

Application Form

Organization Information

An informational webinar about this application is available to watch.

The rubric that will be used to score this proposal can be downloaded [here](#).

If you would like to complete this application first in Microsoft Word, you may download a Word version [here](#). Please pay attention to character limits.

Brief Project Descriptor

Please briefly describe this organization's request.

Organization Name*

Starting Right, Now

Project Name*

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

House Manager Dormitory

EIN*

26-3725699

Incorporation Year*

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

2007

Mission Statement*

What is your organization's mission statement?

Starting Right, Now (SRN) ends homelessness for youth by providing stable housing, promoting educational achievement, securing employment, teaching financial literacy/life skills, and encouraging one-on-one mentoring.

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*

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

\$2,085,004.82

Amount Requested*

The maximum grant amount is \$500,000.

\$75,000.00

Does the total project cost exceed the amount your organization is requesting?*

Please note: Answering "Yes" will cause additional questions to load later in this application.

Examples

ABC Childcare is seeking funding for a new playground. ABC Childcare is asking PCF to fund \$150,000 for certain equipment, and will seek other funding and donations for the remaining \$20,000 of the playground. ABC Childcare would select "Yes" for this question.

Better Tomorrow, a mental health provider, is looking to expand their counseling center by two rooms to meet increased service demand arising from the pandemic. Better Tomorrow has secured \$25,000 in private contributions, and wants to request the remaining \$125,000 in this grant. Better Tomorrow would select "Yes" for this question.

DBE Food Pantry is seeking funding a new HVAC unit for their pantry, and is requesting \$40,000 from PCF to cover the entire cost. DBE Food Pantry would select "No" for this question.

No

Rent vs. Own*

Does your organization rent or own the property for which you are proposing modifications?

Rent

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

Request Specifics

Pinellas County 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

Programming 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.

Since 2008, Starting Right, Now (SRN) has been addressing the roots of poverty for unaccompanied homeless youth (UHY) - students unhoused and not living with a parent/guardian. UHY leave home because it is unsafe. Often DCF has investigated but taken no action. Because the youth were not forcibly removed from home, they are not considered for foster care.

Skye rushes home to hack into her neighbor's WIFI. Without electricity, this is her only way to complete homework. Her alcoholic mother does not take care of her. Their house, overrun by animals, has feces everywhere. It is bug-infested. At 17, she is the only wage earner. Missing school because of exhaustion, she confesses to her school social worker, who refers her to SRN.

Skye moves into SRN's safe housing. The staff helps her access food security, healthcare, and counseling-aligning with ARPA's priority areas. We arrange academic support and help her apply to college/scholarships. She is matched with a mentor for emotional support. We teach her to budget and bank. She attends our life-skills classes to gain self-esteem. She benefits from the ten laws authored/amended by SRN to protect UHY statewide; e.g, UHY are now eligible for food stamps and Medicaid independent of family.

She graduates high school and attends UF with SRN's continued case management. Today, Skye is a Physician Assistant! This previously homeless student has a salaried career with benefits. Because of SRN's holistic wrap-around services, she is self-sufficient. She is one of hundreds of SRN success stories. SRN ends the generational cycle of homelessness.

Due to COVID, the prevalence of UHY has risen. Youth dealing with abuse and neglect at home were shut in with abusers and no longer had school to escape. Students struggling with food insecurity had no free breakfast and lunch at school, which may have been their only food. Mental health challenges, family separation, and parental deaths increased the demand for homeless youth services.

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.

SRN serves high school unaccompanied homeless youth (UHY), a term defined in the McKinney-Vento Homeless Assistance Act as, "Youth not in the physical custody of a parent/guardian...who lack a fixed, regular, adequate residence." All SRN participants are below the "extremely low (30%)" HUD income limit. UHY report danger and instability at home - domestic violence, neglect and abuse, incarceration, illness, deportation, or death. Unhoused, traumatized, and alone as teens, they are at risk of school failure, incarceration, and death.

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 identified 95,000 UHY in Florida. The Department of Education identified 4,711 UHY in Pinellas county. True rates are likely higher; it is difficult to collect data on this transient population, and youth are reluctant to admit their precarious living conditions.

Deprivation of a stable home, transportation and food insecurity make it impossible for UHY to focus on school or develop into self-sufficient adults. They face barriers to proper hygiene, financial stability, mental well-being, and employment. Before entering SRN, UHY can't envision goals beyond surviving. They resort to trespassing to secure shelter, stealing food, selling drugs or survival sex. These acts put UHY 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 as common mental health issues. To cope with their pain, UHY likely resort to drugs and alcohol. These difficulties further inhibit their ability to transition out of homelessness.

In UW'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.

Negative Economic Impact*

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.

The more quantifiable your negative economic impact is, whether it be fiscal losses/pressures or increased service demand, the stronger your answer will be. Use numbers whenever possible. The more specific your evidence, the better.

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

- A reduction in revenue from 2019 to 2020
- Inflationary pressures
- Increases in demand for services that have not been compensated for through new revenue
- The use of reserves for unbudgeted expenses since the onset of the pandemic, and such use of reserves has prevented the purchase of capital assets
- A need for capital assets to offset community need for which your organization does not have the resources to purchase due to the negative economic harm from the pandemic
- A need for additional capital assets to adapt operations to accommodate health and safety guidelines by the CDC
- Growth in restricted pandemic-related revenue that does not permit capital asset acquisition

To ensure proper oversight, SRN employs full time, live in house managers, who work 5 days on with 2 consecutive days off for personal time. They provide life skill training, crisis intervention and oversight of house operations and ensure a safe, communal environment for the UHY.

When SRN expanded into Pinellas, we renovated a former school campus into a girls and boys dorm. There were obstacles in using this property. One specific issue - the walls in the dorms could only be 10' to allow adequate airflow for the sole air unit. On-shift managers occupy rooms within the dorms to ensure the teens safety. Prior to COVID, when not on duty, managers returned to their personal apartments. However, because of the influx of new residents, rent spikes (up 38% from 2020-2022 according to Zillow), managers can't afford apartments, relying solely on SRN accommodations. Employees living exclusively in SRN's dorms never get rest. With the 10' walls, there is no privacy or quiet time. At 5 am the on-shift manager turns on the main lights for the kids to get ready for school, so even when not on shift, they are woken up. And the kids are noisy. Not getting time to isolate and have down time causes turnover as the staff resigns from burn out.

This revolving door is unhealthy for our students who need consistent adult figures to build trust. Interviewing, hiring and training new staff is costly and time consuming. We are in dire need of retaining managers, as the pandemic caused more Pinellas students to be homeless. When in-person school resumed, the district had an additional 273 homeless youth. This number does not include youth doubled up or couch surfing (Pinellas County PIT Data 2022). So it is an underestimate.

The two Negative Economic Impacts SRN faces due to COVID - "a need for capital assets to offset community need," and "inflationary pressures". SRN struggles to retain managers, who live on a single income and given the rent escalation, because they can't afford their own apartments. With the increased demand for serving more youth, SRN can't be short house staff as this could result in a safety issue. COVID affected a lot of low income families. Pinellas County School's homeless team shared that pre-COVID, they received two calls a

month about homeless students. The pandemic increased that number to 2-3 calls daily. Filling our capacity equates to less homeless students in Pinellas, but our ability to fill beds directly correlates to manager retention. Please help us fill our capacity by retaining our staff.

Negative Economic Impact - Uploads

You have the option to upload supporting documentation regarding negative economic impact. However, please limit your upload to no more than five pages. Word, Excel, JPG and PDF files are accepted.

uploadarpaPCF.pdf

Pandemic Relief Funding*

Please describe all government pandemic relief funding your organization has received since the onset of the pandemic (March 2020). This includes but is not limited to the Pinellas CARES Nonprofit Partnership Fund, other ARPA funding, PPP (Paycheck Protection Program), and Community Block Development Grants specifically targeting COVID-19 relief.

Explain why or how this pandemic-relief funding has not alleviated the negative economic impact you have described above. Potential reasons include expiration dates on certain funding, inflationary pressures, restrictions prohibiting capital expenditures, or the funding simply not being enough to remedy the harm you've indicated above. **The more concrete your numbers, the better.**

If you have not received government relief funding for your organization since the onset of the pandemic, write "No pandemic relief funding received" below.

Due to COVID, the transportation company we use for our youth increased costs. They have a staff shortage, they have to disinfect and clean their vehicles more frequently and gas prices increased. To remedy this we applied for vans to transport at least some of our youth.

ARPA Nonprofit Capital Project Fund Small Capital Purchase for \$66,505- This funding (not yet received) is restricted to purchase of a 15 passenger van. (We are hopeful this will help decrease a little of our transportation costs)

Community Foundation of Tampa Bay ARP for \$30,000- This funding was restricted to Hillsborough County. Pinellas CARES Nonprofit Partnership Fund for \$20,378- This funding was exhausted in 2020.

Hillsborough County Rapid Response (R3) for \$100,000- This funding was specific to Hillsborough County. PPP - \$116,112 - Used to cover costs for additional pay to staff - we increased house staff as the kids were home 24/7.

Due to COVID, our office staff went to the houses to homeschool our youth. Our housing staff was not allowed to leave the premises to help eliminate the spread. In addition, the housing staff usually has a break while the kids are in school. Unfortunately, they had no break and managed the kids 24/7, including making sure they had breakfast, lunch and dinner. This required adding temporary staff for safety reasons. Office staff worked additional hours to make sure all of our youth graduated on time. This staffing and additional pay was compensated through the PPP loan.

Proposal Description*

The American Rescue Plan Act requires a request that is reasonable and proportional to the level of negative 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 project proposal and address the following:

- What project will be undertaken with these funds?
- What is the estimated lifespan of the project/property improvement?
- How does it address the negative economic harm you described in the previous question?

With the current Pinellas homeless student count at an all-time high of 4,752 (up a whopping 1,418 since counted in 2020 by PCSB.org), - a direct effect of COVID - our community needs SRN to reduce this number.

These homeless unaccompanied youth need intervention and SRN's holistic programming (housing, food security, mental health counseling, academic assistance and life-skills). In order to keep up with the increased demand for our services onset by COVID, decreasing house manager turnover is urgent. When we lose house managers, student acceptances must pause. We cannot accept additional students without proper adult supervision.

The solution to retain staff is fixable and a permanent remedy - SRN proposes renovating the administrative building on our Pinellas campus to create a House Manager Dorm. In 2017, SRN expanded into Pinellas County, partnering with Ajax Building Corporation to renovate the former school, rented to SRN by the Pinellas County School Board for \$10 annually. Two former classroom buildings were remodeled into student dorms. The campus also includes a common area, kitchen and dining, laundry room, and computer lab. Because the air and light source control the entire dorm, bedrooms were constructed with walls that don't reach the ceiling. This neglects house manager privacy.

An administrative building on campus has remained unused. SRN proposes renovating the unused building into living quarters for the house managers - bedrooms, bathrooms, showers and a relaxing common area. Staff will be able to rest and recharge in between shifts, avoiding burnout.

Our housing facility in Hillsborough, which accommodates private rooms for each manager, has not witnessed employee turnover like Pinellas. Thus, we are confident this renovation will decrease turnover. Once completed, the building will be fastidiously maintained as we do with all of our facilities to prolong the lifespan.

The negative economic impact we are experiencing will continue until we cease the generational cycle of chronic homelessness. A House Manager Dorm is a cost-efficient and long term solution to address retention and offset the negative impact we are experiencing.

Number Served*

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

40

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 project.

n/a

Organizational Sustainability*

How does this project contribute to the long-term sustainability of your organization and the work it does? That is, what impact will this project have on your organization and/or its clients over the long-term?

Examples include increased service capacity, reduced cost of delivering services over time, higher-quality or more equitable service delivery, and increased lifespan/quality of property.

Quantifiable numbers will strengthen your answer.

This one-time renovation purchase of \$248,952 is a long-term solution for manager retention. Youth enter our program with no trust for adults. Managers become confidants and emotional support for them. Trust comes from consistency, establishing credibility and having someone who cares listen to you. This doesn't happen with a revolving door of managers because trust happens by developing relationships.

Managers need personal space to rest and re-energize or they burn out quickly. Rest allows strong mental health, stress management and decreases illness. Right now, our employees can't achieve these goals.

With consistent manager supervision, we can fill our housing to full capacity which equates to 40 youth having SRN's life-changing program to learn to self-sustain. Upon completing SRN's program, UHY (1) graduate high school, (2) higher education, vocational training, or military, (3) demonstrate improved mental, physical and emotional health, (4) open a checking and savings account and (5) acquire skills necessary for a stable adulthood. Our community benefits as graduation rates increase and reliance on government subsidies decrease.

SRN continues case management through post-secondary goals.. Our alumni are teachers, social workers, nurses, firefighter, paramedic, EMT's. Our first M.D. is in her Pediatric Surgery residency! Many work in Pinellas. It may be our youth who saves your life or teaches your child. With each student boosted, generations of lives escape poverty, and our community gains meaningful contributors. Help us fill to capacity and have more youth stop surviving and start thriving.

Project Specifics

Permits*

Please describe any permits necessary for the successful completion of this proposed project. Be sure to include any permits already obtained or in progress, and/or what the timeline is to acquire permits.

Clement Foss Architects designed the layout to utilize the space efficiently. They also oversaw the plan to be engineered. They met with city code professionals prior to finalizing the plans to make sure we meet all of the code requirements. Clement Foss turned the full permitting package over to Ajax Construction. Ajax Construction submitted it for permits on August 28, 2023. Ajax estimates we will get the permits in about 6-8 weeks from that date. They already have the subs lined up once the permits are ready. They do not anticipate any hold ups.

Plan Set*

Do you have a plan set for this project?

A plan set refers to the "batch" of plans, drawings, prints, files, etc., that you receive from an architect that explains what needs to be built, how, and where. **Not all qualifying projects in this process require a plan set.**

If you answer Yes, you should upload the Plan Set in the question below.

Yes

Plan Set Upload

If you answered "Yes" above, please upload the Plan Set here. If you have trouble with file size limitations, please reach out to Rose Cervantes at rcervantes@pinellascf.org. If you have any narrative to accompany the plan set, you may write it below.

PDF files are permitted.

SRN House Manager Dormitory Renovation Rendering (1).pdf

We have uploaded a 1-page drawing of our renovation plans, but are able to easily obtain a more detailed one from Ajax if our project moves forward in this process.

Construction Schedule/Timeline*

Given a spending deadline of December 31, 2026, give a detailed and **realistic construction schedule**/timeline as to how this large capital project will be executed and completed. If there are phases to this project, indicate so in the narrative below. If you specified that permits were needed for this project above, ensure you include the acquisition time in the schedule.

Please include the following:

- 1. How the timeline/schedule was developed, and by whom.**
- 2. Timeline of planning and execution. Please include start and end dates by month and year. For example, April 2023 - June 2023.**

Example:

Better Tomorrow is proposing the expansion of their counseling center. This requires a 2-month planning phase, one month to obtain all necessary permits, and four months to build. Better Tomorrow would list each phase, a brief description of what takes place in each phase, and an estimated start and completion date for each phase, and an explanation of how the schedule was developed.

Starting Right, Now is proposing the renovation of an existing building on our property for manager housing. The permits were turned in on August 28, 2023. By October 31, the permits should be finalized. Ajax construction expects this renovation to be turnkey as the majority of the project is demolishing existing

drywall and putting up new drywall. As there is already existing plumbing for two bathrooms, the shower addition will not be time-consuming. They estimate the project will be completed no later than Feb 2024. This project is just one phase. This timeline was developed by Ajax Construction and sent over to SRN. Ajax has prepared the following construction timeline:

Pre Construction: 08/23-02/24
 Permit docs complete- 8/1/23
 Permit docs review- 8/1/23-8/10/23
 Subcontractor solicitation- 8/25/23-8/22/23
 Permitting/project approval- 9/7/23-10/24/23
 Confirm bids & prepare budget- 9/25/23-9/29/23
 Submit budget to SRN- 9/25/23-9/29/23
 Review/approve budget- 10/2/23-10/13/23
 Issue PO- 10/11/23-10/20/23
 Notice to proceed- 10/25/23
 Construction: 10/23-01/24
 Mobilize & setup temporary facilities- 10/25/23-10/27/23
 Interior: 10/23-01/24
 Selective demolition- 10/30/23-11/03/23
 Sawcut slab on grade- 11/03/23-11/06/23
 New UG plumbing rough-in/exterior tie ins- 11/07/23-11/09/23
 SOG vapor barrier/reinforce/inspect- 11/10/23-11/13/23
 MEPFP overhead rough-in- 11/10/23-11/16/23
 Interior wall framing- 11/10/23-11/16/23
 Pour back SOG cutout- 11/14/23-11/14/23
 MEP in-wall rough-in- 11/15/23-11/21/23
 MEP in-wall inspections- 11/22/23-11/22/23
 Hang/tape/finish drywall- 11/27/23-12/1/23
 Frame gypsum ceilings- 11/29/23-12/01/23
 Set light fixtures- 12/04/23-12/05/23
 Set grilles/diffusers- 12/04/23-12/05/23
 Drop fire sprinkler heads- 12/04/23-12/05/23
 Final above ceiling inspection- 12/05/23
 Hang/tape/finish drywall ceilings- 12/6/23-12/12/23
 Prime paint- 12/13/23-12/14/23
 Install hard tile in restroom- 12/15/23-12/19/23
 Install carpet/LVT- 12/15/23-12/21/23
 Set plumbing fixtures- 12/20/23-12/20/23
 Install doors and hardware- 12/22/23-12/26/23
 Final paint- 12/27/23-12/28/23
 Install signage and graphics- 12/29/23-12/29/23
 MEPFP final trim- 12/29/23-01/02/24
 Final cleaning- 01/02/24-01/02/24
 Final inspections- 01/04/24-01/05/24
 Exterior: 11/23-11/23
 Tap/extend 6" fire line and FDC- 11/10/23-11/16/23
 Closeout: 01/24-02/24
 Substantial completion- 01/05/24
 Punch list- 01/08/24-01/19/23
 O&M and closeout documents- 01/08/24-02/02/24
 Owner move-in- 01/22/24-01/26/24
 Final completion- 02/02/24

Team Leadership*

Please describe the following:

1. The team and leaders that will be overseeing this proposed project.
2. Their relationship to your organization
3. Their role in this project
4. Whether or not they have overseen similar projects

SRN Founder/CEO, Vicki Sokolik, will oversee the House Manager Dormitory renovation project with expert help from SRN Vice Chairman, Bill Byrne, President, Ajax Construction.

Vicki has led four comprehensive building projects - our house in Hillsborough, our initial offices, our house in Pinellas and our new training center/offices.

The following projects are ones she has overseen: In 2012, with the help of a Bank of America grant, SRN renovated a 2500 square foot space to accommodate offices, a tutoring space and a meeting space for classes. In 2013, Hillsborough County Commissioners leased (for a nominal rent fee of \$1 annually) the house for our Hillsborough youth. Partnering with Beck Group and Wharton-Smith Construction, she completed two expansion renovation projects at the facility, with in-kind donations of \$600,000 of construction. For 2017's expansion into Pinellas County, she partnered with Ajax Building Corporation to renovate a former school, leased to SRN by the Pinellas County School Board for \$10 annually. From in-kind donations, she completed this \$1.2 million project with only \$100,000 from SRN that was funded by a grant, specifically for this project. In 2018, SRN moved our offices and training center to downtown Tampa. Vicki envisioned and oversaw the renovation of a dilapidated building into a beautiful new space, working closely with Suffolk Construction who donated in-kind construction of \$550,000. This space has offices, conference room, tutoring room, kitchen, 4 bathrooms and a large classroom.

