

CHILDREN'S TRUST - SPECIAL JOINT MEETING WITH ALACHUA COUNTY BOARD OF COUNTY COMMISSIONERS AGENDA

April 21, 2025 at 4:00 PM

County Administration Building, Grace Knight Conference Room, 12 SE 1st Street, 2nd Floor, Gainesville, FL 32601

Call to Order

Roll Call

Agenda Review, Revision and Approval

Discussion Items

- 1. Family Resource Centers (Belita James & Kristy Goldwire)
- 2. <u>Community Foundation (Center for Nonprofit Excellence) Capacity Building (Kristy</u> Goldwire)
- 3. Gun Violence Update For Your Information (Marsha Kiner & Carl Smart)
- 4. <u>Comprehensive Literacy Needs Assessment Report and Recommendation Overview (Dr. Mary Bratsch-Hines, Dr. Pamela Chalfant, Mia Jones)</u>

Board Member Comments

General Public Comments

Adjournment

Virtual Meeting Information

View or listen to the meeting on Cox Channel 12, AC TV app (Apple TV, Amazon Fire, Roku), the Alachua County's Facebook and YouTube sites, and the County's Video on Demand website.

Public Comments can be made in person or submitted online at www.childrenstrustofalachuacounty.us/commentcard

File Attachments for Item:

1. Family Resource Centers (Belita James & Kristy Goldwire)





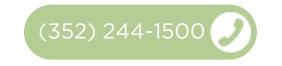


HIGHLIGHTS & ACHIEVEMENTS

Prepared for the Children's Trust of Alachua County

Presented By:

Stacy Merritt, Director of Resource Centers
Chyna Miller, Prevention Consultant







Program Overview

As the lead community-based care agency responsible for providing child welfare services in 13 North Central Florida counties, Partnership for Strong Families' (PSF) mission is to enhance the community's ability to protect and nurture children by building, maintaining and constantly improving a network of family support services.

Funded Programs:

- Family Resource Centers
- **Community Resource Navigation**
- Family Resource Center Consulting
- Help Me Grow Alachua (Coming April 2025)









Family Resource Centers

PSF's network of Family Resource Centers offer place-based and community-driven services to families who may have experienced historically limited access to resources. Thanks to more than 100 community partners, all services are free of charge to the community and are tied to one of five protective factors research has shown decrease the risk of abuse and neglect.

FRC Locations

- Library Partnership Resource Center, Gainesville
- SWAG Family Resource Center, Gainesville
- Tri-County Community Resource Center, Chiefland
- NorthStar Family Resource Center, Lake City

FRC MODEL



Place-Based Service Delivery



Community-Driven
Service Array



Community Colaborative



Relational vs.
Transactional
Customer Service
Approach



Protective Factors Framework

Strengthening Families Protective Factors Framework



Concrete Supports

The Resource Center
was an integral part of
getting out of the
homeless shelter
because I was able to
use the computer and
apply for housing and
EBT [electronic benefit
transfer].



Knowledge of Parenting and Child Development

I've picked up on cues
that my son's
quietness means he
had a bad day ... and I
remember, okay pay
attention to the nonverbal communication
as well as verbal
communication.



Parental Resilience

You may still feel overwhelmed at times, but you feel better, and you feel capable.



Social Connections

[The FRC] has a welcoming feel, like a family, like you belong. Like it's not a 'you can't get this because of this', everybody's welcome and there's no turning anyone around.



Social and Emotional Competence of Children

In reference to their child's Homework Help participation: That's a huge de-stressor for us, I can tell you right now because it's tough... It takes so much off of us when they can come here, and they can help so we can move on to something else.

For more information visit: www.cssp.org





A Trusted Partnership

Community Resource Navigation

The Community Resource Navigation (CRN) Program delivers essential family support services, such as concrete supports, employability skills, community referrals, and special events, to families residing throughout Alachua County, with a focus on reaching those in rural communities.

Co-located Sites

Alachua Branch Library

pporting Alach

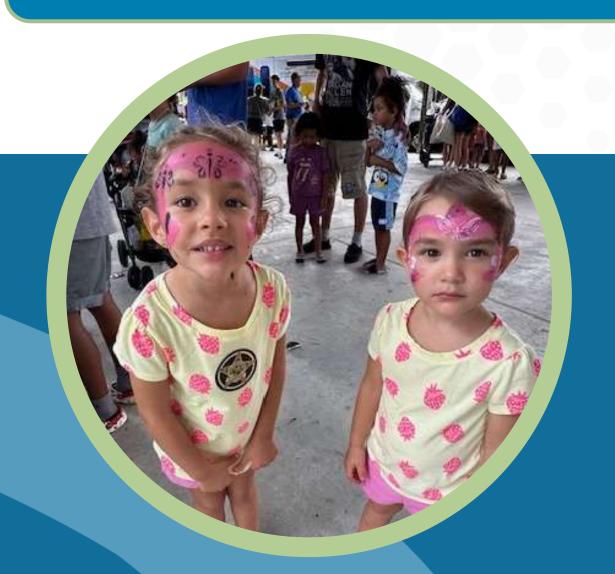
- Hawthorne Area Resource Center
- High Springs Branch Library

- Porters Community Center
- Waldo City Square
- Willie Mae Stokes Family Resource Center (Micanopy)

99% Patron Satisfaction

98% Partner Satisfaction

93% Successful Service Delivery



FRC and CRN Outcomes

21,441

PATRON VISITS

23,691

SERVICE NEEDS ADDRESSED

1,718

PARENTS/CAREGIVERS SUPPORTED

635

ATTENDANCE AT PARENTING & CHILD DEVELOPMENT ACTIVITIES

66

I love this program and what it is doing for the community." - FRC Partner Agency

Of participating families...

67%

INCREASED IN ONE OR MORE PROTECTIVE FACTOR

76%

MET AT LEAST ONE SELF-IDENTIFIED GOAL

77%

REPORTED IMPROVEMENT IN ONE OF FIVE AREAS



[SWAG FRC staff] don't just give you something, they show you how to be your own hero. - SWAG FRC Patron

Family Success

One of our Family Resource Centers assisted a mother and her children after they left a family violence situation. With the assistance of multiple partners, the family was able to successfully move into a new home. The mother shared these words of appreciation with the Resource Center staff: "We made it out. We're safe...We are moving forward, and I want to thank you for everything that you've done to help us out and get us connected to [community support]... You saved our lives."





A Trusted Partnership



FRC Consulting

The FRC Consulting Program was designed to assist public groups and organizations who are interested in developing or enhancing a Family Resource center within their own municipality. With the support of the Children's Trust of Alachua County, Partnership for Strong Families (PSF) has provided training, coaching, and consultation to two organizations in 2024, assisting with start-up and capacity building.

Two Consulting Partners:

One Community Family Resource Center

Willie Mae Stokes Family Resource Center

Consulting Outcomes

- 2 Newly Opened Family Resource Centers: Serving East Gainesville and Micanopy
- 29 Consulting Meetings: Hiring, Community Needs Assessment, Service Array, Collaborations, Data Collection, Sustainability, Customer Service, and More
- 3 Formal Trainings: PSF Family Resource Center Model, Bringing the Protective Factors to Life In Your Work, Standards of Quality for Family Resource Centers





66

[This program] has been an asset to our development. The progress we have made is in part due to training and guidance provided by the consulting team.Bishop Christoper Stokes



Expanding Our Reach

New Community Resource Navigation Sites Newberry Branch Library - January 2025



Additional Consulting Partners
Two new sites being identified
by April 2025







Attachment B

Thank you for Applying for Funding from the Children's Trust of Alachua County. Please complete Sections of this work book that partain to the funding needs you are interested in for your program.

Program Budget Summary FY 2024-2025

NAME OF ACENCY (LECAL NAME).

| NAME OF AGENCY (LEGAL NAME): | Partr | Partnership for Strong Families, Inc. | | | | | | |
|-------------------------------------|----------------------|---------------------------------------|-----------------------|--|--|--|--|--|
| | | | | | | | | |
| PROGRAM NAME: | Family Resource Cent | ers /Community Resource | Navigation Program/He | | | | | |
| | | | | | | | | |
| | Total Cost | Request from CTAC | Other Sources | | | | | |
| Personnel Expenses | ! | | ! | | | | | |
| Personnel | \$609,040.00 | \$482,154.00 | \$126,886.00 | | | | | |
| Fringe | \$190,301.78 | \$190,301.78 | \$0.00 | | | | | |
| otal Personnel Expenses | \$799,341.78 | \$672,455.78 | \$126,886.00 | | | | | |
| | · | | | | | | | |
| Operating Expenses | | 1 | T | | | | | |
| Transportation | \$9,600.00 | | | | | | | |
| Office Supplies | \$0.00 | \$0.00 | | | | | | |
| Program Supplies | \$49,832.00 | \$25,155.34 | | | | | | |
| Contractual & Professional Services | \$5,000.00 | \$5,000.00 | \$0.00 | | | | | |
| Certifications & Training | \$6,100.00 | \$4,500.00 | \$1,600.00 | | | | | |
| Printing | \$0.00 | \$0.00 | \$0.00 | | | | | |
| Communications | \$5,040.00 | \$5,040.00 | \$0.00 | | | | | |
| Insurance | \$12,587.52 | | \$12,587.52 | | | | | |
| Equipment and Maintenance | \$5,226.00 | \$5,226.00 | \$0.00 | | | | | |
| Other Operating Expenses | \$50,832.72 | \$39,600.00 | \$11,232.72 | | | | | |
| otal Operating Expenses | \$144,218.24 | \$92,521.34 | \$51,696.90 | | | | | |
| ubtotal Personnel and Operating | \$943,560.02 | \$764,977.12 | \$178,582.90 | | | | | |
| ndirect Expenses (Maximum of 15%)** | \$141,534.00 | \$98,499.88 | | | | | | |
| otal Expenses | \$1,085,094.02 | \$863,477.00 | | | | | | |
| | ¥=,000,000= | ¥000, 177100 | ¥=, 0,00=.00 | | | | | |

