of you. Each update contains an interactive Question and Case Digest of the Month, Federal and State specific law changes, as well as other valuable HR information. In addition, HR Alerts are sent out whenever a hot HR topic arises in the news.



# Care Providers Insurance Services and Enquiron

## HR RISK MANAGEMENT HELPLINE

As part of Care Providers' mission to provide industry-best service to nonprofit and social services organizations, we utilize our partnership with Enquiron, an HR risk management expert, to deliver strategic, client-centric engagement solutions designed to assist your clients with HR, employment law, and ongoing employee issues. The CPS HR Risk Management HELPLINE addresses these challenges by delivering thousands of dollars of risk management value.

### TOOLS & RESOURCES

#### State-specific Handbook and Policy Builder

This quick and easy tool can be used to create a complete handbook or a single policy. All pre-set policies are compliant with federal and state guidelines.

#### Online Training Courses

Topics for these courses include but are not limited to: sexual harassment, discrimination prevention, and HIPAA compliance. Courses can be assigned to supervisors or employees.

#### Job Description Builder

This easy, customizable tool can create job descriptions for various industries and skill levels.

#### "What Are You Doing Today?" Tool

Curated, targeted content that guides clients through daily HR activities. Clients have access to checklists, best practices, and other vital HR information.

#### ADA Compliance Checklist

Your clients have access to a checklist and fact sheet regarding ADA compliance within their organization.

#### ADA Website Compliance Tool

Clients have access to free, online tools that evaluate the accessibility of their website. Recommendations help your client maintain online ADA compliance.

### ADVICE

Staff is available every business day to provide advice and counsel for HR and employment law challenges. Resources include:

- Access to employment law attorneys and specific, documented, confidential, legal advice for any pre-claim employment law inquiry
- Documented responses guaranteed by end of the next business day
- Curated sample questions to guide client through employment law topics

### CONTENT

- Access to updates, regulatory alerts, questions of the month, state and federal resources, posters, forms, news
- Live and archived topical webinars, many with CE credits for HR personnel

### WHAT OUR CLIENTS SAY

Based on the results of an optional survey given to 1,000 Enquiron clients:

- 98% of clients gave Enquiron a high rating
- 74% said the service saved them approximately \$5,000 annually
- 68% said it saved them more than 10 hours of time annually

# Care Providers Insurance Services

## LOSS CONTROL & RISK MANAGEMENT TOOLS - SELF SERVICE SOLUTIONS

Care Providers Insurance Services understands the unique challenges that nonprofit and social services organizations face. We have partnered with GUARD to provide industry-best risk management services to help your clients minimize the potential for loss. Listed below are several of our loss control solutions, many of which are available at no additional cost.

### **CUSTOMER SERVICE LINE**

Professional staff is available every business day to answer your clients' questions and provide risk management advice. Call 570-825-9900 Ext. 1475 or email [losscontrol@guard.com](mailto:losscontrol@guard.com).

### **ONLINE SAFETY TRAINING (TRAININGNETWORKNOW.COM)**

This easy-to-use, automated training system enables clients to train their employees and track their progress in far less time than traditional training methods. Available safety courses include:

- Driving Distractions of the Professional Driver
- School Safety — Working with Special Needs Children
- First Aid (Adult, Infant & Child CPR/Emergency)
- Multi-Passenger Van Safety

### **DISCOUNTED SERVICES ON CRIMINAL BACKGROUND CHECKS BY PRAESIDIUM**

Give your clients a comprehensive background check package designed for social service organizations. This package is available at a discounted rate of \$9.95 per report and includes the following complimentary services:

- An initial consultation call
- A standard consent form to use with your applicants
- A comprehensive user's manual for the online background check system
- Social security number trace and alias search, 50-state criminal records search, national sex offender registry search, and national / international security searches

Upon request, Praesidium will help your clients interpret background check results and provide risk management support.

### **ARMATUS® INTERNET-BASED TRAINING**

Your clients' staff will be trained on reducing abuse risk and protecting themselves against false allegations of abuse through user-paced activities and videos.

### **TOLL-FREE CONFIDENTIAL ABUSE HELPLINE (800-607-SAFE)**

Praesidium's experts are just a phone call away to provide your clients with guidance on abuse prevention, managing risks, and responding to dangerous or potentially costly situations.

# Care Providers Insurance Services

## LOSS CONTROL & RISK MANAGEMENT TOOLS - FULL SERVICE SOLUTIONS

For larger and complex risks, more extensive services are available at no additional cost. Our professional staff and independent industry experts help clients reduce the opportunity for loss by applying proven practices for accident and incident prevention. The support is personalized and typically includes the evaluation of prior loss experience and a review of current procedures. The solutions we provide include, but are not limited to support with:

- Driver Training
- Slip, Trip, and Fall Prevention
- Contractual Risk Transfer Practice Controls
- An Abuse Risk Management Policy Analysis by Praesidium
  - » Sound policies provide the foundation for a safe work environment. They guide employees and volunteers; they set tolerance levels, and they can help protect your clients if they face litigation. Praesidium will review your clients' policies to ensure that they are addressing ever-changing issues like communication boundaries with clients, social media policies and more. After review, Praesidium provides a detailed analysis report of your policies upon request.
- Telephone and web-based consultation
- Risk Tips and E-news Alerts
- Training

### ENQUIRON HR/EMPLOYMENT LAW HELPLINE (877-568-6655)

Staff is available every business day to provide advice and counsel for HR and employment law challenges. Resources include:

- Unlimited, specific, documented, and confidential advice from employment law attorneys
- Online sexual harassment prevention training courses available for both supervisors and employees
- Online tools, including a state-specific employee handbook builder, forms, posters, news, and more

For more information on how Care Providers Insurance Services and AIG Programs can meet your loss control needs, please visit [www.ins-cps.com](http://www.ins-cps.com) or contact:

- Care Providers Insurance Services: **800-761-7072**
- GUARD Loss Control: **570-825-9900 Ext. 1475** or [losscontrol@guard.com](mailto:losscontrol@guard.com)

## Equipment Breakdown Coverage Inspection Information

Your insurance policy from an AIG member company includes equipment breakdown coverage as a part of your total insurance program. The Hartford Steam Boiler Inspection and Insurance Company (HSB) is an equipment specialist working with AIG to provide equipment related inspection services. Our combined goal is to provide the highest quality insurance program and services to protect your equipment and your business.

### Jurisdictional Inspection Service

There may be laws or regulations in your city, county or state that require periodic boiler inspections. The scope of the laws may also include air conditioning systems, refrigeration systems and pressure vessels. Most Jurisdictional Authorities charge a fee for both the inspection and the certificate. HSB will perform the inspection for you at no additional cost as an integral part of your insurance program. The certificate fee or any fine levied by the Jurisdiction for not complying with the laws or regulations, is not a part of this service.

If you answer yes to any of the following questions, you may require a certificate inspection. Contact the HSB Inspection Hotline and the customer service representative will assist you.

1. Does my location contain any heating or process boilers?
2. Does my location have any large hot water heaters (200,000+ btu/hr)?
3. Does my location contain any pressure vessels (air tanks, hot water storage tanks)?
4. Does my location have a central air conditioning system?

Ways to contact Hartford Steam Boiler:

**Inspection Hotline: (800) 333-4677**

8:00 A.M. – 7:00 P.M. Eastern Time

**Email: NSCINSP\_HOTLINE@hsb.com**

**Fax #: (484) 582-1811**



**Please provide the following information:**

- Program Name: If available
- AIG Policy Number: Found on Declarations page
- Insured Name
- Location Name and Address
- Contact Name and Phone Number





## **CARE PROVIDERS INSURANCE SERVICES CLAIM REPORTING PROCEDURES**

All claims regardless of severity or location should be reported. The Athens Administrators Claims Intake Center is ready to accept new losses and provides multiple ways for you to submit new loss reports:

**E-mail for CPS Claims:** [CPSclaims@AthensAdmin.com](mailto:CPSclaims@AthensAdmin.com)

**FAX:** 916-384-0965

**Telephone:** 1-888-607-6642

**Mail:** Athens Insurance Services, Inc.  
1765 Challenge Way Suite  
110 Sacramento, CA 95815  
Attention: Cheryl Needham  
Claims Assistant-P&C

Notices that do not require action ("incident reports") should be clearly marked **"REPORT ONLY"**.

The Athens Claims Intake Center will review all claims notices upon receipt and assign to the handling claims office. A claim acknowledgement will then be transmitted to the designated individual advising of the Athens claim number and adjuster assigned to the claim.

\*If after hours-emergency claims service is required, please advise the call center agent who will advise Athens to dispatch an on-site adjuster.

## Claims Administration Services FOR SOCIAL SERVICES



### TARGETED SOLUTIONS

Athens Administrators provides innovative solutions to the social service industry. We provide customized and tailored programs that are focused on meeting the unique needs of our social service clients.

Athens Administrators offers innovative Social Services Program Solutions to organizations in a wide range of industries and business segments. Our extensive experience uniquely qualifies us to address the specific challenges and opportunities of Social Service claims administration.

We offer critical claims administration expertise with a commitment to delivering superior and measurable results. Our tradition of excellence has allowed Athens to develop a highly efficient claims administration process where unparalleled communication results in measurable differences for your organization.

# TARGETED SOLUTIONS

## FOR SOCIAL SERVICES

### ATHENS PROFESSIONAL EXPERIENCE

The Athens Professional Liability Claims Department was built from scratch specifically to onboard the NSM CPS and ATP programs.

- Athens Professional Liability team includes three attorneys and Major Case Unit (MCU) professionals, all with significant experience in personal injury, medical malpractice, products liability, nursing home and Coverage B (Employers Liability) matters.
- Athens claims professionals have a strong history of industry experience, resulting in an understanding of the unique relationships and issues that can arise within social services.
- Our prior experience with national programs provides unique insight into various venues and nuances in order to assist its clients.

### INDUSTRY EXPERTISE

Athens Administrators as extensive experience in the following social service segments:

- Home Healthcare
- Substance Abuse Rehabilitation Centers
- Significant experience defending sexual and physical abuse claims. We take great care in understanding the level of sensitivity and detail required for these types of claims.
- Long history of supporting Youth focused organizations including Community Action Agencies, Head Starts, YWCA's, Boys & Girls Clubs and others.

### PEOPLE, POWERED

We value creativity and don't just check off the boxes. Athens is committed to finding a solution and exceeding the status quo.

- In order to provide the highest level of service, Athens provides clients with relevant verdict and case law updates as the industry changes.

### WHY ATHENS

The components of our Social Services claims administration solutions enable the delivery of superior results that directly impact the bottom line:

- Athens works closely with defense counsel to ensure the best possible outcomes on a claim.
- Athens will advocate zealously on behalf of our clients while maintaining complete professionalism. We pride ourselves with the promise of being the most prepared people in the room.
- Our management team is hyper-responsive to both carrier and MGA needs, providing actual value to its clients and their business partners.
- At the end of the day, it's about what our clients and business partners think. References are available upon request.



## CONTACT US

### RAFFY DAGHLIAN

Executive Vice President, Programs  
Athens Insurance Service, Inc.  
Phone: (973) 637-2005  
Email: rdaghlian@athensadmin.com  
Post Office Box 4111 | Concord, CA 94524

Founded in 1976, Athens Administrators delivers superior workers' compensation and liability claims administration services and support with the highest level of personalized attention. We are a full service, customer-centered organization dedicated to creating value and delivering results.



*FIRST is one of the largest independent premium finance companies in the country and specializes in providing complete billing solutions — customized just for you. FIRST DIRECT combines the benefits of a traditional direct bill plan with those of a standard premium finance plan, removing your need to collect and bill for these premiums. And now we've introduced even more features to simplify your workflow!*

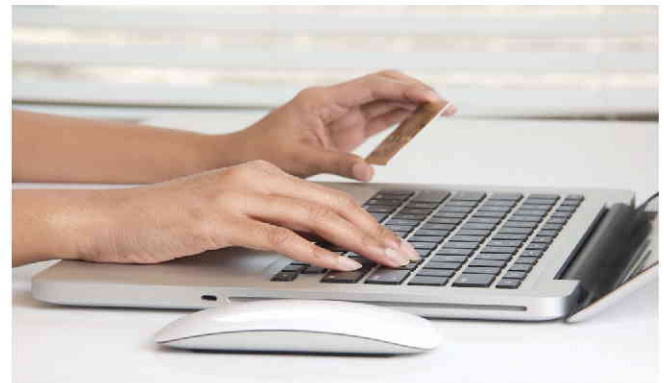
### QUOTE TRACKING

The FIRST Direct process will now begin as a quote; account numbers will be assigned only after the insured decides to finance. This means that FIRST Direct quotes and documents are now accessible directly on FIRST InSITE. With our new functionality, you will be able to view quotes before they book, track which quotes are pending payment or Past Due. Using the quoting tab, you can search for quotes by their name, address, or Customer ID.



### ELECTRONIC PAYMENTS

Insureds still have 24/7 access to make their payments online, but we've made it even easier! They will be directed to our online payment site: [www.firstinsitepay.com](http://www.firstinsitepay.com), which gives them access to make payments via credit card or ACH. They simply enter their quote number and zip code printed on their FIRST Direct notice.



Once the insured chooses to make their down payment or payment in full, we update the quote status and handle the rest from there.

### EMAIL NOTICES

GO GREEN! Enroll in our email notices program to receive FIRST Direct & Premium Finance notices, invoices, and reports by email:

- Receive all billing statements and notices the same day they are generated
- Statements and notices will be available online
- No need to print, shred, file, or destroy documents

Simply reach out to us and we'll make the switch!







**FIRST INSURANCE<sup>®</sup>**  
 FUNDING  
 A WINTRUST COMPANY  
[firstinsurancefunding.com](http://firstinsurancefunding.com)

## INSURED PAYMENT OPTIONS

**FIRST has several convenient options for insureds to make their loan payments. We believe that making installments simple for the insured makes financing simpler for all parties.**

### **PAY-BY-WEB\***

Pay-By-Web gives insureds 24/7 access to make an online payment from their checking, savings or money market account. Insureds can access this system at [www.firstinsurancefunding.com](http://www.firstinsurancefunding.com) through Check An Account Login.

### **PAY-BY-PHONE\***

Pay-By-Phone also gives insureds 24/7 access to make a payment from their checking, savings or money market account. Insureds can access this system by calling 1-800-837-2511, selecting option 1 and following the prompts.

### **CREDIT/DEBIT CARDS\***

FIRST accepts Visa, Mastercard, American Express and Discover credit and debit card payments through our credit card payment provider, SecureNet Payment Systems. Insureds can access this feature by logging into their account from [firstinsurancefunding.com](http://firstinsurancefunding.com) and selecting the "Pay by Credit Card" link.

\*A convenience fee applies for Pay-By-Web, Pay-By-Phone, and Credit Card payments. Please allow up to one business day for payments to post to your account.

### **BILLING STATEMENTS**

The most traditional payment method, FIRST sends each insured a billing statement approximately 17 days before an installment is due. The client simply uses the payment stub and the enclosed return envelope to make the payment.

### **COUPON BOOKS**

If an insured desires, FIRST can create a coupon book at the beginning of the loan. The insured then simply sends in the appropriate coupon with the payment.

### **DIRECT DEBIT (ACH)**

ACH Debit automatically removes each installment from the insured's bank account on the installment due date.

### **MAIL PAYMENTS TO:**

FIRST Insurance Funding Corp.  
 PO Box 7000  
 Carol Stream, IL 60197-7000

### **OVERNIGHT PAYMENTS TO:**

FIRST Insurance Funding Corp.  
 450 Skokie Blvd, Suite 1000  
 Northbrook, IL 60062

**Proudly endorsed by:**



450 SKOKIE BLVD., SUITE 1000 | NORTHBROOK, IL 60062 | 1-800-837-3707

**WINTRUST**

**PROUD TO BE A WINTRUST COMPANY.** We are nearly 3,500 community and commercial bankers, home loan officers, financial advisors and specialty lenders focused solely on our customers and the communities in which they live. We all have the same mission: to provide best-in-class financial services to all of our customers, be the local alternative to the big banks, and improve the communities we call home.

None of these descriptions are an offer to lend and the actual terms and conditions of a loan program may change or be modified by FIRST at its sole discretion without notice. None of the products or services described herein are an offer to lend or to provide any commitment to any party. FIRST makes no representation or warranty as to the extension of credit now or in the future to any particular client. All descriptions contained in this brochure assume the client is in compliance with all terms and conditions contained within the loan documentation entered into between the client and FIRST (or one of its affiliates). Potential client may or may not be offered products or services that described herein as determined by FIRST in its sole discretion. Please note that financing may be offered through FIRST Insurance Funding Corp. or one of its affiliates. Please contact your Account Manager with any questions regarding the applicable lending entity.

## **POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE**

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, you have a right to purchase insurance coverage for losses resulting from acts of terrorism. As defined in Section 102(1) of the Act: The term “act of terrorism” means any act or acts that are certified by the Secretary of the Treasury—in consultation with the Secretary of Homeland Security, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 85% THROUGH 2015; 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017; 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019 and 80% BEGINNING ON JANUARY 1, 2020, OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS’ LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

**The Note below applies for risks in these states:** California, Connecticut, Georgia, Hawaii, Illinois, Iowa, Maine, Missouri, New Jersey, New York, North Carolina, Oregon, Rhode Island, Virginia, Washington, West Virginia, and Wisconsin.

**NOTE:** In these states, a terrorism exclusion makes an exception for (and thereby provides coverage for) fire losses resulting from an act of terrorism. Therefore, if you reject the offer of terrorism coverage, that rejection does not apply to fire losses resulting from an act of terrorism coverage for such fire losses will be provided in your policy.

**REJECTION OR SELECTION OF TERRORISM INSURANCE COVERAGE**

I elect to purchase terrorism coverage for a prospective premium of \$122\_\_\_\_\_.

I decline to purchase terrorism coverage for certified acts of terrorism. I understand that I will have no coverage for losses arising from certified acts of terrorism.

**Note:** In states where applicable, if you decline this offer, the premium for terrorism (fire only) coverage is n/a\_\_\_\_\_.

**Important Note: Your election or rejection shall apply to renewals unless you provide us with a signed Policyholder Disclosure form changing your election.**

Starting Right, Now Inc  
\_\_\_\_\_  
Policyholder/Applicant's Name (Print)

Q  
\_\_\_\_\_  
Policy Number

*Vicki Sokolik*  
\_\_\_\_\_  
Authorized Signature

05/20/2022 20:34 UTC  
\_\_\_\_\_  
Date

## FLORIDA PERSONAL INJURY PROTECTION (PIP) SELECTION FORM

<b>Policy Number:</b> Q-14496	<b>Policy Effective Date:</b> 03/31/2022
<b>Company:</b> AmGUARD Insurance Company	<b>Producer:</b> Care Providers Insurance Services, LLC dba NSM Insurance Group 555 E. North Lane, Suite 6060 Conshohocken, PA 19428
<b>Applicant/Named Insured:</b> Starting Right, Now Inc	

PLEASE READ THIS ENTIRE SELECTION FORM BEFORE MAKING IMPORTANT DECISIONS ABOUT YOUR PERSONAL INJURY PROTECTION COVERAGE.

Pursuant to Florida law, you may be required to maintain Personal Injury Protection (PIP) if you are the owner or registrant of a motor vehicle required to be registered and licensed in Florida. This is often referred to as no-fault coverage.

Section 627.736 of Florida Insurance requires that we offer you the named insured the following Personal Injury Protection (PIP) coverages, subject to a limit of \$10,000 per person for each loss and the death benefit limit of \$5,000 per person.

You may elect a deductible and to exclude coverage for loss of gross income and loss of earning capacity ("lost wages" or "work loss"). These elections apply to the named insured alone or to the named insured and all dependent resident relatives. A premium reduction will result from these elections. The named insured is hereby advised not to elect the lost wage exclusion if the named insured or dependent resident relatives are employed, since that would preclude the payment of lost wages in the event of an accident.

Florida law allows you to select various deductible options to apply to the coverage as well as various work loss exclusions. In addition, you may select from the optional benefits noted below to increase your Basic PIP Coverage.

### **OPTION 1. DEDUCTIBLE**

Check the applicable box (es) below.

I do not want a deductible to apply to my policy's Personal Injury Protection Coverage.

I hereby elect the deductible indicated below. (Choose only one)

Deductible Amount	Named Insured Only	Named Insured and All Dependent Resident Relatives
\$ 250	<input type="checkbox"/>	<input type="checkbox"/>
\$ 500	<input type="checkbox"/>	<input type="checkbox"/>
\$1,000	<input type="checkbox"/>	<input type="checkbox"/>

## FLORIDA PERSONAL INJURY PROTECTION (PIP) SELECTION FORM

### OPTION 2. EXCLUSION OF WORK LOSS BENEFITS

If you wish to exclude work loss benefits, check the applicable box below.

- Exclude Work Loss Coverage for Named Insured Only.
- Exclude Work Loss Coverage for Named Insured and Dependent Resident Relatives.