Geographic Impact and 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 meet at least one of the following descriptions:

- 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, LGTBQ+, religious minorities, and other communities that fit in the Equity definition provided on the ARPA website and application)
- Organization located or serve households within a Qualified Census Tract (QCTs)
 - Defined by U.S. Department of Housing and Urban Development (HUD)
 - To assess if your organization serves or is headquartered in a QCT, use this link. 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.

Benefits and Geography of Project*

Please describe how the communities/clients that will benefit from this capital purchase, and how they were disproportionately impacted by the pandemic according to the examples above.

100% of SRN’s population is homeless, qualifies for SNAP and Medicaid and falls into the lowest HUD income limit. SRN serves UHY who attend high school throughout the entire county, so many of our students attend a high school, or previously resided in a QCT. Many of our youth are LGBTQ+ and have been kicked out of the home. UHY represents the most vulnerable population. Without intervention, they are subject to sex trafficking, substance abuse, incarceration or premature death.

SRN has always served a diverse, underserved population. We do not discriminate based on race, religion, LGBTQ+ persons, etc. We provide equity for any UHY adversely affected by poverty. Historically, minorities, many BIPOC, are overrepresented in the homeless population. Students who identified as Black/African American also make up a majority of the homeless student count at 1,555 (41%) (Homeless Leadership Alliance of Pinellas County, 2023). Our holistic care amends the inherited inequalities faced by homeless unaccompanied youths to ensure they do not become chronically homeless or incarcerated adults. Death by suicide is the leading cause of death for UHY. Not belonging causes extreme depression and the trauma they have suffered becomes unbearable alone.

Without our support, and unable to access free breakfast and lunch because of school closures, UHY faced dire food insecurity. Without the means to access virtual learning, many unaccompanied youths not in SRN fell behind academically or dropped out of school. Recognizing UHY were disproportionately impacted by COVID, the past three years have intensified our conviction to cultivate equity in our community, providing wrap-around services to the growing number of unaccompanied homeless youths, so they can escape the generational cycle of homelessness.

Headquarters Location*

Please provide your organization's headquarters address as it appears on your Sunbiz account. To check your registration with Sunbiz, you may search their database.

1212 W. Cass St. Tampa, FL 33606

Project Location*

Please provide the address or intersection where the property being modified is.

4600 Haines Rd. N. St. Petersburg, FL 33714

Rented Property

You have indicated that the property involved in this proposal is rented. Please answer the questions below.

Tenant Responsibility*

Please explain how your organization is responsible for modifying the building despite being rented. Be sure to describe the length of your organization's lease and to indicate whether or not you have obtained permission from the landlord for the proposed project.

SRN's lease with the school board indicates:

"SRN shall, at its sole cost and expense, repair and maintain the Premises' improvements, and facilities, as well as all equipment...This obligation includes any improvements needed to bring the Premises into the condition SRN desires in order to begin its intended use, in SRN's sole discretion. Any and all improvements by SRN must be pre-approved by the School Board in accordance with Section 12.1."

"12.1 Improvements and Modifications to the Premises: No improvements, modifications or alterations shall be made to the Premises without the prior approval of the School Board's Associate Superintendent of Operational Services. All approved improvements to the Premises shall be completed in a commercially reasonable manner, properly permitted, in compliance with all governmental regulations and codes, and the work shall be performed by a properly licensed and insured contractor."

Approval for the renovation and design was verbally granted by Scott M. Livernois, A.I.A. | Manager, Facilities Design/Facilities Design & Construction | Pinellas County Schools

Per Scott, written approval was granted on January 13, 2023, by Lutricia (Trish) Johnson, Real Estate Analyst/Pinellas County Schools Real Estate Department "Your request for the minor renovations outlined in the drawing/plans has been approved. Please be sure to have the work inspected upon completion and provide a copy of the inspection report to me for our records."

SRN was granted a lease that is renewable under the initial terms provided we exercise the option within 30 days of the year end renewal term. Our recently renewed lease with the School Board states SRN's current lease agreement is for a 10-year term, expiring January 14th, 2033.

Landlord*

Please enter the name and address of the property owner/landlord.

The School Board of Pinellas County, Florida 301 Fourth Street S. W. Largo, FL 33770

Lease Upload*

Please upload the executed lease you currently have with your landlord. If there are any important circumstances to note, use the text box below.

Lease.pdf

n/a

Community Connection

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 has relationships with many organizations in our community who increase our programming effectiveness. Pinellas County school social workers are our primary referral source and Pinellas County Schools leases us our housing for \$10 annually. Family Resources in St Pete and Clearwater are the secondary source of referrals. Feeding Tampa Bay donates food weekly, OnBikes supplies our students with bikes to aid in transportation to their jobs. Keep St Pete Lit helps our youth with creative writing, Operation PAR assists with drug rehabilitation, Clothes to Kids helps with clothing, St Pete Free Clinic helps youth with various medical needs, Habitat for Humanity in Pinellas allows our youth to participate in community service, College Fund of Pinellas assists with scholarships for college - various local professionals instruct our life-skills classes, and we have community health professionals assisting with mental health, medical, dental, ophthalmic and orthodontic assistance. Baycare is offering our youth internships and willing to host CPR classes. They are also looking into employment. Raymond James offers our youth internships which builds their resume.

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 volunteer adults in our community.

SRN has a very diverse population of youth, so we go to great lengths to represent the community we serve. Our SRN team (staff, executive leaders, board, and volunteers) is diverse in race, gender, LGBTQ, neuro-diversity and culture, directly mirroring the youth that we serve. By having staff with lived experience and shared identities, the team is able to see varying viewpoints and share meaningful connections.

The youth witness staff in leadership roles who emulate how they too can be leaders. We have women and men of color in positions of leadership, to ensure SRN is not overlooking racially - or gender-motivated

injustices in our work. Our youth experience and learn from people who are of different race, age, language, culture, appearance, religion and even disability. This builds empathy and understanding.

In addition to staff reflecting our youth, SRN committed to a 50% racially diversified Board. New board members have been installed. While we are not yet at 50%, we are only 15% away from this goal and will strive to reach it by year end 2024.

Board Membership*

Do your board members consider themselves a member of one or more of the following populations?

- 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

BIPOC

LGBTQ+

Neurodiverse/physically disabled

Executive Level Leadership Team*

Does your executive leadership team consider themselves a member of one or more of the following populations?

- 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

BIPOC

CEO/Executive Director*

Does your CEO/Executive Director consider themselves a member of one or more of the following populations?

- 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 disable

None of the above

Financial Overview

BIDS MUST BE DATED JULY 5, 2023 OR LATER.

- The file attached below should contain current, verifiable bids, estimates, or price lists [from your potential vendor(s)]. *Please ensure there is a date noted on the bid or some annotation as to when when you obtained these estimates/bids.*
- If your project costs LESS than \$75,000, you must upload TWO verifiable bids or estimates for the proposed project.
- If your project is **EQUAL TO** or **MORE THAN** \$75,000, you must upload THREE verifiable bids or estimates for your proposed project.
- If you have already selected a contractor for this process and do not have multiple bids to upload, please ensure you answer the narrative questions below thoroughly.

Bid/Estimate #1*

PDF files are accepted.

HAVEN SOUTH Staff BR Reno CM_23.7.23 (1).pdf

Bid/Estimate #2

PDF files are accepted.

Bid/Estimate #3

PDF files are accepted.

Selected Contractor*

If you have not yet selected a contractor and have uploaded multiple bids above, please write N/A below or you will not be able to submit your application.

If your organization has already selected a contractor for this proposed capital project, please describe the process through which this contractor was chosen, and be sure to answer:

1. Was there a competitive bid process? That is, were multiple bids collected in order to evaluate multiple contractors? Describe this process (names of contractors, number of bids collected, prices, and why the contractor was chosen).
2. What personnel members at your organization selected the contractor?
3. Has a contract been executed with this contractor? **If yes, upload the contract here. If no, please describe the status of contract.**

If a contractor has already been selected AND a competitive bidding process was not used, the project will lose points.

Ajax construction donated \$1.2 million in-kind to renovate our property. As they know our property so well and are willing to seek in-kind subs for some of the services on this project, it makes sense to contract them for the job. Ajax is a trusted partner who has SRN's best interest in mind.

SRN Founder/CEO, Vicki Sokolik, with SRN's board selected Ajax for House Manager Dormitory's renovation project. A contract has not been executed as of yet. We are awaiting permits to come in but a preliminary bid was provided for the board to look over. Once the permits come back and we know there are no hidden issues, we will sign an agreement.

Usually Ajax Construction bids out their projects to comply with the Davis-Bacon act. On this project, which is a very small scope for them, they are using trusted subs that will get the job done in the most efficient manner and not overcharge SRN.

Minority/Woman-Owned Business

Is your selected contractor, or the bid you are going to choose if funded, one of the following:

- Small-business enterprise (SBE)
- Disadvantaged business enterprise (DBE)
- Minority and/or woman-owned business (MWBE)

No

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."

Yes, Bill Byrne, President of Ajax Construction serves as SRN's Vice Chairman of our board. When he donated the \$1.2 million in-kind he was not on the board. The board chose Ajax without Bill Byrne being in the room for the vote. He abstained from voting due to our conflict policy.

Budget Detail*

Please upload a clear, easily readable budget that breaks out costs for this proposed project. Ensure that it is clear what portion would be paid for through this grant funding and what would be paid for from other sources. **Be sure that the budget includes 10-20% for contingencies and any costs related to performance and payment bonds for construction projects.**

If you are going to request the permitted indirect cost of up to 5%, please be sure this is represented in your budget.

An example budget is available here.

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

PDF and Excel files are allowed.

PCFarpaBudget.pdf

We are requesting \$75,000 from PCF's ARPA grant. Attached is the detailed budget allocating the \$75,000. The second, 6-page attachment is the total budget from Ajax's bid totaling the entire project to cost \$248,952. Knowing construction projects tend to incur additional unexpected costs, we have secured a total of \$195,000 in addition to the requested \$75,000 from PCF's ARPA grant from the following funders:
 Hawkins Family Foundation - \$155,000 to construction
 Francis and Gertrude Levett Foundation - \$40,000 to construction

If we receive PCF's ARPA grant funding, we will have \$270,000 total secured for this project.

Other Funding Sources*

Please describe any other funding that your organization has applied for or obtained for this project. This includes but is not limited to Community Development Block Grants (CDBG), local government grants (including Tourist Development Council funding), foundation grants, and donors (you do not need to disclose donor identities, simply amount raised that is allocated to this project). This includes any matching grants or in-kind contributions you may have obtained.

If none, please explain why no additional funding sources have been pursued.

Please be sure all funding sources below are represented in the "Applicant Match" column in the Budget Summary you have uploaded above.

Hawkins Family Foundation - \$155,000 to general construction
 Francis and Gertrude Levett Foundation - \$40,000 to general construction

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 project **decreases** ongoing operating costs, how will it do so?
- If this project **does not affect** operating costs, please note so below.

This capital project will likely increase the amount of our electric bill, but decrease the number of house managers employed. SRN has been approved by a CDBG Public Facilities grant to install solar panels, thus reducing our electric expense. We will also continue to apply for grant funding to cover any difference.

Fund Management Capacity*

Please describe your organization's capacity to manage these potential ARPA funds in terms of fiscal management and financial infrastructure.

This includes, but is not limited to, the use of accounting software that can track a general ledger and multiple accounts and the ability to work on a reimbursement-basis.

The inability to handle a reimbursement-based grant does not disqualify your organization from applying.

SRN manages accounts payable bi-monthly. Checks are processed every two weeks by our Bookkeeper. They handle all accounts payable and processing. Checks are written and distributed to the CEO, with the itemized bill attached for reference for final signature. Any expenditures over \$25,000 require two signatures. All accounts payable are paid within a 30-day window. The vendor is assigned in our Quickbooks account software.

Within Quickbooks, the grant associated with the vendor is listed. Grants are logged and followed to show balances. Once approved and signed, the check is copied and placed in an AP file with the record of cost as a secondary source of information. Once the check has cleared the SRN bank, a copy of the bill and the cleared check is uploaded into the grant system for reimbursement. If the grant is not in an online portal, the copy of the cleared check and the receipt is sent via email or USPS.

The annual audit confirms that grants have been spent appropriately.

Corrective and Investigative Action/Grant Recall*

In the past three (3) years, has 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. If no, write "N/A"

n/a

Organization Documentation

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 (1).pdf

Board of Directors List*

Please upload a current list of members of your organization's Board of Directors. Excel, Word, and PDF formats are acceptable.

BOD 2023 (1).pdf

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.

990 2022 (1).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.

Audited report 6.30.22.pdf

Insurance

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 project. 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.

InsuranceSRN.pdf

Insurance Requirement*

If you are awarded a contract from the ARPA Nonprofit Capital Project Fund, you will 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.

Post-Grant Requirements

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 monthly expenditure reports until their project is completed and their contract is closed out.

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.

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

Additional Information

Additional Upload

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

Haven South Preliminary Schedule.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?

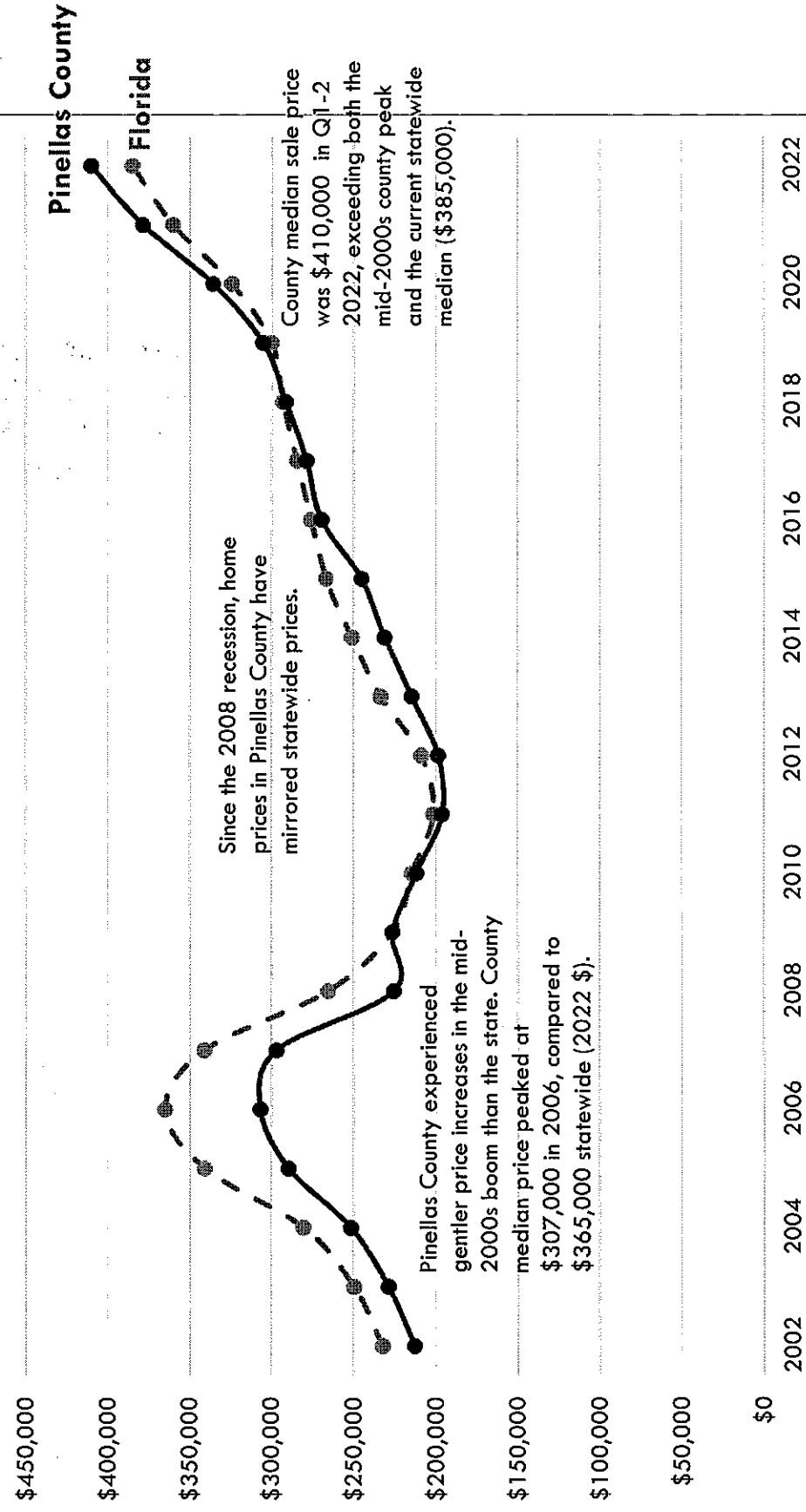
SRN advocated to author/amend laws in FL. UHY can now: obtain their government documents; receive a 14-day, free emancipation trial; receive Medicaid/food stamps independently; consent for their own healthcare including substance abuse and psychiatric treatment; qualify for Keys to Independence. Additionally, tuition waivers are accepted at all post-secondary education; schools must provide IDs proving student's UHY status and rights; college campuses must have a homeless liaison and food bank.

File Attachment Summary

Applicant File Uploads

- uploadarpaPCF.pdf
- SRN House Manager Dormitory Renovation Rendering (1).pdf
- Lease.pdf
- HAVEN SOUTH Staff BR Reno CM_23.7.23 (1).pdf
- PCFarpaBudget.pdf
- Proposed Budget 2023 (1).pdf
- BOD 2023 (1).pdf
- 990 2022 (1).pdf
- Audited report 6.30.22.pdf
- InsuranceSRN.pdf
- Haven South Preliminary Schedule.pdf

Pinellas County single family home prices have surpassed mid-2000s boom-era levels.