Other Funding Sources or Revenues (include all revenue sources outside of CTAC)

| SOURCE | AMOUNT |
|----------------------------|--------------|
| DCF Contract | \$140,306.48 |
| Other Grants and Donations | \$38,276.42 |
| | \$0.00 |
| | \$0.00 |
| | \$0.00 |
| | \$0.00 |
| | \$0.00 |
| | \$0.00 |
| TOTAL | \$178,582.90 |

DESCRIPTION

| Other grants include but are not limited to CAPP funds recently awarded to support our Academic Success and |
|---|
| Enrichment Program for children/youth at SWAG FRC and LP. Donors include the SW Advocacy Group, local businesses |
| and philanthropic organizations. We are constantly seeking small grant opportunites to support program and services |
| at the FRCs. |

PERSONNEL

| POSITION TITLE | Annual Salary | | % OF TIME ON THIS PROJECT | TOTAL COSTS | | REQUESTED FROM CTAC | | OTHER SOURCES | |
|---------------------------------------|---------------|------------|------------------------------|-------------|------------|------------------------|------------|------------------|------------|
| Example Program Coordinator | \$ | 25,000.00 | 50% | \$ | 12,500.00 | Ś | 6.250.00 | \$ | 6,250.00 |
| Resource Center Managers (2) | \$ | 127,559.00 | 100% | \$ | 127,559.00 | \$ | 127,559.00 | \$ | , - |
| Family Support Coordinators (2) | \$ | 100,000.00 | 100% | \$ | 100,000.00 | \$ | 100,000.00 | \$ | - |
| Community Resource Navigators (2) | \$ | 100,215.00 | 100% | \$ | 100,215.00 | \$ | 100,215.00 | \$ | - |
| Administrative Assistant (P/T) | \$ | 16,380.00 | 100% | \$ | 16,380.00 | \$ | 16,380.00 | \$ | - |
| Academic Enrichment Coordinator | \$ | 48,000.00 | 100% | \$ | 48,000.00 | \$ | - | \$ | 48,000.00 |
| Director of Resource Centers | \$ | 86,170.00 | 60% | \$ | 51,702.00 | \$ | - | \$ | 51,702.00 |
| Chief of CCS | \$ | 108,736.00 | 25% | \$ | 27,184.00 | \$ | - | \$ | 27,184.00 |
| Outreach and Care Coordinators (2) | \$ | 98,000.00 | 100% | \$ | 98,000.00 | \$ | 98,000.00 | \$ | - |
| Data Analyst (12/1/2024 - 09/30/2025) | \$ | 40,000.00 | 100% | \$ | 40,000.00 | \$ | 40,000.00 | \$ | - |
| | | | | \$ | - | | | \$ | - |
| | | | | \$ | - | | | \$ | - |
| | | | | \$ | - | | | \$ | - |
| | | | | \$ | - | | | \$ | - |
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| | | | | \$ | - | | | \$ | - |
| | | | | \$ | - | | | \$ | - |
| | | | | \$ | - | | | \$ | - |
| | | | | \$ | - | | | \$ | - |
| | | | | \$ | - | | | \$ | - |
| | \$ | 725,060.00 | TOTAL | \$ | 609,040.00 | \$ | 482,154.00 | \$ | 126,886.00 |

WAGES - Enter each position separately in the table above and indicate the gross wages associated with that position. If you are requesting funds for multiple people in a position, please identify the total number after the position title (i.e. Tutors (5)). In the justification area below, show the calculation method for that amount (i.e. 5 tutors at \$200.00/week for 52 weeks would be: $5 \times $200 \times 52 = $52,000.00$). You may list each separately if you prefer. SAMIS requires that you list each separately.

If you are asking for fringe please complete the "fringe worksheet".

The reimbursement amount for benefits should be calculated based on the EMPLOYER'S rate for single coverage, not the EMPLOYEE'S portion.

Please DO NOT include contract employees in this section.

JUSTIFICATION: Describe the role and responsibilities of each position. (insert justification here):

| POSITION TITLE | <u>DESCRIPTION</u> | | | | | |
|--------------------------------|---|--|--|--|--|--|
| Family Resource Managers | Responsible for the daily operations of the Family Resource Ceneter, including program | | | | | |
| | development, staff and volunteer management, partner engagement, and more. | | | | | |
| Family Support Coordinators | Meets with patrons and families to determine needs, set goals, and provide family support services. | | | | | |
| | Also helps with deveopment and facilitation of programs and special events. Please note, these | | | | | |
| | positions were previously called Family Support Facilitators. | | | | | |
| Community Resource Navigators | Meet with patrons and families to determine needs, set goals, and provide family support services | | | | | |
| | at remote locations within Alachua County. Also develops and hosts various outreach activities, | | | | | |
| Outreach and Care Coordinators | Take calls and/or have face-to-face contacts with parents and caregivers of children 0-8 to assess | | | | | |
| | needs and match with appropriate resources, with a focus on child development and family | | | | | |
| | supports. Conduct required screenings for the children and participate with regular outreach | | | | | |
| | activities. These positions are funded through Help Me Grow. | | | | | |
| Data Analyst | Assist with data collection, analysis, quality improvement planning, and reporting for Family | | | | | |
| | Resource Center, Community Resource Navigation, and Help Me Grow activities, as funded | | | | | |
| | through this grant. This position will be equally funded through the Children's Trust of Alachua | | | | | |
| | County and Help Me Grow. Please note, the annual salary for this position is \$48,000; however we | | | | | |
| | are requesting 10 months of this salary (Dec. 1, 2024 - Sept. 30, 2025, to allow for hiring. | | | | | |
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EDINICE

| FRINGE | | | | | | | | | | |
|---------------------------------------|---------------|-----------------|------------|------------------------|------------------|-------------|-------------|-------------------|------------------------|---------------|
| POSITION TITLE | Annual SALARY | Social Security | MEDICARE | LIFE AND HEALTH INS | WORKERS' COMP | RETIREMENT | OTHER | TOTAL ANNUAL COST | REQUESTED FROM CTAC | OTHER SOURCES |
| Example Program Coordinator | \$6,250.00 | \$387.50 | 90.63 | \$600.00 | \$120.00 | \$350.00 | \$10.00 | \$1,558.13 | \$500.00 | \$1,058.13 |
| Resource Center Managers (2) | \$127,559.00 | \$7,908.66 | \$1,849.61 | \$21,034.00 | \$689.00 | \$5,103.00 | \$8,182.00 | \$44,766.26 | \$44,766.26 | \$0.00 |
| Family Support Coordinators (2) | \$100,000.00 | \$6,200.00 | \$1,450.00 | \$9,300.00 | \$540.00 | \$4,000.00 | \$5,845.00 | \$27,335.00 | \$27,335.00 | \$0.00 |
| Community Resource Navigators (2) | \$100,215.00 | \$6,213.33 | \$1,453.12 | \$21,065.00 | \$542.00 | \$4,009.00 | \$5,301.00 | \$38,583.45 | \$38,583.45 | \$0.00 |
| Administrative Assistant (P/T) | \$16,380.00 | \$1,015.56 | \$237.51 | \$0.00 | \$89.00 | \$655.00 | \$492.00 | \$2,489.07 | \$2,489.07 | \$0.00 |
| Academic Enrichment Coordinator | \$0.00 | \$0.00 | \$0.00 | | | | | \$0.00 | \$0.00 | \$0.00 |
| Director of Resource Centers | \$0.00 | \$0.00 | \$0.00 | | | | | \$0.00 | \$0.00 | \$0.00 |
| Chief of CCS | \$0.00 | \$0.00 | \$0.00 | | | | | \$0.00 | \$0.00 | \$0.00 |
| Outreach and Care Coordinators (2) | \$98,000.00 | \$6,076.00 | \$1,421.00 | \$41,540.00 | \$529.00 | \$3,920.00 | \$7,340.00 | \$60,826.00 | \$60,826.00 | \$0.00 |
| Data Analyst (12/1/2024 - 09/30/2025) | \$40,000.00 | \$2,480.00 | \$580.00 | \$8,370.00 | \$216.00 | \$1,600.00 | \$3,056.00 | \$16,302.00 | \$16,302.00 | \$0.00 |
| | \$0.00 | \$0.00 | \$0.00 | | | | | \$0.00 | \$0.00 | \$0.00 |
| | \$0.00 | \$0.00 | \$0.00 | | | | | \$0.00 | \$0.00 | \$0.00 |
| | \$0.00 | \$0.00 | \$0.00 | | | | | \$0.00 | \$0.00 | \$0.00 |
| | \$0.00 | \$0.00 | \$0.00 | | | | | \$0.00 | \$0.00 | \$0.00 |
| | \$0.00 | \$0.00 | \$0.00 | | | | | \$0.00 | \$0.00 | \$0.00 |
| | \$0.00 | \$0.00 | \$0.00 | | | | | \$0.00 | \$0.00 | \$0.00 |
| | \$0.00 | \$0.00 | \$0.00 | | | | | \$0.00 | \$0.00 | \$0.00 |
| | \$0.00 | \$0.00 | \$0.00 | | | | | \$0.00 | \$0.00 | \$0.00 |
| | \$0.00 | \$0.00 | \$0.00 | | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | | | | | | | | |
| | | | | | | | | | | |
| TOTAL FRINGE | \$482,154.00 | \$29,893.55 | \$6,991.23 | \$101,309.00 | \$2,605.00 | \$19,287.00 | \$30,216.00 | \$190,301.78 | \$190,301.78 | \$0.00 |
| Total | | | | | | | | \$382,161.69 | | |
| | | | | | | | Poo | led Fringe Rate = | 39.47% | |