### OPTION 3. EXTENDED PERSONAL INJURY PROTECTION BENEFITS

NOTE: You cannot have a PIP Deductible (Option 1) with Extended PIP.

This coverage provides for 100% of medical expenses and 80% work loss or 100% medical expenses only. If you wish to select 100% medical expenses only, you **must** select the exclusion of work loss for named insured and dependent resident relatives in Option 2 above. In addition, you cannot have a PIP deductible (Option 1) with Extended PIP. If you want to select Extended PIP, check the appropriate box below and make sure that your previous selections are consistent with this option.

- Extended PIP with 100% of medical expenses and 80% of work loss
- Extended PIP with 100% of medical expenses only. (Make sure that you select to exclude work loss coverage for both named insured and dependent resident relatives under Option 2 above).

### OPTION 4. ADDITIONAL PERSONAL INJURY PROTECTION BENEFITS

If you do not select a deductible (Option 1), you may increase the 10,000 Basic PIP limit by adding one of the following additional limits for an increased premium. You **MUST** also select one of the Extended PIP options in Option 3 above if you want Additional PIP. If you want Additional PIP, check the appropriate box below and make sure that your previous selections are consistent with this option.

- |  |  |
|--|--|
| <input type="checkbox"/> \$10,000 additional limit | <input type="checkbox"/> \$40,000 additional limit |
| <input type="checkbox"/> \$25,000 additional limit | <input type="checkbox"/> \$90,000 additional limit |

**IF THIS IS A RENEWAL POLICY, THE LIMITS AND OPTIONS ELECTED FOR THE PIP COVERAGE OF YOUR EXPIRING POLICY WILL APPLY FOR THE RENEWAL POLICY UNLESS YOU MAKE A DIFFERENT ELECTION ABOVE.**

I understand that the deductible and/or benefit election (s) indicated above shall apply on the policy in effect at the time this form is executed and all future renewal policies until I notify the company in writing of any changes.

My signature below indicates that the options have been explained to me and evidences my actual knowledge and understanding of the availability of these options, as well as the options I have elected.

*Vicki Sokolik*

05/20/2022 20:34 UTC

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

## FLORIDA UNINSURED MOTORISTS COVERAGE SELECTION / REJECTION OF COVERAGE

**YOU ARE ELECTING NOT TO PURCHASE CERTAIN VALUABLE COVERAGE WHICH PROTECTS YOU AND YOUR FAMILY OR YOU ARE PURCHASING UNINSURED MOTORIST LIMITS LESS THAN YOUR BODILY INJURY LIABILITY LIMITS WHEN YOU SIGN THIS FORM. PLEASE READ CAREFULLY.**

<b>Policy Number:</b> Q-14496	<b>Policy Effective Date:</b> 03/31/2022
<b>Company:</b> AmGUARD Insurance Company	<b>Producer:</b> Roe Insurance, Inc. - New Port Richey
<b>Applicant/Named Insured:</b> Starting Right, Now Inc	

Florida law permits you to make certain decisions regarding Uninsured Motorists Coverage provided under your policy. This document describes this coverage and various options available.

You should read this document carefully and contact us or your agent if you have any questions regarding Uninsured Motorists Coverage and your options with respect to this coverage.

This document includes general descriptions of coverage. However, no coverage is provided by this document. You should read your policy and review your Declarations Page(s) and/or Schedule(s) for complete information on the coverages you are provided.

Uninsured Motorists Coverage provides for payment of certain benefits for damages caused by owners or operators of uninsured motor vehicles because of bodily injury or death resulting therefrom. Such benefits may include payments for certain medical expenses, lost wages, and pain and suffering, subject to limitations and conditions contained in the policy. For the purpose of this coverage, an uninsured motor vehicle may include a motor vehicle as to which the bodily injury limits are less than your damages.

Florida law requires that automobile liability policies include Uninsured Motorists Coverage at limits equal to the Bodily Injury Liability Coverage or the Combined Single Limit for Liability Coverage in your policy, unless you select a lower limit offered by the company or reject Uninsured Motorists Coverage entirely.

Please indicate by initialing below whether you entirely reject Uninsured Motorists Coverage or whether you select this coverage at limits lower than the Bodily Injury Liability Coverage or Combined Single Limit for Liability Coverage of your policy, otherwise limits equal to the Bodily Injury Liability Coverage or Combined Single Limit for Liability Coverage in your policy will be applied.

**Please note that you will be able to make changes to your existing coverage options at renewal or at any other time via this form if you so choose or may keep the coverage previously selected.**

**Note: You may disregard the bolded header at the top of page 1 of this form if you are selecting limits less than your Bodily Injury Liability limits or Combined Single Limits for Liability Coverage or Non-stacked coverage.**

125 **(Initials)**  
 \_\_\_\_\_ I select Uninsured Motorists Coverage equal to the Bodily Injury Liability Coverage limits or Combined Single Limit for Liability Coverage.

<b>(Initials)</b> _____	<b>I reject Uninsured Motorists Coverage entirely.</b>
<b>(Initials)</b> _____	<b>I reject Bodily Injury Uninsured Motorists Coverage at limits equal to my Bodily Injury Liability Coverage limits or Combined Single Limit for Liability Coverage and I select the following lower limits.</b>
<b>(Choose one):</b>	
<b>(Initials)</b> _____	<b>Combined Single Limit</b>
_____	\$ 20,000
_____	50,000
_____	100,000
_____	250,000
_____	300,000
_____	350,000
_____	500,000
_____	1,000,000
_____	\$ _____ ("See Agent")

If your policy is a commercial auto policy and you are designated as an individual in the Declarations, your policy will include stacked Uninsured Motorists Coverage unless you reject Uninsured Motorists Coverage entirely or you select non-stacked Uninsured Motorists Coverage. If your policy is a commercial auto policy and you are designated as other than an individual in the Declarations, your policy will include non-stacked Uninsured Motorists Coverage, unless you reject Uninsured Motorists Coverage entirely.



**ELECTION OF NON-STACKED COVERAGE IF YOU ARE AN INDIVIDUAL  
(Do not complete if you have rejected Uninsured Motorists Coverage.)**

If your policy is a commercial auto policy and you are designated as an individual in the Declarations, your policy will include stacked Uninsured Motorists Coverage. You have the option to purchase, at a reduced rate, non-stacked (a limited type of) Uninsured Motorists Coverage. Subject to the provisions of the policy, and except as provided in the following sentence, non-stacked Uninsured Motorists Coverage generally does not allow an insured to combine or stack one applicable Uninsured Motorists Coverage limit with other applicable Uninsured Motorists Coverage limit(s) for the same loss. However, if there is other applicable insurance available under one or more policies or provisions of coverage, any recovery for loss suffered by you or any family member residing with you while occupying a vehicle not owned by you or any such family member may not exceed the sum of:

1. The limit of liability for Uninsured Motorists Coverage applicable to the vehicle you or any such family member was occupying at the time of the accident; and
2. The highest limit of liability for Uninsured Motorists Coverage applicable to any one vehicle under any one policy affording coverage to you or any such family member.

If you do not elect to purchase the non-stacked type of Uninsured Motorists Coverage, and if you do not reject Uninsured Motorists Coverage entirely, your policy will include stacked Uninsured Motorists Coverage. Subject to the provisions of the policy, stacked Uninsured Motorists Coverage generally allows an insured you or a family member under a commercial auto policy to combine or stack one applicable Uninsured Motorists Coverage limit with other applicable Uninsured Motorists Coverage limit(s) for the same loss. For example, under stacked Uninsured Motorists Coverage, you or a family member may add together the Uninsured Motorists Coverage limits for each vehicle which has such coverage under your policy.

<b>(Initials)</b> <i>VS</i>	<b>I elect the non-stacked form of Uninsured Motorists Coverage.</b>
_____	<b>I elect the Stacked form of Uninsured Motorists Coverage.</b>

I understand and agree that selection of any of the above options applies to my liability insurance policy and future renewals or replacements of such policy which are issued at the same Bodily Injury Liability limits. If I decide to select another option at some future time, I must let the Company or my agent know in writing.

*Vicki Sokolik*

05/20/2022 20:34 UTC

**Applicant's/Named Insured's Signature**

**Date**



**CONTACT INFORMATION**

CONTACT TYPE: Accounting		CONTACT TYPE: Inspection	
CONTACT NAME: Vicki Sokolik		CONTACT NAME: Vicki Sokolik	
PRIMARY PHONE # <input type="checkbox"/> HOME <input checked="" type="checkbox"/> BUS <input checked="" type="checkbox"/> CELL (813) 760-5472	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	PRIMARY PHONE # <input type="checkbox"/> HOME <input checked="" type="checkbox"/> BUS <input checked="" type="checkbox"/> CELL (813) 760-5472	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL
PRIMARY E-MAIL ADDRESS: vicki.sokolik@startingrightnow.org		PRIMARY E-MAIL ADDRESS: vicki.sokolik@startingrightnow.org	
SECONDARY E-MAIL ADDRESS:		SECONDARY E-MAIL ADDRESS:	

**PREMISES INFORMATION (Attach ACORD 823 for Additional Premises)**

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
0	Policy Level Coverages	<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	STATE:				TOTAL BUILDING AREA: SQ FT
	COUNTY:				
	ZIP:				
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N
Residential Facilities					N
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
2	207 W Beach Place Residential Facility/Admin	<input checked="" type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: 12,813 SQ FT
BLD #	CITY: Tampa	<input type="checkbox"/> OUTSIDE	<input checked="" type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	STATE: FL				TOTAL BUILDING AREA: 12,813 SQ FT
	COUNTY: Hillsborough				
	ZIP:33606				
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N
Residential Facilities					N
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
3	4600 Haines Rd N Residential Facilities/Admin	<input checked="" type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCCUPIED AREA: 3,642 SQ FT
BLD #	CITY: St. Pete	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	STATE: FL				TOTAL BUILDING AREA: 3,642 SQ FT
	COUNTY: Pinellas				
	ZIP:33714				
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N
Admin Offices					N
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
3	4600 Haines Rd N Residential Facilities/Admin	<input checked="" type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: 3,218 SQ FT
BLD #	CITY: St. Pete	<input type="checkbox"/> OUTSIDE	<input checked="" type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	STATE: FL				TOTAL BUILDING AREA: 3,218 SQ FT
	COUNTY: Pinellas				
	ZIP:33714				
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N
Common Area, Kitchen & House Manager's Suite					N

**NATURE OF BUSINESS**

<input type="checkbox"/> APARTMENTS	<input type="checkbox"/> CONTRACTOR	<input type="checkbox"/> MANUFACTURING	<input type="checkbox"/> RESTAURANT	<input type="checkbox"/> SERVICE	DATE BUSINESS STARTED (MM/DD/YYYY) 01/01/2008
<input type="checkbox"/> CONDOMINIUMS	<input type="checkbox"/> INSTITUTIONAL	<input type="checkbox"/> OFFICE	<input type="checkbox"/> RETAIL	<input type="checkbox"/> WHOLESALE	

**DESCRIPTION OF PRIMARY OPERATIONS**

Restart services for homeless youth by providing housing, education of life skills & mentoring programs.  
 22 Employees (at 2022 Renewal); 65 Volunteers @ Loc 1, 24 Volunteers @ Loc 2 & 25 Volunteers @ Loc 3 - each may devote 3-5 hrs per week mentoring.  
 Organization performs mandatory level 2 background on all employees & volunteers.

RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:	INSTALLATION, SERVICE OR REPAIR WORK %	OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK %
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**DESCRIPTION OF OPERATIONS OF OTHER NAMED INSUREDS**

**ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data) Attach ACORD 45 for more Additional Interests**

INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
							LOCATION:	BUILDING:
							VEHICLE:	BOAT:
							AIRPORT:	AIRCRAFT:
							ITEM CLASS:	ITEM:
						ITEM DESCRIPTION		
REASON FOR INTEREST:			REFERENCE / LOAN #:	INTEREST END DATE:				
			LIEN AMOUNT:	PHONE (A/C, No, Ext):		FAX (A/C, No):		
			E-MAIL ADDRESS:					

**GENERAL INFORMATION**

EXPLAIN ALL "YES" RESPONSES				Y / N
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?				N
<input type="text" value="PARENT COMPANY NAME"/>	<input type="text" value="RELATIONSHIP DESCRIPTION"/>	<input type="text" value="% OWNED"/>		
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?				N
<input type="text" value="SUBSIDIARY COMPANY NAME"/>	<input type="text" value="RELATIONSHIP DESCRIPTION"/>	<input type="text" value="% OWNED"/>		
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?				N
<input type="checkbox"/> SAFETY MANUAL	<input type="checkbox"/> SAFETY POSITION	<input type="checkbox"/> MONTHLY MEETINGS	<input type="checkbox"/> OSHA	<input type="checkbox"/>
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?				N
4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)				N
<input type="text" value="LINE OF BUSINESS"/>	<input type="text" value="POLICY NUMBER"/>	<input type="text" value="LINE OF BUSINESS"/>	<input type="text" value="POLICY NUMBER"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
5. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR OPERATIONS? (Missouri Applicants - Do not answer this question)				N
<input type="checkbox"/> NON-PAYMENT	<input type="checkbox"/> AGENT NO LONGER REPRESENTS CARRIER	<input type="checkbox"/>		
<input type="checkbox"/> NON-RENEWAL	<input type="checkbox"/> UNDERWRITING	<input type="checkbox"/> CONDITION CORRECTED (Describe):		
6. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?				N
7. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).				N
8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS?				N
<input type="text" value="OCCUR DATE"/>	<input type="text" value="EXPLANATION"/>	<input type="text" value="RESOLUTION"/>	<input type="text" value="RESOLVE DATE"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?				N
<input type="text" value="OCCUR DATE"/>	<input type="text" value="EXPLANATION"/>	<input type="text" value="RESOLUTION"/>	<input type="text" value="RESOLVE DATE"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?				N
<input type="text" value="OCCUR DATE"/>	<input type="text" value="EXPLANATION"/>	<input type="text" value="RESOLUTION"/>	<input type="text" value="RESOLVE DATE"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
11. HAS BUSINESS BEEN PLACED IN A TRUST? NAME OF TRUST:				N
12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)				N
13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED?				N
14. DOES APPLICANT OWN / LEASE / OPERATE ANY DRONES? (If "YES", describe use)				N
15. DOES APPLICANT HIRE OTHERS TO OPERATE DRONES? (If "YES", describe use)				N

**REMARKS / PROCESSING INSTRUCTIONS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

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**PRIOR CARRIER INFORMATION**

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER	AmGUARD Insurance Co	AmGUARD Insurance Co	AmGUARD Insurance Co	
	POLICY NUMBER	C1GP200670	C2GP200534	C1GP200670	
	PREMIUM	\$ 12,847.00	\$ 13,975.00	\$ 2,177.00	\$
	EFFECTIVE DATE	03/31/2021	03/31/2021	03/31/2021	
	EXPIRATION DATE	03/31/2022	03/31/2022	03/31/2022	

PRIOR CARRIER INFORMATION (continued)

AGENCY CUSTOMER ID: 00001031

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER	AmGUARD Insurance Co	Illinois National In	Lexington Insurance	
	POLICY NUMBER	C1GP100670	06-CA-069968885-1	41-LX-062797295-2	
	PREMIUM	\$ 11,870.00	\$ 12,424.00	\$ 2,515.00	\$
	EFFECTIVE DATE	03/31/2020	03/31/2020	03/31/2020	
	EXPIRATION DATE	03/31/2021	03/31/2021	03/31/2021	
	CARRIER	New Hampshire Insura	Illinois National In	New Hampshire Insura	
	POLICY NUMBER	01-LX-062797295-1	06-CA-069968885-1	01-LX-062797295-1	
	PREMIUM	\$ 10,172.00	\$ 13,131.00	\$ 2,088.00	\$
	EFFECTIVE DATE	03/31/2019	03/31/2019	03/31/2019	
	EXPIRATION DATE	03/31/2020	03/31/2020	03/31/2020	

LOSS HISTORY  Check if none (Attach Loss Summary for Additional Loss Information)

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE LAST 5 YEARS						TOTAL LOSSES: \$	
DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBROGATION Y/N	CLAIM OPEN Y/N
01/25/2021	CGL	Student reported sexual abuse by another student.	01/29/2021				

SIGNATURE

Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not required in all states, contact your agent or broker for your state's requirements.)

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION. (Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA, or WV. Specific ACORD 38s are available for applicants in these states.) (Applicant's Initials): \_\_\_\_\_

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV:** Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

**Applicable in CO:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in FL and OK:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)\*. \*Applies in FL Only.

**Applicable in KS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in KY, NY, OH and PA:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

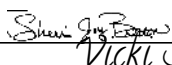
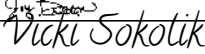
**Applicable in ME, TN, VA and WA:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

**Applicable in NJ:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in OR:** Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in PR:** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE 	PRODUCER'S NAME (Please Print) Sherri Britton/SB	STATE PRODUCER LICENSE NO (Required in Florida) P154600
APPLICANT'S SIGNATURE 	DATE 05/20/2022 20:34 UTC	NATIONAL PRODUCER NUMBER

**ADDITIONAL PREMISES INFORMATION SCHEDULE**

<b>AGENCY</b> Roe Insurance Inc.		<b>CARRIER</b> AmGUARD Insurance Company		<b>NAIC CODE</b>
<b>POLICY NUMBER</b> C1GP200670		<b>EFFECTIVE DATE</b> 03/31/2022	<b>NAMED INSURED(S)</b> Starting Right Now, Inc., Starting Right Now of Pinellas County LLC & Starting Right Now of Hillsborough County LLC	

**PREMISES INFORMATION**

<b>LOC #</b> 3	<b>STREET</b> 4600 Haines Rd N Residential Facilities/Admin	<b>CITY LIMITS</b> <input checked="" type="checkbox"/> INSIDE	<b>INTEREST</b> <input type="checkbox"/> OWNER <input checked="" type="checkbox"/> TENANT	<b># FULL TIME EMPL</b>	<b>ANNUAL REVENUES: \$</b>
<b>BLD #</b> 3	<b>CITY:</b> St. Pete <b>STATE:</b> FL <b>COUNTY:</b> Pinellas <b>ZIP:</b> 33714	<b>OUTSIDE</b> <input type="checkbox"/>		<b># PART TIME EMPL</b>	<b>OCCUPIED AREA:</b> 2,525 SQ FT
<b>DESCRIPTION OF OPERATIONS:</b> Residential Facilities/Dorms - Girls					<b>ANY AREA LEASED TO OTHERS? Y / N:</b> N
<b>LOC #</b> 3	<b>STREET</b> 4600 Haines Rd N Residential Facilities/Admin	<b>CITY LIMITS</b> <input checked="" type="checkbox"/> INSIDE	<b>INTEREST</b> <input type="checkbox"/> OWNER <input checked="" type="checkbox"/> TENANT	<b># FULL TIME EMPL</b>	<b>ANNUAL REVENUES: \$</b>
<b>BLD #</b> 4	<b>CITY:</b> St. Pete <b>STATE:</b> FL <b>COUNTY:</b> Pinellas <b>ZIP:</b> 33714	<b>OUTSIDE</b> <input type="checkbox"/>		<b># PART TIME EMPL</b>	<b>OCCUPIED AREA:</b> 1,825 SQ FT
<b>DESCRIPTION OF OPERATIONS:</b> Residential Facilities/Dorms - Boys					<b>ANY AREA LEASED TO OTHERS? Y / N:</b> N
<b>LOC #</b> 4	<b>STREET</b> 1212 W Cass St Training Center	<b>CITY LIMITS</b> <input checked="" type="checkbox"/> INSIDE	<b>INTEREST</b> <input type="checkbox"/> OWNER <input checked="" type="checkbox"/> TENANT	<b># FULL TIME EMPL</b>	<b>ANNUAL REVENUES: \$</b>
<b>BLD #</b> 1	<b>CITY:</b> Tampa <b>STATE:</b> FL <b>COUNTY:</b> Hillsborough <b>ZIP:</b> 33606	<b>OUTSIDE</b> <input type="checkbox"/>		<b># PART TIME EMPL</b>	<b>OCCUPIED AREA:</b> 4,145 SQ FT
<b>DESCRIPTION OF OPERATIONS:</b> Training Center					<b>ANY AREA LEASED TO OTHERS? Y / N:</b> N
<b>LOC #</b>	<b>STREET</b>	<b>CITY LIMITS</b> <input type="checkbox"/> INSIDE	<b>INTEREST</b> <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT	<b># FULL TIME EMPL</b>	<b>ANNUAL REVENUES: \$</b>
<b>BLD #</b>	<b>CITY:</b> <b>STATE:</b> <b>COUNTY:</b>	<b>OUTSIDE</b> <input type="checkbox"/>		<b># PART TIME EMPL</b>	<b>OCCUPIED AREA:</b> SQ FT
<b>DESCRIPTION OF OPERATIONS:</b>					<b>ANY AREA LEASED TO OTHERS? Y / N:</b>
<b>LOC #</b>	<b>STREET</b>	<b>CITY LIMITS</b> <input type="checkbox"/> INSIDE	<b>INTEREST</b> <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT	<b># FULL TIME EMPL</b>	<b>ANNUAL REVENUES: \$</b>
<b>BLD #</b>	<b>CITY:</b> <b>STATE:</b> <b>COUNTY:</b>	<b>OUTSIDE</b> <input type="checkbox"/>		<b># PART TIME EMPL</b>	<b>OCCUPIED AREA:</b> SQ FT
<b>DESCRIPTION OF OPERATIONS:</b>					<b>ANY AREA LEASED TO OTHERS? Y / N:</b>
<b>LOC #</b>	<b>STREET</b>	<b>CITY LIMITS</b> <input type="checkbox"/> INSIDE	<b>INTEREST</b> <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT	<b># FULL TIME EMPL</b>	<b>ANNUAL REVENUES: \$</b>
<b>BLD #</b>	<b>CITY:</b> <b>STATE:</b> <b>COUNTY:</b>	<b>OUTSIDE</b> <input type="checkbox"/>		<b># PART TIME EMPL</b>	<b>OCCUPIED AREA:</b> SQ FT
<b>DESCRIPTION OF OPERATIONS:</b>					<b>ANY AREA LEASED TO OTHERS? Y / N:</b>
<b>LOC #</b>	<b>STREET</b>	<b>CITY LIMITS</b> <input type="checkbox"/> INSIDE	<b>INTEREST</b> <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT	<b># FULL TIME EMPL</b>	<b>ANNUAL REVENUES: \$</b>
<b>BLD #</b>	<b>CITY:</b> <b>STATE:</b> <b>COUNTY:</b>	<b>OUTSIDE</b> <input type="checkbox"/>		<b># PART TIME EMPL</b>	<b>OCCUPIED AREA:</b> SQ FT
<b>DESCRIPTION OF OPERATIONS:</b>					<b>ANY AREA LEASED TO OTHERS? Y / N:</b>
<b>LOC #</b>	<b>STREET</b>	<b>CITY LIMITS</b> <input type="checkbox"/> INSIDE	<b>INTEREST</b> <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT	<b># FULL TIME EMPL</b>	<b>ANNUAL REVENUES: \$</b>
<b>BLD #</b>	<b>CITY:</b> <b>STATE:</b> <b>COUNTY:</b>	<b>OUTSIDE</b> <input type="checkbox"/>		<b># PART TIME EMPL</b>	<b>OCCUPIED AREA:</b> SQ FT
<b>DESCRIPTION OF OPERATIONS:</b>					<b>ANY AREA LEASED TO OTHERS? Y / N:</b>
<b>LOC #</b>	<b>STREET</b>	<b>CITY LIMITS</b> <input type="checkbox"/> INSIDE	<b>INTEREST</b> <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT	<b># FULL TIME EMPL</b>	<b>ANNUAL REVENUES: \$</b>
<b>BLD #</b>	<b>CITY:</b> <b>STATE:</b> <b>COUNTY:</b>	<b>OUTSIDE</b> <input type="checkbox"/>		<b># PART TIME EMPL</b>	<b>OCCUPIED AREA:</b> SQ FT
<b>DESCRIPTION OF OPERATIONS:</b>					<b>ANY AREA LEASED TO OTHERS? Y / N:</b>