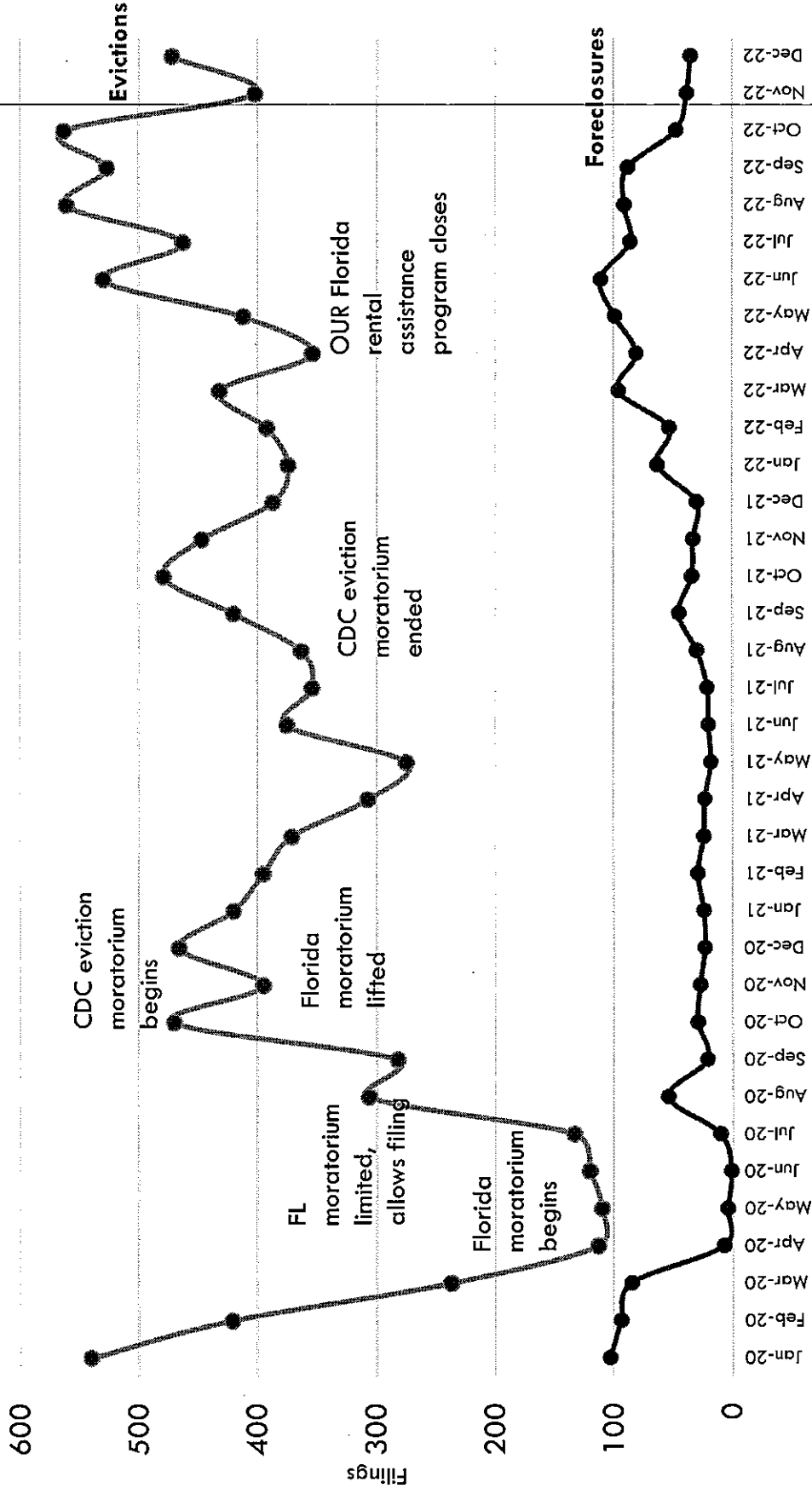


Median Single Family Home Sale Price, St. Petersburg, Pinellas County & Florida, 2002-2022 (2022\$)

Source: Shimberg Center analysis of Florida Department of Revenue, Sales Data Files. All values in 2022 dollars to correct for inflation.



Eviction & foreclosure filings fell sharply in spring 2020 during the state moratorium, then increased when filings were permitted again. Filings remained lower in 2021 but returned to historic levels in 2022.



Eviction & Foreclosure Filings, Pinellas County
 Source: Shimberg Center tabulation of filing data from Florida Clerks & Comptrollers and Office of the State Courts Administrator.



How much can workers afford to pay for housing each month?

\$500-699

- Waiters and Waitresses
- Cashiers
- Farmworkers
- Laundry and Dry-Cleaning Workers
- Childcare Workers
- Home Health and Personal Care Aides
- Maids and Housekeepers
- Janitors
- Retail Salespersons
- Preschool Teachers
- Hotel Desk Clerks
- Security Guards
- Receptionists and Information Clerks

\$700-899

- Nursing Assistants
- Cooks
- Hairdressers
- Substitute Teachers
- Landscaping and Groundskeeping Workers
- Light Truck Drivers
- Construction Laborers
- Customer Service Representatives
- Pharmacy Technicians
- Office Clerks
- Medical Assistants
- Veterinary Technologists and Technicians
- Secretaries and Administrative Assistants
- Tellers

\$900-1,200

- Painters
- Dental Assistants
- Roofers
- Mental Health and Substance Abuse Social Workers
- Child, Family, and School Social Workers
- Bus Drivers
- Heavy and Tractor-Trailer Truck Drivers
- Carpenters
- Auto Mechanics
- Paramedics
- Licensed Practical Nurses
- Electricians
- Plumbers, Pipefitters, and Steamfitters
- Paralegals and Legal Assistants

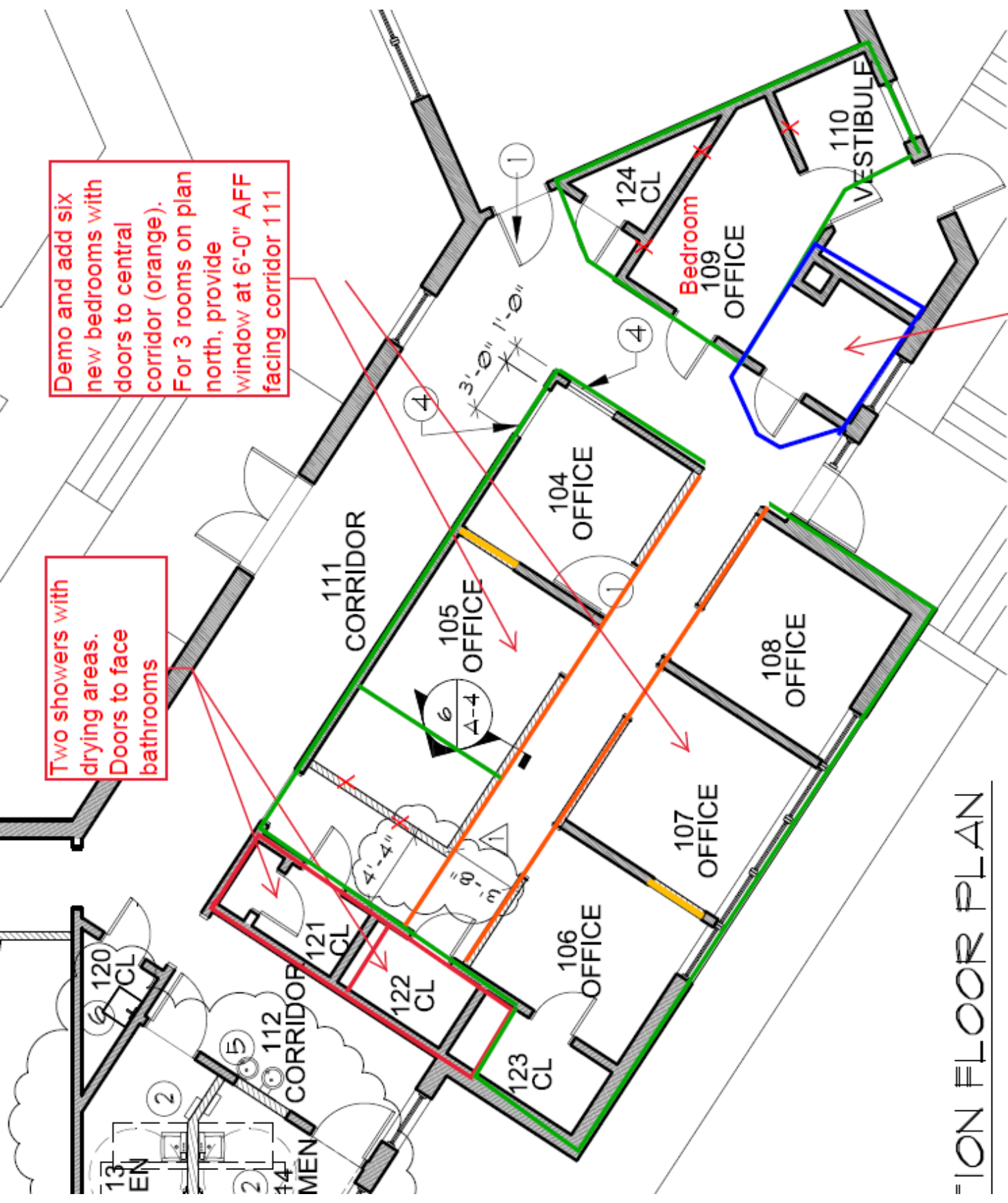
Source: Shimberg Center tabulation of Florida Department of Economic Security, Occupational Employment Statistics and Wages. Based on median wage for occupations in Tampa-St. Petersburg-Clearwater MSA. Assumes full-time worker, 30% of income spent on housing costs.



Demo and add six new bedrooms with doors to central corridor (orange). For 3 rooms on plan north, provide window at 6'-0" AFF facing corridor 111

Two showers with drying areas. Doors to face bathrooms

Demo



ION FLOOR PLAN

LEASE, MANAGEMENT & OPERATION AGREEMENT

THIS LEASE, MANAGEMENT AND OPERATION AGREEMENT ("Agreement") is dated effective the 15th day of January, 2023 (the "Effective Date"), by and between The School Board of Pinellas County, Florida (the "School Board"), a Florida public school district, with an office at 301 Fourth Street S.W., Largo, FL 33770, and Starting Right, Now of Pinellas County LLC ("SRN"), a Florida limited liability company and a wholly owned subsidiary of Starting Right Now, Inc., a Florida not for profit organization, with an office at 5328 Primrose Lake Circle, Suite A, Tampa, FL 33647.

Recitals:

WHEREAS, School Board owns the land and facility formerly known as the Harris/TIPS School, located at 4600 Haines Road, St. Petersburg, FL 33714. (the "Premises"), as more particularly described in Exhibit "A" to this Agreement, attached hereto and incorporated herein by reference; and

WHEREAS, SRN desires to lease, manage and operate the Premises for the purpose of providing a transitional housing and training facility for unaccompanied youth; and

WHEREAS, the mission of SRN is to end homelessness for unaccompanied youth by providing a stable home, assisting with obtaining employment, teaching financial literacy and life skills, and promoting educational achievement. SRN will serve a population that is underserved by current social service programs, specifically older homeless youth; and

WHEREAS, School Board desires to assist SRN in its mission by providing use of the Premises as described herein; and

WHEREAS, School Board and SRN acknowledge that this Agreement is strictly reliant on SRN's intent to operate the Premises for facilitating its mission, as described above, and therefore, any use inconsistent with the intent expressed in this Agreement shall provide School Board with the right and option to terminate this Agreement; and

WHEREAS, School Board and SRN wish to enter into this Agreement subject to the terms and conditions as hereinafter stated.

NOW, THEREFORE, in consideration of the payment of \$10 per year by SRN to the School Board and the mutual covenants set forth herein and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties do hereby agree as follows:

1. Incorporation of Recitals

The above recitals are agreed to be true and correct and are hereby incorporated into this Agreement as if fully expressed within the body of this Agreement.

2. Term and Termination

Term: School Board does hereby lease the Premises to SRN, and SRN does hereby hire, take and lease the Premises from School Board, subject to the terms and conditions set forth herein. The term of this agreement will be for a period of ten (10) years beginning January 15, 2023, and ending January 14, 2033.

2.1 Termination:

(a) During the Term of this Agreement, (i) SRN may terminate this Agreement with or without cause upon sixty (60) days prior written notice to School Board and (ii) School Board may terminate this Agreement only upon the occurrence of a breach of this Agreement by SRN that has not been cured during the thirty (30) day period following School Board's written notification of such breach to SRN.

(b) If, following the commencement of the Term, (i) SRN terminates this Agreement pursuant to Section 2.1(a)(i) other than due to the breach of this Agreement by School Board, (ii) School Board terminates this Agreement pursuant to Section 2.1(a)(ii), or (iii) SRN elects not to renew this Agreement, then SRN shall be responsible for any reasonable application fees (not to exceed \$5,000 in the aggregate) associated with rezoning the Premises for use as an educational facility; provided, however, that SRN shall not be responsible for any attorneys' fees or other indirect costs associated with obtaining such zoning.

2.2 Removal of Property: Upon termination of this Agreement, School Board shall provide SRN access to the Premises for thirty (30) business days from the effective date of termination to remove any and all non-fixture property belonging to SRN and vacate and surrender the Premises. SRN shall leave the Premises and all property belonging to School Board in no worse condition than the condition of the Premises on the Effective Date, less normal wear and tear. If SRN chooses to remove any approved improvement, modification and/or alteration that under industry standards or common law would reasonably be interpreted as a permanent attachment to the Premises, SRN must replace said improvement, modification and/or alteration with a reasonably similar permanent attachment and repair any damage caused by the same.

3. Use of the Premises

SRN shall use and occupy the Premises as a transitional housing and training facility (including, but not limited to, the operation of a kitchen facility) and related general administrative and office purposes, subject to all legally required permits and approvals, and for no other purpose. Such general administrative office(s) may be used for any use consistent with the purpose of supporting SRN. SRN shall pay School Board rent equal to \$10 per year during the Term, payable on or before the first day of each year during the Term. SRN may use the storage rooms or similar facilities within the Premises for the storage of equipment and supplies related to its management and operation of the Premises and SRN.

4. Operation, Management and Maintenance

4.1 General: SRN will be responsible, at its sole cost and expense, for the day-to-day management and operation of the Premises, and shall work in coordination with the relevant public agencies as appropriate.

4.2 Retention of Needed Personnel: SRN will retain all necessary Premises personnel, including, but not limited to, the Premises director, other staff and independent contractors. SRN shall have sole discretion with respect to retaining such personnel.

4.3 Activities and Events:

- a) SRN shall operate and manage the Premises, and limit occupancy of the Premises, in accordance with zoning and land use regulations adopted by the City of St. Petersburg, as applicable, and in accordance with all applicable building codes and ordinances, including but not limited to the terms and conditions of any certificate of occupancy issued for the Premises.
- b) Any use of the Premises shall be in compliance with all applicable laws, as well as this Agreement.

4.4 The Premises Director, Executive Director and/or Operating Entity:

- a) The Premises Director or operating entity will be selected by SRN and will be responsible for the day-to-day operations of the Premises and accountable to SRN's Executive Director.
- b) The Executive Director or operating entity will use his/her reasonable efforts to timely provide School Board with responses to reasonable inquiries by School Board relating to the Premises.
- c) The Executive Director or his/her designee will use his/her reasonable efforts to maintain regular, ongoing communication with the School Board, and attend School Board meetings when requested.

4.5 Utilities: SRN shall maintain, at its sole cost and expense, all utilities required for operation of the Premises, as well as all utility facilities required for such services, including, but not limited to, air conditioning, heat, electricity, water service and humidity control to meet adequate interior building conditions for the Premises.

4.6 Other Operational Expenses: SRN shall be responsible for the Premises' other operational expenses, including, but not limited to, (to the extent desired by SRN) expenses of telephones, cable, internet, collection management, staff assistance and office management. SRN shall also be responsible for an annual service contract for any elevator(s), as well as for a fire alarm monitoring company along with the expense of the telephone line and all other utility facilities that exist to support such system, as required by applicable law. Subject to the requirements set forth in Section 5, SRN shall provide access to School Board or its designee for purposes of conducting periodic fire safety inspections. Additionally, SRN will be responsible for pest control.

4.7 Custodial and Janitorial Maintenance: SRN shall provide routine custodial and janitorial maintenance of the Premises.

4.8 Maintenance and Repairs of Building, Grounds and Fixtures:

- a) SRN shall, at its sole cost and expense, repair and maintain the Premises' improvements, and facilities, as well as all equipment, including but not limited to: all heating, ventilating, air-conditioning equipment, and facilities/fixtures for supplying heat, light, power, hot and cold water services to the Premises, kitchen equipment, roofing, windows, floors, walls, plumbing fixtures and all drainage and waste pipes or facilities leading from the Premises, and those portions of all utility lines supplying said Premises which are located outside the Premises, unless such utility lines are maintained or repaired by utility companies. This obligation includes any improvements needed to bring the Premises into the condition SRN desires in order to begin its intended use, in SRN's sole discretion. Any and all improvements by SRN must be preapproved by School Board in accordance with Section 12.1.
- b) School Board shall not be responsible for any damage to the Premises caused by the acts, omissions or negligence of SRN or its guests, employees, contractors or invitees.
- c) School Board shall, upon reasonable notice, enter the Premises to perform inspections to verify proper upkeep and maintenance and SRN's performance of all obligations under this Agreement.
- d) SRN shall not be responsible for any damage to the Premises caused by the acts, omissions or negligence of School Board or its guests, employees, contractors or invitees, subject to sovereign immunity limitations as provided by Florida law.

4.9 Security: SRN shall provide reasonable security for the protection of the Premises and shall be responsible for any special security needs associated with any activities held at the Premises, in SRN's sole discretion.

4.10 Miscellaneous:

- a) SRN will use its reasonable efforts to maintain a diverse pool of Board members, volunteers and employees, who can provide expertise, specialized knowledge, and community experience in furtherance of the purposes of SRN.
- b) SRN shall ensure that all employees, members and/or volunteers are attired in clothing reasonably appropriate for a wholesome family atmosphere while at the Premises.
- c) No activity or event shall include the use of fire, chemicals or other substances that may in any way be deemed hazardous or dangerous without first obtaining the permission of School

Board; provided, however that School Board hereby consents to SRN's use of a kitchen facility on the Premises. Any hazardous chemicals or other substances that are required to be stored at the Premises, shall be properly handled and stored in accordance with all applicable federal, state and local laws and regulations, and the manufacturer's instructions for handling and storage. SRN shall not permit the generation of or disposal of any hazardous substances or toxic materials in or on the Premises.

- d) The Premises will not be used for any purpose outside the scope of this Agreement. All operations will be conducted in accordance with all duly adopted and applicable ordinances, and regulations of the City of St. Petersburg and Pinellas County, and all applicable federal, state and local laws, as the same may be amended from time to time.
- e) During the Term of this Agreement, SRN hereby assures School Board that SRN is in compliance with Title VII of the Federal Civil Rights Act, as amended, and the Florida Civil Rights Act in that SRN does not on the grounds of race, color, national origin, religion, sex, age, disability, sexual orientation or marital status, discriminate in any form or manner against SRN's employees or applicants for employment. SRN understands and agrees that this Agreement is conditioned upon the veracity of this statement of assurance. Furthermore, SRN hereby assures School Board that SRN will comply with Title VI of the Federal Civil Rights Act when federal grant(s) is/are involved. Other applicable federal and state laws, executive orders and regulations prohibiting discrimination as described herein are included within this reference. This statement of assurance shall be interpreted to include Vietnam-Era veterans and disabled veterans within the protective range of its applicability.
- f) SRN shall obtain all licenses and permits necessary for its management and operation of the Premises.
- g) SRN affirms that it is aware of the provisions of Section 287.133(2)(a), Florida Statutes, and that at no time has SRN, its officers or employees, been convicted of a public entity crime. SRN agrees that it shall not violate such law and further acknowledges and agrees that any conviction thereof during the Term may result in the termination of this Agreement.
- h) Pursuant to Section 404.056(5), Florida Statutes, the following notice is provided to SRN as tenant regarding radon gas: RADON GAS is a naturally occurring radioactive gas that when it has accumulated in a building in sufficient quantities, may present health risks to persons who are exposed to it over time. Levels of radon that exceed federal and state guidelines have been found in buildings in Florida. Additional information regarding radon and radon testing may be obtained from the Pinellas County public health unit.

5 Right of Entry by the School Board

Following twenty-four (24) hours advance written notice to SRN, School Board's authorized representatives may enter the Premises so long as School Board's presence is not disruptive to the normal operations of SRN. Should SRN change out any locks, SRN shall notify School Board and provide a replacement key. Within a reasonable time following the Effective Date of this Agreement, both parties shall work to re-key the building at SRN's expense. Notwithstanding the foregoing, School Board shall have the right to access the Premises in the event of an emergency (as determined by School Board in its reasonable discretion) for the purposes of mitigating such emergency, performing search and rescue functions and related acts, and evaluating damage or other harm to School Board's property and the Premises relating to such emergency.

6 Record Keeping, Reporting and Audit Rights

6.1 Record Keeping: SRN shall keep current and accurate records of the number of individuals served per month at the Premises. SRN shall retain such records for at least five (5) years after the

expiration or termination of this Agreement and shall allow School Board to review records upon request.