FRINGE - Enter each position separately in the table above and indicate the associated wages and fringe benefits associated with the position. If you are asking for more than one person in a position, please Identify the total number after the position title and in the justification area below show how you arrived at the total wages and benefits. (Example 5 tutors at 200.00 per week for 4 weeks would be: 5 tutors x 200 per week= 1000.00 per week multiplied by 52 weeks = 52000.00 for all 5 tutors). If you are asking for fringe benefits for these positions please complete the "fringe worksheet" as well.

When determining cost of benefits for reimbursement, the amount should be based on a single coverage rate and is the employer's contribution amount not the employee portion.

Please DO NOT include contract for service employees in this section.

<u>IUSTIFICATION: Describe the role and responsibilities of each position.</u>
See Regular Salary and Wages tab for position descriptions. Fringe includes FICA (6.2%), MICA (1.45%), Life and Health (actuals, ranging from \$11,982 - \$19,344 depending on coverage elections; vacant positions are figured at the highest rate; part-time postions, less than 30 hours, do not qualify for health/life), Worker's Comp (0.15%), Retirement (4%), and Other (includes dental, vision, disability, and unemployment; these are actuals outside of unemployment which is figured at 3%). All costs are the employers contribution, and do not include the employee portion.

TRANSPORTATION

| PURPOSE OF TRANSPORTATION | stimated onthly Cost | NUMBER OF Months | TOTAL ANNUAL COST | REQUESTED FROM CTAC | OTHER SOURCES |
|---|----------------------|---------------------|----------------------|------------------------|---------------|
| Example Weekly School pickup | \$ 100.00 | 12 | \$1,200.00 | \$500 | \$700.00 |
| Special events, meetings, outreach, travel to partner sites | \$ 800.00 | 12.00 | \$9,600.00 | \$8,000 | \$1,600.00 |
| | | | \$0.00 | \$0 | \$0.00 |
| | | | \$0.00 | \$0 | \$0.00 |
| | | | \$0.00 | \$0 | \$0.00 |
| | | | \$0.00 | \$0 | \$0.00 |
| | | | \$0.00 | \$0 | \$0.00 |
| | | | \$0.00 | \$0 | \$0.00 |
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| | | | \$0.00 | \$0 | \$0.00 |
| | | | \$0.00 | \$0 | \$0.00 |
| | | | \$0.00 | \$0 | \$0.00 |
| | | | \$0.00 | \$0 | \$0.00 |
| | | | \$0.00 | \$0 | \$0.00 |
| | | TOTAL COST | \$9,600.00 | \$8,000.00 | \$1,600.00 |

Transportation – The purchase of vehicles is not allowed. Fuel is allowed only for program-related transportation. Rental of a vehicle is allowed for transporting program participant(s) to a program-related event(s). Insurance, taxes, and accessory coverage on rental vehicles are not billable. Vehicle-related expenses are not allowed for the transportation of non-program participants.

Please DO NOT include travel, certifications or training of employees in this section.

JUSTIFICATION: Describe the purpose of transportation and how costs were determined. (insert justification below)

Travel expenses are included for nine positions, 2 Community Resource Navigators, 2 Family Support Coordinators, 2 Outreach and Care Coordinators, 1 Data Specialist, and 2 Resource Center Managers. It is ancipated the majority of travel will be by the CRNs, who will travel to remote locations. The agency reimbusement rate is 0.445. Travel logs will be submitted.

OFFICE SUPPLIES

| ITEM | QUANTITY | COST PER UNIT | TOTAL COST | REQUESTED FROM CTAC | OTHER SOURCES |
|--------------------|----------|---------------|------------|---------------------|---------------|
| Example Copy Paper | 12 | \$50 | \$600.00 | \$300 | \$300.00 |
| | | | \$0.00 | \$0 | \$0.00 |
| | | | \$0.00 | \$0 | \$0.00 |
| | | | \$0.00 | \$0 | \$0.00 |
| | | | \$0.00 | \$0 | \$0.00 |
| | | | \$0.00 | \$0 | \$0.00 |
| | | | \$0.00 | \$0 | \$0.00 |
| | | | \$0.00 | \$0 | \$0.00 |
| | | | \$0.00 | \$0 | \$0.00 |
| | | | \$0.00 | \$0 | \$0.00 |
| | | | \$0.00 | \$0 | \$0.00 |
| | | | \$0.00 | \$0 | \$0.00 |
| | | | \$0.00 | \$0 | \$0.00 |
| | | | \$0.00 | \$0 | \$0.00 |
| | | | \$0.00 | \$0 | \$0.00 |
| _ | | | \$0.00 | \$0 | \$0.00 |
| | | TOTAL COST | \$0.00 | \$0.00 | \$0.00 |

Office Supplies – The purchase of generally recognized office supplies (i.e. pens, paper, printer ink, ink cartridges, etc.) is allowable.

If you have specific supplies for your program, please indicate them under Program Supplies.

| JUSTIFICATION: Describe | USTIFICATION: Describe the purpose of office supplies and how costs were determined. (insert justification below) | | | | | |
|-------------------------|---|--|--|--|--|--|
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PROGRAM SUPPLIES

| ITEM | ANNUAL COST | TOTAL COST | REQUESTED FROM CTAC | OTHER SOURCES |
|--|-------------|-------------|------------------------|---------------|
| Example Art Supplies | \$200.00 | \$200.00 | \$100 | \$100.00 |
| Family Supports (e.g., rent, utilities, food) | \$14,000.00 | \$14,000.00 | \$12,000 | \$2,000.00 |
| Staff/volunteer shirts | 1200.00 | 1200.00 | \$950 | \$250.00 |
| Promotional items | 2800.00 | 2800.00 | \$800 | \$2,000.00 |
| Event Décor (tablecloths, trays, balloons, easels etc.) | 3000.00 | 3000.00 | \$2,100 | \$900.00 |
| Food and drinks - programs and events | 6000.00 | 6000.00 | \$2,100 | \$3,900.00 |
| Participation incentives | 6182.00 | 6182.00 | \$3,928 | \$2,254.00 |
| Program materials (folders, certificate holders, flash drives) | 5750.00 | 5750.00 | \$1,000 | \$4,750.00 |
| Program materials- child-focused | 7500.00 | 7500.00 | \$0 | \$7,500.00 |
| iPad Accessories (e.g. cases, security stands) | 600.00 | \$600.00 | \$600 | \$0.00 |
| Volunteer Recruitment, Retention, and Screenings | \$2,800.00 | \$2,800.00 | \$1,677 | \$1,122.66 |
| | | \$0.00 | \$0 | \$0.00 |
| | | \$0.00 | \$0 | \$0.00 |
| | | \$0.00 | \$0 | \$0.00 |
| | | \$0.00 | \$0 | \$0.00 |
| | | \$0.00 | \$0 | \$0.00 |
| | TOTAL COST | \$49,832.00 | \$25,155.34 | \$24,676.66 |

Program Supplies - Program supplies can be described as supplies/materials necessary to the function of your program (i.e. t-shirt purchases, program material purchases, notebooks, crayons, mats). T-shirts and program materials must display the CTAC logo in a prominent location.

JUSTIFICATION: Describe the purpose of the program supplies and how costs were determined. (insert justification below)

Program supplies include materials necessary for daily operations, data collection, special events, tabling, and outreach activities, such as, tablecloths, signage, storage containers, promotional items, etc. Additional program-specific supplies include but are not limited to, marketing materials, snacks/food items, decorations, arts & crafts supplies, games, and program incentives, such as gift baskets used for chance drawings, utility payments -made directly to provider, and program-related items (e.g., coupon books, diaper bags, water bottles). Incentives will primarily be used to improve parent/caregiver engagment. If incentives include gift cards we will follow CTAC guidelines. Volunteer screenings cost approxmately \$120/each.