# SUPPLEMENTAL NAMES (Other Named Insureds)

DATE (MM/DD/YYYY)  
03/17/2022

<b>AGENCY</b> Roe Insurance Inc.	<b>CARRIER</b> AmGUARD Insurance Company	<b>NAIC CODE</b>
<b>POLICY NUMBER</b> C1GP200670	<b>FIRST NAMED INSURED</b> Starting Right Now, Inc., Starting Right Now of Pinellas County LLC & Starting Right Now of Hillsborough County LLC	

**APPLICANT INFORMATION**

<b>NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)</b> & Starting Right Now of Hillsborough County LLC				<b>GL CODE</b>	<b>SIC</b>	<b>NAICS</b>	<b>FEIN OR SOC SEC #</b>
<b>BUSINESS PHONE #:</b>							
<b>WEBSITE ADDRESS</b>							
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION				
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST				
<b>NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)</b> & Starting Right, Now of Hillsborough County LLC				<b>GL CODE</b>	<b>SIC</b>	<b>NAICS</b>	<b>FEIN OR SOC SEC #</b>
<b>BUSINESS PHONE #:</b>							
<b>WEBSITE ADDRESS</b>							
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION				
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST				
<b>NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)</b>				<b>GL CODE</b>	<b>SIC</b>	<b>NAICS</b>	<b>FEIN OR SOC SEC #</b>
<b>BUSINESS PHONE #:</b>							
<b>WEBSITE ADDRESS</b>							
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION				
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST				
<b>NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)</b>				<b>GL CODE</b>	<b>SIC</b>	<b>NAICS</b>	<b>FEIN OR SOC SEC #</b>
<b>BUSINESS PHONE #:</b>							
<b>WEBSITE ADDRESS</b>							
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION				
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST				
<b>NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)</b>				<b>GL CODE</b>	<b>SIC</b>	<b>NAICS</b>	<b>FEIN OR SOC SEC #</b>
<b>BUSINESS PHONE #:</b>							
<b>WEBSITE ADDRESS</b>							
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION				
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST				
<b>NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)</b>				<b>GL CODE</b>	<b>SIC</b>	<b>NAICS</b>	<b>FEIN OR SOC SEC #</b>
<b>BUSINESS PHONE #:</b>							
<b>WEBSITE ADDRESS</b>							
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION				
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST				



**COMMERCIAL GENERAL LIABILITY SECTION**

DATE (MM/DD/YYYY)

03/17/2022

AGENCY Roe Insurance Inc.		CARRIER AmGUARD Insurance Company		NAIC CODE
POLICY NUMBER C1GP200670	EFFECTIVE DATE 03/31/2022	APPLICANT / FIRST NAMED INSURED Starting Right Now, Inc., Starting Right Now of Pinellas County LLC & Starting Right Now of Hillsborough County LLC		
<b>IMPORTANT - If CLAIMS MADE is checked in the COVERAGE / LIMITS section below, this is an application for a claims-made policy. Read all provisions of the policy carefully.</b>				

COVERAGES	LIMITS	PREMIUMS
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	GENERAL AGGREGATE \$ 3,000,000	PREMIUMS PREMISES/OPERATIONS
<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCURRENCE	LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> LOCATION <input type="checkbox"/> PROJECT <input type="checkbox"/> OTHER:	
OWNER'S & CONTRACTOR'S PROTECTIVE	PRODUCTS & COMPLETED OPERATIONS AGGREGATE \$ Excluded	PRODUCTS
DEDUCTIBLES	PERSONAL & ADVERTISING INJURY \$ 1,000,000	OTHER TOTAL
<input type="checkbox"/> PROPERTY DAMAGE \$	EACH OCCURRENCE \$ 1,000,000	
<input type="checkbox"/> BODILY INJURY \$	DAMAGE TO RENTED PREMISES (each occurrence) \$ 100,000	
<input type="checkbox"/> PER CLAIM <input type="checkbox"/> PER OCCURRENCE	MEDICAL EXPENSE (Any one person) \$ 5,000	
	EMPLOYEE BENEFITS \$ 0	
	\$	

OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (For hired/non-owned auto coverages attach the applicable state Business Auto Section, ACORD 137)

Abuse &amp; Molestation coverage covers both Sexual &amp; Physical Abuse Liability; Unlimited Defense. Professional Liability includes Vicarious Liability &amp; Unlimited Defense.

APPLICABLE ONLY IN WISCONSIN: IF NON-OWNED ONLY AUTO COVERAGE IS TO BE PROVIDED UNDER THE POLICY:

1. UM / UIM COVERAGE  IS  IS NOT AVAILABLE. 2. MEDICAL PAYMENTS COVERAGE  IS  IS NOT AVAILABLE.**SCHEDULE OF HAZARDS (ACORD 211, Schedule of Hazards, may be attached if more space is required)**

LOC #	HAZ #	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
						PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS
2		67017	A	12,813					
CLASSIFICATION DESCRIPTION Shelters, Mission, Settlement or Halfway Houses; 2 story									
2		47474	T	24					
CLASSIFICATION DESCRIPTION Schools - Trade or Vocational; based upon # of volunteers									
3		61227	A	3,642					
CLASSIFICATION DESCRIPTION Building or Premises (Admin Ofc)									
RATING AND PREMIUM BASIS (P) PAYROLL - PER \$1,000/PAY (C) TOTAL COST - PER \$1,000/COST (U) UNIT - PER UNIT (S) GROSS SALES - PER \$1,000/SALES (A) AREA - PER 1,000/SQ FT (M) ADMISSIONS - PER 1,000/ADM (T) OTHER									

**CLAIMS MADE (Explain all "Yes" responses)**

EXPLAIN ALL "YES" RESPONSES	Y/N
1. PROPOSED RETROACTIVE DATE:	
2. ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE:	
3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE?	
4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY?	

**EMPLOYEE BENEFITS LIABILITY**

1. DEDUCTIBLE PER CLAIM: \$	3. NUMBER OF EMPLOYEES COVERED BY EMPLOYEE BENEFITS PLANS:
2. NUMBER OF EMPLOYEES:	4. RETROACTIVE DATE:

**CONTRACTORS**

AGENCY CUSTOMER ID: 00001031

<b>EXPLAIN ALL "YES" RESPONSES (For all past or present operations)</b>					<b>Y / N</b>
1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS?					
2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?					
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING?					
4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS?					
5. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE?					
6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?					
DESCRIBE THE TYPE OF WORK SUBCONTRACTED	\$ PAID TO SUB-CONTRACTORS:	% OF WORK SUBCONTRACTED:	# FULL-TIME STAFF:	# PART-TIME STAFF:	

**PRODUCTS / COMPLETED OPERATIONS**

PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS

<b>EXPLAIN ALL "YES" RESPONSES (For all past or present products or operations) PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC.</b>					<b>Y / N</b>
1. DOES APPLICANT INSTALL, SERVICE OR DEMONSTRATE PRODUCTS?					N
2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS? (If "YES", attach ACORD 815)					N
3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED?					N
4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS?					N
5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY?					N
6. PRODUCTS RECALLED, DISCONTINUED, CHANGED?					N
7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL?					N
8. PRODUCTS UNDER LABEL OF OTHERS?					N
9. VENDORS COVERAGE REQUIRED?					N
10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSURED?					N



**GENERAL INFORMATION (continued)**

AGENCY CUSTOMER ID: 00001031

<b>EXPLAIN ALL "YES" RESPONSES (For all past or present operations)</b>				Y/N
16. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?				N
17. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?				N
LEASE TO	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	LEASE FROM	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	
18. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES?				N
19. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?				N
20. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE (3) YEARS?				N
21. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?				N
22. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES?				N

**REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

2018/2019 Resident House Mgrs: Total this year is 7 - 3 at the Pinellas loc & 4 at the Hillsborough loc.

**SIGNATURE**

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV:** Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

**Applicable in CO:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in FL and OK:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)\*. \*Applies in FL Only.

**Applicable in KS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in KY, NY, OH and PA:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

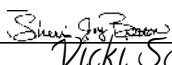

**Applicable in ME, TN, VA and WA:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

**Applicable in NJ:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in OR:** Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in PR:** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
	Sherri Britton/SB	P154600
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER
	05/20/2022 20:34 UTC	

**SCHEDULE OF HAZARDS**

DATE (MM/DD/YYYY)

03/17/2022

AGENCY Roe Insurance Inc.		CARRIER AmGUARD Insurance Company		NAIC CODE
POLICY NUMBER C1GP200670	EFFECTIVE DATE 03/31/2022	APPLICANT / FIRST NAMED INSURED Starting Right Now, Inc., Starting Right Now of Pinellas County LLC & Starting Right Now of Hillsborough County LLC		

**SCHEDULE OF HAZARDS**

LOC #	HAZ #	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
						PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS
3		67017	Area	7,568					

**CLASSIFICATION DESCRIPTION**

Shelters, Mission, Settlement or Halfway Houses; includes loc 3/ bldgs 2-4

LOC #	HAZ #	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
						PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS
3		47474	Other	25					

**CLASSIFICATION DESCRIPTION**

Schools - Trade or Vocational; based upon # of volunteers

LOC #	HAZ #	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
						PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS
4		99999	Area	4,145					

**CLASSIFICATION DESCRIPTION**

Training Center for Student Residents

LOC #	HAZ #	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
						PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS

**CLASSIFICATION DESCRIPTION**

LOC #	HAZ #	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
						PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS

**CLASSIFICATION DESCRIPTION**

LOC #	HAZ #	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
						PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS

**CLASSIFICATION DESCRIPTION**

LOC #	HAZ #	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
						PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS

**CLASSIFICATION DESCRIPTION**

LOC #	HAZ #	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
						PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS

**CLASSIFICATION DESCRIPTION**

**RATING AND PREMIUM BASIS** (P) PAYROLL - PER \$1,000/PAY (C) TOTAL COST - PER \$1,000/COST (U) UNIT - PER UNIT  
(S) GROSS SALES - PER \$1,000/SALES (A) AREA - PER 1,000/SQ FT (M) ADMISSIONS - PER 1,000/ADM (T) OTHER



# ADDITIONAL INTEREST SCHEDULE

DATE (MM/DD/YYYY) 03/17/2022
---------------------------------

AGENCY Roe Insurance Inc.	CARRIER AmGUARD Insurance Company	NAIC CODE
POLICY NUMBER C1GP200670	EFFECTIVE DATE 03/31/2022	NAMED INSURED(S) Starting Right Now, Inc., Starting Right Now of Pinellas County LLC & Starting Right Now of Pinellas County LLC

**ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data)**

INTEREST <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LIENHOLDER	LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS RANK: _____ Hillsborough County 601 E Kennedy Blvd Tampa FL 33602 REFERENCE / LOAN #: _____ LIEN AMOUNT: _____	EVIDENCE: _____ CERTIFICATE _____ POLICY _____ SEND BILL _____	INTEREST IN ITEM NUMBER LOCATION: 2 BUILDING: 1 VEHICLE: BOAT: AIRPORT: AIRCRAFT: SCHED #: ITEM: ITEM CLASS: ITEM DESCRIPTION
REASON FOR INTEREST: Landlord		E-MAIL ADDRESS: _____		

INTEREST <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LIENHOLDER	LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS RANK: _____ Pinellas County, A Political Subdivision of the State of Florida 400 S Fort Harrison Ave Clearwater FL 33756 REFERENCE / LOAN #: 17-736D LIEN AMOUNT: _____	EVIDENCE: _____ CERTIFICATE _____ POLICY _____ SEND BILL _____	INTEREST IN ITEM NUMBER LOCATION: 2 BUILDING: 1 VEHICLE: BOAT: AIRPORT: AIRCRAFT: SCHED #: ITEM: ITEM CLASS: ITEM DESCRIPTION
REASON FOR INTEREST: Grantor		E-MAIL ADDRESS: rkahler@pinellascounty.org		

INTEREST <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LIENHOLDER	LOSS PAYEE <input checked="" type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS RANK: _____ Pinellas County School District 301 4th St SW Largo FL 33770 REFERENCE / LOAN #: _____ LIEN AMOUNT: _____	EVIDENCE: _____ CERTIFICATE _____ POLICY _____ SEND BILL _____	INTEREST IN ITEM NUMBER LOCATION: 3 BUILDING: 1 VEHICLE: BOAT: AIRPORT: AIRCRAFT: SCHED #: ITEM: ITEM CLASS: ITEM DESCRIPTION
REASON FOR INTEREST: Lessor		E-MAIL ADDRESS: _____		

INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LIENHOLDER	LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS RANK: _____ _____ _____ REFERENCE / LOAN #: _____ LIEN AMOUNT: _____	EVIDENCE: _____ CERTIFICATE _____ POLICY _____ SEND BILL _____	INTEREST IN ITEM NUMBER LOCATION: BUILDING: VEHICLE: BOAT: AIRPORT: AIRCRAFT: SCHED #: ITEM: ITEM CLASS: ITEM DESCRIPTION
REASON FOR INTEREST: _____		E-MAIL ADDRESS: _____		

INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LIENHOLDER	LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS RANK: _____ _____ _____ REFERENCE / LOAN #: _____ LIEN AMOUNT: _____	EVIDENCE: _____ CERTIFICATE _____ POLICY _____ SEND BILL _____	INTEREST IN ITEM NUMBER LOCATION: BUILDING: VEHICLE: BOAT: AIRPORT: AIRCRAFT: SCHED #: ITEM: ITEM CLASS: ITEM DESCRIPTION
REASON FOR INTEREST: _____		E-MAIL ADDRESS: _____		



# PROPERTY SECTION

DATE (MM/DD/YYYY)  
03/17/2022

AGENCY NAME Roe Insurance Inc.		CARRIER AmGUARD Insurance Company		NAIC CODE
POLICY NUMBER C1GP200670	EFFECTIVE DATE 03/31/2022	NAMED INSURED(S) Starting Right Now, Inc., Starting Right Now of Pinellas County LLC & Starting Right Now of Hillsborough County LLC		

**BLANKET SUMMARY**

BLKT #	AMOUNT	TYPE	BLKT #	AMOUNT	TYPE

**PREMISES INFORMATION**

PREMISES #: 2 STREET ADDRESS: 207 W Beach Place Residential Facility/Admin  
 BUILDING #: 1 BLDG DESCRIPTION: Residential Facilities

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Business Personal Property	40,000	90	RC	Special Including Theft	2	500	DO		EXCLUDES Wind/Hail Coverage

**ADDITIONAL INFORMATION**

BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810 VALUE REPORTING INFORMATION - Attach ACORD 811

**ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION**

SPOILAGE COVERAGE (Y / N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y / N) <input type="checkbox"/>	OPTIONS	
		DEDUCTIBLE \$		<input type="checkbox"/> BREAKDOWN OR CONTAMINATION	<input type="checkbox"/> POWER OUTAGE
SINKHOLE COVERAGE (Required in Florida)		ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$	
MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)		ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$	
PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK					# OF OPEN SIDES ON STRUCTURE: <u>0</u>
Security System: video, fire and security through State Alarm; hard-wired smoke alarms; 7,804 SF Bottom Story & 5,009 SF Upper Story.					

CONSTRUCTION TYPE Joisted Masonry	DISTANCE TO HYDRANT 999 FT	FIRE STAT 3 MI	FIRE DISTRICT Tampa FD	CODE NUMBER	PROT CL 3	# STORIES 2	# BASMTS 0	YR BUILT 1990	TOTAL AREA 12,813
--------------------------------------	-------------------------------	-------------------	---------------------------	-------------	--------------	----------------	---------------	------------------	----------------------

BUILDING IMPROVEMENTS		BLDG CODE GRADE 99	TAX CODE	ROOF TYPE Shake/shingle	OTHER OCCUPANCIES	
<input checked="" type="checkbox"/> WIRING, YR: 2016	<input checked="" type="checkbox"/> PLUMBING, YR: 2016	WIND CLASS		SEMI- RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT	
<input checked="" type="checkbox"/> ROOFING, YR: 2016	<input checked="" type="checkbox"/> HEATING, YR: 2016	RESISTIVE	<input checked="" type="checkbox"/> Other	MANUFACTURER:		DATE INSTALLED: _____
OTHER: YR: _____						

PRIMARY HEAT			SECONDARY HEAT		
<input type="checkbox"/> BOILER	<input type="checkbox"/> SOLID FUEL	<input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N	<input type="checkbox"/> BOILER	<input type="checkbox"/> SOLID FUEL	<input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM TYPE Premises	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/>	LOCAL GONG <input type="checkbox"/>
BURGLAR ALARM INSTALLED AND SERVICED BY State Alarm		EXTENT	GRADE	# GUARDS / WATCHMEN 0
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)		% SPRNK 100	FIRE ALARM MANUFACTURER	
			CENTRAL STATION	LOCAL GONG

**ADDITIONAL INTEREST**

ACORD 45 attached for additional names

INTEREST	NAME AND ADDRESS	RANK: _____	EVIDENCE: _____	CERTIFICATE	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> LENDER'S LOSS PAYABLE					LOCATION:	BUILDING:
<input type="checkbox"/> LOSS PAYEE					ITEM CLASS:	ITEM:
<input type="checkbox"/> MORTGAGEE					ITEM DESCRIPTION	
REFERENCE / LOAN #: _____						

**ADDITIONAL PREMISES INFORMATION**

PREMISES #: 3	STREET ADDRESS: 4600 Haines Rd N Residential Facilities/Admin
BUILDING #: 1	BLDG DESCRIPTION: Admin Offices

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Business Personal Property	40,000	90	RC	Special Including Theft		500	DO		EXCLUDES Wind/Hail Coverage

ADDITIONAL INFORMATION BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810 VALUE REPORTING INFORMATION - Attach ACORD 811

**ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION**

SPOILAGE COVERAGE (Y/N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N) <input type="checkbox"/>	OPTIONS
		DEDUCTIBLE \$		<input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE

SINKHOLE COVERAGE (Required in Florida) ACCEPT COVERAGE REJECT COVERAGE LIMIT: \$

MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV) ACCEPT COVERAGE REJECT COVERAGE LIMIT: \$

PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK # OF OPEN SIDES ON STRUCTURE: 0

Security System: video, fire and security through State Alarm; smoke alarms hard-wired

CONSTRUCTION TYPE	DISTANCE TO HYDRANT	FIRE STAT	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASMTS	YR BUILT	TOTAL AREA
Joisted Masonry	999 FT	3 MI	Pinellas Co FD		02	1	0	1926	3,642

<input checked="" type="checkbox"/> WIRING, YR: 2016	<input checked="" type="checkbox"/> PLUMBING, YR: 2016	BLDG CODE GRADE: 99	TAX CODE	ROOF TYPE: Shake/shingle	OTHER OCCUPANCIES
<input checked="" type="checkbox"/> ROOFING, YR: 2016	<input checked="" type="checkbox"/> HEATING, YR: 2016	WIND CLASS	SEMI- RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT	DATE INSTALLED:
OTHER: YR:	RESISTIVE			MANUFACTURER:	

<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/>	<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/>
IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y/N	IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y/N

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM TYPE: Premises	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
			WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY: State Alarm	EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY <input type="checkbox"/>
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PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK: 100	FIRE ALARM MANUFACTURER	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
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**ADDITIONAL INTEREST ACORD 45 attached for additional names**

INTEREST	NAME AND ADDRESS RANK: EVIDENCE: CERTIFICATE	INTEREST IN ITEM NUMBER
<input type="checkbox"/> LENDER'S LOSS PAYABLE	Pinellas County School District	LOCATION: 3 BUILDING: 1
<input checked="" type="checkbox"/> LOSS PAYEE	301 4th St SW	ITEM CLASS: ITEM:
<input type="checkbox"/> MORTGAGEE	Largo FL 33770	ITEM DESCRIPTION: Landlord
	REFERENCE / LOAN #:	

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)



**Applicable in AL, AR, DC, LA, MD, NM, RI and WV**

Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

**Applicable in CO**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in FL and OK**

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)\*. \*Applies in FL Only.