6.2 Annual Reports: Within Ninety (90) days following the end of each year during the Term of this Agreement, SRN shall furnish School Board with an annual report showing the number of individuals served per month at the Premises. School Board may send such annual report to any other appropriate public agency, *as required*.

6.3 Fiscal Years: SRN and School Board acknowledge and agree that School Board's fiscal year ends on June 30th of each year, while SRN's fiscal year ends on December 31st of each year.

7 Taxes and Assessments

7.1 SRN: SRN shall be solely responsible for all taxes, fees, assessments and surcharges of any kind based on revenue, profits or sales derived by SRN through its operation of the Premises. SRN agrees to pay, when due, all taxes properly assessed against SRN by the state of Florida and any other governmental entities in connection with SRN's use, occupancy or operation of the Premises.

7.2 School Board: School Board shall be solely responsible for any applicable property taxes for the Premises and any other applicable taxes related to School Board's ownership of the Premises. Notwithstanding the foregoing, if SRN's use of the Premises results in the Premises being taxable by any government entity with the authority to assess taxes, SRN shall be responsible for such taxes at its sole cost and expense.

8 Authority to Enter into Contracts

SRN acknowledges and agrees that it does not have the authority to enter into contracts on behalf of School Board for the Premises, even if such contracts are for the sole benefit of the Premises, and pursuant to Section 15 of this Agreement, this Agreement does not imply or create a partnership or relationship other than that of tenant and landlord. This provision does not prohibit SRN from entering into contracts on its own behalf, provided that such contracts do not obligate or commit the School Board or the Premises (except for SRN's leasehold interest in the Premises) in any way.

9 Prohibition Against Liens

SRN shall defend, indemnify, and hold harmless School Board and its respective officers, directors, agents, employees and attorneys from any claim or demand, including attorney's fees, on the part of any person, firm or corporation performing labor or furnishing materials in connection with the construction of any improvements to the Premises undertaken by SRN. SRN shall not engage in any financing or any other transaction creating any mortgages, or any other encumbrances, liens or claims of any kind upon School Board's fee interest in the Premises or any other land owned by School Board. It is distinctly understood and agreed that any person, firm or corporation furnishing materials or performing labor on behalf of SRN on any improvements to the Premises shall look only to SRN for any payment, and that no lien or claim shall be allowed to attach to School Board's fee interest in the Premises. In the event that SRN shall fail and refuse to pay and discharge any amount of money that may be due for materials furnished or labor performed in connection with the construction of improvements to the Premises

undertaken by SRN, and such default shall have continued for a period of thirty (30) days after School Board shall have given SRN notice of such default, School Board may, at its option, declare this Agreement terminated; provided, however, SRN shall have the right during said thirty (30) day period, in accordance with Florida Statutes, to post a surety bond with the Clerk of Circuit Court in and for Pinellas County, Florida, and have any such lien transferred to said bond, and said action by SRN shall cure the default and School Board shall have no right of termination.

10 Background Checks

At SRN's cost, employees and agents of SRN must successfully pass level 2 screening and become registered volunteers with School Board.

11. Insurance Requirements

11.1 General: During the Term of this Agreement, SRN agrees that it shall maintain, at its sole cost and expense, occurrence-based Commercial General Liability insurance covering the Premises during the Term in the limit amounts described herein. The insurance coverage shall be written on standard forms and placed with insurance carriers authorized by the Insurance Department of the State of Florida. SRN shall fully and timely comply with all requirements and conditions imposed by the insurance policy and shall take no action that could, in any way, limit School Board's or any other insured's rights of coverages under said policy. SRN acknowledges and agrees that it shall have said insurance in place and in effect for the duration of the Term and thereafter to the extent necessary to cover claims that arise during the Term.

11.2 Policy Limits: Coverage shall provide a limit of not less than One Million Dollars (\$1,000,000.00) per occurrence/Three Million Dollars (\$3,000,000.00) annual aggregate. All coverage shall include broad form property damage and personal injury liability.

11.3 School Board as Additional Insured: The policy for coverage shall include School Board as an additional insured and certificate holder.

11.4 Certificates of Insurance: A certificate of insurance (or a copy of the policy, if requested by School Board) shall be furnished to School Board no later than five (5) business days after the commencement of the Term.

11.5 Specialty Insurance: Any specialty insurance required for special events or specialized equipment or material stored at the Premises shall be provided by SRN at its sole expense and shall also name School Board as an additional insured.

12. Property

12.1 Improvements and Modifications to the Premises: No improvements, modifications or alterations shall be made to the Premises without the prior approval of School Board's Associate Superintendent of Operational Services. All approved improvements to the Premises shall be completed in a commercially reasonable manner, properly permitted, in compliance with all governmental regulations and codes, and the work shall be performed by a properly licensed and insured contractor. All improvements made to the Premises shall be the property of School Board.

Notwithstanding the foregoing, any approval provided by School Board shall be accompanied with a statement of whether the approved alterations will be required to be removed at termination or expiration of this Agreement.

12.2 **Damage to School Board Property:** SRN shall not alter or damage the Premises and/or School Board's property in any way without School Board's prior written approval. In the event that SRN damages or alters the Premises without the prior approval of School Board, whether willfully or accidentally, SRN shall immediately upon notice from School Board, (i) fully repair the damage/alteration or (ii) reimburse School Board for its reasonable costs incurred in making such repairs.

12.3 **Destruction of Premises:** If the Premises is totally destroyed by fire or other casualty, this Agreement shall automatically terminate. If the Premises is partially damaged by fire or other casualty, School Board, in its sole and absolute discretion, may (i) terminate this Agreement, or (ii) restore the Premises to a kind and quality substantially similar to that existing immediately prior to such damage. If the School Board elects to restore the Premises, the School Board shall have no responsibility or liability whatsoever for any disruption to SRN's activities.

12.4 **Moveable Property of the School Board:** Moveable property purchased by and/or donated to the School Board will remain the property of School Board.

12.5 **Moveable Property of the SRN:** Moveable property purchased by and/or donated to SRN and used at the Premises will remain the property of SRN.

12.6 **Inventory Records of Property:** School Board and SRN will maintain accurate inventory records of their respective property. Inventory records relating to this Agreement will be available for inspection at any reasonable time.

13. Indemnification

13.1 **Indemnification by SRN:** SRN shall defend, indemnify and hold harmless School Board and its respective officers, directors, agents, employees and attorneys, from and against any and all actions, claims, suits, damages, fines and liabilities arising directly or indirectly from SRN's, or any of its resident's, invitee's, contractor's, employee's, guest's or client's management, operation and/or use of the Premises.

13.2 **Indemnification by the School Board:** To the extent of the monetary limitations contained in Section 768.28, Florida Statutes, School Board shall indemnify and hold harmless SRN and its respective officers, directors, agents, and employees, from and against any and all actions, claims, suits, damages, fines and liabilities arising directly or indirectly as a result of the School Board's or any of its invitee's, contractor's or employee's use of the Premises or negligence or willful misconduct with respect to the Premises. This indemnification shall not be deemed a waiver of the School Board's sovereign immunity nor the limitations of liability or recovery contained in Section 768.28, Florida Statutes, nor a consent by either party to be sued by a third party. Any claim must comply with the notice and pre-suit procedures of the aforementioned statute. By providing such indemnification, the School Board is neither waiving sovereign immunity as provided by Florida law or consenting to be sued by a third party.

14. Amendments

This Agreement may not be amended unless such amendment is in writing and duly executed by the parties

hereto, except that non-significant amendments may be executed in writing by SRN and School Board's Superintendent.

15. Relationship of Parties

Nothing herein contained shall be deemed to constitute either of the parties hereto as a joint venture, partner or agent of the other, and neither party shall claim any status which is contrary to the terms of this Agreement.

16. Severability

If any one or more of the provisions of this Agreement should be held contrary to law or public policy, or should for any reason whatsoever be held invalid or unenforceable by a court of competent jurisdiction, then such provision or provisions shall be null and void and shall be deemed separate from the remaining provisions of this Agreement, which remaining provisions shall continue in full force and effect, provided that the rights and obligations of the parties contained herein are not materially prejudiced and the intentions of the parties continue to be effective.

17. Waiver of Provisions

No change, waiver or discharge of the provisions in this Agreement shall be valid unless in writing and signed by the party against which it is sought to be enforced. No delay or omission by either party in exercising any right or remedy or enforcing any obligation hereunder shall be construed as a waiver of that right, remedy or obligation. A waiver by either of the parties of any default or breach shall not operate as a waiver of any succeeding default or breach or any other default or breach of this Agreement.

18. Assignment

SRN may not assign this Agreement or any part hereof or rights hereunder without the prior written consent of School Board, and any attempt of assignment without such prior written consent shall be null and void. In the event of an assignment to which prior written consent has been given, all of the covenants, agreements, terms and conditions to be observed and performed by the parties hereto shall be applicable to and binding upon their respective successors and assigns;

19. Fiscal Non-Funding

Notwithstanding anything to the contrary contained in this Agreement, the operation and continuation of this Agreement is contingent upon the appropriation of funds by School Board to fulfill the requirements of this Agreement. In the event School Board, within its sole discretion, terminates this Agreement based on fiscal non-funding, then such termination shall be without penalty or expense to School Board or SRN, except for obligations that have arisen prior to the termination date.

20. Entire Agreement

This Agreement contains the final and entire agreement between the parties hereto with respect to the matters set forth herein and contains all of the terms and conditions agreed upon with respect thereto, and no other agreements, oral or otherwise, regarding the subject matter of this Agreement shall be deemed to exist or to bind the parties hereto; it being the intent of the parties that neither shall be bound by any term, condition, or representation not herein written.

21. Governing Law

This Agreement shall be governed by the laws of the state of Florida without giving effect to any rules of conflicts of law. Venue of any disputes relating to this Agreement shall be in Pinellas County, Florida.

22. Survival

Any term, condition, covenant, or obligation which requires performance by either party subsequent to termination or expiration of this Agreement shall remain enforceable against such party subsequent to termination or expiration, including but not limited to Sections 2.3, 6.1, 13.1 and 13.2 of this Agreement.

23. Notices

Any and all notices, demands, consents, approvals or other communication which is required or may be given under this Agreement shall be in writing and shall be deemed to have been duly given if transmitted by hand-delivery with receipt thereof, by a nationally recognized overnight delivery service, or by certified mail posted prior to the expiration date for such notice, return receipt requested and first class postage prepaid, to the following addresses:

Address for Notices to SRN:

Starting Right Now Inc.
Attn.: Vicki Sokolik
1212 W. Cass Street
Tampa, FL 33606

Address for Notices to School Board:

Pinellas County Schools
Attn.: Superintendent
301 Fourth Street S.W.
Largo, FL 33770

with a copy to:

Pinellas County Schools
Real Estate Property Department
11111 South Belcher Road
Largo, FL 33773-5204

or to such other address as a party may have specified in writing to the other party using the procedures contained in this paragraph. Notices sent (i) via hand delivery shall be deemed delivered when received; (ii) via overnight delivery by a nationally recognized overnight delivery service shall be deemed delivered on the next business day after deposit with such service; and (iii) via certified mail shall be deemed delivered on the date of receipt.

24. Headings

The headings used in this Agreement are for convenience only and are not intended to imply or restrict application.

25. Time of the Essence

Time is of the essence with regard to all dates and times set forth in this Agreement. If the final date of any period set forth herein falls on a Saturday, Sunday or legal holiday under the laws of the State of Florida or the United States of America, the final date of such period shall be extended to the next day that is not a Saturday, Sunday or legal holiday. The term "days" as used herein shall in all cases mean calendar days.

26. Construction

The parties do hereby acknowledge and agree that this Agreement has been reviewed and negotiated by each party and that the Agreement shall be construed as if both parties were equally responsible for drafting the provisions hereof, and no presumption or burden of proof shall arise favoring or disfavoring any party by virtue of the authorship of any provisions of this Agreement.

SIGNATURE PAGE FOLLOWS

IN WITNESS WHEREOF, the parties hereto have set their hands and seals effective as of the Effective Date written above.

Signed and Sealed in the Presence of

Starting Right Now Inc.

(Two Witnesses Required)

By: David Jackson

Print Name: David Jackson

By: [Signature]

Print Name: Dominique Griffin

By: Vicki Sokolik on behalf of Starty Right, Now

Print Name: Vicki Sokolik

By: _____

Print Name: _____

STATE OF FLORIDA
COUNTY OF PINELLAS

The foregoing instrument was acknowledged before me this 24 day of MAY, 2023, by VICKI SOKOLIK of Start Right, Now of Pinellas County, LLC, a Florida limited liability company, on behalf of the company. He/she is personally known to me OR [has produced personally known as identification.



ALLISON DUCKER
Commission # HH 280658
Expires August 1, 2026

Allison Ducker

Notary Public, State of Florida

Allison Ducker

Name of Notary Public (print)

School Board of Pinellas County, Florida

By: Lisa N. Cane

Print Name: Lisa N. Cane

Title: School Board Chair

ATTEST:

By: Kevin K. Hendrick

Print Name: Kevin K. Hendrick

Title: Superintendent

Approve as to Form

[Signature]
School Board Attorney

EXHIBIT "A"

Legal Description of Premises

HARRIS SCHOOL ADD BLK A, LOTS 1 TO 9 & VAC. 16 FT ALLEY & UNPLAID TRACT ADJ ONE
DESC BEG SECOR OF SD LOT 1 BLK A TH N 185.4 FT TH SE 1/4 322 FT(S) ALG S'LYR/W OF HAINES
RD TH S 6 FT(S) TH W 272 FT(S) TO POB

- Sort Sequences:
 1. Sec
 2. Major Item Code
 3. Minor Item Code
 4. Not Used

Report includes Taxes & Insurance.

2:33:20PM

7/26/2023

Description	Quantity	Unit \$	Total \$
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Sec BC STAFF DORM

Major Item Code 01300.000 GENERAL CONDITIONS

Minor Item Code 01300.000 ADMINISTRATIVE REQUIREMENTS

General Conditions/General Requirements	1.00 LS	16,182.00	16,182
Total Minor Item Code 01300.000 ADMINISTRATIVE REQUIREMENTS			\$16,182
Total Major Item Code 01300.000 GENERAL CONDITIONS			\$16,182

Major Item Code 02100.000 REMEDIATION & DEMOLITION

Minor Item Code 02100.000 DEMOLITION WORK

Cut Hole in Concrete Floor	120.00 SQFT	15.37	1,844
Remove Drywall Partition	80.00 LNFT	29.35	2,348
Remove Door, Frame & Hardware	9.00 EACH	125.47	1,129
Cut Opening in Drywall Partition	28.00 SQFT	13.19	369
Remove Base Cabinet	30.00 LNFT	19.05	572
Saw-cut Concrete Floor	46.00 LNFT	6.07	279
Dumpster Pulls (20 Cuyd)	1.00 EACH	720.00	720
Total Minor Item Code 02100.000 DEMOLITION WORK			\$7,262
Total Major Item Code 02100.000 REMEDIATION & DEMOLITION			\$7,262

Major Item Code 03000.000 CONCRETE WORK

Minor Item Code 03000.000 BUILDING EARTHWORK

Fine Grade Floor by Hand	120.00 SQFT	0.57	69
Total Minor Item Code 03000.000 BUILDING EARTHWORK			\$69

Minor Item Code 03000.600 SUBSOIL TERMITE TREATMENT

Subsoil Termite Treatment	120.00 SQFT	0.37	44
Total Minor Item Code 03000.600 SUBSOIL TERMITE TREATMENT			\$44

Minor Item Code 03150.000 CONCRETE ACCESSORIES

Screeds for Slab	14.40 LNFT	2.23	32
15 Mil Visqueen Vapor Barrier	132.00 SQFT	0.59	77
Total Minor Item Code 03150.000 CONCRETE ACCESSORIES			\$109

Minor Item Code 03220.000 WELDED WIRE FABRIC

6x6 - 10/10 (W1.4/W1.4) Mesh	1.45 SQS	61.45	89
Total Minor Item Code 03220.000 WELDED WIRE FABRIC			\$89

Minor Item Code 03310.000 STRUCTURAL CONCRETE

Concrete in Slab on Grade	****		
3000 psi w/Carts	2.00 CUYD	390.14	780
Total Minor Item Code 03310.000 STRUCTURAL CONCRETE			\$780

Minor Item Code 03350.000 CONCRETE FINISHING

Machine Trowel Finish	120.00 SQFT	1.38	165
Total Minor Item Code 03350.000 CONCRETE FINISHING			\$165

- Sort Sequences:
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Description	Quantity	Unit \$	Total \$
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Minor Item Code 03390.000 CURING

Protect & Cure Vertical Surfaces	19.17 SQFT	0.30	6
Protect & Cure Horizontal Surfaces	120.00 SQFT	0.28	33

Total Minor Item Code 03390.000 CURING

\$39

Total Major Item Code 03000.000 CONCRETE WORK

\$1,296

Major Item Code 06000.000 LUMBER & ROUGH CARPENTRY

Minor Item Code 06100.000 ROUGH CARPENTRY

Nails & Rough Hardware	14.35 LBS	2.58	37
Nails & Rough Hardware	4.73 LBS	2.58	12
Nails & Rough Hardware @ Fire Stop	1.90 LBS	2.58	5
Ramset Shots	20.00 EACH	1.88	38
Ramset Shots	56.00 EACH	1.88	105
2x4xRL Blocking - Wolmanized	78.32 BDFT	5.52	432
2x6xRL Blocking - Wolmanized	42.00 BDFT	5.52	232
2x4x10 Studs	117.57 BDFT	3.97	467
2x4x16 Studs @ Fire Stop	97.90 BDFT	4.11	403
2x4xRL Plates @ Fire Stop	92.45 BDFT	6.31	583
2x4xRL Plates, Wolmanized	235.32 BDFT	6.50	1,529
2x6xRL Plates, Wolmanized	126.00 BDFT	5.95	749
2x8xRL Headers	75.64 BDFT	7.50	567
2x4x10 Studs, Wolmanized	842.56 BDFT	4.00	3,369
2x4x14 Studs, Wolmanized	44.06 BDFT	4.16	183
2x6x10 Studs, Wolmanized	500.16 BDFT	2.12	1,060

Total Minor Item Code 06100.000 ROUGH CARPENTRY

\$9,771

Total Major Item Code 06000.000 LUMBER & ROUGH CARPENTRY

\$9,771

Major Item Code 07200.000 THERMAL PROTECTION

Minor Item Code 07210.000 BUILDING INSULATION

Sound Batt Insulation	373.60 SQFT	1.24	462
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Total Minor Item Code 07210.000 BUILDING INSULATION

\$462

Total Major Item Code 07200.000 THERMAL PROTECTION

\$462

Major Item Code 08100.000 METAL DOORS & FRAMES

Minor Item Code 08110.000 STEEL DOORS & FRAMES

16 Gauge Hollow Metal	****		
3070 Frame	9.00 EACH	356.12	3,205

Total Minor Item Code 08110.000 STEEL DOORS & FRAMES

\$3,205

Total Major Item Code 08100.000 METAL DOORS & FRAMES

\$3,205

Major Item Code 08200.000 WOOD & PLASTIC DOORS

Minor Item Code 08210.000 WOOD DOORS

Solid Core Wood Doors	****		
1-3/4" Birch Veneer	****		
3070 Door	9.00 EACH	688.30	6,195

- Sort Sequences:
 1. Sec
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 4. Not Used

Report includes Taxes & Insurance.