Family Supports are to be used across the following three categories:

- Emergency Needs: To provide emergency financial support to participating families for documented needs related to rent, utilities, etc. Payments made directly to the provider.
- Concrete Supports: To provide for immediate, concrete needs of participants including food, clothing, hygiene products, baby items (e.g., diapers, car seats, special formula/dietary needs, safe

CONTRACTUAL & PROFESSIONAL SERVICES

| NAME OF CONTRACT | SEESIONS OR HOURS | RATE | TOTAL COST | REQUESTED FROM CTAC | OTHER SOURCES |
|---------------------------------|----------------------|------------|------------|---------------------|---------------|
| Example Mental Health Counselor | 12 | \$ 200.00 | \$2,400.00 | \$0 | \$2,400.00 |
| Help Me Grow Technical Support | 1 | \$5,000 | \$5,000.00 | \$5,000 | \$0.00 |
| | | | \$0.00 | | \$0.00 |
| | | | \$0.00 | \$0 | \$0.00 |
| | | | \$0.00 | \$0 | \$0.00 |
| | | | \$0.00 | \$0 | \$0.00 |
| | | | \$0.00 | \$0 | \$0.00 |
| | | | \$0.00 | \$0 | \$0.00 |
| | | | \$0.00 | \$0 | \$0.00 |
| | | | \$0.00 | \$0 | \$0.00 |
| | | | \$0.00 | \$0 | \$0.00 |
| | | | \$0.00 | \$0 | \$0.00 |
| | | | \$0.00 | \$0 | \$0.00 |
| | | | \$0.00 | \$0 | \$0.00 |
| | | | \$0.00 | \$0 | \$0.00 |
| | | | \$0.00 | \$0 | \$0.00 |
| | | TOTAL COST | \$5,000.00 | \$5,000.00 | \$0.00 |

Contract Services - A contractual arrangement to carry out a portion of the programmatic effort or for the acquisition of routine goods or services under this agreement. Such arrangements may be in the form of consortium agreements or contracts.

A copy of the signed agreement is required, along with a timesheet or other method of timekeeping, or the contractor's detail invoice. These items are to be submitted with the reimbursement request. Lawn maintenance and land improvements are not allowed. General building maintenance, including pest control, is not allowed for non-program areas.

Professional Services-A consultant is an individual retained to provide professional advice or services for a fee. A copy of the contractual agreement is required, along with a timesheet or other method of timekeeping, or the Professional Service company's detail invoice. These items are to be submitted with the reimbursement request.

Note: Please do not include regular employees in the section.

| JUSTIFICATION: Describe the purpose of Contractual or Professional Service and how costs were det | | | | | |
|---|--|--|--|--|--|
| Payment required to Help Me Grow, as part of program participation, for technical support, program supplies, etc. | | | | | |
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CERTIFICATIONS AND TRAINING

| TYPE OF TRAINING OR CERTIFICATION | QUANTITY / STAFF | COST EACH / ENROLLMENT | TOTAL COST | REQUESTED FROM CTAC | OTHER SOURCES |
|--|---------------------|---------------------------|------------|---------------------|---------------|
| Example Safe Kids Training | 4 | \$1,100.00 | \$4,400.00 | \$0 | \$4,400.00 |
| Staff Development (Professional Trainings and Conferences) | | | \$6,100.00 | \$4,500 | \$1,600.00 |
| | | | \$0.00 | \$0 | \$0.00 |
| | | | \$0.00 | \$0 | \$0.00 |
| | | | \$0.00 | \$0 | \$0.00 |
| | | | \$0.00 | \$0 | \$0.00 |
| | | | \$0.00 | \$0 | \$0.00 |
| | | | \$0.00 | \$0 | \$0.00 |
| | | | \$0.00 | \$0 | \$0.00 |
| | | | \$0.00 | \$0 | \$0.00 |
| | | TOTAL COST | \$6,100.00 | \$4,500.00 | \$1,600.00 |

Certifications, Travel and Training – This section relates to program employees. All reimbursement requests for this section must be program-related. Copies of all documentation and receipts (i.e., car rental, hotel stay, mileage, per diem charges and itinerary) must be included in the reimbursement packet. Copies of the certificates must be included.

JUSTIFICATION: Describe the purpose of Certification or Training and how costs were determined. (insert justification below)

Funds will be used for grant-related staff, as identified on the Regular Salaries and Wages tab, to attend trainings and conferences on the topics of child welfare and prevention to include travel and lodging. One staff person will attend a train the trainer for Living the Protective Factors in the Workplace (approx. \$2500). 1-2 staff will attend State-level child welfare/prevention conferences, such as DCF's Floria Children and Families Summit and/or the Florida Coalition of Children Conference, with an average cost of \$1000 each including conference fees, discounted hotel costs, travel reimbursement, and meals. Additional staff development opportunities are provided in-kind or through grants and donations. Some examples include Living the Protective Factors, Family Resource Center Standards, Parent Engagment, De-escalation, and Mental Health First Aid.

PRINTING

| ITEM | QUANTITY | COST PER UNIT | TOTAL COST | REQUESTED FROM CTAC | OTHER SOURCES |
|---------------------------------|----------|---------------|------------|---------------------|---------------|
| Example Printing program flyers | 500 | \$0.20 | \$100.00 | \$100 | \$0.00 |
| | | | \$0.00 | \$0 | \$0.00 |
| | | | \$0.00 | \$0 | \$0.00 |
| | | | \$0.00 | \$0 | \$0.00 |
| | | | \$0.00 | \$0 | \$0.00 |
| | | | \$0.00 | \$0 | \$0.00 |
| | | | \$0.00 | \$0 | \$0.00 |
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| | | | \$0.00 | \$0 | \$0.00 |
| | | | \$0.00 | \$0 | \$0.00 |
| | | | \$0.00 | \$0 | \$0.00 |
| | | | \$0.00 | \$0 | \$0.00 |
| | | · | \$0.00 | \$0 | \$0.00 |
| | | · | \$0.00 | \$0 | \$0.00 |
| | | TOTAL COST | \$0.00 | \$0.00 | \$0.00 |

Printing - Consists of printing customized items for your specific programs (t-shirts, program materials, work packets, etc.) is allowable. An invoice for these purchases must be included in the reimbursement packet. The CTAC logo must be displayed in a prominent position.

| JUSTIFICATION: Describe the purpose of printing and how costs were determined. (insert justification below) | | | | | | | |
|---|--|--|--|--|--|--|--|
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COMMUNICATION

| ITEM | NUMBER OF MONTHS | COST PER UNIT | TOTAL COST | REQUESTED FROM CTAC | OTHER SOURCES |
|----------------------------|------------------|---------------|------------|---------------------|---------------|
| Cell Phone bill | 12 | \$102.00 | \$1,224.00 | \$150.00 | \$1,074.00 |
| Cell Phone bills (7 staff) | 12 | \$420.00 | \$5,040.00 | \$5,040.00 | \$0.00 |
| | | | \$0.00 | \$0.00 | \$0.00 |
| | | | \$0.00 | \$0.00 | \$0.00 |
| | | | \$0.00 | \$0.00 | \$0.00 |
| | | | \$0.00 | \$0.00 | \$0.00 |
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| | | | \$0.00 | \$0.00 | \$0.00 |
| | | | \$0.00 | \$0.00 | \$0.00 |
| | | | \$0.00 | \$0.00 | \$0.00 |
| | | | \$0.00 | \$0.00 | \$0.00 |
| | | TOTAL COST | \$5,040.00 | \$5,040.00 | \$0.00 |

Communications – You may be reimbursed for internet access if the internet access is required for the program. Office phones and cell phones are allowed if used for the purpose of the program. Only the percentage of CTAC funds will be authorized for reimbursement. Specific internet programs/services for the function are allowable (i.e., MailChimp, fitDegree, Cox, etc.).

| JUSTIFICATION: Describe the purpose of communication item and how costs were determined. (insert justification below) | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|--|
| Cell phone plan for the two Resource Center Managers, two Community Resource Navigators, two Outeach and Care Coordinators, and the Specialist: \$60/month X12 months X7 positions = \$5040. These are smart phones provided by PSF and do not involve a stipend. | | | | | | | | | | |
| Specialist: \$60/month X12 months X7 positions = \$5040. These are smart phones provided by PSF and do not involve a stipend. | | | | | | | | | | |
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INSURANCE

| TYPE OF INSURANCE | QUANTITY | COST PER MONTH | TOTAL COST | REQUESTED FROM CTAC | OTHER SOURCES |
|---------------------------|----------|-------------------|-------------|---------------------|---------------|
| Example General Liability | 12 | \$400.00 | \$4,800.00 | \$4,800.00 | \$0.00 |
| | 12 | \$1,048.96 | \$12,587.52 | \$0.00 | \$12,587.52 |
| | | | \$0.00 | \$0.00 | \$0.00 |
| | | | \$0.00 | \$0.00 | \$0.00 |
| | | | \$0.00 | \$0.00 | \$0.00 |
| | | | \$0.00 | \$0.00 | \$0.00 |
| | | | \$0.00 | \$0.00 | \$0.00 |
| | | | 0.00 | \$0.00 | \$0.00 |
| | | | 0.00 | \$0.00 | \$0.00 |
| | | | \$0.00 | \$0.00 | \$0.00 |
| | | | \$0.00 | \$0.00 | \$0.00 |
| TOTAL COST | | \$1,048.96 | \$12,587.52 | \$0.00 | \$12,587.52 |