**Applicable in KS**

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in KY, NY, OH and PA**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties\* (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

**Applicable in ME, TN, VA and WA**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

**Applicable in NJ**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

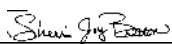

**Applicable in OR**

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in PR**

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE 	PRODUCER'S NAME (Please Print) Sherri Britton/SB	STATE PRODUCER LICENSE NO (Required in Florida) P154600
APPLICANT'S SIGNATURE 	DATE 05/20/2022 20:34 UTC	NATIONAL PRODUCER NUMBER

**ADDITIONAL PREMISES INFORMATION**

PREMISES #: 3	STREET ADDRESS: 4600 Haines Rd N Residential Facilities/Admin
BUILDING #: 2	BLDG DESCRIPTION: Common Area, Kitchen & House Mgr Suite

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Business Personal Property	30,000	90	RC	Special Including Theft	2	500	DO		EXCLUDES Wind/Hail Coverage

ADDITIONAL INFORMATION BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810 VALUE REPORTING INFORMATION - Attach ACORD 811

**ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION**

SPOILAGE COVERAGE (Y/N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N) <input type="checkbox"/>	OPTIONS	
		DEDUCTIBLE \$		<input type="checkbox"/> BREAKDOWN OR CONTAMINATION	<input type="checkbox"/> POWER OUTAGE

SINKHOLE COVERAGE (Required in Florida) ACCEPT COVERAGE REJECT COVERAGE LIMIT: \$

MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV) ACCEPT COVERAGE REJECT COVERAGE LIMIT: \$

PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK # OF OPEN SIDES ON STRUCTURE: \_\_\_\_\_

Common area with couches, TVs, pool table & dining tables; Security System: video, fire and security through State Alarm; smoke alarms hard-wired

CONSTRUCTION TYPE	DISTANCE TO HYDRANT	FIRE STAT	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASMTS	YR BUILT	TOTAL AREA
Joisted Masonry	999 FT	3 MI	Pinellas Co FD		02	1	0	1926	3,218

BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES	
<input checked="" type="checkbox"/> WIRING, YR: 2016 <input checked="" type="checkbox"/> ROOFING, YR: 2016 OTHER: YR: _____	99		Shake/shingle		
<input checked="" type="checkbox"/> PLUMBING, YR: 2016 <input checked="" type="checkbox"/> HEATING, YR: 2016	WIND CLASS		SEMI- RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT	DATE INSTALLED: _____
	RESISTIVE			MANUFACTURER: _____	

PRIMARY HEAT	SECONDARY HEAT
<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y/N	<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y/N

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
Premises			WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY <input type="checkbox"/>
State Alarm				

PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
	100		

ADDITIONAL INTEREST	ACORD 45 attached for additional names		
INTEREST	NAME AND ADDRESS	RANK: _____	EVIDENCE: _____
<input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE			CERTIFICATE _____
	REFERENCE / LOAN #:		
			INTEREST IN ITEM NUMBER
			LOCATION: _____ BUILDING: _____
			ITEM CLASS: _____ ITEM: _____
			ITEM DESCRIPTION

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**ADDITIONAL PREMISES INFORMATION**

PREMISES #: 3	STREET ADDRESS: 4600 Haines Rd N Residential Facilities/Admin
BUILDING #: 3	BLDG DESCRIPTION: Residential Facilities/Dorms - Girls

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Business Personal Property	15,000	90	RC	Special Including Theft	2	500	DO		EXCLUDES Wind/Hail Coverage

ADDITIONAL INFORMATION BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810 VALUE REPORTING INFORMATION - Attach ACORD 811

**ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION**

SPOILAGE COVERAGE (Y/N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N) <input type="checkbox"/>	OPTIONS
		DEDUCTIBLE \$		<input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE

SINKHOLE COVERAGE (Required in Florida) ACCEPT COVERAGE REJECT COVERAGE LIMIT: \$

MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV) ACCEPT COVERAGE REJECT COVERAGE LIMIT: \$

PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK # OF OPEN SIDES ON STRUCTURE: \_\_\_\_\_  
Security System: video, fire and security through State Alarm; smoke alarms hard-wired. Beds & Armoires

CONSTRUCTION TYPE	DISTANCE TO HYDRANT	FIRE STAT	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASMT'S	YR BUILT	TOTAL AREA
Joisted Masonry	999 FT	3 MI	Pinellas Co FD		02	1	0	1926	2,525

BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES
<input checked="" type="checkbox"/> WIRING, YR: 2016 <input checked="" type="checkbox"/> ROOFING, YR: 2016 OTHER: YR:	99		Shake/shingle	
<input checked="" type="checkbox"/> PLUMBING, YR: 2016 <input checked="" type="checkbox"/> HEATING, YR: 2016	WIND CLASS	SEMI- RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT	DATE INSTALLED: _____
	RESISTIVE		MANUFACTURER:	

PRIMARY HEAT	SECONDARY HEAT
<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y/N	<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y/N

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
Premises			WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY
State Alarm				

PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
	100		

**ADDITIONAL INTEREST ACORD 45 attached for additional names**

INTEREST	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	INTEREST IN ITEM NUMBER
<input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE					LOCATION: BUILDING: ITEM CLASS: ITEM: ITEM DESCRIPTION
	REFERENCE / LOAN #:				

**REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

**ADDITIONAL PREMISES INFORMATION**

PREMISES #: 3	STREET ADDRESS: 4600 Haines Rd N Residential Facilities/Admin
BUILDING #: 4	BLDG DESCRIPTION: Residential Facilities/Dorms - Boys

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Business Personal Property	15,000	90	RC	Special Including Theft	2	500	DO		EXCLUDES Wind/Hail Coverage

ADDITIONAL INFORMATION BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810 VALUE REPORTING INFORMATION - Attach ACORD 811

**ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION**

SPOILAGE COVERAGE (Y/N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N) <input type="checkbox"/>	OPTIONS
		DEDUCTIBLE \$		<input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE

SINKHOLE COVERAGE (Required in Florida) ACCEPT COVERAGE REJECT COVERAGE LIMIT: \$

MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV) ACCEPT COVERAGE REJECT COVERAGE LIMIT: \$

PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK # OF OPEN SIDES ON STRUCTURE: \_\_\_\_\_

Security System: video, fire and security through State Alarm; smoke alarms hard-wired. Beds & Armoires

CONSTRUCTION TYPE	DISTANCE TO HYDRANT	FIRE STAT	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASMTS	YR BUILT	TOTAL AREA
Joisted Masonry	999 FT	3 MI	Pinellas Co FD			1	0	1926	1,825

BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES
<input checked="" type="checkbox"/> WIRING, YR: 2016 <input checked="" type="checkbox"/> ROOFING, YR: 2016 OTHER: YR: _____	99		Shake/shingle	
<input checked="" type="checkbox"/> PLUMBING, YR: 2016 <input checked="" type="checkbox"/> HEATING, YR: 2016	WIND CLASS		SEMI- RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: _____
	RESISTIVE			MANUFACTURER: _____

PRIMARY HEAT	SECONDARY HEAT
<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y/N	<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y/N

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
Premises			WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY <input type="checkbox"/>
State Alarm				

PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
	100		

ADDITIONAL INTEREST	ACORD 45 attached for additional names
INTEREST	NAME AND ADDRESS RANK: EVIDENCE: CERTIFICATE
<input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE	INTEREST IN ITEM NUMBER
	LOCATION: BUILDING: ITEM CLASS: ITEM: ITEM DESCRIPTION
REFERENCE / LOAN #:	

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**ADDITIONAL PREMISES INFORMATION**

PREMISES #: 4	STREET ADDRESS: 1212 W Cass St Training Center
BUILDING #: 1	BLDG DESCRIPTION: Training Center

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Business Personal Property	50,000	90	RC	Special Including Theft	2	500	DO		EXCLUDES Wind/Hail Coverage

ADDITIONAL INFORMATION BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810 VALUE REPORTING INFORMATION - Attach ACORD 811

**ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION**

SPOILAGE COVERAGE (Y/N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N) <input type="checkbox"/>	OPTIONS	
		DEDUCTIBLE \$		<input type="checkbox"/> BREAKDOWN OR CONTAMINATION	<input type="checkbox"/> POWER OUTAGE

SINKHOLE COVERAGE (Required in Florida) ACCEPT COVERAGE REJECT COVERAGE LIMIT: \$

MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV) ACCEPT COVERAGE REJECT COVERAGE LIMIT: \$

PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK # OF OPEN SIDES ON STRUCTURE: \_\_\_\_\_  
Security System: video, fire and security through ADT; smoke alarms hard-wired; 8 offices & tutoring center

CONSTRUCTION TYPE	DISTANCE TO HYDRANT	FIRE STAT	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASMTS	YR BUILT	TOTAL AREA
Joisted Masonry	999 FT	3 MI	Tampa FD		3	1	0	1974	4,145

BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES	
<input checked="" type="checkbox"/> WIRING, YR: 2018 <input type="checkbox"/> PLUMBING, YR: 2018 <input type="checkbox"/> ROOFING, YR: 2018 <input type="checkbox"/> HEATING, YR: 2018 <input type="checkbox"/> OTHER: YR:	99		Shake/shingle		
	WIND CLASS		SEMI- RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT	DATE INSTALLED: _____
	RESISTIVE			MANUFACTURER:	

PRIMARY HEAT		SECONDARY HEAT	
<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y/N	<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y/N		

RIGHT EXPOSURE & DISTANCE LEFT EXPOSURE & DISTANCE FRONT EXPOSURE & DISTANCE REAR EXPOSURE & DISTANCE

BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
Premises			WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY
ADT				

PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	CENTRAL STATION	LOCAL GONG
	100			

ADDITIONAL INTEREST	ACORD 45 attached for additional names		
INTEREST	NAME AND ADDRESS	RANK: _____	EVIDENCE: _____
<input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE			
	REFERENCE / LOAN #:		
	INTEREST IN ITEM NUMBER		
	LOCATION:	BUILDING:	
	ITEM CLASS:	ITEM:	
	ITEM DESCRIPTION		

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)





**Care Providers**  
Insurance Services

# Care Providers Insurance Services, LLC

16301 Quorum Dr., Suite 130B, Addison, TX 75001  
Tel: 800-761-7072 Fax: 800-224-7145

Email to: CPS-submissions@nsminc.com

## Human Social Services - Supplemental Application

### GENERAL INFORMATION

**Applicant Name:** Starting Right Now, Inc., Starting Right Now of Pinellas County LLC

**Address:** 1212 Cass St

**City/St:** Tampa **Zip** FL **Website:** http://startingrightnow.org/

**Agency Name:** Roe Insurance, Inc. **City/State:** New Port Richey, FL

**Agency Contact:** Sherri Britton **Tel #:** 727-753-1022 **email:** sherri@roeins.com

**For Profit**  **Non-Profit**

**Year Business Established** 2008 **Years Under Present Management** 14

Indicate all Programs administered by the Insured (check all that apply):

Children's Programs:		Community Services:	
Adoption	<input type="checkbox"/>	Battered Women's Shelter	<input type="checkbox"/>
After School Care	<input type="checkbox"/>	Community Action Programs	<input type="checkbox"/>
Big Brothers/Big Sisters	<input type="checkbox"/>	Community Centers	<input type="checkbox"/>
Boys & Girls Clubs	<input type="checkbox"/>	Counseling	<input type="checkbox"/>
Charter Schools	<input type="checkbox"/>	Family Planning	<input type="checkbox"/>
Children & Teen Shelters	<input checked="" type="checkbox"/>	Food bank/Commodity Distribution	<input type="checkbox"/>
Children's Home	<input type="checkbox"/>	Foundations/ Funding Sources	<input type="checkbox"/>
Day Care (Special Needs)	<input type="checkbox"/>	GED Programs	<input type="checkbox"/>
Early Childhood Intervention	<input type="checkbox"/>	Goodwill/ Thrift Store	<input type="checkbox"/>
Foster Care/ Therapeutic Foster Care	<input type="checkbox"/>	Homeless Shelters	<input type="checkbox"/>
Head Start/Early Head Start	<input type="checkbox"/>	Information/Education/Referral Svcs	<input type="checkbox"/>
Jewish Community Centers	<input type="checkbox"/>	Rape Crisis Centers	<input type="checkbox"/>
Medically Fragile	<input type="checkbox"/>	Transportation Services	<input type="checkbox"/>
Residential Treatment Centers	<input type="checkbox"/>	Vocational/Job Training	<input type="checkbox"/>
Schools - Special Needs	<input type="checkbox"/>	YWCA's	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	Other _____	<input type="checkbox"/>

Senior Programs		Specialty Service Programs	
Adult Day Care	<input type="checkbox"/>	Autistic	<input type="checkbox"/>
Companion Services/Home Maker	<input type="checkbox"/>	Cerebral Palsy	<input type="checkbox"/>
Home Health	<input type="checkbox"/>	Developmentally Disabled	<input type="checkbox"/>
Meals On Wheels	<input type="checkbox"/>	Group Homes	<input type="checkbox"/>
Sr. Citizens Centers	<input type="checkbox"/>	Handicapped	<input type="checkbox"/>
Weatherization Program	<input type="checkbox"/>	Mental Illness	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	Intellectual Disability	<input type="checkbox"/>

## B. Management Practices

1) Total Assets: \_\_\_\_\_ 2) Annual Operating Budget: \_\_\_\_\_ 3) Total # of Employees \_\_\_\_\_

4) List Accreditations and Certifications: \_\_\_\_\_

5) Do you have all required licenses? Yes  No  Are they current? Yes  No

6) Has any license ever been lost, revoked or suspended? Yes  No  If yes, explain: \_\_\_\_\_

7) Do you lease, sublease or rent to others? Yes  No

If yes, do you obtain certificates of insurance? Yes  No

8) Do you sell any goods or services to others? Yes  No

Products & Services \_\_\_\_\_ Annual Receipts \$ \_\_\_\_\_

9) Have you discontinued any operations, made acquisitions or sold operations in the last 5 years? Yes  No

If yes, describe: \_\_\_\_\_

10) Do you participate in or sponsor any sports activities for your clients? Yes  No  If yes, explain \_\_\_\_\_

11) Do you have any field trips? Yes  No  If Yes, number per year 15. Are any overnight? Yes  No

What is the maximum distance traveled? 120 miles. Are release forms obtained? Yes  No

a) What controls are exercised? Parents sign off on an agreement that we can take the kids with us to any activity deemed necessary

b) Describe the types of trips: college visits, emotional intelligence retreat, skating, bowling, etc.

c) What measures are taken to assure no one is left behind? we check a list

12) Do you accept clients with any of the following types of issues:

Prader-Willi Syndrome	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> # clts _____	Schizophrenia	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> # clts _____
Velocardial Facial Syndrm	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> # clts _____	Adjudicated Sex or Violent Ind	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> # clts _____
Lesch-Nyhan Syndrome	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> # clts _____	“Profound” Intellectual Disability	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> # clts _____

13) Do you have sign in/sign out procedures for: Staff  Clients/Residents  Visitors/Public

14) Type of security for clients/residents: Guards  Security Cameras  Other No visitors on property

15) What measures are taken to monitor client activities? \_\_\_\_\_

16) What precautions are taken to prevent non-staff members from accessing unauthorized areas of the property? \_\_\_\_\_

17) Do you have incident reporting procedures and/or committee reviews? Yes  No

18) Do you have a plan for medical emergencies? Yes  No

19) Is there always someone trained in CPR and first aid on the premises? Yes  No

20) Do you have AED's? Yes  No  Are staff members properly trained in their use? Yes  No

21) Do you have a written and enforced "NO SMOKING" policy? Yes  No

22) What method do you use for de-escalation? We have trained our staff to stay out of conflict an de-escalate others

Is it approved? Yes  No  How often is the staff recertified? \_\_\_\_\_

22) Do you use padded rooms? Yes  No

23) Do you use electric shock treatment? Yes  No



**C. Professional Liability**  N/A

**Part I - Individuals**

	Employees		Equivalent positions (see note below)		
	F/T	P/T	Volunteers	Contractors	Interns
Counselor - Unlicensed					
Dietician/Nutritionist					
Home Health Aide					
Medical Director					
Nurse LPN					
Nurse Practitioner					
Nurse RN					
Pharmacists					
Psychiatrist/Optomtrist/Dentist					
Psychologist/Clergy					
Physn Asst/Paramedic/EMT					
Physician					
Residential Manager or Care Provider	7	2			
Social Worker/Counselor - Licensed					
Social Worker – Unlicensed					
Teacher/Tutor/Aide/Child Care Worker					
Therapist – Occupational					
Therapist - Physical/Speech/Hearing					
<b>Total</b>	7	2			

**Note:** “equivalent position” is the average daily number of volunteers, contractors & interns doing work for the organization on any one day during a normal work week. Any partial numbers should be rounded up to the nearest whole. Example, if there are 10 nurses that volunteer for 4 hours a week, but only one is there at a time, the equivalent position is “one”.

1. Has the agency entered into any agreements relating to professional liability (such as a Professional service contract with any of the above) which contain either a hold harmless agreement, indemnification agreement, or any other professional agreement? Yes  No

If yes, submit a copy of each agreement.

2. Does the Agency currently carry a Professional Liability Policy? Yes  No

If yes, please indicate the following:

**Name of Carrier:** AmGUARD

**Expiration Date:** 03 / 31 / 22 / **Premium:** \_\_\_\_\_ **Limits:** 1mm/3mm

**Type of Coverage:**  Occurrence  Claims Made

3. Has the agency reported any professional liability claims or incidents in the past 3 Years, or is applicant aware of any circumstances, which may result in a claim or suit? Yes  No  If yes, provide Insurance Company loss reports or attach summary of details.

4. Do you obtain Certificates of Insurance and Hold Harmless Agreements from any of your community/contracted professional services providers? Yes  No

5. Please describe any additional measures over and above national standards that you utilize.

6. Do you require your staff (paid and volunteer) to complete an employment application? Yes  No
- Do you conduct a personal interview for each prospective staff member? Yes  No
- Do you verify education references? Yes  No
- Do you verify employment related references? Yes  No
- Do you verify licenses and credentials? Yes  No
- Do you obtain criminal background checks on all individuals before hiring? Yes  No
- Do you require drug tests on all staff members, including drivers? Yes  No
- What are your procedures for evaluating these reports: \_\_\_\_\_
- What actions are taken if a report is considered unfavorable? \_\_\_\_\_
7. Do all staff members have written job descriptions? Yes  No
8. Are any staff members under the age of 18? Yes  No
- If yes, list position: \_\_\_\_\_
9. Do you provide workers' compensation for all staff members? Yes  No
10. Do psychiatrists prescribe any experimental drugs? Yes  No
11. Has any client/resident/patient ever committed suicide? Yes  No
- If yes, explain: \_\_\_\_\_
12. Do any of your physicians perform any invasive medical procedures or any procedures requiring general anesthesia? Yes  No

**13. Physicians & Psychiatrists**

Name	Dr.	Dr.	Dr.
Specialty			
Board Certified or eligible			
Years in practice			
License #			
Hours/wk for Insured			
Employed or Contracted?			
Malpractice carried?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
o If yes, does coverage include acts while working at center?			
o If yes, does coverage include contingent coverage for center?			
Any claims past 5 years?			