2:33:20PM

Description	Quantity	Unit \$	Total \$
NOTICE : This Document is considered proprietary information and shall not be distributed beyond the intended recipient without the express written consent of Ajax Building Company, LLC !!!			
Total Minor Item Code 08210.000 WOOD DOORS			\$6,195
Total Major Item Code 08200.000 WOOD & PLASTIC DOORS			\$6,195
Major Item Code 08700.000 FINISHED HARDWARE			
Minor Item Code 08750.000 FINISHED HARDWARE			
4½"x4½" Full Mortise Hinge	27.00 EACH	36.05	973
Keyed Cylindrical Lockset	9.00 EACH	272.08	2,449
Wall Bumper Doorstop	9.00 EACH	28.22	254
Total Minor Item Code 08750.000 FINISHED HARDWARE			\$3,676
Total Major Item Code 08700.000 FINISHED HARDWARE			\$3,676
Major Item Code 09100.000 GYP BOARD, PLASTER, & STUCCO SYSTEMS			
Minor Item Code 09250.000 GYPSUM BOARD			
5/8" M.R. Gypsum Board	821.92 SQFT	4.08	3,355
5/8" Firecode Gypsum Board	2,280.78 SQFT	3.58	8,171
5/8" Firecode Gypsum Board @ Fire Stop	774.40 SQFT	4.08	3,161
5/8" Tile Backer Board (Dens-Shield)	540.00 SQFT	3.79	2,048
Drywall Tape & Joint Compound	2,820.64 SQFT	0.31	881
Drywall Tape & Joint Compound @ Fire Stop	352.00 SQFT	0.31	110
5/8" M.R. Gypsum Board @ Ceilings	62.00 SQFT	4.43	274
Total Minor Item Code 09250.000 GYPSUM BOARD			\$18,001
Total Major Item Code 09100.000 GYP BOARD, PLASTER, & STUCCO SYSTEMS			\$18,001
Major Item Code 09300.000 TILE			
Minor Item Code 09310.000 CERAMIC TILE			
Ceramic Tile Floor, Direct Applied	178.00 SQFT	9.18	1,634
Ceramic Tile Base	89.00 LNFT	18.93	1,685
Thin-set Ceramic Wall Tile	539.00 SQFT	9.75	5,256
Total Minor Item Code 09310.000 CERAMIC TILE			\$8,574
Total Major Item Code 09300.000 TILE			\$8,574
Major Item Code 09500.000 CEILINGS			
Minor Item Code 09510.000 ACOUSTICAL CEILINGS			
24" x 24" x 3/4" Mineral Fiber Acoustic Tile	924.00 SQFT	6.30	5,818
Hanging Wire @ A.C.T.	295.79 LNFT	0.91	270
Grid System - Main Tee	200.60 LNFT	3.02	607
Grid System - 4' Cross Tee	431.60 LNFT	3.32	1,434
Grid System - 2' Cross Tee	231.00 LNFT	3.32	767
Grid System - Wall Angle Mould	385.00 LNFT	2.67	1,028
Total Minor Item Code 09510.000 ACOUSTICAL CEILINGS			\$9,923
Total Major Item Code 09500.000 CEILINGS			\$9,923
Major Item Code 09600.000 FINISHED FLOORING			
Minor Item Code 09650.000 RESILIENT FLOORS			
4" Rubber Base	417.00 LNFT	4.82	2,008

Sort Sequences:
 1. Sec
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 3. Minor Item Code
 4. Not Used

Estimator:
 Primary Project Qty:3240 SF
 Secondary Project Qty: 1 FLRS
 Estimate UM: Imperial

Report includes Taxes & Insurance.

2:33:20PM

Description	Quantity	Unit \$	Total \$
NOTICE : This Document is considered proprietary information and shall not be distributed beyond the intended recipient without the express written consent of Ajax Building Company, LLC !!!			
Total Minor Item Code 09650.000			\$2,008
RESILIENT FLOORS			
Minor Item Code 09680.000 CARPET			
Carpet Allowance	121.11	SQYD 88.20	10,682
Total Minor Item Code 09680.000 CARPET			\$10,682
Total Major Item Code 09600.000 FINISHED FLOORING			\$12,690
Major Item Code 09900.000 PAINTS & COATINGS			
Minor Item Code 09910.000 PAINT			
Paint Interior Door	18.00	SIDE 76.60	1,379
Paint Door Frame	9.00	EACH 67.67	609
Patch/Paint Existing Drywall	4.00	SQS 178.33	713
Paint Drywall - 3 Coats	17.40	SQS 107.16	1,865
Total Minor Item Code 09910.000 PAINT			\$4,566
Total Major Item Code 09900.000 PAINTS & COATINGS			\$4,566
Major Item Code 10000.000 MISCELLANEOUS BUILDING SPECIALTIES			
Minor Item Code 10185.000 SHOWER & DRESSING COMPARTMENTS			
Shower & Receptor	2.00	EACH 2,199.42	4,399
Total Minor Item Code 10185.000 SHOWER & DRESSING COMPARTMENTS			\$4,399
Minor Item Code 10810.000 TOILET ACCESSORIES			
Corner Grab Bar @ Shower	2.00	EACH 223.34	447
Surface Mounted Soap Dish	1.00	EACH 46.75	47
Shower Curtain Rod	2.00	EACH 75.89	152
Robe Hook	2.00	EACH 30.12	60
Towel Ring	2.00	EACH 64.10	128
Total Minor Item Code 10810.000 TOILET ACCESSORIES			\$834
Total Major Item Code 10000.000 MISCELLANEOUS BUILDING SPECIALTIES			\$5,232
Major Item Code 21000.000 FIRE SUPPRESSION SYSTEMS			
Minor Item Code 21130.000 WET PIPE SPRINKLER SYSTEMS			
Full Wet Pipe Sprinkler System	3,276.00	SQFT 4.25	13,923
Total Minor Item Code 21130.000 WET PIPE SPRINKLER SYSTEMS			\$13,923
Total Major Item Code 21000.000 FIRE SUPPRESSION SYSTEMS			\$13,923
Major Item Code 22000.000 PLUMBING WORK			
Minor Item Code 22070.000 PLUMBING INSULATION			
Add/Modify Pipe Insulation	1,000.00	SQFT 5.02	5,022
Total Minor Item Code 22070.000 PLUMBING INSULATION			\$5,022
Minor Item Code 22110.000 DOMESTIC WATER PIPING			
Add / Modify Domestic Water Supply Pipe, Valves, & Fittings	1,000.00	SQFT 12.02	12,017
Total Minor Item Code 22110.000 DOMESTIC WATER PIPING			\$12,017

- Sort Sequences:
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 4. Not Used

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2:33:20PM

Description	Quantity	Unit \$	Total \$
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Minor Item Code 22132.000 SANITARY DRAIN, WASTE, & VENT PIPING			
Add / Modify Sanitary DWV Pipe & Fittings	1,000.00	SQFT 10.05	10,051
Total Minor Item Code 22132.000 SANITARY DRAIN, WASTE, & VENT PIPING			\$10,051
Minor Item Code 22410.000 COMMERCIAL PLUMBING FIXTURES			
Shower - Pan & Trim-out - HDCP	2.00	EACH 2,550.70	5,101
Floor Drain - 4"	2.00	EACH 1,042.17	2,084
Total Minor Item Code 22410.000 COMMERCIAL PLUMBING FIXTURES			\$7,186
Total Major Item Code 22000.000 PLUMBING WORK			\$34,276
Major Item Code 26000.000 ELECTRICAL WORK			
Minor Item Code 26290.000 DEVICES & CIRCUITRY			
Receptacle - Duplex Standard	24.00	EACH 393.75	9,450
Receptacle - Duplex Ground Fault - GFI	3.00	EACH 424.00	1,272
Switch - Single Pole	12.00	EACH 393.75	4,725
Total Minor Item Code 26290.000 DEVICES & CIRCUITRY			\$15,447
Minor Item Code 26500.000 LIGHTING & CIRCUITRY			
Relocate Existing Fixtures	14.00	EACH 306.25	4,288
Total Minor Item Code 26500.000 LIGHTING & CIRCUITRY			\$4,288
Total Major Item Code 26000.000 ELECTRICAL WORK			\$19,735
Major Item Code 33000.000 SITE UTILITIES			
Minor Item Code 33100.000 SITE FIRE DISTRIBUTION			
4" PVC Fire Line Piping	150.00	LNFT 21.44	3,217
Saddle Tap & Tee	1.00	EACH 1,498.17	1,498
4" Dia. Gate Valves	1.00	EACH 1,098.17	1,098
4" Dia. 45/90 Bend	1.00	EACH 137.89	138
4" Dia. Tee/Wye	1.00	EACH 93.54	94
4" Dbl. Check/Backflow Preventor	1.00	EACH 11,543.39	11,543
Excavate Pipe Trench W/Backhoe	37.04	CUYD 20.39	755
Machine Backfill Pipe Trench	36.55	CUYD 20.51	750
Total Minor Item Code 33100.000 SITE FIRE DISTRIBUTION			\$19,093
Total Major Item Code 33000.000 SITE UTILITIES			\$19,093
Major Item Code 36000.000 BONDS & INSURANCE			
Minor Item Code 36000.000 BONDS & INSURANCE			
Performance & Payment Bond	1.00	NIC	
General Liability	1.00	LS 2,564.00	2,564
Builder's Risk Insurance	1.00	LS 1,195.00	1,195
Total Minor Item Code 36000.000 BONDS & INSURANCE			\$3,759
Total Major Item Code 36000.000 BONDS & INSURANCE			\$3,759

- Sort Sequences:
 1. Sec
 2. Major Item Code
 3. Minor Item Code
 4. Not Used

Report includes Taxes & Insurance.

2:33:20PM

Description	Quantity	Unit \$	Total \$
NOTICE : This Document is considered proprietary information and shall not be distributed beyond the intended recipient without the express written consent of Ajax Building Company, LLC !!!			
Major Item Code 37000.000 WARRANTY			
Minor Item Code 37000.000 WARRANTY			
Warranty Allocation	1.00	LS 97.00	97
Total Minor Item Code 37000.000 WARRANTY			\$97
Total Major Item Code 37000.000			\$97
Major Item Code 50000.000 ESCALATION			
Minor Item Code 50000.000 ESCALATION			
Escalation	1.00	LS 14,937.00	14,937
Total Minor Item Code 50000.000 ESCALATION			\$14,937
Total Major Item Code 50000.000 ESCALATION			\$14,937
Major Item Code 80000.000 CONTINGENCY			
Minor Item Code 80000.000 CONTINGENCY			
Contingency	1.00	LS 24,895.00	24,895
Total Minor Item Code 80000.000 CONTINGENCY			\$24,895
Total Major Item Code 80000.000 CONTINGENCY			\$24,895
Major Item Code 95000.000 OVERHEAD & FEES			
Minor Item Code 90000.000 OVERHEAD & FEES			
Construction Manager's Fee	1.00	LS 11,203.00	11,203
Total Minor Item Code 90000.000 OVERHEAD & FEES			\$11,203
Total Major Item Code 95000.000 OVERHEAD & FEES			\$11,203
Total Sec BC STAFF DORM			\$248,952

House Manager Dorm Renovation

The following budget detail was estimated by Ajax Construction, with whom SRN previously partnered on our 2017 campus remodel. We are hoping to work with Ajax again on this project.

Expense	PCF ARPA Request	*Other Funding	Total Cost
Administrative requirements	\$6,000	\$10,182	\$16,182
Remediation & Demolition Work	\$4,000	\$3,262	\$7,262
Concrete Work	\$0	\$1,296	\$1,296
Rough Carpentry	\$3,000	\$6,771	\$9,771
Thermal Protection	\$0	\$462	\$462
Steel Doors & Frame	\$3,000	\$205	\$3,205
Wood & Plastic Doors	\$4,000	\$2,195	\$6,195
Finished Hardware	\$3,000	\$676	\$3,676
Gypsum Board	\$3,000	\$15,001	\$18,001
Ceramic Tile	\$7,000	\$1,574	\$8,574
Ceilings	\$2,000	\$7,923	\$9,923
Finished Flooring	\$3,000	\$9,690	\$12,690
Paint	\$3,000	\$1,566	\$4,566
Misc. Building Specialties	\$5,000	\$232	\$5,232
Fire Suppression Systems	\$0	\$13,923	\$13,923
Plumbing Work	\$0	\$34,275	\$34,275
Electrical Work	\$7,000	\$12,735	\$19,735
Site Utilities	\$0	\$19,093	\$19,093
Bonds and Insurance	\$2,000	\$1,759	\$3,759
Warranty	\$0	\$97	\$97
Escalation	\$6,000	\$8,937	\$14,937
Contingency	\$10,000	\$14,895	\$24,895
Overhead & Fees	\$4,000	\$7,203	\$11,203
Total	\$75,000	\$173,952	\$248,952
Emergency funding		21,048	\$270,000

*Other funding. Both Hawkins Family Foundation (amount \$155,000) and Francis & Gertrude Levett Foundation (amount \$40,000) committed funding to our House Manager Dorm Renovation project for general construction and related costs. Our committed total so far is \$195,000 between these two funders. From our experience, construction projects *always* have additional costs, so we would like to save an extra \$21,048 than the estimate in emergency funding to be covered.

Sort Sequences:
 1. Sec
 2. Major Item Code
 3. Minor Item Code
 4. Not Used

Estimator:
 Primary Project Qty:3240 SF
 Secondary Project Qty: 1 FLRS
 Estimate UM: Imperial

Report includes Taxes & Insurance.

2:33:20PM

7/26/2023

Description	Quantity	Unit \$	Total \$
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Sec BC STAFF DORM

Major Item Code 01300.000 GENERAL CONDITIONS

Minor Item Code 01300.000 ADMINISTRATIVE REQUIREMENTS

General Conditions/General Requirements	1.00 LS	16,182.00	16,182
Total Minor Item Code 01300.000 ADMINISTRATIVE REQUIREMENTS			\$16,182
Total Major Item Code 01300.000 GENERAL CONDITIONS			\$16,182

Major Item Code 02100.000 REMEDIATION & DEMOLITION

Minor Item Code 02100.000 DEMOLITION WORK

Cut Hole in Concrete Floor	120.00 SQFT	15.37	1,844
Remove Drywall Partition	80.00 LNFT	29.35	2,348
Remove Door, Frame & Hardware	9.00 EACH	125.47	1,129
Cut Opening in Drywall Partition	28.00 SQFT	13.19	369
Remove Base Cabinet	30.00 LNFT	19.05	572
Saw-cut Concrete Floor	46.00 LNFT	6.07	279
Dumpster Pulls (20 Cuyd)	1.00 EACH	720.00	720
Total Minor Item Code 02100.000 DEMOLITION WORK			\$7,262
Total Major Item Code 02100.000 REMEDIATION & DEMOLITION			\$7,262

Major Item Code 03000.000 CONCRETE WORK

Minor Item Code 03000.000 BUILDING EARTHWORK

Fine Grade Floor by Hand	120.00 SQFT	0.57	69
Total Minor Item Code 03000.000 BUILDING EARTHWORK			\$69

Minor Item Code 03000.600 SUBSOIL TERMITE TREATMENT

Subsoil Termite Treatment	120.00 SQFT	0.37	44
Total Minor Item Code 03000.600 SUBSOIL TERMITE TREATMENT			\$44

Minor Item Code 03150.000 CONCRETE ACCESSORIES

Screeds for Slab	14.40 LNFT	2.23	32
15 Mil Visqueen Vapor Barrier	132.00 SQFT	0.59	77
Total Minor Item Code 03150.000 CONCRETE ACCESSORIES			\$109

Minor Item Code 03220.000 WELDED WIRE FABRIC

6x6 - 10/10 (W1.4/W1.4) Mesh	1.45 SQS	61.45	89
Total Minor Item Code 03220.000 WELDED WIRE FABRIC			\$89

Minor Item Code 03310.000 STRUCTURAL CONCRETE

Concrete in Slab on Grade	****		
3000 psi w/Carts	2.00 CUYD	390.14	780
Total Minor Item Code 03310.000 STRUCTURAL CONCRETE			\$780

Minor Item Code 03350.000 CONCRETE FINISHING

Machine Trowel Finish	120.00 SQFT	1.38	165
Total Minor Item Code 03350.000 CONCRETE FINISHING			\$165

Sort Sequences:
 1. Sec
 2. Major Item Code
 3. Minor Item Code
 4. Not Used

Estimate File: :PE2235_HAVEN SOUTH ADMIN & COLLEGE DORM_7_23.est - ,

Estimator:
 Primary Project Qty:3240 SF
 Secondary Project Qty: 1 FLRS
 Estimate UM: Imperial

Report includes Taxes & Insurance.

2:33:20PM

Description	Quantity	Unit \$	Total \$
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Minor Item Code 03390.000 CURING

Protect & Cure Vertical Surfaces	19.17 SQFT	0.30	6
Protect & Cure Horizontal Surfaces	120.00 SQFT	0.28	33

Total Minor Item Code 03390.000 CURING \$39

Total Major Item Code 03000.000 CONCRETE WORK \$1,296

Major Item Code 06000.000 LUMBER & ROUGH CARPENTRY

Minor Item Code 06100.000 ROUGH CARPENTRY

Nails & Rough Hardware	14.35 LBS	2.58	37
Nails & Rough Hardware	4.73 LBS	2.58	12
Nails & Rough Hardware @ Fire Stop	1.90 LBS	2.58	5
Ramset Shots	20.00 EACH	1.88	38
Ramset Shots	56.00 EACH	1.88	105
2x4xRL Blocking - Wolmanized	78.32 BDFT	5.52	432
2x6xRL Blocking - Wolmanized	42.00 BDFT	5.52	232
2x4x10 Studs	117.57 BDFT	3.97	467
2x4x16 Studs @ Fire Stop	97.90 BDFT	4.11	403
2x4xRL Plates @ Fire Stop	92.45 BDFT	6.31	583
2x4xRL Plates, Wolmanized	235.32 BDFT	6.50	1,529
2x6xRL Plates, Wolmanized	126.00 BDFT	5.95	749
2x8xRL Headers	75.64 BDFT	7.50	567
2x4x10 Studs, Wolmanized	842.56 BDFT	4.00	3,369
2x4x14 Studs, Wolmanized	44.06 BDFT	4.16	183
2x6x10 Studs, Wolmanized	500.16 BDFT	2.12	1,060

Total Minor Item Code 06100.000 ROUGH CARPENTRY \$9,771

Total Major Item Code 06000.000 LUMBER & ROUGH CARPENTRY \$9,771

Major Item Code 07200.000 THERMAL PROTECTION

Minor Item Code 07210.000 BUILDING INSULATION

Sound Batt Insulation	373.60 SQFT	1.24	462
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Total Minor Item Code 07210.000 BUILDING INSULATION \$462

Total Major Item Code 07200.000 THERMAL PROTECTION \$462

Major Item Code 08100.000 METAL DOORS & FRAMES

Minor Item Code 08110.000 STEEL DOORS & FRAMES

16 Gauge Hollow Metal	****		
3070 Frame	9.00 EACH	356.12	3,205

Total Minor Item Code 08110.000 STEEL DOORS & FRAMES \$3,205

Total Major Item Code 08100.000 METAL DOORS & FRAMES \$3,205

Major Item Code 08200.000 WOOD & PLASTIC DOORS

Minor Item Code 08210.000 WOOD DOORS

Solid Core Wood Doors	****		
1-3/4" Birch Veneer	****		
3070 Door	9.00 EACH	688.30	6,195

Sort Sequences:

1. Sec
2. Major Item Code
3. Minor Item Code
4. Not Used

Estimate File: :PE2235_HAVEN SOUTH ADMIN & COLLEGE DORM_7_23.est - ,

Estimator:
 Primary Project Qty:3240 SF
 Secondary Project Qty: 1 FLRS
 Estimate UM: Imperial

Report includes Taxes & Insurance.