Insurance – Liability and other types of insurance for your specific type of program is allowable. A copy of the policy with premium due dates and amounts must be included in the reimbursement submission each month that the coverage is in effect. Only the percentage of CTAC funds will be authorized for reimbursement.

| JUSTIFICATION: Describe the purpose of the Insurance and how costs were determined. (insert justification below) |
|--|
| This is PSF's cost. We are not requesting Children's Trust funds for this expense. |
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NON-CAPITAL EQUIPMENT & MAINTENANCE

| ITEM | QUANTITY | COST PER UNIT | TOTAL COST | REQUESTED FROM CTAC | OTHER SOURCES |
|------------------------|----------|---------------|------------|---------------------|---------------|
| Example printer HP 428 | 1 | \$250.00 | \$250.00 | \$100.00 | \$150.00 |
| Laptop Setup | 3 | \$1,367.00 | \$4,101.00 | \$4,101.00 | \$0.00 |
| iPads | 3 | \$375.00 | \$1,125.00 | \$1,125.00 | \$0.00 |
| | | | \$0.00 | \$0.00 | \$0.00 |
| | | | \$0.00 | \$0.00 | \$0.00 |
| | | | \$0.00 | \$0.00 | \$0.00 |
| | | | \$0.00 | \$0.00 | \$0.00 |
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| | | | \$0.00 | \$0.00 | \$0.00 |
| | | | \$0.00 | \$0.00 | \$0.00 |
| | | | \$0.00 | \$0.00 | \$0.00 |
| | | | \$0.00 | \$0.00 | \$0.00 |
| | | | \$0.00 | \$0.00 | \$0.00 |
| | | | \$0.00 | \$0.00 | \$0.00 |
| | | TOTAL COST | \$5,226.00 | \$5,226.00 | \$0.00 |

Non - Capital Equipment (< \$1000) - Maintenance, purchase or rental of office equipment is not allowed. Equipment that is utilized for the specific purpose of the program (printers, laptops, etc.) that can be used for several years are allowable expenditures.

| JUSTIFICATION: Describe the purpose of equipment or maintenance and now costs were determined. (insert justification below) |
|---|
| 2 laptop setups without docking stations and 1 laptop setup with a docking station and addittional screen. For new positions: Outreach and Care |
| Coordiators and Data Manager. 3 iPads, along with accessories, to be used for data collection at the FRCs and CRN sites. Equipment will be returned t |
| the Children's Trust upon the end of the contract. |
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OTHER OPERATING EXPENSES

| ITEM | QUANTITY OR MONTHS | COST PER UNIT or MONTHLY AMOUNT | TOTAL COST | REQUESTED FROM CTAC | OTHER SOURCES |
|-------------------------|-----------------------|---------------------------------------|-------------|------------------------|---------------|
| Example Building Rental | 12 | \$1,200.00 | \$14,400.00 | \$500.00 | \$13,900.00 |
| LP Rent | 12 | \$ 4,236.06 | \$50,832.72 | \$39,600 | \$11,232.72 |
| | | | \$0.00 | \$0.00 | \$0.00 |
| | | | \$0.00 | \$0.00 | \$0.00 |
| | | | \$0.00 | \$0.00 | \$0.00 |
| | | | \$0.00 | \$0.00 | \$0.00 |
| | | | \$0.00 | \$0.00 | \$0.00 |
| | | | \$0.00 | \$0.00 | \$0.00 |
| | | | \$0.00 | \$0.00 | \$0.00 |
| | | | \$0.00 | \$0.00 | \$0.00 |
| | | | \$0.00 | \$0.00 | \$0.00 |
| | | | \$0.00 | \$0.00 | \$0.00 |
| | | | \$0.00 | \$0.00 | \$0.00 |
| | | | \$0.00 | \$0.00 | \$0.00 |
| | | | \$0.00 | \$0.00 | \$0.00 |
| | | | \$0.00 | \$0.00 | \$0.00 |
| | | TOTAL COST | \$50,832.72 | \$39,600.00 | \$11,232.72 |

Other Operating Expenses - Kent payments are authorized only if the location is where direct services are provided to program participants. Only the percentage of CTAC funds will be authorized for reimbursement. Utilities are authorized only if used by the program participants. If the building houses non-program participants (such as staff), the amount/percentage of utilities used for the program participants must be calculated and only that amount/percentage will be authorized for reimbursement. Finger-printing & background screenings for program employees may also go here.

Please note :A square foot percentage calculator can be found by google search.

| JUSTIFICATION. Describe | tile purpose of other ope | erating expenses and n | iow costs were determined | i. (ilisert justilication belov | v) |
|-------------------------|-----------------------------|-------------------------|---------------------------|---------------------------------|-----------------|
| | | | | | |
| Rent at Library Partner | shin is naid to the Alachua | County Library District | Monthly navments are \$42 | 36 06 and we are requeste | d \$3 300 ner m |

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INDIRECT COST WORKSHEET

| Administrative Salaries & Wages | Annual SALARY | SOCIAL SECURITY | MEDICARE | LIFE & HEALTH INS | WORKERS' COMP | RETIREMENT | OTHER ¹ | CTAC Program | Indirect Cost |
|---------------------------------|-----------------------|-----------------|----------|-------------------|---------------|------------|--------------------|--------------|---------------|
| | Enter rates by column | 6.20% | 1.45% | 15.00% | 8.00% | 10.00% | 0.00% | Allocation | Indirect Cost |
| | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0.0% | \$0.00 |
| | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0.0% | \$0.00 |
| | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0.0% | \$0.00 |
| | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0.0% | \$0.00 |
| | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0.0% | \$0.00 |
| | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0.0% | \$0.00 |
| | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0.0% | \$0.00 |
| | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0.0% | \$0.00 |
| | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0.0% | \$0.00 |
| | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0.0% | \$0.00 |
| Total | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | \$0.00 |

| Cost Components | Annual Amount | CTAC Program Allocation | Indirect Cost |
|-------------------------|---------------|-------------------------|---------------|
| Finance/Accounting | \$400,000.00 | 17.6% | \$70,231.87 |
| Copy/Fax/Scanner Rental | \$5,640.00 | 100.0% | \$5,640.00 |
| | \$0.00 | 0.0% | \$0.00 |
| | \$0.00 | 0.0% | \$0.00 |
| | \$0.00 | 0.0% | \$0.00 |
| | \$0.00 | 0.0% | \$0.00 |
| | \$0.00 | 0.0% | \$0.00 |
| | \$0.00 | 0.0% | \$0.00 |
| | \$0.00 | 0.0% | \$0.00 |
| | \$0.00 | 0.0% | \$0.00 |
| Total | \$405,640.00 | | \$75,871.87 |

| Total Direct Cost | \$764,977.12 | IDC Rate |
|---------------------|--------------|----------|
| Total Indirect Cost | \$98,499.88 | 12.88% |
| Total Contract Cost | \$863,477.00 | |

| OTHER ¹ | | | | | | | |
|--------------------|-------|--|--|--|--|--|--|
| Description | Rate | | | | | | |
| | 0.00% | | | | | | |
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Thank you for Applying for Funding from the Children's Trust of Alachua County. Please complete Sections of this work book that partain to the funding needs you are interested in for your program.

Program Budget Summary FY 2024-2025

| NAME OF AGENCY (LEGAL NAME): | Parntership for Strong Families, Inc. | | | | | | | |
|--------------------------------------|---------------------------------------|-------------------|---------------|--|--|--|--|--|
| PROGRAM NAME: | Family Resource Center Consulting | | | | | | | |
| | | | | | | | | |
| | Total Cost | Request from CTAC | Other Sources | | | | | |
| Personnel Expenses | | | | | | | | |
| Personnel | \$105,001.20 | \$93,925.16 | \$11,076.04 | | | | | |
| Fringe | \$36,327.20 | \$36,327.20 | \$0.00 | | | | | |
| Total Personnel Expenses | \$141,328.40 | \$130,252.36 | \$11,076.04 | | | | | |
| Operating Expenses | ¢3.100.00 | Ć2 100 00 | ¢0.00 | | | | | |
| Transportation | \$2,100.00 | | | | | | | |
| Office Supplies | \$0.00 | | | | | | | |
| Program Supplies | \$9,000.00 | . , | · | | | | | |
| Contractual & Professional Services | \$0.00 | | | | | | | |
| Certifications & Training | \$9,840.69 | | | | | | | |
| Printing | \$0.00 | | | | | | | |
| Communications | \$1,440.00 | \$1,440.00 | \$0.00 | | | | | |
| Insurance | \$1,788.72 | \$0.00 | \$1,788.72 | | | | | |
| Equipment and Maintenance | \$1,300.00 | \$1,300.00 | \$0.00 | | | | | |
| Other Operating Expenses | \$0.00 | \$0.00 | \$0.00 | | | | | |
| Total Operating Expenses | \$25,469.41 | \$23,680.69 | \$1,788.72 | | | | | |
| Subtotal Personnel and Operating | \$166,797.81 | \$153,933.05 | \$12,864.76 | | | | | |
| Indirect Expenses (Maximum of 15%)** | \$25,019.67 | \$23,089.95 | \$1,929.72 | | | | | |
| Indirect Expenses (Maximum of 15%)** | \$25,019.67 | \$23,089.95 | \$ | | | | | |

INDIRECT EXPENSES**

Total Expenses

Complete the Indirect Cost Worksheet

Indirect expenses are considered to be general and or shared use for the primary organization and may mutually benefit more than the CTAC awarded program. Indirect expenses are not directly needed for the operation of the CTAC program. Example: the HR Department, Accounting & Finance, Data/I.T., the CEO.