**Part II - Medical Facilities**  N/A

1. The facilities are for:  Staff  Clients  General Public (check all that apply)
2. What are the facility hours? \_\_\_\_\_
3. Do you provide more than immediate care/first aid? Yes  No  If yes, explain \_\_\_\_\_

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4. By job title, who staffs the facilities? \_\_\_\_\_
5. Do you keep only over-the-counter drugs on the premises? Yes  No  If no, explain \_\_\_\_\_

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6. Which staff members dispense the medications? \_\_\_\_\_
7. Are medications and equipment kept in a locked facility? Yes  No   
If no, where are they kept? \_\_\_\_\_ Which staff members have access? \_\_\_\_\_
8. Do you have policies & procedures in place for prescribing/administering medication? Yes  No   
If yes, explain \_\_\_\_\_

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9. What medical equipment do you have? \_\_\_\_\_
10. Do you maintain a log of all those who receive care? Yes  No
11. Do you maintain a medical history and care records for each individual? Yes  No

**Part III - Free Clinics**  N/A

1. Do you operate a "Free Clinic" qualifying for the Federal Tort Claims Act (FTCA) Yes  No
2. Is your facility current with all qualifying requirements? Yes  No
3. Do you provide written notification to patients of your limited liability? Yes  No
4. Do all your volunteer medical professionals hold the proper licenses? Yes  No
5. Do all of your volunteer medical professionals carry their own mal-practice insurance? Yes  No
6. Are all of your medical professionals credentialed and privileged every 2 years? Yes  No
7. Do you maintain documentation of deeming for each individual medical professional? Yes  No

**Part IV - Outpatient Facilities**  N/A

Type of Service	# Visits	Types of Service	# Visits

1. Estimated percentage of clients by age group: Under 18 \_\_\_\_%; 18-35 \_\_\_\_%; 35-65 \_\_\_\_%; Over 65% \_\_\_\_
2. Annual number of clients by type: Emotional \_\_\_\_; Drug/Alcohol \_\_\_\_; Mental Illness \_\_\_\_; Intellectual/Developmental Disability \_\_\_\_.
3. Do you operate a clinic? Yes  No  If yes, is it open to the public? Yes  No
4. Do you offer group therapy? Yes  No  If yes, average size of group? \_\_\_\_\_  
 a. How often does the group meet per week? \_\_\_\_\_  
 b. Explain the nature of problems treated/discussed \_\_\_\_\_
5. Do you provide services in client's homes? Yes  No

6. Do you operate any mobile servicing units? Yes  No

**Part V - Substance Abuse Program**  N/A

1. Is treatment  Individual or  Group?  
Number of individual sessions annually \_\_\_\_\_ Number of group sessions annually \_\_\_\_\_
2. Do you provide a methadone maintenance program? Yes  No   
If Yes, where is the methadone stored? \_\_\_\_\_  
Number of methadone-only clients annually \_\_\_\_\_ Number of clients with take home privileges \_\_\_\_\_
3. Do you operate a detoxification unit? Yes  No  If yes,  Medical  Other  
a. If medical, do you accept clients with a history of delirium tremens (DT's) or seizures? Yes  No   
b. If clients are experiencing DT's or seizures do you:  Treat them or  Refer them to a hospital?
4. Do you operate drug/alcohol rehabilitation? Yes  No  If yes, are these for adults only? Yes  No   
a. Are facilities  single sex or  Co-ed ?

**D. Abuse & Molestation**

1. What is the age group of clients? Under 7 0%; 7 thru 13 0%; 14 thru 17 60%; 18 to 25 40%;  
26 to 65 0%; over 65 0%
2. What is the ratio of staff to clients? 20/2
3. Is there more than one person responsible for the welfare of any single client? Yes  No   
If yes, please describe: \_\_\_\_\_
4. Are there rules or guidelines prohibiting closed door one-on-one meetings? Yes  No
5. Are there written complaint procedures and are they displayed prominently? Yes  No   
If no, please describe why unnecessary: \_\_\_\_\_
6. Do you require your staff (paid and volunteer) to complete an employment application? Yes  No   
Do you conduct a personal interview for each prospective staff member? Yes  No   
Do you verify education references? Yes  No   
Do you verify employment related references? Yes  No   
Do you verify licenses and credentials? Yes  No   
Do you obtain criminal background checks on all individuals before hiring? Yes  No   
Do you require drug tests on all staff members, including drivers? Yes  No   
What are your procedures for evaluating these reports: E.D. reviews  
What actions are taken if a report is considered unfavorable? Non hire
7. Do all employees meet the minimum mandated educational or professional experience level for the position assigned? Yes  No
8. Do volunteers work directly with clients? Yes  No   
If yes, please describe the degree of their job function and responsibilities: \_\_\_\_\_
9. Have any employees been the subject of a child abuse/neglect investigation? Yes  No   
If so, what were the results of the investigation? \_\_\_\_\_
10. Have there ever been any alleged or actual incidents regarding any abuse or molestation? Yes  No   
If yes, please describe: \_\_\_\_\_

What procedures have been instituted to prevent reoccurrences of previous events? \_\_\_\_\_

11. For residential risks, what steps are taken to ensure client-to-client contact is avoided, i.e. separating male from female sleeping quarters, describe: Clients are separated by floor or building - depending on the location. Each client signs an agreement  
they will not enter an opposite sex room.

12. Are children of different age groups housed together? Yes  No

If yes, please describe: 15-19

13. Are children left alone without any adult supervision? Yes  No

If yes, please describe: \_\_\_\_\_

14. List situations where an employee or volunteer has direct contact with clients in an unsupervised situation without oversight of another staff member: House manager or staff speaking to a student privately

15. Is any counseling conducted off premises, i.e. clients' or counselors' homes? Yes  No

If yes, by whom and what type of clients? \_\_\_\_\_

16. Is any counseling provided after normal business hours? Yes  No

If yes, describe: \_\_\_\_\_

17. If transportation is provided, is there more than one adult present at all times? Yes  No

18. What is your procedure on how allegations of abuse are handled? \_\_\_\_\_  
Reports would be taken seriously and investigated by the staff and board immediately.

19. Are accused employees removed from client care responsibilities pending outcome of investigation? Yes  No

### E. Premises/Life Safety

1. If the building you occupy was built before 1978, has it been inspected for lead paint? Yes  No

If no, what is the plan for abatement? \_\_\_\_\_

2. Do you have any plans for renovations or new construction? Yes  No

If yes, describe: \_\_\_\_\_

3. Has the premises been inspected by fire authorities for proper extinguishers, signs, escapes, panic hardware on doors? Yes  No

4. Is there a written emergency evacuation plan? Yes  No

Is it posted with a floor plan? Yes  No

Is there a central meeting point outside the building? Yes  No

Does it include notification to the fire department? Yes  No

How often are drills conducted? \_\_\_\_\_

5. Is the hot water set to a temperature of 120 degrees? Yes  No

## F. Crime/Financial Controls

1. Are regular audits performed? Yes  No   
 Who performs the audits? CPA  Staff \_\_\_\_\_ Other \_\_\_\_\_
2. Who receives the audit report and is responsible for reviewing? \_\_\_\_\_
3. What is the audit frequency? Annual  Semi-annual \_\_\_\_\_ Quarterly \_\_\_\_\_
3. Are all locations audited? Yes  No   
 If not, why not: \_\_\_\_\_
4. Is the payroll system audited annually? Yes  No
5. Are bank accounts audited by someone not authorized to deposit or withdraw? Yes  No
6. Is countersignature of checks required? Yes  No
- a) Are checks issued over \$1000 must be countersigned by at least 2 persons Yes  No   
 If no, is an owner or corporate officer the authorized signer Yes  No
- b) Is the handling of in-coming checks and issuance of out-going checks done by separate individuals? Yes  No
- c) Mechanically Affixed Signatures involve computer or non-computer equipment.
- If computer operated, is control over the input and outflow restricted to specifically authorized personnel? Yes  No
  - Is non-computer equipment (e.g. facsimile signature plate or check writing machine) properly secured when not in use with access limited to as few designated persons as possible and supervised by an owner/officer? Yes  No
  - Are employees authorized to reconcile bank account statements not permitted to handle deposits or sign checks without countersignature? Yes  No
  - Are all incoming check must be stamped "For Deposit Only" as soon as they are received? Yes  No
7. Are all officers and employees required to take annual vacations of at least 5 consecutive days? Yes  No
8. Is there a written policy regarding EFTS? Yes  No
9. What is the single largest amount that can be transferred? \$ \_\_\_\_\_
10. Are hard copies of funds transfer confirmations received and reconciled? Yes  No
11. Do internal audit procedures include computer operations? Yes  No
12. Is physical access to computer room and equipment restricted to authorized personnel? Yes  No
13. Prior to funds transfer does financial institution verify authenticity with another employee? Yes  No
14. List number of all officers and employees who handle or have custody of money, securities or other property:  
2 Officers, Accountants & Administrators      1 Managers, Drivers, Supervisors  
0 Volunteers, Contractors      0 All Others
15. Do you audit your wire transfer procedures and transactions? Yes  No  How frequently? \_\_\_\_\_
16. Are you up to date with internet security protection (ie; firewalls & intrusion detection system)? Yes  No

**F. Planned Event / Fund Raisers**

N/A

Questions	Event #1	Event #2	Event #3	Event #4	Event #5
Describe/Insert letter for event type: A = Wine tasting; B = Golf outing; C = Other Sporting event; D = Picnic; E = Banquet; F = House tour; G = Bingo; H = Walkathon/Run; I = Fashion Show; J = Concert; K = Other (specify)					
Type of Event (use above list)	E				
Date(s) held?	November/annually				
Daily Hours of operation	11:30-1:00 pm				
Will any event last longer than 3 days? If so, how long?	NO				
Total anticipated revenue	750,000				
Location held	Various				
Estimated Attendance	725				
Are certificates of insurance obtained from all vendors providing products/services?	NO				
Will alcohol be served?	NO				
Do any sporting events involve motorized vehicles?	NO				
Do all participants sign a waiver?	N/A				
Do participants show proof of personal health insurance?	N/A				
Does any event involve large animals? (ie: horses, livestock, etc.)	NO				
Does any event involve wild animals?	NO				
Does any event involve aircraft or watercraft?	NO				

**Part I – General**

**NOTE: A driver is an employee whose primary job duties are to operate a motor vehicle for the organization.**

1. Are all of your vehicles equipped with seat belts? Yes  No
- a) Do you have written and strictly enforced guidelines, mandating all passengers are secured in their seat belts? Yes  No
- b) Would you ever make an exception based on a medical condition? Yes  No
2. Does insured order/receive/approve MVR's prior to employee driving? Yes  No
3. Does the insured maintain driver's record files? Yes  No
- Does it include** (check those that apply):
- a) Date of hire       b) Dates of training       c) Drug tests       d) Reference Checks
- e) MVR and date ordered and received       f) Disciplinary actions
4. Do you furnish anyone with an auto? Yes  No
- a. If yes, are relatives ever allowed to operate an organization's vehicle? Yes  No
5. Do you have an accident investigation program? Yes  No
- a. Do you keep a file on accidents? Yes  No
6. What number of your employees use their personal auto for your business?   3
7. Do you require that employees and volunteers carry a minimum limit of liability of at least \$100,000? Yes  No
- a. Do you verify (with a photocopy of the policy or other)? Yes  No
8. Is there a vehicle maintenance program? Yes  No
- If yes:
- a. Are maintenance logs and files reviewed by management? Yes  No
- b. Do drivers have procedures for reporting, repairing and servicing? Yes  No
- If yes - daily , weekly , other When needed
9. With respect to any rules or procedures, how do you enforce them to assure compliance?  
**We have a PO system that is used for all repairs**
- 

10. Does the insured have annual competency-based performance reviews conducted on drivers of the mobility assistance/wheelchair van that includes:
- a. operation of the lift or ramp system Yes  No
- b. securing the wheelchair and patient Yes  No
- c. unloading wheelchair & patient Yes  No
- d. use of Company communications system Yes  No

**Part II - Drivers**

1. Are there any drivers under the age of 21 years old? Yes  No
2. Do you obtain written authorization to release driver information from all of your staff upon hiring? Yes  No
3. Do you obtain MVR's on all drivers? Yes  No



- a. If yes, how often? At hire & annually
- b. Do you have written criteria on driver acceptability regarding MVR's? Yes  No
4. Do you have a safe driver incentive program? Yes  No   
If yes, describe: \_\_\_\_\_
- 
5. What are your procedures for dealing with driver accidents or violations? Call to ED or AED
- 
6. Are all drivers at least 21 years of age? Yes  No
7. Do all drivers possess the required license for the type of vehicle driven? Yes  No
8. Explain you driver safety program: \_\_\_\_\_
- 
9. Is training provided for new employees/volunteers prior to their transporting clients? Yes  No
10. Does anyone besides employees drive your vehicles? Yes  No
11. Do you allow personal use of your agency vehicles? Yes  No
12. What percentage of your volunteers do some driving for the organization \_\_\_\_\_%

### **Part III - Hired & Non-Owned Vehicles**

1. Do you hire vehicles? Yes  No   
If yes, what types of vehicles do you hire? Towncars
2. Do you hire from a transportation company? Yes  No   
a. Do you obtain certificates of insurance? Yes  No   
b. What minimum limits do you require? \_\_\_\_\_
3. Annual number of vehicles hired: \_\_\_\_\_ Annual cost of hire: 200,000
4. How many employees/volunteers drive personal vehicles for business use: regularly? 2 occasionally? 2  
a. Do you obtain proof of insurance for anyone driving for business purposes? Yes  No   
b. Do you update these records at least semi-annually? Yes  No   
c. Do you require at least \$100,000 in minimum limits? Yes  No

### **Part IV - Donated Vehicles** N/A

1. What are your requirements for donation (eg: age, condition, etc.)? \_\_\_\_\_
2. How and by whom is the vehicle delivered? \_\_\_\_\_
3. When and how does title transfer to you? \_\_\_\_\_
4. Where and under what controls are the vehicles stored? \_\_\_\_\_
5. Do you repair any vehicles? Yes  No   
a. If yes, describe the types of repairs \_\_\_\_\_  
b. What is the training of the individuals doing the repairs? \_\_\_\_\_
6. How do you dispose of the vehicles? \_\_\_\_\_
7. If you sell the vehicles yourself, do you sell them "As Is" with no guarantees? Yes  No
8. Do you have dealer plates? (If yes, how many? \_\_\_\_\_) Yes  No
9. Approximately how many vehicles do you get donated each year? \_\_\_\_\_

## H. Residential Facilities

N/A

Residents	# Beds	Residents	# Beds	Residents	# Beds
Acute Skilled Care		Inpatient Crisis Center		Respite Care	
Aged		Low Income Housing		Transitional Housing	
Group Home		Shelter – Abuse Victims		Children’s Home	
Hospice		Shelter – Homeless	37/36	Troubled Teen	
Independent Living		Shelter – Other		Other (specify)	

1. Annual number of clients by age group: Under 7 0; 7 thru 13 0; 14 thru 17 60; 18 to 35 40; 36 to 65 0; over 65 0
2. Annual number of clients by type: Emotional 0; Drug/Alcohol 0; Mental Illness 0; Intellectual/Developmental Disability 0.
3. Specify number of: Male     ; Female     ; Co-Ed      .
4. Are residents separated? Yes  No   
If yes, how are they separated? Separate Dorms
5. Average length of stay 2 Years
6. Number of non-ambulatory patients 0. Are there any above the first floor? Yes  No
7. Total number of rooms: 73 Total number of bedrooms: 20
8. What was the date of the last inspection by a licensing agency? 3/2022. Any deficiencies? Yes  No   
If Yes, describe
9. Does a physician screen clients prior to admission? Yes  No
10. Do you require signed release forms for the release of records to other individuals or institutions? Yes  No
11. Are patients primarily responsible for their own basic personal care including:
  - a. bathing Yes  No
  - b. eating Yes  No
  - c. dressing Yes  No
  - d. restroom aid Yes  No
12. Is the staff trained in non-violent crisis intervention? Yes  No   
If yes, which protocol?
13. What type of method do you use for de-escalation?      Is it approved? Yes  No
14. What is your physical restraint policy? We call the police - we do not restrain
15. What is the ratio of resident to staff? Day 2/20 Night 2/20
16. What procedures are in place for clients that are permitted to leave the premises without supervision?       
Clients are allowed to check themselves out by completing a paper - we are not a locked facility
17. How many visits a month are made by a caseworker to a resident? N/A
18. How do you provide for the residents privacy and individual security? We have rules in place and each client signs agreement to the rules
19. How often are rooms inspected? daily Who performs the inspections? house manager
20. Do you have written procedures? Yes  No  Do you have a checklist? Yes  No
21. Do you maintain a log of all inspection activity? Yes  No
22. Is it reviewed by management regularly? Yes  No
23. How often are bed checks done? daily Random  Scheduled

24. How is staff monitored? \_\_\_\_\_
25. Are there security cameras monitoring operations? Yes  No
26. Are resident's doors ever locked from the outside? Yes  No
27. Are residents allowed to cook their own meals? Yes  No  If yes, in  Private or  Common cook areas.

**I. Adoption**  N/A

1. Are you licensed in all states in which you operate? Yes  No
2. Is the agency private or state operated? \_\_\_\_\_
3. Does Insured choose the parents and do placements or do they refer to a state agency? \_\_\_\_\_
4. Does the insured follow all State Requirements regarding adoption rules and procedures? Yes  No
2. Are the adoption services: Opened  Closed  Average annual number of adoptions: \_\_\_\_\_
3. International Adoptions Yes  No  Total annual number of anticipated Int'l adoptions: \_\_\_\_\_  
 What countries? a. \_\_\_\_\_; b. \_\_\_\_\_; c. \_\_\_\_\_; d. \_\_\_\_\_
4. Anticipated number of adoptions over the next 12 months: \_\_\_\_\_  
 By Ages: Less than 1 yr \_\_\_\_; Age 1-5 \_\_\_\_; Age 5-10 \_\_\_\_; Over 10 \_\_\_\_
5. Total number of unsuccessful adoptions \_\_\_\_\_
6. Total number of training hours for each adoptive family prior to the placement of child \_\_\_\_\_
7. Total annual number of training hours for each adoptive family \_\_\_\_\_
8. Are case workers supervised? Yes  No  Are decisions made by a team? Yes  No
9. Are home studies conducted? Yes  No  What are staff member's credentials? \_\_\_\_\_
10. Is there a written procedure in place to analyze potential applicants? Yes  No
11. Are criminal records checked prior to approval of an adoptive home? Yes  No
12. Do you verify homeowner's insurance or renter's insurance? Yes  No
13. Do you have written procedures for dealing with a report of abuse? Yes  No
14. Are children given thorough medical exams, with prior conditions noted, before placed? Yes  No
15. Is counseling provided to birth parents after placement? Yes  No
16. Are children given to adoptive parents upon release from the hospital? Yes  No
17. Are children placed in a foster home until the time passes for the mother to change her mind? Yes  No
18. Do the adoptive parents receive special counseling after placement? Yes  No
19. Do you perform follow-up visits after placement has been made? Yes  No   
 a. If yes, are these visits announced? Yes  No   
 b. How often do they occur? \_\_\_\_\_  
 c. When do these visits stop? \_\_\_\_\_
20. What are the rights of the child's biological grandparents? \_\_\_\_\_

## J. Foster Care N/A

1. How many foster care homes has the Insured placed children in? \_\_\_\_\_
2. Anticipated number of foster child placements (existing & new) over the next 12 months: \_\_\_\_\_  
Ages: Less than 1 yr \_\_\_\_; Age 1-5 \_\_\_\_; Age 5-10 \_\_\_\_; Over 10 \_\_\_\_
3. Does the insured place special needs children Yes  No  If yes, explain condition \_\_\_\_\_  
\_\_\_\_\_
4. Total number of foster families at any one time: \_\_\_\_\_
5. Total number of case workers \_\_\_\_ Maximum number of children per Case Worker allowed \_\_\_\_\_
6. Are audit procedures in place to be sure that home visits are being conducted? Yes  No
7. Are case workers supervised? Yes  No  Are decisions made by a team? Yes  No
8. Are home studies conducted? Yes  No  What are staff member's credentials? \_\_\_\_\_
9. Average number of foster children who are placed multiple times \_\_\_\_\_
10. Total number of training hours for each foster family prior to the placement of first child \_\_\_\_\_
11. Total annual number of training hours for each foster family \_\_\_\_\_
12. Is full disclosure of child's history made to parents prior to placement? Yes  No
13. Is there a written procedure in place to analyze potential applicants? Yes  No
14. Are criminal records checked prior to approval of a home? Yes  No
15. Does the insured follow all State Regulations on Foster Care procedures? Yes  No
16. Do you verify homeowner's insurance or renter's insurance? Yes  No
17. Do you have written procedures for dealing with a report of abuse? Yes  No
18. Are children given thorough medical exams, with prior conditions noted, before placed? Yes  No
19. Do the adoptive/foster parents receive special counseling after placement? Yes  No
20. Do you perform follow-up visits after placement has been made? Yes  No 
  - a. If yes, are these visits announced? Yes  No
  - b. How often do they occur? \_\_\_\_\_
  - c. When do these visits stop? \_\_\_\_\_
21. Does the insured maintain complete records of all placements, incidents, follow-ups, etc? Yes  No
22. How many foster home agreements have been terminated (both voluntary & involuntary) in the past:  
12 months \_\_\_\_; 24 months \_\_\_\_; 36 months \_\_\_\_