2:33:20PM

Description	Quantity	Unit \$	Total \$
NOTICE : This Document is considered proprietary information and shall not be distributed beyond the intended recipient without the express written consent of Ajax Building Company, LLC !!!			
Total Minor Item Code 08210.000 WOOD DOORS			\$6,195
Total Major Item Code 08200.000 WOOD & PLASTIC DOORS			\$6,195
Major Item Code 08700.000 FINISHED HARDWARE			
Minor Item Code 08750.000 FINISHED HARDWARE			
4½"x4½" Full Mortise Hinge	27.00	EACH 36.05	973
Keyed Cylindrical Lockset	9.00	EACH 272.08	2,449
Wall Bumper Doorstop	9.00	EACH 28.22	254
Total Minor Item Code 08750.000 FINISHED HARDWARE			\$3,676
Total Major Item Code 08700.000 FINISHED HARDWARE			\$3,676
Major Item Code 09100.000 GYP BOARD, PLASTER, & STUCCO SYSTEMS			
Minor Item Code 09250.000 GYPSUM BOARD			
5/8" M.R. Gypsum Board	821.92	SQFT 4.08	3,355
5/8" Firecode Gypsum Board	2,280.78	SQFT 3.58	8,171
5/8" Firecode Gypsum Board @ Fire Stop	774.40	SQFT 4.08	3,161
5/8" Tile Backer Board (Dens-Shield)	540.00	SQFT 3.79	2,048
Drywall Tape & Joint Compound	2,820.64	SQFT 0.31	881
Drywall Tape & Joint Compound @ Fire Stop	352.00	SQFT 0.31	110
5/8" M.R. Gypsum Board @ Ceilings	62.00	SQFT 4.43	274
Total Minor Item Code 09250.000 GYPSUM BOARD			\$18,001
Total Major Item Code 09100.000 GYP BOARD, PLASTER, & STUCCO SYSTEMS			\$18,001
Major Item Code 09300.000 TILE			
Minor Item Code 09310.000 CERAMIC TILE			
Ceramic Tile Floor, Direct Applied	178.00	SQFT 9.18	1,634
Ceramic Tile Base	89.00	LNFT 18.93	1,685
Thin-set Ceramic Wall Tile	539.00	SQFT 9.75	5,256
Total Minor Item Code 09310.000 CERAMIC TILE			\$8,574
Total Major Item Code 09300.000 TILE			\$8,574
Major Item Code 09500.000 CEILINGS			
Minor Item Code 09510.000 ACOUSTICAL CEILINGS			
24" x 24" x 3/4" Mineral Fiber Acoustic Tile	924.00	SQFT 6.30	5,818
Hanging Wire @ A.C.T.	295.79	LNFT 0.91	270
Grid System - Main Tee	200.60	LNFT 3.02	607
Grid System - 4' Cross Tee	431.60	LNFT 3.32	1,434
Grid System - 2' Cross Tee	231.00	LNFT 3.32	767
Grid System - Wall Angle Mould	385.00	LNFT 2.67	1,028
Total Minor Item Code 09510.000 ACOUSTICAL CEILINGS			\$9,923
Total Major Item Code 09500.000 CEILINGS			\$9,923
Major Item Code 09600.000 FINISHED FLOORING			
Minor Item Code 09650.000 RESILIENT FLOORS			
4" Rubber Base	417.00	LNFT 4.82	2,008

Sort Sequences:

1. Sec
2. Major Item Code
3. Minor Item Code
4. Not Used

Estimate File: :PE2235_HAVEN SOUTH ADMIN & COLLEGE DORM_7_23.est - ,

Estimator:
 Primary Project Qty:3240 SF
 Secondary Project Qty: 1 FLRS
 Estimate UM: Imperial

Report includes Taxes & Insurance.

2:33:20PM

Description	Quantity	Unit \$	Total \$
NOTICE : This Document is considered proprietary information and shall not be distributed beyond the intended recipient without the express written consent of Ajax Building Company, LLC !!!			
Total Minor Item Code 09650.000			\$2,008
RESILIENT FLOORS			
Minor Item Code 09680.000 CARPET			
Carpet Allowance	121.11	SQYD 88.20	10,682
Total Minor Item Code 09680.000 CARPET			\$10,682
Total Major Item Code 09600.000 FINISHED FLOORING			\$12,690
Major Item Code 09900.000 PAINTS & COATINGS			
Minor Item Code 09910.000 PAINT			
Paint Interior Door	18.00	SIDE 76.60	1,379
Paint Door Frame	9.00	EACH 67.67	609
Patch/Paint Existing Drywall	4.00	SQS 178.33	713
Paint Drywall - 3 Coats	17.40	SQS 107.16	1,865
Total Minor Item Code 09910.000 PAINT			\$4,566
Total Major Item Code 09900.000 PAINTS & COATINGS			\$4,566
Major Item Code 10000.000 MISCELLANEOUS BUILDING SPECIALTIES			
Minor Item Code 10185.000 SHOWER & DRESSING COMPARTMENTS			
Shower & Receptor	2.00	EACH 2,199.42	4,399
Total Minor Item Code 10185.000 SHOWER & DRESSING COMPARTMENTS			\$4,399
Minor Item Code 10810.000 TOILET ACCESSORIES			
Corner Grab Bar @ Shower	2.00	EACH 223.34	447
Surface Mounted Soap Dish	1.00	EACH 46.75	47
Shower Curtain Rod	2.00	EACH 75.89	152
Robe Hook	2.00	EACH 30.12	60
Towel Ring	2.00	EACH 64.10	128
Total Minor Item Code 10810.000 TOILET ACCESSORIES			\$834
Total Major Item Code 10000.000 MISCELLANEOUS BUILDING SPECIALTIES			\$5,232
Major Item Code 21000.000 FIRE SUPPRESSION SYSTEMS			
Minor Item Code 21130.000 WET PIPE SPRINKLER SYSTEMS			
Full Wet Pipe Sprinkler System	3,276.00	SQFT 4.25	13,923
Total Minor Item Code 21130.000 WET PIPE SPRINKLER SYSTEMS			\$13,923
Total Major Item Code 21000.000 FIRE SUPPRESSION SYSTEMS			\$13,923
Major Item Code 22000.000 PLUMBING WORK			
Minor Item Code 22070.000 PLUMBING INSULATION			
Add/Modify Pipe Insulation	1,000.00	SQFT 5.02	5,022
Total Minor Item Code 22070.000 PLUMBING INSULATION			\$5,022
Minor Item Code 22110.000 DOMESTIC WATER PIPING			
Add / Modify Domestic Water Supply Pipe, Valves, & Fittings	1,000.00	SQFT 12.02	12,017
Total Minor Item Code 22110.000 DOMESTIC WATER PIPING			\$12,017

Sort Sequences:

1. Sec
2. Major Item Code
3. Minor Item Code
4. Not Used

Estimate File: :PE2235_HAVEN SOUTH ADMIN & COLLEGE DORM_5] 23.est -

Estimator:
 Primary Project Qty: 3240 SF
 Secondary Project Qty: 1 FLRS
 Estimate UM: Imperial

Report includes Taxes & Insurance.

2:33:20PM

Description	Quantity	Unit \$	Total \$
NOTICE : This Document is considered proprietary information and shall not be distributed beyond the intended recipient without the express written consent of Ajax Building Company, LLC !!!			
Minor Item Code 22132.000 SANITARY DRAIN, WASTE, & VENT PIPING			
Add / Modify Sanitary DWV Pipe & Fittings	1,000.00	SQFT	10,051
Total Minor Item Code 22132.000			\$10,051
SANITARY DRAIN, WASTE, & VENT PIPING			
Minor Item Code 22410.000 COMMERCIAL PLUMBING FIXTURES			
Shower - Pan & Trim-out - HDCP	2.00	EACH	5,101
Floor Drain - 4"	2.00	EACH	2,084
Total Minor Item Code 22410.000			\$7,186
COMMERCIAL PLUMBING FIXTURES			
Total Major Item Code 22000.000 PLUMBING WORK			\$34,276
Major Item Code 26000.000 ELECTRICAL WORK			
Minor Item Code 26290.000 DEVICES & CIRCUITRY			
Receptacle - Duplex Standard	24.00	EACH	9,450
Receptacle - Duplex Ground Fault - GFI	3.00	EACH	1,272
Switch - Single Pole	12.00	EACH	4,725
Total Minor Item Code 26290.000			\$15,447
DEVICES & CIRCUITRY			
Minor Item Code 26500.000 LIGHTING & CIRCUITRY			
Relocate Existing Fixtures	14.00	EACH	4,288
Total Minor Item Code 26500.000			\$4,288
LIGHTING & CIRCUITRY			
Total Major Item Code 26000.000			\$19,735
ELECTRICAL WORK			
Major Item Code 33000.000 SITE UTILITIES			
Minor Item Code 33100.000 SITE FIRE DISTRIBUTION			
4" PVC Fire Line Piping	150.00	LNFT	3,217
Saddle Tap & Tee	1.00	EACH	1,498
4" Dia. Gate Valves	1.00	EACH	1,098
4" Dia. 45/90 Bend	1.00	EACH	138
4" Dia. Tee/Wye	1.00	EACH	94
4" Dbl. Check/Backflow Preventor	1.00	EACH	11,543
Excavate Pipe Trench W/Backhoe	37.04	CUYD	755
Machine Backfill Pipe Trench	36.55	CUYD	750
Total Minor Item Code 33100.000			\$19,093
SITE FIRE DISTRIBUTION			
Total Major Item Code 33000.000			\$19,093
SITE UTILITIES			
Major Item Code 36000.000 BONDS & INSURANCE			
Minor Item Code 36000.000 BONDS & INSURANCE			
Performance & Payment Bond	1.00	NIC	
General Liability	1.00	LS	2,564
Builder's Risk Insurance	1.00	LS	1,195
Total Minor Item Code 36000.000			\$3,759
BONDS & INSURANCE			
Total Major Item Code 36000.000			\$3,759
BONDS & INSURANCE			

Sort Sequences:
 1. Sec
 2. Major Item Code
 3. Minor Item Code
 4. Not Used

Estimate File: :PE2235_HAVEN SOUTH ADMIN & COLLEGE DORM 5_23.est - ,
 Estimator:
 Primary Project Qty:3240 SF
 Secondary Project Qty: 1 FLRS
 Estimate UM: Imperial

Report includes Taxes & Insurance.

2:33:20PM

Description	Quantity	Unit \$	Total \$
NOTICE : This Document is considered proprietary information and shall not be distributed beyond the intended recipient without the express written consent of Ajax Building Company, LLC !!!			
Major Item Code 37000.000 WARRANTY			
Minor Item Code 37000.000 WARRANTY			
Warranty Allocation	1.00	LS	97.00
<i>Total Minor Item Code 37000.000</i>			\$97
WARRANTY			
<i>Total Major Item Code 37000.000</i>			\$97
Major Item Code 50000.000 ESCALATION			
Minor Item Code 50000.000 ESCALATION			
Escalation	1.00	LS	14,937.00
<i>Total Minor Item Code 50000.000</i>			\$14,937
ESCALATION			
<i>Total Major Item Code 50000.000</i>			\$14,937
ESCALATION			
Major Item Code 80000.000 CONTINGENCY			
Minor Item Code 80000.000 CONTINGENCY			
Contingency	1.00	LS	24,895.00
<i>Total Minor Item Code 80000.000</i>			\$24,895
CONTINGENCY			
<i>Total Major Item Code 80000.000</i>			\$24,895
CONTINGENCY			
Major Item Code 95000.000 OVERHEAD & FEES			
Minor Item Code 90000.000 OVERHEAD & FEES			
Construction Manager's Fee	1.00	LS	11,203.00
<i>Total Minor Item Code 90000.000</i>			\$11,203
OVERHEAD & FEES			
<i>Total Major Item Code 95000.000 OVERHEAD & FEES</i>			\$11,203
& FEES			
Total Sec BC STAFF DORM			\$248,952

Proposed Budget 2023 Starting Right, Now

Revenue	Proposed 2023
Foundations/Individuals/Corporations	\$2,210,682.07
In-Kind Rent Hillsborough	\$211,414.50
In-Kind Rent Pinellas	\$173,800.00
Total	\$2,595,896.57
Expenses	
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	
Total	\$2,085,004.82

Board of Directors Executive Committee

Matthew Silverman, President, Tampa Bay Rays – SRN Chairman Emeritus
Michelle Shimberg, Community Volunteer, SRN Chairman
Bill Byrne, President, Ajax Construction – SRN Vice Chairman
Steve Raney, President, Raymond James Bank – SRN Treasurer
Megan A. Odronic, Esquire, Foley & Lardner – SRN Secretary

Board of Directors

Jane Castor, Mayor, City of Tampa
Van Ayres, 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
Emery Ivery, Formerly Chief Impact Officer, United Way Suncoast
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
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
Tiara Rubio, Project Director, Pure Project Management
Robin DeLavergne, SR VP External Affairs, TGH
Loren Rhoads – President, The Rhoads Group
Conan Gallaty – CEO and President, Tampa Bay Times
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

OMB No. 1545-0047

Form **990**

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

2022

Department of the Treasury
Internal Revenue Service

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

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

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning **JAN 1, 2022** and ending **JUN 30, 2022**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization START RIGHT NOW, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1212 W CASS ST City or town, state or province, country, and ZIP or foreign postal code TAMPA, FL 33606	D Employer identification number 26-3725699 E Telephone number 813-760-5472
	F Name and address of principal officer: VICKI SOKOLIK 2900 W JULIA STREET, TAMPA, FL 33629	G Gross receipts \$ 2,030,659. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
	J Website: N/A	
	K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	L Year of formation: 2008 M State of legal domicile: FL

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: THE INITIAL GOAL OF STARTING RIGHT, NOW IS TO END YOUTH HOMELESSNESS IN A WRAP AROUND PROGRAM. THE		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	16
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	16
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	3,381,941.	2,030,659.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,381,941.	2,030,659.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	207,465.	111,850.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,085,163.	1,647,071.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,292,628.	1,758,921.	
19 Revenue less expenses. Subtract line 18 from line 12	89,313.	271,738.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	2,926,476.	3,198,214.
	21 Total liabilities (Part X, line 26)	0.	0.
	22 Net assets or fund balances. Subtract line 21 from line 20	2,926,476.	3,198,214.

Part II Signature Block

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

Sign Here	Signature of officer VICKI SOKOLIK, PRESIDENT	Date			
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name DAVID A. BASTIAN CPA	Preparer's signature DAVID A. BASTIAN CPA	Date 05/15/23	Check if self-employed <input checked="" type="checkbox"/>	PTIN P01428222
	Firm's name DAVID A. BASTIAN CPA, P.A.	Firm's EIN 59-3290702	Phone no. 813-978-8804		
	Firm's address 5327 PRIMROSE LAKE CIRCLE TAMPA, FL 33647				

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. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

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

4b (Code:) (Expenses \$ 1,758,921. 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 1,758,921.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefits, and other IRS filings.

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 []

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee reporting, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
1b	Enter the number of voting members included on line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		X
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done		
13	Did the organization have a written whistleblower policy?		X
14	Did the organization have a written document retention and destruction policy?		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official		X
15b	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	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, box 6 of 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 SUPERINTENDENT	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 JACOLW 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.
1b Subtotal								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								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
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

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

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

See Part VII, Section A Continuation sheets

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes entries for MARK LETTELLIER and ASHBY GREEN.

Total to Part VII, Section A, line 1c

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f 2,030,659.					
	g Noncash contributions included in lines 1a-1f	1g \$ 833,000.					
	h Total. Add lines 1a-1f		2,030,659.				
Program Service Revenue	2 a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)						
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real	(ii) Personal			
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other			
	b Less: cost or other basis and sales expenses	7b					
	c Gain or (loss)	7c					
	d Net gain or (loss)						
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a _____	Business Code					
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions		2,030,659.	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	34,366.	34,366.		
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	77,484.	77,484.		
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.)	607,013.	607,013.		
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	37,185.	37,185.		
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 IN KIND EXPENSE	833,000.	833,000.		
b OFFICE EXPENSE	72,748.	72,748.		
c INSURANCE	49,473.	49,473.		
d EVENT EXPENSE	32,111.	32,111.		
e All other expenses	15,541.	15,541.		
25 Total functional expenses. Add lines 1 through 24e	1,758,921.	1,758,921.	0.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	863,800.	1	1,024,257.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	363,460.	8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,440,637.		
	b Less: accumulated depreciation	10b 493,680.	856,145.	10c 1,946,957.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	843,071.	15	227,000.
16 Total assets. Add lines 1 through 15 (must equal line 33)	2,926,476.	16	3,198,214.	
Liabilities	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	0.	26	0.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions		27	
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds	0.	29	0.
	30 Paid-in or capital surplus, or land, building, or equipment fund	0.	30	0.
	31 Retained earnings, endowment, accumulated income, or other funds	2,926,476.	31	3,198,214.
	32 Total net assets or fund balances	2,926,476.	32	3,198,214.
33 Total liabilities and net assets/fund balances	2,926,476.	33	3,198,214.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,030,659.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,758,921.
3	Revenue less expenses. Subtract line 2 from line 1	3	271,738.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,926,476.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	3,198,214.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input 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.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	3a	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	3b	

Form 990 (2022)

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization: START RIGHT NOW, INC. Employer identification number: 26-3725699

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

- The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). 8 A community trust described in section 170(b)(1)(A)(vi). 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture. 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions... 11 An organization organized and operated exclusively to test for public safety. 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). a Type I. b Type II. c Type III functionally integrated. d Type III non-functionally integrated. e Check this box if the organization received a written determination from the IRS... f Enter the number of supported organizations. g Provide the following information about the supported organization(s).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		3993043.	3702359.	3918590.	2030659.	13644651.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3		3993043.	3702359.	3918590.	2030659.	13644651.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						13644651.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4		3993043.	3702359.	3918590.	2030659.	13644651.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						13644651.

12 Gross receipts from related activities, etc. (see instructions) **12**

13 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

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) **14** 100.00 %

15 Public support percentage from 2021 Schedule A, Part II, line 14 **15** 100.00 %

16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 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

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2021. 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 on line 12 of 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
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 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>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined 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>		
c 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>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c 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 Part VI .		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 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 Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove 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.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
1		
2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
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 Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI .			
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 Part VI the role played by the organization in this regard.			
2a			
2b			
3a			
3b			

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	From 2021		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2023. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		

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.)

Part II, Short Year Explanation:

Rev. Proc. 85-58, 1985-2 C.B. 740

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 for the latest information.

OMB No. 1545-0047

2022

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 START RIGHT NOW, INC.	Employer identification number 26-3725699
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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	COPPERHEAD CHARITIES 36750 US HIGHWAY 19 N PALM HARBOR, FL 34684	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	MEET MARKET 1606 W SNOW AVE TAMPA, FL 33606	\$ 75,685.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	UNITED WAY SUNCOAST 5201 WEST KENNEDY BLVD, SUITE 600 TAMPA, FL 33609	\$ 41,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	BRODRICK FAMILY FOUNDATION 19103 MERRY LANE LUTZ, FL 33548	\$ 125,500.	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.)

Name of organization START RIGHT NOW, INC.	Employer identification number 26-3725699
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization START RIGHT NOW, INC.	Employer identification number 26-3725699
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

OMB No. 1545-0047

2022

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and questions about donor property and grant fund usage.