\$191,817.49

\$14,794.48

\$177,023.00

Other Funding Sources or Revenues (include all revenue sources outside of CTAC)

| | · |
|--------------|-------------|
| SOURCE | AMOUNT |
| DCF Contract | \$14,794.48 |
| | \$0.00 |
| | \$0.00 |
| | \$0.00 |
| | \$0.00 |
| | \$0.00 |
| | \$0.00 |
| | \$0.00 |
| TOTAL | \$14,794.48 |

| TOTAL \$14,794. DESCRIPTION | | 70.00 |
|------------------------------|-------------|-------------|
| DESCRIPTION | TOTAL | \$14,794.48 |
| DESCRIPTION | | |
| | DESCRIPTION | |
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PERSONNEL

| POSITION TITLE | А | nnual Salary | % OF TIME ON THIS PROJECT | T | OTAL COSTS | REQUESTED ROM CTAC | отн | IER SOURCES |
|------------------------------|----|--------------|------------------------------|----|------------|--------------------|-----|-------------|
| Example Program Coordinator | \$ | 25,000.00 | 50% | \$ | 12,500.00 | \$ 6,250.00 | \$ | 6,250.00 |
| Prevention Consultant | \$ | 70,000.00 | 100% | \$ | 70,000.00 | \$ 70,000.00 | \$ | - |
| Director of Resource Centers | \$ | 86,170.00 | 28% | \$ | 24,127.60 | \$ 23,925.16 | \$ | 202.44 |
| Chief of CCS | \$ | 108,736.00 | 10% | \$ | 10,873.60 | \$ - | \$ | 10,873.60 |
| | | | | \$ | - | \$ - | \$ | - |
| | | | | \$ | - | \$ - | \$ | - |
| | | | | \$ | - | \$ - | \$ | - |
| | | | | \$ | - | \$ - | \$ | - |
| | | | | \$ | - | | \$ | - |
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| | | | | \$ | - | | \$ | - |
| | | | | \$ | - | | \$ | - |
| | | | | \$ | - | | \$ | - |
| | \$ | 264,906.00 | TOTAL | \$ | 105,001.20 | \$ 93,925.16 | \$ | 11,076.04 |

WAGES - Enter each position separately in the table above and indicate the gross wages associated with that position. If you are requesting funds for multiple people in a position, please identify the total number after the position title (i.e. Tutors (5)). In the justification area below, show the calculation method for that amount (i.e. 5 tutors at \$200.00/week for 52 weeks would be: $5 \times $200 \times 52 = $52,000.00$). You may list each separately if you prefer. SAMIS requires that you list each separately.

If you are asking for fringe please complete the "fringe worksheet".

The reimbursement amount for benefits should be calculated based on the EMPLOYER'S rate for single coverage, not the EMPLOYEE'S portion.

Please DO NOT include contract employees in this section.

JUSTIFICATION: Describe the role and responsibilities of each position. (insert justification here):

| POSITION TITLE | DESCRIPTION |
|---|--|
| Prevention Consultant | Responsible for recruiting and maintaining relationships with partner sites, developing and implementing consultation plans, creating FRC toolkits, faciliating trainings, and reporting related to bothCTAC funded projects, as needed. Also provides supervision and support for our Community Resource Naviation Program. |
| Director of Resource Centers | Provide supervision and hands-on support to the Prevention Consultant to include participation with meetings, trainings, and development of materials. |
| Chief of Clinical & Community Services | Responsible for direct supervision of the Director of Resource Centers, securing and managing large grants for the resource centers, sustaining and growing our network of Family Resource Centers, and consulting to build capacity for other non-profits. |
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FRINGE

| FRINGE | | | | | | | | | | |
|------------------------------|---------------|-----------------|------------|------------------------|------------------|------------|------------|----------------------|------------------------|---------------|
| POSITION TITLE | Annual SALARY | Social Security | MEDICARE | LIFE AND HEALTH INS | WORKERS' COMP | RETIREMENT | OTHER | TOTAL ANNUAL COST | REQUESTED FROM CTAC | OTHER SOURCES |
| Example Program Coordinator | \$6,250.00 | \$387.50 | 90.63 | \$600.00 | \$120.00 | \$350.00 | \$10.00 | \$1,558.13 | \$500.00 | \$1,058.13 |
| Prevention Consultant | \$70,000.00 | \$4,340.00 | \$1,015.00 | \$19,506.00 | \$378.00 | \$2,800.00 | \$4,351.48 | \$32,390.48 | \$32,390.48 | \$0.00 |
| Director of Resource Centers | \$23,925.16 | \$1,483.36 | \$346.91 | \$41.00 | \$112.00 | \$830.00 | \$1,123.45 | \$3,936.72 | \$3,936.72 | \$0.00 |
| | \$0.00 | \$0.00 | \$0.00 | | | | | \$0.00 | \$0.00 | \$0.00 |
| | \$0.00 | \$0.00 | \$0.00 | | | | | \$0.00 | \$0.00 | \$0.00 |
| | \$0.00 | \$0.00 | \$0.00 | | | | | \$0.00 | \$0.00 | \$0.00 |
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| | \$0.00 | \$0.00 | \$0.00 | | | | | \$0.00 | \$0.00 | \$0.00 |
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| | \$0.00 | \$0.00 | \$0.00 | | | | | \$0.00 | \$0.00 | \$0.00 |
| | \$0.00 | \$0.00 | \$0.00 | | | | | \$0.00 | \$0.00 | \$0.00 |
| | \$0.00 | \$0.00 | \$0.00 | | | | | \$0.00 | \$0.00 | \$0.00 |
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| | \$0.00 | \$0.00 | \$0.00 | | | | | \$0.00 | \$0.00 | \$0.00 |
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| | \$0.00 | \$0.00 | \$0.00 | | | | | \$0.00 | \$0.00 | \$0.00 |
| | \$0.00 | \$0.00 | \$0.00 | | | | | \$0.00 | \$0.00 | \$0.00 |
| | \$0.00 | \$0.00 | \$0.00 | | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | | | | | | | | |
| | | | | | | | | | | |
| TOTAL FRINGE | \$93,925.16 | \$5,823.36 | \$1,361.91 | \$19,547.00 | \$490.00 | \$3,630.00 | \$5,474.93 | \$36,327.20 | \$36,327.20 | \$0.00 |

Pooled Fringe Rate = 38.68%

FRINGE - Enter each position separately in the table above and indicate the associated wages and fringe benefits associated with the position. If you are asking for more than one person in a position, please Identify the total number after the position title and in the justification area below show how you arrived at the total wages and benefits. (Example 5 tutors at 200.00 per week for 4 weeks would be: 5 tutors x 200 per week= 1000.00 per week multiplied by 52 weeks = 52000.00 for all 5 tutors). If you are asking for fringe benefits for these positions please complete the "fringe worksheet" as well.

When determining cost of benefits for reimbursement, the amount should be based on a single coverage rate and is the employer's contribution amount not the employee portion.

Please DO NOT include contract for service employees in this section.

<u>IUSTIFICATION: Describe the role and responsibilities of each position.</u>

See Regular Salary and Wages tab for position descriptions. Fringe includes FICA (6.2%), MICA (1.45%), Life and Health (actuals, ranging from \$162 - \$21,500 depending on coverage elections; vacant positions are figured at the highest rate), Worker's Comp (0.15%), Retirement (4%), and Other (includes dental, vision, disability, and unemployment; these are actuals, outside of unemployment which is figured at 3%). All costs are the employers contribution, and do not tinclude he employee portion.