## K. Crisis Hotline N/A

1. Do you operate a crisis hotline? Yes  No  Estimated annual number of calls received? \_\_\_\_\_
  - a. Types of calls: Suicide \_\_\_\_%; Drug/Alcohol \_\_\_\_%; Child/Spouse Abuse \_\_\_\_%; Other \_\_\_\_%
  - b. What are the hours of operation for the hotline \_\_\_\_\_
  - c. Is training provided? Yes  No  Describe \_\_\_\_\_
  - d. Do volunteers answer calls? Yes  No
2. Do you make telephone referrals? Yes  No  If yes, estimated annual number of calls \_\_\_\_\_
3. Do you have written procedures for engaging the authorities/police? Yes  No
4. Do you maintain a detailed log of all calls? Yes  No
5. Are any of your calls recorded for documentation purposes? Yes  No

**L. Therapeutic Horseback Riding**  N/A

1. Are liability waivers signed by all parents/guardians? Yes  No
2. Do you follow North American Riding for the Handicapped standards? Yes  No
3. Do you or your instructors have regional or national riding certificates? Yes  No
4. Do you fasten a child to any part of the saddle? Yes  No
5. Are safety helmets mandatory? Yes  No
6. Do you provide transportation to and/or from the facility? Yes  No
7. Total annual lessons \_\_\_\_\_ Average size of group \_\_\_\_\_
8. What is the experience of the staff? \_\_\_\_\_
9. What is the ratio of riders to counselors? \_\_\_\_\_. Minimum age of riders? \_\_\_\_\_

**M. In Home Support Services**  N/A

1. Services: (check all that apply)

Nursing Care	<input type="checkbox"/>	Speech Therapy	<input type="checkbox"/>	Social Work	<input type="checkbox"/>	Nutrition Counseling	<input type="checkbox"/>
Bathing	<input type="checkbox"/>	Changing Catheter	<input type="checkbox"/>	Dressing	<input type="checkbox"/>	Meal Preparation	<input type="checkbox"/>
Laundry	<input type="checkbox"/>	Running Errands	<input type="checkbox"/>	Housework	<input type="checkbox"/>	Medication Management	<input type="checkbox"/>
Eating	<input type="checkbox"/>	Restroom Aid	<input type="checkbox"/>	Repositioning	<input type="checkbox"/>	Driving clients to/from Appointments	<input type="checkbox"/>
Blood Testing	<input type="checkbox"/>	Infusion Therapy	<input type="checkbox"/>	Other	<input type="checkbox"/>		

2. How long has the program been in place? \_\_\_\_\_
3. How many employees provide in-home services? \_\_\_\_\_ No. of Volunteers? \_\_\_\_\_
4. Number of non-ambulatory clients \_\_\_\_\_
5. Payroll for the last twelve months? \$ \_\_\_\_\_
6. Do you sell and/or rent medical equipment? Yes  No   
Receipts sales \$ \_\_\_\_\_ Receipts rentals \$ \_\_\_\_\_
7. Are all staff properly informed of AIDS/HIV patients? Yes  No
8. Do you have written procedures in place to prevent theft from client's homes? Yes  No
9. Explain types of training your staff receives \_\_\_\_\_
10. Are medications administered? Yes  No
11. Are visits documented? Yes  No  How is staff monitored? \_\_\_\_\_

**N. Food Bank**  N/A **Thrift Store**  N/A

1. Are aisles kept clear and unobstructed? Yes  No
2. Are goods properly stored and stacked? Yes  No  Are any goods kept outdoors? Yes  No
3. Are forklift operators properly trained and supervised? Yes  No
4. Do you provide pick-up services? Yes  No
5. How many drop off containers and/or pick-up containers do you have? \_\_\_\_\_
6. Do you pick up from homes or businesses? Yes  No  What radius do you drive \_\_\_\_\_
7. Do you have a loading dock or appropriate place to unload goods? Yes  No
8. How often are incoming goods sorted to identify spoiled and/or hazardous goods? \_\_\_\_\_

9. Are unwanted goods disposed of promptly and properly? Yes  No
10. If food, are product expiration dates monitored? Yes  No

**O. Food Preparation Facilities**  N/A

1. The food preparation equipment is:  Electric  Gas  Propane  Other \_\_\_\_\_
2. The food preparation equipment is in:  One common area;  Each Floor;  Individual Rooms;  Other \_\_\_\_\_  
Total number of cooking areas \_\_\_\_\_
3. Who has access to the cooking area?  Staff;  Clients/Residents;  Unrestricted
4. For who is the food prepared?  Staff;  Clients/Residents;  Unrestricted  
If unrestricted, explain \_\_\_\_\_
5. Describe eating and serving areas: Dining areas \_\_\_\_\_
6. Is food properly covered, stored, served? Yes  No
7. Are there fire extinguishers in the cooking area? Yes  No
8. The cooking equipment is:  Residential  Commercial
9. Cooking equipment is equipped with:  Nothing;  Hoods;  Ducts;  Exhaust Fans;  Automatic fire suppression systems;  Automatic fuel shutoff controls;  Other \_\_\_\_\_
10. How often is cooking equipment cleaned? semi-annually Cleaned by:  You;  Cleaning contractor
11. Do the hoods have removable filters? Yes  No

**P. Pool**  N/A

1. Are the appropriate number of trained lifeguards on duty at all times when the pool is open? Yes  No   
If no, explain \_\_\_\_\_
2. How are your lifeguards certified? \_\_\_\_\_
3. Are all pool users evaluated for swimming ability prior to pool use? Yes  No
4. Are all non-swimmers required to wear life preservers? Yes  No
5. Who uses the pool area?  Staff;  Clients/Residents;  Unrestricted  
If unrestricted, explain \_\_\_\_\_
6. Is the pool completely fenced with a self locking gate? Yes  No  If yes, what height? \_\_\_\_\_  
If no, explain \_\_\_\_\_
7. The pool area includes:  Jacuzzi;  Hot Tub;  Whirlpool/Spa;  Diving Board;  Kiddie Pool;  Water slide;  Trampoline;  Water Blob;  Trapeze;  Other (describe) \_\_\_\_\_  
Describe height of any water slide, diving board, trapeze, or elevated structure \_\_\_\_\_
8. Are depths clearly marked? Yes  No  Is diving prohibited in non-dive areas? Yes  No
9. Is the walking surface around the pool non-skid and in good condition? Yes  No
10. Is the staff trained in: Water Safety? Yes  No ; CPR? Yes  No ; First Aid? Yes  No
11. Are all areas of the pool, including the bottom, visible at all times? Yes  No
12. Are there interval breaks to clear the pool, change lifeguards, etc? Yes  No  If yes, how often? \_\_\_\_\_  
If not, explain procedures \_\_\_\_\_
13. Do posted rules meet all state and local regulations? Yes  No
14. Are swimming lessons given? Yes  No  If yes, by whom \_\_\_\_\_

15. Is there any swim team participation? Yes  No
16. Are pool chemicals properly stored and secured? Yes  No  How often is pool tested? \_\_\_\_\_
17. How often is the pool cleaned? \_\_\_\_\_
18. Do you have specific written guidelines for closing the pool due to water contamination? \_\_\_\_\_

### Q. Lakes / Ponds N/A

1. Is swimming allowed? Yes  No  Is there a designated & clearly marked swimming area? Yes  No
2. Are the appropriate number of trained lifeguards on duty at all times during operating hours? Yes  No   
If no, explain \_\_\_\_\_
3. How are your lifeguards certified? \_\_\_\_\_
4. Are all users evaluated for swimming ability prior to pool use? Yes  No
5. Are all non-swimmers required to wear life preservers? Yes  No
6. Who uses the lake/pond area?  Staff;  Clients/Residents;  Unrestricted  
If unrestricted, explain \_\_\_\_\_
7. Are there boat docks? Yes  No  If yes, where? \_\_\_\_\_
8. Lake use (check all that apply)  
 Swimming;  Water Skiing;  Jet Skis/Wave Runners;  Canoes/Row boats;  Sail Boats/Catamarans;  
 Paddle Boats  Ice Skating/Hockey  Power Boats (max H.P./length) \_\_\_\_\_
9. Is there watercraft rental? Yes  No  If yes, what types \_\_\_\_\_ Annual Receipts \$ \_\_\_\_\_

### R. Playground N/A

1. Is the playground supervised during all open hours? Yes  No
2. Who uses the playground area?  Staff;  Clients/Residents;  Unrestricted  
If unrestricted, explain \_\_\_\_\_
3. Is the play area fenced? Yes  No  Is the surface "kid friendly" Yes  No  Describe \_\_\_\_\_
4. What is the maximum height of any of the equipment? \_\_\_\_\_
5. Is the playground equipment checked regularly? Yes  No  Log book maintained? Yes  No   
Is maintenance performed promptly when required? Yes  No

### S. Fitness Area N/A

1. Is the fitness area secured? Yes  No  Is the fitness area supervised during all open hours? Yes  No
2. Is it open/accessible at any time when your facility is closed? Yes  No  If yes, when & why? \_\_\_\_\_
3. Who uses the fitness area?  Staff;  Clients/Residents;  Unrestricted
4. Describe all fitness equipment and facilities (both indoor & out) \_\_\_\_\_
5. How often and by whom is the equipment inspected? \_\_\_\_\_

Do you keep written logs/maintenance records? Yes  No

6. Do you have age and usage restrictions? Yes  No

### T. Camps N/A

1. Is written permission/waiver of liability obtained from every child's parent or legal guardian? Yes  No

2. Is a medical release form obtained from every child's parent or legal guardian? Yes  No

3. Does the camp provide overnight services? Yes  No  If Yes, what is the average length of stay? \_\_\_\_\_

4. What is the total number of days in operation annually? \_\_\_\_\_ Number of children at each camp? \_\_\_\_\_

5. What is the total number of staff members at each camp? \_\_\_\_\_ Ratio of campers to staff? \_\_\_\_\_

6. Are criminal background checks done on each staff member? Yes  No

7. What staff qualifications are required for working with children? \_\_\_\_\_

8. Are sleeping quarters segregated by sex? Yes  No  If no, explain \_\_\_\_\_

9. Indicate any of the following camp operations:

Obstacle Course;  Motor Boats;  Archery;  Jet Skis/Wave Runners;  Pools;  Lake;

Guns;  Rock Climbing;  Ropes Courses;  Horses;  Adventure/Wilderness Experiences;

Paint Ball;  Zip Lines;  Scuba;  Contact Sports;  White water rafting;  Skiing;  Other

Explain other \_\_\_\_\_

### U. Sheltered Workshop N/A

1. Describe work/product being performed \_\_\_\_\_

2. Do you perform industrial subcontracted work? (ie: packing, assembly, manufacturing, etc.) Yes  No

3. What company label goes on the product? \_\_\_\_\_

4. Who is the ultimate user of the product? \_\_\_\_\_

5. Do any of your products/work go into: (check all that apply)

Toys;  Children's Clothing/Furniture;  Aircraft;  Watercraft;  Sporting Goods;

Tools or equipment;  Machinery;  Motorized devices;  Chemicals or drugs;  Food Products;

Cosmetics;  Appliances;  Electrical Apparatus.

6. Is there renovation or processing of used materials? Yes  No  If yes, describe \_\_\_\_\_

7. Are flammables stored in proper receptacles? Yes  No

8. What controls are in place for painting, stripping, finishing, welding, metal working, woodworking, etc? \_\_\_\_\_

9. Are hazardous operations separated? (ie: spray booths, welding booths, etc.) Yes  No   
If yes, describe how \_\_\_\_\_

10. When was the last time the workshop was inspected by OSHA? \_\_\_\_\_

11. Is there proper ventilation for the work being performed? Yes  No

12. Describe frequency and type of waste disposal? \_\_\_\_\_

13. Describe the quality control program in place \_\_\_\_\_



14. Do counselors make follow-up visits to clients placed in outside employment? Yes  No   
What is the frequency of follow-up? \_\_\_\_\_

**NOTICE TO APPLICANTS:**

**In most states, any person who knowingly, with intent to defraud, files an application for insurance containing any materially false information or who, for the purpose of misleading, conceals information concerning any fact material hereto, commits a fraudulent act, which is a crime.**

*Vicki Sokolik*

\_\_\_\_\_  
APPLICANT'S SIGNATURE

(A quote will not be provided without an applicant's signature.)

TITLE: Executive Director DATE: 05/20/2022 20:34 UTC

*Sherri Britton*

\_\_\_\_\_  
AGENT'S SIGNATURE:

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1. Sherri Britton (sherri@roeins.com)
2. Vicki Sokolik (vicki.sokolik@startingrightnow.org)

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**Proposed Budget 2023 Starting Right, Now**

<b>Revenue</b>	<b>Proposed 2023</b>
Foundations/Individuals/Corporations	\$2,210,682.07
In-Kind Rent Hillsborough	\$211,414.50
In-Kind Rent Pinellas	\$173,800.00
<b>Total</b>	<b>\$2,595,896.57</b>
<b>Expenses</b>	
Rent Hillsborough	\$211,414.50
Rent Pinellas	\$173,800.00
Hillsborough Program Service Expense	\$842,589.00
Pinellas Program Service Expense	\$776,500.00
Office Rent/Utilities/Maintenance/Office Exp	\$17,000.00
Insurance/Dir and Liability	\$82,200.00
Event Expenses	\$50,000.00
Community Relations	\$12,000.00
Payroll Tax and Fees/Benefits/Salary	\$287,715.82
Workmans Comp	\$17,000.00
Fees	
<b>Total</b>	<b>\$2,085,004.82</b>

### **Board of Directors Executive Committee**

Matthew Silverman, President, Tampa Bay Rays - **SRN Chairman of the Board**

Bill Byrne, President, Ajax Construction - **SRN Vice Chairman**

Dave Bastian, CPA - **SRN Treasurer**

Megan A. Odronic, Esquire, Foley & Lardner - **SRN Secretary**

### **Board of Directors**

Jane Castor, Mayor, City of Tampa

Addison Davis, Superintendent, Hillsborough County Public Schools

Bill Goede, Market President, Bank of America

Richard Gonzmart, President, Columbia Restaurant Group

Kevin K. Hendrick, Superintendent, Pinellas County Public Schools

Susan Guttentag, PhD, Educational Psychology/Services

Jodi Jacolow, President, Premier Lifestyle Management, Inc.

Mark Lettelleir, Executive Vice President, Prime Medical

Commissioner Sandra Murman, Hillsborough County

Jim Myers, President & Chief Operating Officer, Crown Automotive

Irwin Novack, Chief Executive Officer/Owner, Kane's Furniture

Steve Raney, President & CEO, Raymond James Bank

Inga Schmitzer, Director HR, TD Synnex

Michelle Shimberg, Community Volunteer

Jib Reagan, Vice President, Alliant Insurance Services

Thomas Blake, Financial Advisor, Morgan Stanley

Tom Iorossi, VP, Commercial Division, Wharton-Smith, Inc

Ocea Wynn, Administrator of Neighborhood and Community Affairs, City of Tampa

Leila Tooley, Senior Vice President, Commercial Banking: Wells Fargo

Andrew Warren, State Attorney, Hillsborough County, 13th Judicial Circuit

Darryl Rouson, Senator

Emery Ivery, Retired Executive for United Way

Tiara Rubio, Project Director, PURE Project Management

Robin DeLavernne, SR VP External Affairs, TGH

Joel Sokolik, M.D., Neuroradiologist, Florida Medical Clinic

Vicki Sokolik, SRN Founder/Executive Director

### **Advisory Board**

Lori Matway, Associate Superintendent Student/Community Support Services, Pinellas County Public Schools

Gail Norman, M.D., Family Medicine

Holly Saia, Ed.S., Director, Student Services, Hillsborough County Public Schools

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

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

**A For the 2021 calendar year, or tax year beginning** \_\_\_\_\_ **and ending** \_\_\_\_\_

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> <b>START RIGHT NOW, INC.</b>		<b>D Employer identification number</b> <b>26-3725699</b>
	Doing business as		<b>E Telephone number</b> <b>813-760-5472</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	<b>1212 W CASS ST</b>		<b>G Gross receipts \$</b> <b>3,381,941.</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>TAMPA, FL 33606</b>		
<b>F Name and address of principal officer: VICKI SOKOLIK</b> <b>2900 W JULIA STREET, TAMPA, FL 33629</b>		<b>H(a) Is this a group return for subordinates?</b> ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all subordinates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c) Group exemption number</b> ▶	

**I Tax-exempt status:**  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**J Website:** ▶ **N/A**

**K Form of organization:**  Corporation  Trust  Association  Other ▶ **L Year of formation:** **2008** **M State of legal domicile:** **FL**

<b>Part I Summary</b>		Prior Year	Current Year
<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>THE INITIAL GOAL OF STARTING RIGHT, NOW IS TO END YOUTH HOMELESSNESS IN A WRAP AROUND PROGRAM. THE</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>16</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>16</b>
	<b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	<b>0</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>0</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>3,702,359.</b>	<b>3,381,941.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>0.</b>	<b>0.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>0.</b>	<b>0.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>0.</b>	<b>0.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>3,702,359.</b>	<b>3,381,941.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>0.</b>	<b>0.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>228,982.</b>	<b>207,465.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>0.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>2,918,123.</b>	<b>3,085,163.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>3,147,105.</b>	<b>3,292,628.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>555,254.</b>	<b>89,313.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> <b>2,837,163.</b>	<b>End of Year</b> <b>2,926,476.</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>0.</b>	<b>0.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>2,837,163.</b>	<b>2,926,476.</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <i>Vicki Sokolik</i>	Date
	<b>VICKI SOKOLIK, PRESIDENT</b> Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>DAVID A. BASTIAN CPA</b>	Preparer's signature <b>DAVID A. BASTIAN CPA</b>	Date <b>05/16/22</b>	Check <input checked="" type="checkbox"/> if self-employed	PTIN <b>P01428222</b>
	Firm's name ▶ <b>DAVID A. BASTIAN CPA, P.A.</b>	Firm's EIN ▶ <b>59-3290702</b>	Phone no. <b>813-978-8804</b>		
Firm's address ▶ <b>5327 PRIMROSE LAKE CIRCLE</b>		<b>TAMPA, FL 33647</b>			

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO STOP THE CYCLE OF HOMELESSNESS FOR THE YOUNGER GENERATION THROUGH CONTINUED EDUCATION AND AN ACTIVE MENTOR RELATIONSHIP.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ ) PROVIDING EDUCATION, EMPLOYMENT, AND FAMILY STABILITY FOR HOMELESS YOUTH.

4b (Code: ) (Expenses \$ 3,292,628. including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 3,292,628.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	<b>1</b> X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions .....	<b>2</b> X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....	<b>3</b>	X
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....	<b>4</b>	X
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....	<b>5</b>	X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....	<b>6</b>	X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....	<b>8</b>	X
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....	<b>9</b>	X
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	<b>10</b>	X
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	<b>11a</b> X	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....	<b>11b</b>	X
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....	<b>11c</b>	X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....	<b>11d</b> X	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>11e</b>	X
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>11f</b>	X
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	<b>12a</b>	X
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....	<b>12b</b>	X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....	<b>14a</b>	X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....	<b>14b</b>	X
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....	<b>15</b>	X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....	<b>16</b>	X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions .....	<b>17</b>	X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	<b>18</b>	X
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....	<b>20b</b>	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	<b>21</b>	X

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

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

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



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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax filings, and organizational activities.