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

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that 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		2,210,000.	355,653.	1,854,347.
c Leasehold improvements				
d Equipment				
e Other		230,637.	138,027.	92,610.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,946,957.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) PLEDGES RECEIVABLE	227,000.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (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 descriptions, sub-headers (2a-2d, 4a-4b), and totals (1, 2e, 3, 4c, 5).

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 descriptions, sub-headers (2a-2d, 4a-4b), and totals (1, 2e, 3, 4c, 5).

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

2022

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization **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 3 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.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2022

Part II

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

Multiple horizontal lines provided for supplemental information.

**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 for the latest information.

OMB No. 1545-0047

2022

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	607,013.
Management and general expenses	0.
Fundraising expenses	0.
Total expenses	607,013.
Total Other Fees on Form 990, Part IX, line 11g, Col A	607,013.

2022 DEPRECIATION AND AMORTIZATION REPORT

Form 990 Page 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	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														
26	FILES	01/01/12	SL	5.00		16	1,284.				1,284.	1,284.		0.	1,284.
27	OFFICE FURNITURE	01/01/13	SL	5.00		16	2,621.				2,621.	2,621.		0.	2,621.
28	OFFICE FURNITURE	01/01/13	SL	5.00		16	3,140.				3,140.	3,140.		0.	3,140.
29	GRANITE CAFE TABLES	01/01/13	SL	5.00		16	2,842.				2,842.	2,842.		0.	2,842.
30	TUTORING FURNITURE	01/01/13	SL	5.00		16	1,248.				1,248.	1,248.		0.	1,248.
31	CLASSROOM TABLES	01/01/13	SL	5.00		16	4,845.				4,845.	4,845.		0.	4,845.
32	FILE CABINETS	01/01/13	SL	5.00		16	1,990.				1,990.	1,990.		0.	1,990.
33	EVERGLADES	01/01/13	SL	5.00		16	7,910.				7,910.	7,910.		0.	7,910.
34	FURNITURE	01/01/14	SL	5.00		16	1,560.				1,560.	1,560.		0.	1,560.
35	FILE CABINETS	01/01/15	SL	5.00		16	618.				618.	618.		0.	618.
36	LATEAL FILES	01/01/16	SL	5.00		16	742.				742.	742.		0.	742.
37	STORAGE	01/01/16	SL	5.00		16	788.				788.	788.		0.	788.
38	MANAGER AMOIRIE	01/01/18	SL	5.00		16	807.				807.	807.		0.	807.
39	STUDENT AMOIRIES	01/01/19	SL	5.00		16	24,000.				24,000.	19,200.		2,400.	21,600.
40	KIDS FURNITURE	01/01/18	SL	5.00		16	6,439.				6,439.	5,152.		644.	5,796.
41	LEAD MANAGER APARTMENT	01/01/19	SL	5.00		16	548.				548.	438.		55.	493.
42	LATERAL FILES	01/01/21	SL	5.00		16	760.				760.	152.		76.	228.

228111 04-01-22

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2022 DEPRECIATION AND AMORTIZATION REPORT

Form 990 Page 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	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
43	BEDS	01/01/21	SL	5.00		16	735.				735.	147.		74.	221.
44	DODGE/JOURNEY	01/01/15	SL	5.00		16	9,998.				9,998.	9,998.		0.	9,998.
45	TOYOTA SIENNA	01/01/14	SL	5.00		16	17,889.				17,889.	17,889.		0.	17,889.
46	BELMAN	03/15/22	SL	5.00		16	7,470.				7,470.			498.	498.
47	SAMSUNG	01/01/21	SL	5.00		16	2,250.				2,250.			225.	225.
48	3 BUNKS/2FULL	01/01/20	SL	5.00		16	4,116.				4,116.	1,646.		412.	2,058.
49	HP ALL IN ONE	01/01/17	SL	5.00		16	1,730.				1,730.	1,730.		0.	1,730.
50	LENOVA	01/01/18	SL	5.00		16	1,196.				1,196.	957.		120.	1,077.
51	13 COMPUTERS	01/01/20	SL	5.00		16	6,619.				6,619.	2,647.		662.	3,309.
52	24 IPADS	01/01/18	SL	5.00		16	7,176.				7,176.	5,741.		718.	6,459.
53	15 SEAT MOTION	01/01/19	SL	5.00		16	5,700.				5,700.	3,420.		570.	3,990.
54	2 COUCH SIDE TABLES	01/01/19	SL	5.00		16	758.				758.	455.		76.	531.
55	POOL TABLE	01/01/17	SL	5.00		16	3,000.				3,000.	3,000.		0.	3,000.
56	70' TV	01/01/19	SL	5.00		16	927.				927.	556.		93.	649.
57	LENOVA	01/01/18	SL	5.00		16	1,716.				1,716.	343.		172.	515.
58	4-3 SEAT COUCHES	01/01/17	SL	5.00		16	1,996.				1,996.	1,996.		0.	1,996.
59	SECTIONAL SOFA	01/01/17	SL	5.00		16	1,400.				1,400.	1,400.		0.	1,400.
60	HILLSBOROUGH CONSTRUCTION	01/01/14	SL	39.00	MM	16	60,000.				60,000.	12,308.		769.	13,077.

228111 04-01-22

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2022 DEPRECIATION AND AMORTIZATION REPORT

Form 990 Page 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	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
61	HILLSBOROUGH CONSTRUCTION	01/01/18	SL	39.00		MM16	250,000.				250,000.	25,641.		3,205.	28,846.
62	HILLSBOROUGH CONSTRUCTION	01/01/18	SL	39.00		MM16	400,000.				400,000.	41,026.		5,128.	46,154.
63	FREE STANDING FRIDGE	01/01/16	SL	5.00		16	9,550.				9,550.	9,550.		0.	9,550.
64	FREE STANDING FRIDGE	01/01/16	SL	5.00		16	4,642.				4,642.	4,642.		0.	4,642.
65	OFFICE FURNITURE	01/01/17	SL	5.00		16	2,222.				2,222.	2,222.		0.	2,222.
66	GRANITE CAFE TABLES	01/01/17	SL	5.00		16	1,457.				1,457.	1,457.		0.	1,457.
67	FURNITURE	01/01/17	SL	5.00		16	8,227.				8,227.	8,227.		0.	8,227.
68	WASHERS	01/01/17	SL	5.00		16	5,596.				5,596.	5,596.		0.	5,596.
69	GIRLS AND COMMON ROOM	01/01/17	SL	5.00		16	30,330.				30,330.	30,330.		0.	30,330.
70	FURNITURE	01/01/18	SL	5.00		16	5,682.				5,682.	1,136.		568.	1,704.
71	FURNITURE	01/01/17	SL	5.00		16	8,227.				8,227.	8,227.		0.	8,227.
72	BOYS BEDS AND AMOIRIES	01/01/21	SL	5.00		16	11,589.				11,589.	2,318.		1,159.	3,477.
73	POOL TABLE	01/01/17	SL	5.00		16	3,200.				3,200.	3,200.		0.	3,200.
74	TV	01/01/21	SL	5.00		16	609.				609.	122.		61.	183.
75	BELLMAN CRUISER	01/01/21	SL	5.00		16	2,691.				2,691.	498.		269.	767.
76	PINELLAS CAMPUS CONSTRUCTION	01/01/17	SL	39.00		MM16	1,500,000.				1,500,000.	192,307.		19,231.	211,538.
	* 990 Page 10 Total Program Services						2,440,840.				2,440,840.	456,069.		37,185.	493,254.
	* Grand Total 990 Page 10 Depr						2,440,840.				2,440,840.	456,069.		37,185.	493,254.

228111 04-01-22

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2022 DEPRECIATION AND AMORTIZATION REPORT

Form 990 Page 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	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
	Current Year Activity														
	Beginning balance						2,433,370.			0.	2,433,370.	456,069.			492,756.
	Acquisitions						7,470.			0.	7,470.	0.			498.
	Dispositions/Retired						0.			0.	0.	0.			0.
	Ending balance						2,440,840.			0.	2,440,840.	456,069.			493,254.
	Ending accum depr											493,254.			
	Ending book value											1,947,586.			

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

(D) - Asset disposed

STARTING RIGHT NOW, INC.
FINANCIAL STATEMENTS
together with
INDEPENDENT AUDITORS' REPORT
JUNE 30, 2022

STARTING RIGHT NOW, INC.

FINANCIAL STATEMENTS

JUNE 30, 2022

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3815 W. Humphrey St.
Suite 101
Tampa, Florida 33614

(813) 932-2116
(813) 930-0489 Fax

INDEPENDENT AUDITORS' REPORT

Board of Directors
Starting Right Now, Inc.

We have audited the accompanying financial statements of Starting Right Now, Inc. (the 'Organization'), which comprise the statement of financial position as of June 30, 2022, and the related statements of activities, functional expenses, and cash flows for six months then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

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

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

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Starting Right Now, Inc. as of June 30, 2022, and the changes in its net assets and its cash flows for the six months then ended in accordance with accounting principles generally accepted in the United States of America.

Marsocci, Appleby & Company P.A.
Marsocci, Appleby & Company, P. A.
Tampa, Florida
March 7, 2023

STARTING RIGHT NOW, INC.
STATEMENT OF FINANCIAL POSITION
JUNE 30, 2022

ASSETS

CURRENT ASSETS:

Cash and cash equivalents	\$ 1,024,257
Grants receivable	<u>227,000</u>

Total current assets	1,251,257
----------------------	-----------

PROPERTY AND EQUIPMENT, net	<u>1,946,957</u>
------------------------------------	------------------

TOTAL ASSETS	<u><u>\$ 3,198,214</u></u>
---------------------	----------------------------

LIABILITIES AND NET ASSETS

NET ASSETS:

Without donor restrictions	\$ 3,198,214
With donor restrictions	<u>-</u>

Total net assets	<u>3,198,214</u>
------------------	------------------

TOTAL LIABILITIES AND NET ASSETS	<u><u>\$ 3,198,214</u></u>
---	----------------------------

See independent auditors' report and notes to the financial statements.

STARTING RIGHT NOW, INC.
STATEMENT OF ACTIVITIES
FOR THE SIX MONTHS ENDED JUNE 30, 2022

	<u>Without Donor Restrictions</u>	<u>With Donor Restrictions</u>	<u>Total</u>
PUBLIC SUPPORT AND OTHER REVENUES:			
PUBLIC SUPPORT:			
Contributions	\$ 1,114,658	\$ -	\$ 1,114,658
In-kind contributions	833,000		833,000
TOTAL PUBLIC SUPPORT	<u>1,947,658</u>	<u>-</u>	<u>1,947,658</u>
OTHER REVENUE:			
Interest income	20	-	20
TOTAL OTHER REVENUES	<u>20</u>	<u>-</u>	<u>20</u>
TOTAL PUBLIC SUPPORT AND OTHER REVENUES	<u>1,947,678</u>	<u>-</u>	<u>1,947,678</u>
EXPENSES:			
Program services	1,696,199	-	1,696,199
Supporting services	64,214	-	64,214
TOTAL EXPENSES	<u>1,760,413</u>	<u>-</u>	<u>1,760,413</u>
CHANGE IN NET ASSETS	187,265	-	187,265
NET ASSETS, beginning of period	<u>3,010,949</u>	<u>-</u>	<u>3,010,949</u>
NET ASSETS, end of period	<u>\$ 3,198,214</u>	<u>\$ -</u>	<u>\$ 3,198,214</u>

See independent auditors' report and notes to the financial statements.

**STARTING RIGHT NOW, INC.
STATEMENT OF FUNCTIONAL EXPENSES
FOR THE SIX MONTHS ENDED JUNE 30, 2022**

	PROGRAM SERVICES		
	Program	General and Administrative	Total
Salaries	\$ 27,493	6,873	\$ 34,366
Insurance	39,578	9,895	49,473
Office expense	58,198	14,550	72,748
Program expenses	1,270,528	-	1,270,528
Bank service charges	-	546	546
Payroll taxes	61,987	15,497	77,484
Food	171,000	-	171,000
Community relations	11,996	2,999	14,995
Event expenses	25,689	6,422	32,111
Depreciation expense	29,730	7,432	37,162
Total	\$ 1,696,199	\$ 64,214	\$ 1,760,413

See independent auditors' report and notes to the financial statements.

**STARTING RIGHT NOW, INC.
STATEMENT OF CASH FLOWS
FOR THE SIX MONTHS ENDED JUNE 30, 2022**

CASH FLOWS FROM OPERATING ACTIVITIES:	
Change in net assets	\$ 187,265
Adjustments to reconcile change in net assets to net cash provided by operating activities:	
Depreciation	37,162
Changes in operating assets and liabilities:	
Grants receivable	<u>(26,500)</u>
Net cash provided by operating activities	<u>197,927</u>
CASH FLOWS FROM INVESTING ACTIVITIES:	
Property and equipment, net	<u>(7,470)</u>
Net cash used in investing activities	<u>(7,470)</u>
NET INCREASE IN CASH AND CASH EQUIVALENTS	190,457
CASH AND CASH EQUIVALENTS, beginning of period	<u>833,800</u>
CASH AND CASH EQUIVALENTS, end of period	<u><u>\$ 1,024,257</u></u>

See independent auditors' report and notes to the financial statements.

**STARTING RIGHT NOW, INC.
NOTES TO THE FINANCIAL STATEMENTS
FOR THE SIX MONTHS ENDED JUNE 30, 2022**

NOTE A - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

Organization and Purpose

Starting Right Now, Inc. ('the Organization'), a non-for-profit organization, was incorporated under the laws of the State of Florida in 2008. The Organization is dedicated to ending homelessness for youth by providing mentoring, a stable home, assisting with employment opportunities, teaching financial literacy/life skills, and promoting educational achievement.

Basis of Accounting

The Organization's financial statements have been prepared using the accrual basis of accounting whereby all revenues are recorded when earned and all expenses are recorded when incurred.

Basis of Presentation

The Organization has presented its financial statements in accordance with U.S. generally accepted accounting principles for not-for-profit organizations. Under this guidance, the Organization is required to report information regarding its financial position and activities according to two classes of net assets: net assets – without donor restrictions and net assets – with donor restrictions.

- Net assets – without donor restrictions are those amounts currently available at the discretion of the Board of Directors for use in the Organization's operations. These assets are not subject to donor-imposed restrictions, or the donor-imposed restrictions have expired.
- Net assets – with donor restrictions are restricted amounts which are restricted by donors for specific purposes that may become unrestricted by actions taken by the Organization or the passage of time. There were no net assets with donor restrictions at June 30, 2022.

Functional Allocation of Expenses

The costs of providing various program and related supporting services have been summarized on a functional basis in the statement of functional expenses. Accordingly, certain costs have been allocated to the appropriate program and supporting services.

Donated Materials and Services

All non-cash contributions are considered to be available for unrestricted use unless specifically restricted by the donor and have been treated as in-kind contributions for purposes of meeting state matching requirements. Donated materials are reflected in the accompanying statements at their estimated fair market values at date of receipt. Donated services are recorded at values consistent with those amounts which would be paid to salaried personnel for similar service.

Use of Estimates

Management uses estimates and assumptions in preparing these financial statements in accordance with generally accepted accounting principles. Those estimates and assumptions affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities, and the reported revenues and expenses. Actual results could vary from the estimates that were used.

STARTING RIGHT NOW, INC.
NOTES TO THE FINANCIAL STATEMENTS
FOR THE SIX MONTHS ENDED JUNE 30, 2022

NOTE A - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED):

Property and Equipment

Property and equipment is stated at historical cost and includes expenditures which substantially increase the useful lives of existing property and equipment. Maintenance and repairs are charged to operations when incurred. When property and equipment is sold or otherwise disposed of, the related asset account and related accumulated depreciation account are relieved, and any gain or loss is included in other income or expense.

<u>Assets</u>	<u>Years</u>
Buildings and improvements	39
Equipment	5-7
Furniture	5-7

Grants, Contracts, and Contributions

Grants contracts and contributions received are recorded as with or without donor restrictions depending on the existence and/or nature of any donor/grantor restrictions.

The Organization reports gifts of cash and other assets as restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the statement of activities as net assets released from restrictions.

The Organization reports gifts of land, buildings and equipment as unrestricted support unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted support. Absent explicit donor stipulations about how long those long-lived assets must be maintained, the Organization reports expirations of donor restrictions when the donated or acquired long-lived assets are placed in service.

Income Taxes

The Organization is exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code and from state corporate income tax under applicable Florida Statutes. The Internal Revenue Code provides for taxation of unrelated business income under certain circumstances. The Organization has no unrelated business income; however, such status is subject to final determination upon examination of the related income tax returns by the appropriate taxing authorities.

The Organization has no uncertain tax positions that it has taken and believes that it can defend its tax return in any jurisdiction. With few exceptions, the Organization is no longer subject to income tax examinations by the U.S. federal, state or local tax authorities for years before 2019.

Cash and Cash Equivalents

The Organization considers all short-term highly liquid investments with a maturity of three months or less to be cash equivalents

**STARTING RIGHT NOW, INC.
NOTES TO THE FINANCIAL STATEMENTS
FOR THE SIX MONTHS ENDED JUNE 30, 2022**

NOTE B - PROPERTY AND EQUIPMENT:

Property and equipment consists of the following:

Buildings and improvements		\$ 2,210,000
Equipment		57,820
Furniture		172,817
		2,440,637
Less: accumulated depreciation		(493,680)
		\$ 1,946,957

Depreciation expense for the six months ended June 30, 2022 was \$37,162.

NOTE C - FAIR VALUE OF FINANCIAL INSTRUMENTS:

The Organization estimates that the fair value of all financial instruments as of June 30, 2022, does not differ materially from the aggregate carrying values of its financial instruments recorded in the accompanying statement of financial position.

NOTE D - CONCENTRATION OF CREDIT RISK:

The Organization maintains its deposits in a financial institution that at times may exceed amounts covered by insurance provided by the U.S. Federal Deposit Insurance Corporation (FDIC). The Organization believes that there is no significant risk with respect to these deposits. The Organization has not experienced any losses on its deposits with financial institutions.

NOTE E - LIQUIDITY AND AVAILABILITY OF FINANCIAL ASSETS:

The following reflects the Organization's financial assets as of the statement of financial position date, reduced by amounts not available for general use because of contractual or donor-imposed restrictions within one year of the statement of financial position date:

Financial assets at June 30, 2022, net		\$ 1,251,257
Donor-restricted for program services		-
		-
Financial assets available to meet cash needs for general expenditure within one year		\$ 1,251,257

As part of the Organization's liquidity management, it maintains its available cash in checking and savings accounts with financial institutions.

NOTE F - EVALUATION OF SUBSEQUENT EVENTS:

The Organization has assessed subsequent events through March 7, 2023, the date on which the financial statements were available to be issued, for possible recognition or disclosure in the financial statements. There were no material subsequent events that require recognition or additional disclosure.