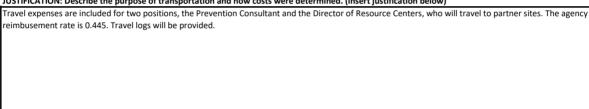
TRANSPORTATION

| PURPOSE OF TRANSPORTATION | - | timated nthly Cost | NUMBER OF Months | TOTAL ANNUAL COST | REQUESTED FROM CTAC | OTHER SOURCES |
|--------------------------------------|----|-----------------------|---------------------|-------------------|------------------------|---------------|
| Example Weekly School pickup | \$ | 100.00 | 12 | \$1,200.00 | \$500 | \$700.00 |
| Travel to meetings and partner sites | \$ | 175.00 | 12.00 | \$2,100.00 | \$2,100 | \$0.00 |
| | | | | \$0.00 | \$0 | \$0.00 |
| | | | | \$0.00 | \$0 | \$0.00 |
| | | | | \$0.00 | \$0 | \$0.00 |
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| | | | | \$0.00 | \$0 | \$0.00 |
| | | | | \$0.00 | \$0 | \$0.00 |
| | | | | \$0.00 | \$0 | \$0.00 |
| | | | • | \$0.00 | \$0 | \$0.00 |
| | | | • | \$0.00 | \$0 | \$0.00 |
| | | | TOTAL COST | \$2,100.00 | \$2,100.00 | \$0.00 |

Transportation -The purchase of vehicles is not allowed. Fuel is allowed only for program-related transportation. Rental of a vehicle is allowed for transporting program participant(s) to a program-related event(s). Insurance, taxes, and accessory coverage on rental vehicles are not billable. Vehicle-related expenses are not allowed for the transportation of non-program participants.

Please DO NOT include travel, certifications or training of employees in this section.

| JUSTIFICATION: Describe th | e purpose of t | nsportation and how costs were | determined. (insert | justification below) |
|----------------------------|----------------|--------------------------------|---------------------|----------------------|
|----------------------------|----------------|--------------------------------|---------------------|----------------------|



OFFICE SUPPLIES

| ITEM | QUANTITY | COST PER UNIT | TOTAL COST | REQUESTED FROM CTAC | OTHER SOURCES |
|--------------------|----------|---------------|------------|------------------------|---------------|
| Example Copy Paper | 12 | \$50 | \$600.00 | \$300 | \$300.00 |
| | | | \$0.00 | \$0 | \$0.00 |
| | | | \$0.00 | \$0 | \$0.00 |
| | | | \$0.00 | \$0 | \$0.00 |
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| | | | \$0.00 | \$0 | \$0.00 |
| | | | \$0.00 | \$0 | \$0.00 |
| | | | \$0.00 | \$0 | \$0.00 |
| | | TOTAL COST | \$0.00 | \$0.00 | \$0.00 |

Office Supplies – The purchase of generally recognized office supplies (i.e. pens, paper, printer ink, ink cartridges, etc.) is allowable.

If you have specific supplies for your program, please indicate them under Program Supplies.

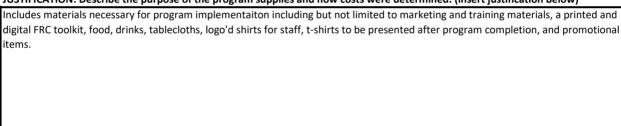
| JUSTIFICATION: Describe the purpose of office supplies and how costs were determined. (insert justification below) | | | | |
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PROGRAM SUPPLIES

| ITEM | ANNUAL COST | TOTAL COST | REQUESTED FROM CTAC | OTHER SOURCES |
|--|-------------|------------|------------------------|---------------|
| Example Art Supplies | \$200.00 | \$200.00 | \$100 | \$100.00 |
| Training supplies | \$605.00 | \$605.00 | \$605 | \$0.00 |
| Event Décor (tablecloths, trays, balloons, easels etc.) | 875.00 | \$875.00 | \$875 | \$0.00 |
| Printed/digital materials (toolkit, consulting materials etc.) | 4250.00 | \$4,250.00 | \$4,250 | \$0.00 |
| Food and drinks - trainings and events | 2500.00 | \$2,500.00 | \$2,500 | \$0.00 |
| Folding tables (2) | 120.00 | \$120.00 | \$120 | \$0.00 |
| Staff shirts and magnetic name tags with logos | 650.00 | \$650.00 | \$650 | \$0.00 |
| | | \$0.00 | \$0 | \$0.00 |
| | | \$0.00 | \$0 | \$0.00 |
| | | \$0.00 | \$0 | \$0.00 |
| | | \$0.00 | \$0 | \$0.00 |
| | | \$0.00 | \$0 | \$0.00 |
| | | \$0.00 | \$0 | \$0.00 |
| | | \$0.00 | \$0 | \$0.00 |
| | | \$0.00 | \$0 | \$0.00 |
| | | \$0.00 | \$0 | \$0.00 |
| | TOTAL COST | \$9,000.00 | \$9,000.00 | \$0.00 |

Program Supplies - Program supplies can be described as supplies/materials necessary to the function of your program (i.e. t-shirt purchases, program material purchases, notebooks, crayons, mats). T-shirts and program materials must display the CTAC logo in a prominent location.

JUSTIFICATION: Describe the purpose of the program supplies and how costs were determined. (insert justification below)



CONTRACTUAL & PROFESSIONAL SERVICES

| NAME OF CONTRACT | SEESIONS OR HOURS | RATE | TOTAL COST | REQUESTED FROM CTAC | OTHER SOURCES |
|---------------------------------|----------------------|------------|------------|---------------------|---------------|
| Example Mental Health Counselor | 12 | \$ 200.00 | \$2,400.00 | \$0 | \$2,400.00 |
| | | | \$0.00 | \$0 | \$0.00 |
| | | | \$0.00 | \$0 | \$0.00 |
| | | | \$0.00 | \$0 | \$0.00 |
| | | | \$0.00 | \$0 | \$0.00 |
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| | | | \$0.00 | \$0 | \$0.00 |
| | | | \$0.00 | \$0 | \$0.00 |
| | | | \$0.00 | \$0 | \$0.00 |
| | | TOTAL COST | \$0.00 | \$0.00 | \$0.00 |

Contract Services - A contractual arrangement to carry out a portion of the programmatic effort or for the acquisition of routine goods or services under this agreement. Such arrangements may be in the form of consortium agreements or contracts.

A copy of the signed agreement is required, along with a timesheet or other method of timekeeping, or the contractor's detail invoice. These items are to be submitted with the reimbursement request. Lawn maintenance and land improvements are not allowed. General building maintenance, including pest control, is not allowed for non-program areas.

Professional Services-A consultant is an individual retained to provide professional advice or services for a fee. A copy of the contractual agreement is required, along with a timesheet or other method of timekeeping, or the Professional Service company's detail invoice. These items are to be submitted with the reimbursement request.

Note: Please do not include regular employees in the section.

| JUSTIFICATION: Describe the purpose of Contractual or Professional Service and how costs were determined. (insert justification below) |
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CERTIFICATIONS AND TRAINING

| TYPE OF TRAINING OR CERTIFICATION | QUANTITY / STAFF | COST EACH / ENROLLMENT | TOTAL COST | REQUESTED FROM CTAC | OTHER SOURCES |
|--|---------------------|---------------------------|------------|---------------------|---------------|
| Example Safe Kids Training | 4 | \$1,100.00 | \$4,400.00 | \$0 | \$4,400.00 |
| Training of Trainers - Protective Factors | 1.00 | 2250.00 | \$2,250.00 | \$2,250 | \$0.00 |
| Staff Development (e.g., training, certifications, CEUs) | 3.00 | 2530.23 | \$7,590.69 | \$7,591 | \$0.00 |
| | | | \$0.00 | \$0 | \$0.00 |
| | | | \$0.00 | \$0 | \$0.00 |
| | | | \$0.00 | \$0 | \$0.00 |
| | | | \$0.00 | \$0 | \$0.00 |
| | | | \$0.00 | \$0 | \$0.00 |
| | | | \$0.00 | \$0 | \$0.00 |
| | | | \$0.00 | \$0 | \$0.00 |
| | | TOTAL COST | \$9,840.69 | \$9,840.69 | \$0.00 |

Certifications, Travel and Training – This section relates to program employees. All reimbursement requests for this section must be program-related. Copies of all documentation and receipts (i.e., car rental, hotel stay, mileage, per diem charges and itinerary) must be included in the reimbursement packet. Copies of the certificates must be included.

| JUSTIFICATION: Describe the purpose of Certification or Training and how costs were determined. (insert justification below) |
|---|
| includes funds for one staff person to attend the Children's Trust Fund Alliance's Training of Trainers Protective Factors training. Additional funds wi |
| be used for grant-related staff (Prevention Consultant, Director of Resource Centers, and Chiefl of Clinical & Community Services) to attend conferences and trainings relevant to their positions. This may include viritual, state-wide, and/or out of state oportunities, including travel and |
| lodging. |
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PRINTING

| ITEM | QUANTITY | COST PER UNIT | TOTAL COST | REQUESTED FROM CTAC | OTHER SOURCES |
|---------------------------------|----------|---------------|------------|---------------------|---------------|
| Example Printing program flyers | 500 | \$0.20 | \$100.00 | \$100 | \$0.00 |
| | | | \$0.00 | \$0 | \$0.00 |
| | | | \$0.00 | \$0 | \$0.00 |
| | | | \$0.00 | \$0 | \$0.00 |
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| | | | \$0.00 | \$0 | \$0.00 |
| | | | \$0.00 | \$0 | \$0.00 |
| | | | \$0.00 | \$0 | \$0.00 |
| | | TOTAL COST | \$0.00 | \$0.00 | \$0.00 |

Printing - Consists of printing customized items for your specific programs (t-shirts, program materials, work packets, etc.) is allowable. An invoice for these purchases must be included in the reimbursement packet. The CTAC logo must be displayed in a prominent position.