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a		16
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	1b		16
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **None**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **DAVID A. BASTIAN CPA - 813-978-8804**  
**5327 PRIMROSE LAKE CIRCLE, TAMPA, FL 33647**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JANE CASTOR BOARD OF DIRECTORS	1.00	X						0.	0.	0.
(2) ADDISON DAVIS SUPRINTENDENT	1.00	X						0.	0.	0.
(3) MATTHEW SILVERMAN CHAIRMAN OF THE BOARD	2.00	X						0.	0.	0.
(4) SANDRA MURMAN BOARD OF DIRECTORS	1.00	X						0.	0.	0.
(5) DAVID A. BASTIAN TREASURER	2.00	X						0.	0.	0.
(6) STEVE RANEY BOARD OF DIRECTORS	1.00	X						0.	0.	0.
(7) SUSAN GUTTENTAG VICE CHAIRMAN	3.00	X						0.	0.	0.
(8) MEGAN ODRONIEC SECRETARY	2.00	X						0.	0.	0.
(9) GAIL NORMAN BOARD OF DIRECTORS	2.00	X						0.	0.	0.
(10) MICHELLE SHIMBERG BOARD OF DIRECTORS	2.00	X						0.	0.	0.
(11) JOEL SOKOLIK BOARD OF DIRECTORS	3.00	X						0.	0.	0.
(12) RICHARD GONZMART BOARD OF DIRECTORS	1.00	X						0.	0.	0.
(13) HOLLY SAIA BOARD OF DIRECTORS	1.00	X						0.	0.	0.
(14) BILL BYRNE BOARD OF DIRECTORS	1.00	X						0.	0.	0.
(15) JODI JACOLOW BOARD OF DIRECTORS	1.00	X						0.	0.	0.
(16) INGA SCHMITZER BOARD OF DIRECTORS	1.00	X						0.	0.	0.
(17) BILL GOEDE BOARD OF DIRECTORS	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MICHAEL GREGO BOARD OF DIRECTORS	1.00	X						0.	0.	0.
(19) JIM MYERS BOARD OF DIRECTORS	1.00	X						0.	0.	0.
(20) JOSH CRISTENSEN BOARD OF DIRECTORS	1.00	X						0.	0.	0.
(21) ALVARO HERNANDEZ BOARD OF DIRECTORS	1.00	X						0.	0.	0.
(22) STEVE GREENBERG BOARD OF DIRECTORS	1.00	X						0.	0.	0.
(23) LORI MATWAY BOARD OF DIRECTORS	1.00	X						0.	0.	0.
(24) JIB REAGEN VICE CHAIRMAN	1.00	X						0.	0.	0.
(25) IRWIN NOVACK BOARD OF DIRECTORS	1.00	X						0.	0.	0.
(26) CRAIG SHER BOARD OF DIRECTORS	1.00	X						0.	0.	0.
<b>1b Subtotal</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								0.	0.	0.

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

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

**Section B. Independent Contractors**

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

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

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

See Part VII, Section A Continuation sheets



**Part VIII Statement of Revenue**

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>						
	<b>b</b> Membership dues .....	<b>1b</b>						
	<b>c</b> Fundraising events .....	<b>1c</b>						
	<b>d</b> Related organizations .....	<b>1d</b>						
	<b>e</b> Government grants (contributions) .....	<b>1e</b>						
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	3,381,941.					
	<b>g</b> Noncash contributions included in lines 1a-1f .....	<b>1g</b>	\$1,600,000.					
	<b>h Total.</b> Add lines 1a-1f .....							3,381,941.
<b>Program Service Revenue</b>	<b>2 a</b> _____	<b>Business Code</b>						
	<b>b</b> _____							
	<b>c</b> _____							
	<b>d</b> _____							
	<b>e</b> _____							
	<b>f</b> All other program service revenue .....							
	<b>g Total.</b> Add lines 2a-2f .....							
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....							
	<b>4</b> Income from investment of tax-exempt bond proceeds .....							
	<b>5</b> Royalties .....							
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real	(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>						
	<b>c</b> Rental income or (loss)	<b>6c</b>						
	<b>d</b> Net rental income or (loss) .....							
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities	(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>						
	<b>c</b> Gain or (loss) .....	<b>7c</b>						
	<b>d</b> Net gain or (loss) .....							
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>							
<b>b</b> Less: direct expenses .....	<b>8b</b>							
<b>c</b> Net income or (loss) from fundraising events .....								
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>							
<b>b</b> Less: direct expenses .....	<b>9b</b>							
<b>c</b> Net income or (loss) from gaming activities .....								
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>							
<b>b</b> Less: cost of goods sold .....	<b>10b</b>							
<b>c</b> Net income or (loss) from sales of inventory .....								
<b>Miscellaneous Revenue</b>	<b>11 a</b> _____	<b>Business Code</b>						
	<b>b</b> _____							
	<b>c</b> _____							
	<b>d</b> All other revenue .....							
	<b>e Total.</b> Add lines 11a-11d .....							
<b>12 Total revenue.</b> See instructions .....				3,381,941.	0.	0.	0.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	50,400.	50,400.		
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	157,065.	157,065.		
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	1,250,533.	1,250,533.		
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,552.	1,552.		
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a <b>IN KIND EXPENSE</b>	1,600,000.	1,600,000.		
b <b>OFFICE EXPENSE</b>	94,309.	94,309.		
c <b>EMPLOYEE INSURANCE</b>	51,004.	51,004.		
d <b>LIABILITY INSURANCE</b>	33,336.	33,336.		
e All other expenses	54,429.	54,429.		
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>3,292,628.</b>	<b>3,292,628.</b>	<b>0.</b>	<b>0.</b>
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	575,534.	<b>1</b>	863,800.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	363,460.	<b>8</b>	363,460.
	<b>9</b> Prepaid expenses and deferred charges .....		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 1,014,468.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 158,323.	<b>10c</b>	856,145.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	1,040,472.	<b>15</b>	843,071.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	2,837,163.	<b>16</b>	2,926,476.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....		<b>17</b>	
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	0.	<b>26</b>	0.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....		<b>27</b>	
	<b>28</b> Net assets with donor restrictions .....		<b>28</b>	
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....	0.	<b>29</b>	0.
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....	0.	<b>30</b>	0.
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....	2,837,163.	<b>31</b>	2,926,476.
	<b>32 Total net assets or fund balances</b> .....	2,837,163.	<b>32</b>	2,926,476.
<b>33 Total liabilities and net assets/fund balances</b> .....	2,837,163.	<b>33</b>	2,926,476.	



**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	3,381,941.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	3,292,628.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	89,313.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	2,837,163.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	2,926,476.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</b>	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2021)



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....			3993043.	3702359.	3918590.	11613992.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....			3993043.	3702359.	3918590.	11613992.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						11613992.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 .....			3993043.	3702359.	3918590.	11613992.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						11613992.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)).....	<b>14</b>	100.00	%
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....	<b>15</b>	100.00	%
<b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2020.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....			<input type="checkbox"/>

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

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

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Line Number, Percentage. Rows: 15 Public support percentage for 2021; 16 Public support percentage from 2020 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Line Number, Percentage. Rows: 17 Investment income percentage for 2021; 18 Investment income percentage from 2020 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
19b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	Yes	No
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI</b> .		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.		
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<b>3b</b>		

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

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

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

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by 0.035.	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	

<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, column A)	<b>1</b>	
<b>2</b>	Enter 0.85 of line 1.	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3.	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	<b>5</b>
<b>6</b>	Other distributions (describe in Part VI). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2021 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
<b>1</b> Distributable amount for 2021 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2021			
<b>a</b> From 2016			
<b>b</b> From 2017			
<b>c</b> From 2018			
<b>d</b> From 2019			
<b>e</b> From 2020			
<b>f</b> Total of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2021 distributable amount			
<b>i</b> Carryover from 2016 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2021 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2021 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
<b>6</b> Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
<b>7</b> Excess distributions carryover to 2022. Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2017			
<b>b</b> Excess from 2018			
<b>c</b> Excess from 2019			
<b>d</b> Excess from 2020			
<b>e</b> Excess from 2021			



**Part VI**

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

Multiple horizontal lines for supplemental information.

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2021**

Name of the organization

**START RIGHT NOW, INC.**

Employer identification number

**26-3725699**

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

Name of organization <b>START RIGHT NOW, INC.</b>	Employer identification number <b>26-3725699</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	FLORIDA BLUE 4800 DEERWOOD CAMPUS PARKWAY DC202 JACKSONVILLE , FL 32246	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	JILL CHALSTY 601 E KENNEDY BLVD TAMPA, FL 33602	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	THE SPURLINO FOUNDATION 7214 N MOBLEY RD ODESSA, FL 33556	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	MCNEEL FAMILY CHARITABLE FUND 165 TOWNSHIP LINE RD, SUITE 1200 JENKINTOWN, PA 19046	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	TRIAD FOUNDATION, INC P.O. BOX 4440 ITHACA, NY 14852	\$ 140,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	J. CRAYTON FRUITT PO BOX 233 ST PETERSBURG, FL 33731	\$ 175,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>START RIGHT NOW, INC.</b>	Employer identification number  <b>26-3725699</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	UNITED WAY SUNCOAST  5201 WEST KENNEDY BLVD, SUITE 600  TAMPA, FL 33609	\$ 88,607.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>START RIGHT NOW, INC.</b>	Employer identification number  <b>26-3725699</b>
--	---

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization <b>START RIGHT NOW, INC.</b>	Employer identification number <b>26-3725699</b>
--	---

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

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

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

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

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

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

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

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

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

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

**Name of the organization** START RIGHT NOW, INC. **Employer identification number** 26-3725699

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2021

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment \_\_\_\_\_ %
  - b Permanent endowment \_\_\_\_\_ %
  - c Term endowment \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes    | No |
|--|--------|----|
| (i) Unrelated organizations  | 3a(i)  |    |
| (ii) Related organizations   | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		1,014,468.	158,323.	856,145.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				856,145.



**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) DEPOSITS	265,000.
(2) PLEDGES RECEIVABLE	578,071.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	843,071.

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and descriptions.

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and descriptions.

Part XIII Supplemental Information.

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

Multiple horizontal lines provided for entering supplemental information.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
- ▶ **Attach to Form 990.**
- ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization **START RIGHT NOW, INC.** Employer identification number **26-3725699**

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art .....				
2	Art - Historical treasures .....				
3	Art - Fractional interests .....				
4	Books and publications .....				
5	Clothing and household goods .....	X			FMV
6	Cars and other vehicles .....				
7	Boats and planes .....				
8	Intellectual property .....				
9	Securities - Publicly traded .....				
10	Securities - Closely held stock .....				
11	Securities - Partnership, LLC, or trust interests .....				
12	Securities - Miscellaneous .....				
13	Qualified conservation contribution - Historic structures .....				
14	Qualified conservation contribution - Other .....				
15	Real estate - Residential .....				
16	Real estate - Commercial .....				
17	Real estate - Other .....				
18	Collectibles .....				
19	Food inventory .....				
20	Drugs and medical supplies .....				
21	Taxidermy .....				
22	Historical artifacts .....				
23	Scientific specimens .....				
24	Archeological artifacts .....				
25	Other ▶ ( _____ )				
26	Other ▶ ( _____ )				
27	Other ▶ ( _____ )				
28	Other ▶ ( _____ )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement ..... **29**

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



SCHEDULE O  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

2021

Open to Public  
Inspection

Name of the organization

START RIGHT NOW, INC.

Employer identification number

26-3725699

Form 990, Part I, Line 1, Description of Organization Mission:

PRIMARY MISSION IS TO STOP THE CYCLE OF HOMELESSNESS FOR THE YOUNGER  
GENERATION THROUGH CONTINUED EDUCATION AND AN ACTIVE MENTOR  
RELATIONSHIP.

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

ORGANIZATION HAS POLICIES AND PROCEDURES GOVERNING ALL ACTIVITIES AND  
DETAILED RECORDS.

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

ORGANIZATION HAS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE  
UPON REQUEST.

Form 990, Part IX, Line 11g, Other Fees:

PROGRAM SERVICE EXPENSE:

Program service expenses 1,250,533.

Management and general expenses 0.

Fundraising expenses 0.

Total expenses 1,250,533.

Total Other Fees on Form 990, Part IX, line 11g, Col A 1,250,533.

2021 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	Program Services														
1	STORAGE UNIT	01/01/10	200DB	7.00		HY17	1,800.				1,800.	1,800.		0.	1,800.
2	SHELVES	01/01/10	200DB	7.00		HY17	800.				800.	800.		0.	800.
3	SHELVES	06/30/10	200DB	7.00		HY17	1,320.				1,320.	1,320.		0.	1,320.
4	SCREEN	12/31/10	200DB	7.00		HY17	200.				200.	200.		0.	200.
5	PROJECTOR	12/31/10	200DB	7.00		HY17	500.				500.	500.		0.	500.
6	FURNITURE	06/30/11	200DB	7.00		MQ17	300.			300.				0.	
7	COMPUTER PRINTER	06/30/11	200DB	7.00		MQ17	2,000.			2,000.				0.	
8	STORAGE UNIT	09/30/11	200DB	7.00		MQ17	3,400.			3,400.				0.	
9	COMPUTER PRINTER	09/30/11	200DB	7.00		MQ17	2,600.			2,600.				0.	
10	COMPUTER PRINTER	12/31/11	200DB	7.00		MQ17	29,020.			29,020.				0.	
11	FURNITURE	03/31/13	200DB	7.00		MQ17	12,000.			6,000.	6,000.	6,000.		0.	6,000.
12	FURNITURE	06/30/13	200DB	7.00		MQ17	10,000.			5,000.	5,000.	5,000.		0.	5,000.
13	HAVEN POE ASSETS	12/31/13	200DB	7.00		MQ17	42,048.			21,024.	21,024.	21,024.		0.	21,024.
14	HAVEN POE ASSETS	03/31/14	200DB	7.00		HY17	25,032.			12,516.	12,516.	11,957.		559.	12,516.
15	FURNITURE	03/31/14	200DB	7.00		HY17	3,500.			1,750.	1,750.	1,672.		78.	1,750.
16	FURNITURE	06/30/14	200DB	7.00		HY17	3,000.			1,500.	1,500.	1,433.		67.	1,500.
17	FURNITURE	09/30/14	200DB	7.00		HY17	3,000.			1,500.	1,500.	1,433.		67.	1,500.

128111 04-01-21

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2021 DEPRECIATION AND AMORTIZATION REPORT

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990

Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
18	FURNITURE	12/30/14	200DB	7.00		HY17	3,000.			1,500.	1,500.	1,433.		67.	1,500.
19	FURNITURE	03/30/15	200DB	7.00		HY17	3,000.			1,500.	1,500.	1,299.		134.	1,433.
20	FURNITURE	06/30/15	200DB	7.00		HY17	3,000.			1,500.	1,500.	1,299.		134.	1,433.
21	FURNITURE	09/30/14	200DB	7.00		HY17	3,000.				3,000.	2,844.		156.	3,000.
22	FURNITURE	10/31/14	200DB	7.00		HY17	3,000.				3,000.	2,844.		156.	3,000.
23	FURNITURE	12/31/15	200DB	7.00		HY17	3,000.			1,500.	1,500.	1,299.		134.	1,433.
	* 990 Page 10 Total Program Services						158,520.			92,610.	65,910.	64,157.		1,552.	65,709.
	* Grand Total 990 Page 10 Depr						158,520.			92,610.	65,910.	64,157.		1,552.	65,709.

# Management Report

Starting Right Now

For the period ended December 31, 2022



Prepared by

**David A. Bastian CPA**

Prepared on

**January 28, 2023**



# Profit and Loss

January - December 2022

	Total
<b>INCOME</b>	
Contributions	0.00
Hillsborough	1,123,086.71
Pinellas	873,224.55
<b>Total Contributions</b>	<b>1,996,311.26</b>
<b>Total Income</b>	<b>1,996,311.26</b>
<b>GROSS PROFIT</b>	
<b>1,996,311.26</b>	
<b>EXPENSES</b>	
Contributions - In Kind	
Assets - Pinellas	-150,500.00
Assets- Hillsborough	-416,000.00
Service - Hillsborough	-771,000.00
Service - Pinellas	-87,000.00
<b>Total Contributions - In Kind</b>	<b>-1,424,500.00</b>
In Kind Expenses	
Food Expense - Hillsborough	220,000.00
Food Expense - Pinellas	58,500.00
Hillsborough	967,000.00
Pinellas	179,000.00
<b>Total In Kind Expenses</b>	<b>1,424,500.00</b>
Insurance	8,084.06
Insurance - Liability	35,832.54
Insurance Employee	37,866.76
Office Expenses	16,802.17
Payroll Services	4,715.17
Payroll Taxes	160,360.75
Payroll Wages	45,855.82
Program Expense - Hillsborough	762,129.27
Program Expense - Pinellas	600,829.65
Service Charges	581.79
SRN Community Relations	12,447.07
SRN Event Expenses	49,974.53
Worker's Compensation	16,821.15
<b>Total Expenses</b>	<b>1,752,300.73</b>
<b>NET OPERATING INCOME</b>	<b>244,010.53</b>
<b>OTHER INCOME</b>	
Interest Earned	45.64
<b>Total Other Income</b>	<b>45.64</b>
<b>NET OTHER INCOME</b>	<b>45.64</b>
<b>NET INCOME</b>	<b>\$244,056.17</b>

# Balance Sheet

As of December 31, 2022

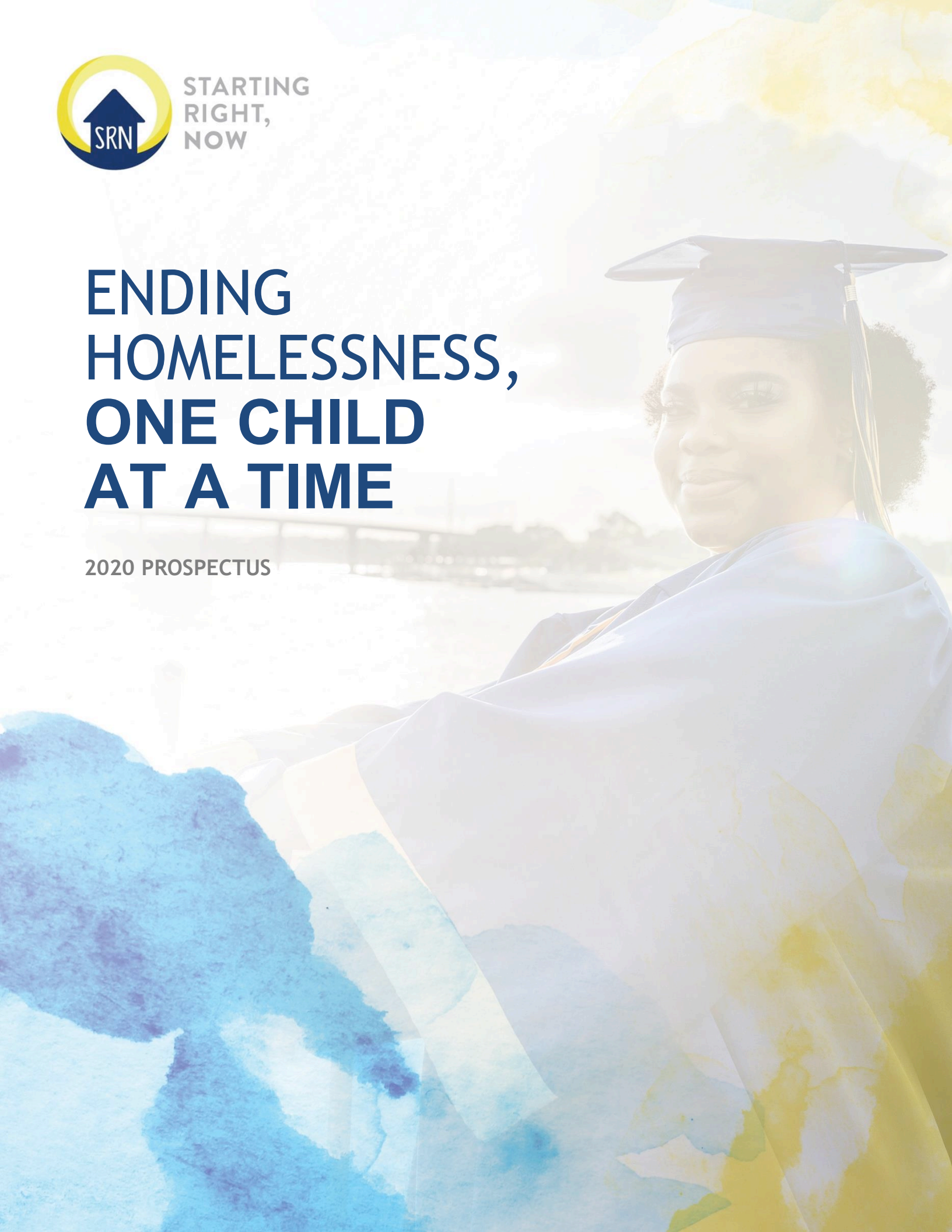
	Total
<b>ASSETS</b>	
<b>Current Assets</b>	
<b>Bank Accounts</b>	
Housing Operating 0550 - Hillsborough	5,707.42
Office Account 3366	2,763.76
Operating Account 8043	34,066.33
Operating Main Acct 9103	503,028.54
Payroll Account 2016	1,255.45
Pinellas Account 6355	2,311.97
Reserve Cash Community Foundation	36,000.00
SSDI... Was Pinellas House 2884	30,035.62
Student Account 5006	2,395.65
Truist Reserve Account 6418	500,045.64
<b>Total Bank Accounts</b>	<b>1,117,610.38</b>
<b>Other Current Assets</b>	
In Kind Inventory - Hillsborough	274,460.00
In Kind Inventory - Pinellas	89,000.00
<b>Total Other Current Assets</b>	<b>363,460.00</b>
<b>Total Current Assets</b>	<b>1,481,070.38</b>
<b>Fixed Assets</b>	
Accumulated Depreciation	-156,771.00
Property & Equipment	845,680.00
Property & Equipment - Pinellas	168,788.00
<b>Total Fixed Assets</b>	<b>857,697.00</b>
<b>Other Assets</b>	
Pinellas - Building Improvement Pledge	265,000.00
Pledges - Hillsborough	119,000.00
Pledges - Pinellas	161,500.00
PSE College Deposits	241,484.04
<b>Total Other Assets</b>	<b>786,984.04</b>
<b>TOTAL ASSETS</b>	<b>\$3,125,751.42</b>
<b>LIABILITIES AND EQUITY</b>	
<b>Liabilities</b>	
<b>Total Liabilities</b>	
<b>Equity</b>	
Retained Earnings	2,881,695.25
Net Income	244,056.17
<b>Total Equity</b>	<b>3,125,751.42</b>
<b>TOTAL LIABILITIES AND EQUITY</b>	<b>\$3,125,751.42</b>



STARTING  
RIGHT,  
NOW

# ENDING HOMELESSNESS, ONE CHILD AT A TIME

2020 PROSPECTUS



# Executive Summary

She smells of BBQ. She begins to explain her story. Tenisha, a senior at Armwood High School, is interviewing for a spot in Starting Right, Now (SRN).