Insured:
Effective Date:

Starting Right, Now, Inc.
3/31/2023



Premiums & Commission by Coverage Line Summary

<u>Lines of Insurance</u>	<u>Broker Commissions</u>	<u>Premiums</u>
Property	15.00%	\$2,303.00
General Liability	15.00%	\$11,996.00
Professional Liability	15.00%	\$2,193.00
Abuse & Molestation	15.00%	\$1,792.00
Terrorism	15.00%	\$134.00
Total Package Premium		\$18,418.00
Package State Surcharge		\$374.67
Automobile Premium	10.00%	\$16,561.00
Auto State Surcharge		\$0.00
Umbrella Premium	10.00%	\$6,117.00
Umbrella Terrorism	10.00%	\$17.00
Umbrella State Surcharge		\$122.68
Fee		\$500.00
TOTAL OF ABOVE COVERAGES:		\$42,110.35
Helpline - Optional		\$395.00

** If rejecting TRIA, all except Fire Only TRIA premium will be refunded for the following SFP States:
 CA, ME, MO, OR, VI, WI, CT, GA, HI, IA, IL, MA, NJ, NY, RI, VA, WA, WV*

Insured: Starting Right, Now, Inc.
Effective Date: 3/31/2023



CONDITIONS OF PROPOSAL & FEE DISCLOSURE

PLEASE REVIEW YOUR QUOTE CAREFULLY AS COVERAGE TERMS, CONDITIONS AND 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. **Conditions of Proposal/Fee Disclosure signed by Insured and Agent.**
2. Terrorism coverage may be rejected upon written request only.
3. Completed, signed, and dated Acord 125.
4. Completed, signed, and dated Renewal Supplemental Application.
5. Signed Statement of Values
Driver's List for all regular drivers (Drivers with unacceptable records will be excluded from coverage.
6. Please note that driver exclusion forms will need to be signed by the insured and returned to Care Provider Insurance Services)
7. Signed UM/UIM Form
8. Signed PIP Rejection Form

Insured: Starting Right, Now, Inc.
Effective Date: 3/31/2023



Payment Options:

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.

- | | | | |
|----|---------------------------------|---|-----------------------------|
| .. | TRIA Coverage | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| .. | Helpline | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| .. | Student Accident | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| .. | Volunteer Accident | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| .. | Directors & Officers | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| .. | Cyber | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| .. | Wind Buy Back | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |

Please provide a quote at your earliest

Payment Choice:

Agency Bill: 100% of premium due to NSM within 10 days of binding

Direct Bill: Financed (through First Insurance Funding)

*Insured Email Address: (Required for Direct Bill Only) vsokolik@gmail.com

First Insurance Funding Direct Bill Option is 20% down - 9 equal monthly installments plus \$15 fee per installment. 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 set up their account. If an email is not provided here, the insured will receive a paper invoice in the mail.)

Insured: Starting Right, Now, Inc.
Effective Date: 3/31/2023



CONDITIONS OF PROPOSAL & FEE DISCLOSURE (CONT'D)

Fee Charged: \$500

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 are 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:

Insured Signature: *Vicki Sokolik*

Print Name: Vicki Sokolik

Insured's FEIN required: 26-3725699

Today's Date: 3/29/2023 **Date Coverage to be Bound:** 3/31/2023

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.

Insured: Starting Right, Now, Inc.
Effective Date: 3/31/2023



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 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:

Email for CPS Claims: 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 agency who will advise Athens to dispatch an on-site adjuster.



COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)
03/29/2023

AGENCY Roe Insurance Inc. 9851 State Road 54 New Port Richey FL 34655	CARRIER AmGUARD Insurance Company COMPANY POLICY OR PROGRAM NAME Commercial NPO Package PROGRAM CODE _____ POLICY NUMBER C1GP200670 (renewal of)
CONTACT NAME: Sherri Britton PHONE (A/C, No, Ext): (727) 376-0030 FAX (A/C, No): (727) 376-2262 E-MAIL ADDRESS: sherri@roeins.com CODE: _____ SUBCODE: _____ AGENCY CUSTOMER ID: 00001031	UNDERWRITER Erin Crawford Peterson UNDERWRITER OFFICE _____ STATUS OF TRANSACTION QUOTE <input type="checkbox"/> ISSUE POLICY <input type="checkbox"/> RENEW <input checked="" type="checkbox"/> BOUND (Give Date and/or Attach Copy): CHANGE <input type="checkbox"/> DATE _____ TIME _____ AM <input checked="" type="checkbox"/> PM <input type="checkbox"/> CANCEL 03/31/2023 12:01

LINE OF BUSINESS

INDICATE LINES OF BUSINESS	PREMIUM	PREMIUM	PREMIUM
<input type="checkbox"/> BOILER & MACHINERY	\$	CYBER AND PRIVACY	\$
<input type="checkbox"/> BUSINESS AUTO	\$	FIDUCIARY LIABILITY	\$
<input type="checkbox"/> BUSINESS OWNERS	\$	GARAGE AND DEALERS	\$
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	\$	LIQUOR LIABILITY	\$
<input type="checkbox"/> COMMERCIAL INLAND MARINE	\$	MOTOR CARRIER	\$
<input checked="" type="checkbox"/> COMMERCIAL PROPERTY	\$	TRUCKERS	\$
<input type="checkbox"/> CRIME	\$	UMBRELLA	\$

ATTACHMENTS

ACCOUNTS RECEIVABLE / VALUABLE PAPERS	GLASS AND SIGN SECTION	STATEMENT / SCHEDULE OF VALUES
ADDITIONAL INTEREST SCHEDULE	HOTEL / MOTEL SUPPLEMENT	STATE SUPPLEMENT (If applicable)
ADDITIONAL PREMISES INFORMATION SCHEDULE	INSTALLATION / BUILDERS RISK SECTION	VACANT BUILDING SUPPLEMENT
APARTMENT BUILDING SUPPLEMENT	INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT	VEHICLE SCHEDULE
CONDO ASSN BYLAWS (for D&O Coverage only)	INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT	
CONTRACTORS SUPPLEMENT	LOSS SUMMARY	
COVERAGES SCHEDULE	OPEN CARGO SECTION	
DEALERS SECTION	PREMIUM PAYMENT SUPPLEMENT	
DRIVER INFORMATION SCHEDULE	PROFESSIONAL LIABILITY SUPPLEMENT	
ELECTRONIC DATA PROCESSING SECTION	RESTAURANT / TAVERN SUPPLEMENT	

POLICY INFORMATION

PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT	MINIMUM PREMIUM	POLICY PREMIUM
03/31/2023	03/31/2024	<input checked="" type="checkbox"/> DIRECT <input type="checkbox"/> AGENCY	Nine (9) Equal Payments	EFT/Checking Account		\$	\$	\$ 19,292.67

APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4) Starting Right Now, Inc., Starting Right Now of Pinellas County LLC 1212 W Cass St Tampa FL 33606				GL CODE _____ BUSINESS PHONE #: (813)760-5472 WEBSITE ADDRESS http://www.startingrightnow.org/	SIC _____ NAICS _____	FEIN OR SOC SEC # 263725699
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input checked="" 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			
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) Starting Right, Now of Hillsborough County LLC 1212 W Cass St Tampa FL 33606				GL CODE _____ BUSINESS PHONE #: (813)760-5472 WEBSITE ADDRESS _____	SIC _____ NAICS _____	FEIN OR SOC SEC # 263725699
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input checked="" 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			
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) Starting Right, Now of Pinellas County LLC 1212 W Cass St Tampa FL 33606				GL CODE _____ BUSINESS PHONE #: (813)760-5472 WEBSITE ADDRESS _____	SIC _____ NAICS _____	FEIN OR SOC SEC # 263725699
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input checked="" 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			

CONTACT INFORMATION

CONTACT TYPE: Accounting Records		CONTACT TYPE: Inspection	
CONTACT NAME: Vicki Sokolik		CONTACT NAME: Vicki Sokolik	
PRIMARY PHONE # <input type="checkbox"/> HOME <input checked="" type="checkbox"/> BUS <input 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 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 # 0	STREET Policy Level Coverages	CITY LIMITS <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD #	CITY: STATE: COUNTY:			# PART TIME EMPL	OCCUPIED AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N
2	207 W Beach Place Residential Facility/Admin	<input checked="" type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	<input type="checkbox"/> OWNER <input checked="" type="checkbox"/> TENANT		12,813 SQ FT
1	Tampa FL Hillsborough 33606				12,813 SQ FT
DESCRIPTION OF OPERATIONS: Residential Facilities					ANY AREA LEASED TO OTHERS? Y / N N
3	4600 Haines Rd N Residential Facilities/Admin	<input checked="" type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	<input type="checkbox"/> OWNER <input checked="" type="checkbox"/> TENANT		3,642 SQ FT
1	St. Pete FL Pinellas 33714				3,642 SQ FT
DESCRIPTION OF OPERATIONS: Admin Offices					ANY AREA LEASED TO OTHERS? Y / N N
3	4600 Haines Rd N Residential Facilities/Admin	<input checked="" type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	<input type="checkbox"/> OWNER <input checked="" type="checkbox"/> TENANT		3,218 SQ FT
2	St. Pete FL Pinellas 33714				3,218 SQ FT
DESCRIPTION OF OPERATIONS: Common Area, Kitchen & House Mgr Suite					ANY AREA LEASED TO OTHERS? Y / N 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 2023 Renewal); 65 Volunteers @ Loc 1, 24 Volunteers @ Loc 2 & 25 Volunteers @ Loc 3 - each may devote 3-5 hrs per week mentoring. Org performs mandatory level 2 background on all employees & volunteers.

Beach Place loc can accommodate 37 residents / Haines Rd loc can accommodate 36 residents.

RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:	INSTALLATION, SERVICE OR REPAIR WORK %	OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK %
--	--	---

DESCRIPTION OF OPERATIONS OF OTHER NAMED INSURED

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?				Y
1/25/21: Student reported sexual abuse by another student				
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	C1GP302543	C2GP200534	C1GP302543	
	PREMIUM	\$ 9,988.00	\$ 12,424.00	\$ 2,297.00	\$
	EFFECTIVE DATE	03/31/2022	03/31/2023	03/31/2022	
	EXPIRATION DATE	03/31/2023	03/31/2024	03/31/2023	

PRIOR CARRIER INFORMATION (continued)

AGENCY CUSTOMER ID: 00001031

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	
	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	

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				N

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.

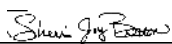
Applicable in ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

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 <i>Vicki Sokolik</i>	DATE 03/29/2023	NATIONAL PRODUCER NUMBER



ADDITIONAL PREMISES INFORMATION SCHEDULE

AGENCY Roe Insurance Inc.		CARRIER AmGUARD Insurance Company		NAIC CODE
POLICY NUMBER C1GP200670		EFFECTIVE DATE 03/31/2023	NAMED INSURED(S) Starting Right Now, Inc., Starting Right Now of Pinellas County LLC	

PREMISES INFORMATION

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

AGENCY CUSTOMER ID: 00001031

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page ____ of ____

AGENCY Roe Insurance Inc.		NAMED INSURED Starting Right Now, Inc., Starting Right Now of Pinellas County LLC	
POLICY NUMBER C1GP200670			
CARRIER AmGUARD Insurance Company	NAIC CODE	EFFECTIVE DATE: 03/31/2023	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 125 **FORM TITLE:** Commercial Application



STATEMENT OF VALUES

DATE (MM/DD/YYYY)
03/29/2023

AGENCY Roe Insurance Inc. 9851 State Road 54 New Port Richey FL 34655		CARRIER AmGUARD Insurance Company		NAIC CODE:	PAGE OF
CONTACT NAME: Sherri Britton		INSURED / APPLICANT Starting Right Now, Inc., Starting Right Now		POLICY NUMBER C1GP200670	EFFECTIVE DATE 03/31/2023
PHONE (A/C, No, Ext): (727) 376-0030		HEADQUARTERS ADDRESS 1212 W Cass St Tampa FL 33606			
FAX (A/C, No): (727) 376-2262		COINS %		APPLICABLE CAUSES OF LOSS	
E-MAIL ADDRESS: sherri@roeins.com		<input type="checkbox"/> 80%		<input type="checkbox"/> BASIC	
CODE:		<input checked="" type="checkbox"/> 90%		<input type="checkbox"/> BROAD	
SUBCODE:		<input type="checkbox"/> 100%		<input checked="" type="checkbox"/> SPECIAL	
AGENCY CUSTOMER ID: 00001031				<input type="checkbox"/> EARTHQUAKE COV	
				<input type="checkbox"/> FLOOD	
				<input type="checkbox"/> SPRINKLER LEAKAGE EXCL	
				<input type="checkbox"/> VANDALISM EXCL	
				<input type="checkbox"/> SPECIFIC AVERAGE RATE REQUESTED	
				<input type="checkbox"/> BLANKET RATE REQUESTED	

APPLICABLE FORM NUMBERS (Attach completed forms and endorsements that require completion to provide necessary information affecting rates or loss costs)

CLASS CODE	LOC #	BLDG #	DESCRIPTION OF PROPERTY ADDRESS OF PROPERTY	VALUATION	SUBJECT	100% VALUES	RATE OR LOSS COST	PREMIUM
	2	1	Residential Facilities 207 W Beach Place Tampa FL 33606	RC	BPP	40,000		
	3	1	Admin Offices 4600 Haines Rd N St. Pete FL 33714	RC	BPP	40,000		
	3	2	Common Area, Kitchen & House Mgr Suite 4600 Haines Rd N St. Pete FL 33714	RC	BPP	30,000		
	3	3	Residential Facilities/Dorms - Girls 4600 Haines Rd N St. Pete FL 33714	RC	BPP	15,000		
	3	4	Residential Facilities/Dorms - Boys 4600 Haines Rd N St. Pete FL 33714	RC	BPP	15,000		
	4	1	Training Center 1212 W Cass St Tampa FL 33606	RC	BPP	50,000		
TOTAL						\$ 190,000	N / A	\$

SIGNATURE

ALL VALUES AND LOCATION INFORMATION ARE CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.		
INSURED'S SIGNATURE <i>Vicki Sokolik</i>	TITLE Founder/Executive Director	DATE 03/29/2023

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 \$17.



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-20051
Policy Number

Vicki Sokolik

Authorized Signature

3/29/2023

Date

FLORIDA PERSONAL INJURY PROTECTION (PIP) SELECTION FORM

Policy Number: Q-20045	Policy Effective Date: 03/31/2023
Company: AmGUARD Insurance Company	Producer: Care Providers Insurance Services, LLC dba NSM Insurance Group 555 E. North Lane, Suite 6060 Conshohocken, PA 19428
Applicant/Named Insured: 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

Applicant's Signature

3/29/2023

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.

Policy Number: Q-20045	Policy Effective Date: 03/31/2023
Company: AmGUARD Insurance Company	Producer: Roe Insurance, Inc. - New Port Richey
Applicant/Named Insured: 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.

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

(Initials) _____	I reject Uninsured Motorists Coverage entirely.
(Initials) _____	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.
(Choose one):	
(Initials) _____	Combined Single Limit
_____	\$ 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.

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

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

Applicant's/Named Insured's Signature

3/29/2023

Date

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 \$134 _____.

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-20044

Policy Number

Vicki Sokolik

Authorized Signature

03/29/2023 22:58 UTC

Date

Document Reference : 0e2fdf14-8c23-4e30-816a-588df188c049
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Sender Email : sherri@roeins.com
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Participants

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

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03/29/2023 16:27PM EDT	Sender downloaded document.
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03/29/2023 16:32PM EDT	Sherri Britton (sherri@roeins.com) has agreed to terms of service and to do business electronically with Sherri Britton (sherri@roeins.com). 108.191.14.14 Mozilla/5.0 (Windows NT 10.0; Win64; x64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/111.0.0.0 Safari/537.36
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03/29/2023 16:32PM EDT	Email sent to Vicki Sokolik (vicki.sokolik@startingrightnow.org).
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03/29/2023 18:58PM EDT	Vicki Sokolik (vicki.sokolik@startingrightnow.org) has agreed to terms of service and to do business electronically with Sherri Britton

Document History

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Activity Name	Original Duration	Start	Finish	2023	2024
		Oct	Nov	Dec	Jan
Haven South Admin Bedroom Renovation	115	01-Aug-23 A	02-Feb-24		
PRECONSTRUCTION	46	01-Aug-23 A	25-Oct-23		
PERMIT DOCS COMPLETE	0	01-Aug-23 A			
PERMIT DOC REVIEW	20	01-Aug-23 A	10-Aug-23 A		
SUBCONTRACTOR SOLICITATION	20	25-Aug-23 A	22-Sep-23 A		
PERMITTING / PROJECT APPROVAL	40	07-Sep-23 A	24-Oct-23		
CONFIRM BIDS & PREPARE BUDGET	7	25-Sep-23 A	29-Sep-23		
SUBMIT BUDGET TO SRN	0		29-Sep-23*		
REVIEW / APPROVE BUDGET	10	02-Oct-23	13-Oct-23		
ISSUE PO	5	16-Oct-23	20-Oct-23		
NOTICE TO PROCEED	0	25-Oct-23*			
CONSTRUCTION	49	25-Oct-23	05-Jan-24		
MOBILIZE & SETUP TEMPORARY FACILITIES	3	25-Oct-23	27-Oct-23		
INTERIOR	46	30-Oct-23	05-Jan-24		
SELECTIVE DEMOLITION	5	30-Oct-23	03-Nov-23		
SAWCUT SLAB ON GRADE	2	03-Nov-23	06-Nov-23		
NEW UG PLUMBING ROUGH-IN / EXTERIOR TIE INS	3	07-Nov-23	09-Nov-23		
SOG VAPOR BARRIER / REINFORCE / INSPECT	2	10-Nov-23	13-Nov-23		
MEPPF OVERHEAD ROUGH-IN	5	10-Nov-23	16-Nov-23		
INTERIOR WALL FRAMING	5	10-Nov-23	16-Nov-23		
POUR BACK SOG CUTOUT	1	14-Nov-23	14-Nov-23		
MEP IN-WALL ROUGH-IN	5	15-Nov-23	21-Nov-23		
MEP IN-WALL INSPECTIONS	1	22-Nov-23	22-Nov-23		
HANG / TAPE / FINISH DRYWALL	5	27-Nov-23	01-Dec-23		
FRAME GYPSUM CEILINGS	3	29-Nov-23	01-Dec-23		
SET LIGHT FIXTURES	2	04-Dec-23	05-Dec-23		
SET GRILLES / DIFFUSERS	2	04-Dec-23	05-Dec-23		
DROP FIRE SPRINKLER HEADS	2	04-Dec-23	05-Dec-23		
FINAL ABOVE CEILING INSPECTION	0		05-Dec-23		
HANG / TAPE / FINISH DRYWALL CEILINGS	5	06-Dec-23	12-Dec-23		
PRIME PAINT	2	13-Dec-23	14-Dec-23		
INSTALL HARD TILE IN RESTROOM	3	15-Dec-23	19-Dec-23		
INSTALL CARPET / LVT	5	15-Dec-23	21-Dec-23		
SET PLUMBING FIXTURES	1	20-Dec-23	20-Dec-23		
INSTALL DOORS AND HARDWARE	2	22-Dec-23	26-Dec-23		
FINAL PAINT	2	27-Dec-23	28-Dec-23		
INSTALL SIGNAGE AND GRAPHICS	1	29-Dec-23	29-Dec-23		
MEPPF FINAL TRIM	3	29-Dec-23	03-Jan-24		
FINAL CLEANING	1	02-Jan-24	02-Jan-24		
FINAL INSPECTIONS	2	04-Jan-24	05-Jan-24		
EXTERIOR	5	10-Nov-23	16-Nov-23		
TAP / EXTEND 6" FIRE LINE AND FDC	5	10-Nov-23	16-Nov-23		
CLOSEOUT	20	05-Jan-24	02-Feb-24		
SUBSTANTIAL COMPLETION	0		05-Jan-24		
PUNCH LIST	10	08-Jan-24	19-Jan-24		
O&M AND CLOSEOUT DOCUMENTS	20	08-Jan-24	02-Feb-24		
OWNER MOVE-IN	5	22-Jan-24	26-Jan-24		
FINAL COMPLETION	0		02-Feb-24		

- Actual Work
- Remaining Work
- Critical Remainin...

Haven South Admin Bedroom Renovation

Start Date: 01-Aug-23
Finish Date: 02-Feb-24