Her mom and dad are both in and out of jail her whole life. At 10 years old, she is placed with her grandmother who is physically abusive. While living at her grandmother's, Tenisha is molested by several family members, not one – several. Eventually, these years of abuse and neglect culminate with her father holding a gun to her head and demanding sex. After that night, she runs away. When SRN first meets her, Tenisha is living in the storeroom of the BBQ restaurant where she works. There is no mattress, no shower, no desk to do homework, no bus to school, and no parents to offer love and support. So, she smells of BBQ because she is a 17-year-old young girl who has nowhere else to live and is forced to live alone in a restaurant.

Tenisha enrolls in SRN and has access to safe and stable housing, food stamps and Medicaid, academic support, one-on-one mentoring, life skills and leadership training. She attends college at University of Southern Florida with scholarships, studies abroad in Italy, and graduates with a B.A. Because of her tenacity and persistence, and with support from SRN, Tenisha is now a thriving adult. She is currently a 6<sup>th</sup> grade English Teacher, happily married, and recently had a beautiful baby boy named Theo. Thanks to the love and support of two stable parents, Theo will grow up in a space where he is no longer victim to circumstance but rather champion of his own life. He is proof that SRN is helping to end the generational cycle of poverty and homelessness.

SRN assists Unaccompanied Youth in high school who are not with their parents or guardian and who are not eligible for foster care because they were not taken from their family by the Department of Children and Families, but rather chose to leave due to unlivable circumstances. This is a social issue that remains an invisible, national epidemic. SRN invests in opportunities, resources, and attention for individual students indefinitely, with the ultimate goal of making them self-sufficient. SRN is the only permanent housing solution offering true holistic services.

Over the past 13 years, SRN has supported more than 300 students with stories similar to Tenisha's. Students are housed while they complete their long-term goals, propelling them to stable careers and breaking the cycle of poverty. We now seek to strengthen the support services at existing sites to increase our ability to serve more students. We are also expanding our model to serve unaccompanied youths who have been involved with the juvenile justice system due to their impoverished circumstances. With your support, we can change the trajectory of more unaccompanied youths left tragically alone to face homelessness.

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***SRN has been helping homeless unaccompanied youths in Hillsborough County, Florida graduate high school and fulfill long-term educational, career, and personal goals since 2007. In 2017, SRN expanded into neighboring Pinellas County.***

# Our Origin

In 2005, Vicki Sokolik, Founder of Starting Right Now, began mentoring a homeless student, Serena. Serena lived in a motel because she had lost an aunt to terminal illness and was burdened with her debt. Vicki helped Serena with housing, employment, financial literacy, high school graduation, college applications, and scholarships, propelling her to higher education. Today, Serena is a graduate of American University Law School; she works for a judge in D.C. To reiterate, with Vicki's help, this student went from experiencing *homelessness* to becoming a *law school graduate!*

After years of working independently from her home, one child at a time, in 2007, Vicki was approached by the mayor of Tampa, Pam Iorio, to create a city-wide program aiding homeless youths, thus the founding of Starting Right, Now (SRN). Today, SRN has evolved into a comprehensive program combining a range of human and health services to address the root causes of poverty. SRN seeks to end an inequitable cycle. Serena is just the first of hundreds of students who embody SRN's life-changing work.

It's bewildering to consider how SRN today, with its national publicity, housing facilities, expansion projects, participation in legislation reform, and large unconventional family of formerly homeless youths, originated at Vicki's kitchen table. What started literally *in her home*, is now a refuge for homeless youths statewide. It is a testament to how small acts of kindness can have far-reaching repercussions.



# “ Keshha

7:00, like clockwork, drug dealers and sex workers appear with bloodshot eyes; some snort cocaine in the parking lot as I sneak a peek out my motel window. I am afraid to step outside.

The room is small, infested with roaches, and reeks of mildew. I feel trapped. My life unraveled the day we were evicted. With nowhere to go, my sisters and I packed and headed to a motel. Homeless, my mom left for her boyfriend's without saying a word to us, not even goodbye. We were three young, teenage girls living alone in a single motel room. My sisters worked tirelessly, I was always alone. Every night, I laid on the futon, as unhappy thoughts ran through my head.

One day, my sister confessed our situation to the school social worker, and she recommended us to Starting Right, Now (SRN), a program that helps homeless youth. They would provide us a stable home and food and help us with academic support, so we could attend college. SRN gave me the opportunity to participate in leadership classes, emotional intelligence training, and set me up for a successful future. My sisters and I are the first in our family to graduate high school and enter college.

Before I joined SRN, I never thought about going to college. I thought I was destined to be like the rest of my family and end up in jail, on the streets, or dead. I pulled my GPA up to a 3.0 and attended Saint Leo University this year. They have changed my life for the better and taught me how to trust again. Most importantly, they gave me hope. SRN is changing the world, one homeless youth at a time.

—Keshha, recent Saint Leo Graduate

”

# Invisible Epidemic

## Starting Right, Now (SRN) assists homeless unaccompanied youth to break the cycle of generational poverty.<sup>1</sup>

The National Alliance to End Homelessness estimates there are 550,000 homeless unaccompanied youth in the U.S. annually. The true rates of incidence are likely much higher than documented since it is difficult to collect data on this transient population and youth experiencing these circumstances are often reluctant to admit their precarious living situations.

Unaccompanied youths face unique challenges. They are ineligible for foster care because they are not forcibly removed from their home by the Department of Children and Families (DCF) but rather choose to leave for their own safety. Often these young people report family dysfunction including issues related to blended families, substance abuse, pregnancy, sexual activity or orientation, parental neglect and abuse, incarceration, illness, deportation, or death as the primary reason they can no longer live at home. Many students are forced to leave home when their family cannot financially accommodate all members.

Once they make the decision to leave home for their safety and well-being, they often do not have access to safe, stable housing, basic needs including food and healthcare, support from a caring adult, access to bathing and laundry facilities, and transportation. Statistically the plight faced by homeless

unaccompanied youths puts these students at risk of school failure or dropping out, sexual violence including survival sex work and human trafficking, and incarceration. Homeless unaccompanied youths display high rates of illness, emotional crises, and mental health challenges. This combination of difficulties further inhibits the youth's ability to transition out of homelessness.

Florida, where SRN operates, ranks the fifth-highest in terms of homeless unaccompanied youth by state.

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***Its proximity to Central America and the Caribbean make Florida a large hub for human trafficking of unaccompanied youth who are already at great risk of sexual violence. The number of students reporting homelessness in Florida has tripled in the last decade.***

In a 2019 report conducted in association with the Shimberg Center for Housing Studies at the University of Florida, Florida's shortage of affordable housing is one of the root causes of student's housing instability, an issue exacerbated in recent years by catastrophic hurricanes. Despite these figures, there is an absence of a public discussion regarding this epidemic. The plight of unaccompanied youth remains invisible. This lack of awareness has profound implications for legislation, education, and media making

# “ Kyle

Me and a couple other Starting Right, Now students, we rode around and went to schools and did all kinds of stuff, and we talked about college and I was all like, I don't even know if that's for me....And then I think my mentor ... sent me an email or a picture of [Hillsborough Community College],

...I asked Mrs. Vicki about it, and she made it happen like that... I don't even know if there was a seat...so I was stoked. It was the welding program, I was their second year and actually, I'm on the poster for the welding.

- Kyle on the SRN Podcast (*Raising Me*), Welder and Hillsborough County Firefighter



# Ending An Inequitable Cycle

SRN empowers homeless unaccompanied youth to become self-sufficient citizens, breaking the cycle of generational homelessness and poverty. SRN is the only program in Florida to offer comprehensive wrap-around services. This includes long-term housing for homeless independent minors as well as holistic and personalized care for each young person to ensure they do not become chronically homeless adults. Our comprehensive model includes:



## Safe Housing

SRN students live in our long-term transitional housing facility which offers food, cleanliness, safety, and rest. Housing includes (1) a fully-stocked kitchen and chef to prepare dinner; (2) access to drinking/running water; (3) bedding to facilitate rest; (4) washing machines, dryers, and cleaning supplies; and (5) a reliable and safe adult at home at all times. Students are permitted to live in the SRN house through completion of high school and often return during breaks from post-secondary education.



## Social Services

SRN staff help students enroll in Medicaid and Food Stamps and arrange medical/mental/dental health care including transportation.



## Academic Support

SRN staff monitor academic progress including facilitating credit recovery and arranging tutoring. They also assist in completion of post-secondary school applications, coordinate SAT/ACT testing,

and organize college tours. With SRN's support, students graduate high school and proceed to their self-determined post-secondary education goal which could include vocational training, college, or the military. SRN provides continued case management to SRN students through completion of a vocational certification, bachelors, or graduate degree.



## Support Systems

Each student is matched with a personal one-on-one volunteer community mentor, who often becomes a long-term friend. Students also encounter the dedicated, reliable, and loving SRN staff. Mentors and SRN staff collectively serve as an advocate and consistent form of support, a resource that our students previously did not have. SRN provides continued case management to our students through completion of their post-secondary goal, monitoring satisfactory academic progress and budgeting to ensure scholarship and financial aid retention. Unique from other programs, SRN students remain in the program indefinitely, into young adulthood, helping them overcome any new barriers as they progress into their career.



### Financial Stability

SRN helps students secure employment while in high school. SRN also prepares students to manage their own finances through financial literacy support such as opening a bank account, budgeting, and saving. SRN staff helps with scholarship applications, financial aid, and work-study enrollment for post-secondary education to eliminate debt. SRN fronts student deposits for admission, housing, and dining.



### Self-Esteem Building

Students attend after-school leadership trainings, which instill essential life skills. For example, some courses include Dale Carnegie Human Relations, Emotional Intelligence, Mindfulness and Meditation, Healthy Relationships & Boundaries. In addition, SRN fosters novel experiences, such as dining opportunities, sporting events, and/or art and culture, to provide experiences otherwise unavailable to them.



### Advocacy

SRN raises awareness of and advocates for unaccompanied homeless youth. SRN has assisted in changing five laws in the state of Florida to protect unaccompanied youth.

The team also performs extensive community outreach to raise awareness about young people facing life alone without the care of a reliable adult, and with no institutional safety-net. In addition, in partnership with WEDU, SRN has produced a podcast, titled, "Raising Me," on which students explain their struggles in their own words as homeless unaccompanied youth and explain the necessity of programs like SRN.



Unhoused, traumatized and alone, students enter defeated; through love and belonging, SRN restores hope!

### LAWS PASSED

1	Unaccompanied Youth can obtain their birth certificate, social security card and state ID without parental consent statewide;
2	Unaccompanied youth have the right to an expedited emancipation trial without court fees;
3	Unaccompanied youth are now eligible for Medicaid and food stamps;
4	Unaccompanied youth can consent for their own healthcare, including mental health, as minors;
5	Homeless higher education tuition waivers are now accepted at all Florida colleges and vocational programs.

## “ Ciara

Today is my last day working in the Surgical Care Unit, part of my degree requirements at Nova Southeastern University's College of Nursing. Tonight, I fulfill the last of my 200 hours, all of which I have loved! After passing my state boards in a few months, I begin as a registered nurse on a surgical-trauma unit. I will have a salaried job with benefits. I will dedicate every day of my life to helping and caring for others. That's the most rewarding part of it all. Considering where I was seven years ago, a homeless unaccompanied youth struggling to feel safe (let alone graduate high school!), I can't believe how much I have accomplished!

My nursing degree is a reminder I can do anything I set my mind to. The world is not predetermined. With the right resources, opportunities, and support system (and a lot of hard work and self-belief), I have the ability to direct the course of my own life.

**I am in control. My decisions matter. And this ultimately is the goal of SRN - to empower me to live the life I choose, *to be able to choose.* To be me.**

- Ciara, Registered Nurse

”

# Record of Success

In SRN, students seek to accomplish the following goals:

## ***Earn high school diploma:***

SRN boasts a 97% high school graduation rate, a significant figure when compared to the 73% state average for this vulnerable population.

## ***Progress to post-secondary education goal:***

100% of SRN's high school graduates receive acceptance to higher education, military, or vocational training.

## ***Obtain scholarships and financial aid:***

SRN's senior classes from 2015-2019 were awarded an average of \$953,368 in scholarships and financial aid.

The successes of SRN's first cohort from 2007 attests to the effectiveness of our programming: Dominique graduated from American University Law School and is working for a judge in D.C.; Emily graduated from Florida State University and is now a rising third-year medical student; Jacob graduated from St. Leo University and entered the army as an officer; Michael graduated welding school at Hillsborough Community College and is employed with benefits; Amanda graduated from

## ***Secure funds in savings account:***

Students receiving continued case management from SRN while completing their post-secondary education goal maintain an average of \$9,255 in their checking and savings account.

## ***Demonstrate improved mental and emotional health:***

Results from questionnaires, as part of a longitudinal study conducted by the University of South Florida, show significant increases in self-reported rates of hope, coping strategies, presence of a caring adult, gratitude, commitment to school and life satisfaction, as well as significant decreases in self-reported rates of depression, somatic mental health, and stress after just six months in the program

University of South Florida (USF) and teaches 6th grade; Samantha graduated from USF with a B.S. in Environmental Science and Policy, then earned her M.A. in Global Sustainability; and Ciara graduated from USF, then became a Registered Nurse at Nova Southeastern University. These previously homeless students, now young adults, have developed clear plans for their futures and have mastered skills enabling them to remain safe, stable, and self-sufficient.



10 | Starting Right, Now

# Breaking the Cycle!

SRN has proven to be a strong return on investment. The annual cost per child for SRN's comprehensive care (\$3,000/mo) is less than the average rate it costs to maintain a child in foster care group homes (\$5,890/mo)<sup>2</sup> or a juvenile enduring incarceration (\$12,397/mo)<sup>3</sup>. Furthermore, despite the fact that the number of children in foster care or incarcerated continues to grow each year, children exiting foster care and incarceration still struggle with housing, healthcare, employment, educational achievement, and on-going legal issues. Students maturing in SRN's care do not. Additional impact will be seen when these students have children and hopefully no longer need to rely on food stamps, welfare or other government subsidies. Through SRN, we are seeking *to end* the cycle of youth homelessness.



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## **Opportunity: Decriminalize Poverty**

In partnership with the State Attorney's Office (SAO) of Florida's 13th Judicial District, SRN launched Re-Starting Right, Now (rSRN), a residential diversion program for homeless unaccompanied juvenile offenders of low-risk non-violent crimes. rSRN will provide stable housing and tools for transition into young adulthood to end recidivism for homeless unaccompanied juvenile offenders. rSRN will be the *only residential* diversion program in Florida, providing stability to homeless unaccompanied youths who are often forced to make criminal decisions to survive. For example, SRN has been witness to homeless unaccompanied youths who are prosecuted for stealing food or feminine hygiene products or engaging in survival sex work, without any concern for the circumstances.

Students who are in the rSRN program will live in SRN's transitional housing facilities. By removing barriers to basic human needs and providing nurturing relationships with reliable role models, our students can focus on their academic, professional, and personal development. rSRN students will be re-enrolled into public high schools, receive academic support from SRN, and participate in SRN leadership curriculum to foster productive coping strategies.



According to the Walker Plan drafted by the State Attorney's Office in partnership with SRN, juvenile offenders who successfully complete rSRN's diversion program will have their charges expunged and continue to be nurtured by SRN's housing and programming. The removal of a criminal record has profound implications for these young people who would otherwise likely face many obstacles with employment, housing, education, public benefits, and voting all because of the legally-sanctioned stigma associated with being labeled a criminal. These students will continue to work towards their high school graduation and be supported through their post-secondary education goal, which could include college, vocational training, or the military. This comprehensive care will ensure that young people who have been involved with the juvenile justice system become self-sufficient citizens who are not incarcerated adults.

rSRN seeks to end an inequitable cycle, providing a path for unaccompanied youth on the precipice of incarceration to determine their own economic, environmental, and social well-being. At the end of 18 months, we will have a drug-free, crime-free, stably-housed cohort of formerly adjudicated youth who are re-enrolled in school and have

completed a year or more of work towards earning a high school diploma.

By preventing recidivism, rSRN will make our community safer for all of its residents. SRN seeks \$279,000 annually to operate rSRN. After thirteen years of fostering safety and wellness for homeless unaccompanied youth, SRN has developed effective infrastructure, programming, and culture to replicate our model. In particular, support for rSRN has great potential to make significant advancement in the effort to end injustice associated with the criminalization of poverty.

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### **Growth**

After 10 successful years, SRN increased capacity at our first site in Hillsborough County, opened a new site in Pinellas County, and launched re-Starting Right, Now (rSRN). We remain committed to upholding our initial goals of empowerment through comprehensive, personalized care for each student. Our goal is to scale effectively - serve more young people without diluting our impact. We aim to strengthen the support services at our existing sites to increase our ability to serve more students. SRN is privately funded. We work hard to sustain the program in this independent way, looking for in-kind donations before spending our invaluable resources.

We will need to grow our overall staff capacity as we scale. We are seeking \$400,000 to be able to fully staff our programming, building to 26 employees over the next five years. To date, we have needed to pay our staff in the low-mid range compared to comparable non-profits. Since our staff is critical to being able to effectively deliver our program, as we grow, we are aiming to increase our current staff's salaries and benefits to be on par with comparable non-profits.

In our quickly changing world, it is more important than ever for non-profits to have a reserve fund to ensure continued operations in the case of unforeseen circumstances. The industry benchmark suggests having three months of cash in a reserve fund. SRN currently has \$32,000 and we're looking to double it annually over the next four years to build \$512,000 in reserve funds, which would ensure sustainability for our students even in tumultuous times.

With your partnership, we are one step closer to uprooting the cycle of poverty and youth homelessness. We look forward to you joining us.

## CLOSING

Through meeting basic needs and facilitating access to community resources and personalized care, youth can build a path to self-improvement and well-being that will enable them to have the confidence to live authentically, continually progressing towards their goals and self-efficacy. Over time, SRN's goal is to reduce chronic homelessness and poverty among young adults, breaking harmful intergenerational cycles. With holistic support, SRN students become motivated adults who are invested in their futures and productive contributors to the broader community.

### ESTIMATED EXPANSION EXPENSE

	Program	Operational	% Operational Expense
2018	\$1,773,344.16	\$94,324.00	5%
2019	\$1,846,415.07	\$106,941.00	5%
2020	\$2,027,848.35	\$120,843.33	6%
2021	\$2,224,591.02	\$138,969.83	6%
2022	\$2,440,101.63	\$159,815.30	6%
2023	\$2,676,121.02	\$183,787.60	6%
2024	\$2,934,543.74	\$211,355.74	7%
2025	\$3,217,430.33	\$243,059.10	7%



<sup>1</sup>In 2017, SRN expanded into Pinellas county. Through in-kind donations, SRN was able to complete this \$1.2 million project with no expense to our organization. SRN's raised funds for this expansion are able to go directly to programming, rather than into a property over which we have no ownership.

<sup>1</sup> Youth not in the physical custody of a parent or guardian who lack a fixed, regular, and adequate nighttime residence (McKinney-Vento Homeless Assistance Act)

<sup>2</sup> "Group homes brace for radical overhaul of federal foster care funding," Tampa Bay Times, July 23, 2018. [https://www.tampabay.com/news/Group-homes-brace-for-radical-overhaul-of-federal-foster-care-funding\\_170082974/](https://www.tampabay.com/news/Group-homes-brace-for-radical-overhaul-of-federal-foster-care-funding_170082974/)

<sup>3</sup> Tierney Sneed, "What Youth Incarceration Costs Taxpayers," U.S. News & World Report, December 9, 2014. <https://www.usnews.com/news/blogs/data-mine/2014/12/09/what-youth-incarceration-costs-taxpayers> (accessed June 28, 2019).