COMMUNICATION

| ITEM | NUMBER OF MONTHS | COST PER UNIT | TOTAL COST | REQUESTED FROM CTAC | OTHER SOURCES |
|-----------------|------------------|---------------|------------|---------------------|---------------|
| Cell Phone bill | 12 | \$102.00 | \$1,224.00 | \$150.00 | \$1,074.00 |
| Cell Phone bill | 12 | \$120.00 | \$1,440.00 | \$1,440.00 | \$0.00 |
| | | | \$0.00 | \$0.00 | \$0.00 |
| | | | \$0.00 | \$0.00 | \$0.00 |
| | | | \$0.00 | \$0.00 | \$0.00 |
| | | | \$0.00 | \$0.00 | \$0.00 |
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| | | | \$0.00 | \$0.00 | \$0.00 |
| | | | \$0.00 | \$0.00 | \$0.00 |
| | | | \$0.00 | \$0.00 | \$0.00 |
| | | TOTAL COST | \$1,440.00 | \$1,440.00 | \$0.00 |

Communications – You may be reimbursed for internet access if the internet access is required for the program. Office phones and cell phones are allowed if used for the purpose of the program. Only the percentage of CTAC funds will be authorized for reimbursement. Specific internet programs/services for the function are allowable (i.e., MailChimp, fitDegree, Cox, etc.).

| JUS | JUSTIFICATION: Describe the purpose of communication item and how costs were determined. (insert justification below) | | | | | | | |
|-----|---|--|--|--|--|--|--|--|
| | Cell phone plan for the Prevention Consultant and Director of Resources Centers: \$60/month X12 months X2 positions = \$1440. These are smart | | | | | | | |
| | phones provided by PSF and do not involve a stipend. | | | | | | | |
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INSURANCE

| TYPE OF INSURANCE | QUANTITY | COST PER MONTH | TOTAL COST | REQUESTED FROM CTAC | OTHER SOURCES |
|---------------------------|----------|-------------------|------------|---------------------|---------------|
| Example General Liability | 12 | \$400.00 | \$4,800.00 | \$4,800.00 | \$0.00 |
| General Liability | 12 | \$149.06 | \$1,788.72 | \$0.00 | \$1,788.72 |
| | | | \$0.00 | \$0.00 | \$0.00 |
| | | | \$0.00 | \$0.00 | \$0.00 |
| | | | \$0.00 | \$0.00 | \$0.00 |
| | | | \$0.00 | \$0.00 | \$0.00 |
| | | | \$0.00 | \$0.00 | \$0.00 |
| | | | 0.00 | \$0.00 | \$0.00 |
| | | | 0.00 | \$0.00 | \$0.00 |
| | | | \$0.00 | \$0.00 | \$0.00 |
| | | | \$0.00 | \$0.00 | \$0.00 |
| TOTAL COST | | \$149.06 | \$1,788.72 | \$0.00 | \$1,788.72 |

Insurance – Liability and other types of insurance for your specific type of program is allowable. A copy of the policy with premium due dates and amounts must be included in the reimbursement submission each month that the coverage is in effect. Only the percentage of CTAC funds will be authorized for reimbursement.

| JUSTIFICATION: Describe the purpose of the Insurance and how costs were determined. (insert justification below) | | | | | |
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NON-CAPITAL EQUIPMENT & MAINTENANCE

| ITEM | QUANTITY | COST PER UNIT | TOTAL COST | REQUESTED FROM CTAC | OTHER SOURCES |
|------------------------|----------|---------------|------------|---------------------|---------------|
| Example printer HP 428 | 1 | \$250.00 | \$250.00 | \$100.00 | \$150.00 |
| Laptop Setup | 1 | \$1,300.00 | \$1,300.00 | \$1,300.00 | \$0.00 |
| | | | \$0.00 | \$0.00 | \$0.00 |
| | | | \$0.00 | \$0.00 | \$0.00 |
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| | | | \$0.00 | \$0.00 | \$0.00 |
| | | | \$0.00 | \$0.00 | \$0.00 |
| | | | \$0.00 | \$0.00 | \$0.00 |
| | | | \$0.00 | \$0.00 | \$0.00 |
| | | TOTAL COST | \$1,300.00 | \$1,300.00 | \$0.00 |

Non - Capital Equipment (< \$1000) - Maintenance, purchase or rental of office equipment is not allowed. Equipment that is utilized for the specific purpose of the program (printers, laptops, etc.) that can be used for several years are allowable expenditures.

Costs include the purchase of one replacement laptop for the Director of Resource Centers at appromately \$1,300 - docking station not needed. A laptop was previously purchased for the Prevention Consultant on January 22, 2024. This is currently the only CTAC funded laptop related to this program. No other equipment has been purchased using CTAC funds. Both laptops will be returned to the Children's Trust of Alachua County at contract closure.

OTHER OPERATING EXPENSES

| ITEM | QUANTITY OR MONTHS | COST PER UNIT or MONTHLY AMOUNT | TOTAL COST | REQUESTED FROM CTAC | OTHER SOURCES |
|-------------------------|-----------------------|---------------------------------------|-------------|------------------------|---------------|
| Example Building Rental | 12 | \$1,200.00 | \$14,400.00 | \$500.00 | \$13,900.00 |
| | | | \$0.00 | \$0.00 | \$0.00 |
| | | | \$0.00 | \$0.00 | \$0.00 |
| | | | \$0.00 | \$0.00 | \$0.00 |
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| | | | \$0.00 | \$0.00 | \$0.00 |
| | | | \$0.00 | \$0.00 | \$0.00 |
| | | | \$0.00 | \$0.00 | \$0.00 |
| | | TOTAL COST | \$0.00 | \$0.00 | \$0.00 |

Other Operating Expenses - Kent payments are authorized only if the location is where direct services are provided to program participants. Only the percentage of CTAC funds will be authorized for reimbursement. Utilities are authorized only if used by the program participants. If the building houses non-program participants (such as staff), the amount/percentage of utilities used for the program participants must be calculated and only that amount/percentage will be authorized for reimbursement. Finger-printing & background screenings for program employees may also go here.

Please note: A square foot percentage calculator can be found by google search.

| IUSTIFICATION: Describe the purpose of other operating expenses and how costs were determined. (insert justification below) | | | | | |
|---|--|--|--|--|--|
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INDIRECT COST WORKSHEET

| Administrative Salaries & Wages | Annual SALARY | SOCIAL SECURITY | MEDICARE | LIFE & HEALTH INS | WORKERS' COMP | RETIREMENT | OTHER ¹ | CTAC Program | Indirect Cost |
|---------------------------------|-----------------------|-----------------|----------|-------------------|---------------|------------|--------------------|--------------|---------------|
| Administrative Salaries & Wages | Enter rates by column | 6.20% | 1.45% | 15.00% | 8.00% | 10.00% | 0.00% | Allocation | |
| | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0.0% | \$0.00 |
| | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 15.0% | \$0.00 |
| | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0.0% | \$0.00 |
| | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0.0% | \$0.00 |
| | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0.0% | \$0.00 |
| | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0.0% | \$0.00 |
| | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0.0% | \$0.00 |
| | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0.0% | \$0.00 |
| | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0.0% | \$0.00 |
| | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0.0% | \$0.00 |
| Total | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | \$0.00 |

| Cost Components | Annual Amount | CTAC Program Allocation | Indirect Cost |
|--------------------|---------------|-------------------------|---------------|
| Finance/Accounting | \$400,000.00 | 5.8% | \$23,089.95 |
| | \$0.00 | 0.0% | \$0.00 |
| | \$0.00 | 0.0% | \$0.00 |
| | \$0.00 | 0.0% | \$0.00 |
| | \$0.00 | 0.0% | \$0.00 |
| | \$0.00 | 0.0% | \$0.00 |
| | \$0.00 | 0.0% | \$0.00 |
| | \$0.00 | 0.0% | \$0.00 |
| | \$0.00 | 0.0% | \$0.00 |
| | \$0.00 | 0.0% | \$0.00 |
| Total | \$400,000.00 | | \$23,089.95 |

| Total Direct Cost | \$153,933.05 | IDC Rate |
|---------------------|--------------|----------|
| Total Indirect Cost | \$23,089.95 | 15.00% |
| Total Contract Cost | \$177,023.00 | |

| OTHER ¹ | |
|--------------------|------|
| Description | Rate |
| | |
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Thank you for Applying for Funding from the Children's Trust of Alachua County. Please complete Sections of this work book that partain to the funding needs you are interested in for your program.

Program Budget Summary FY 2024-2025

| NAME OF AGENCY (LEGAL NAME): | The Willie Mae Stokes Communtiy Center |
|------------------------------|--|
| PROGRAM NAME: | The Willie Mae Stokes Family Resource Center |

| | Total Cost | Request from CTAC | Other Sources |
|--------------------------------------|--------------|-------------------|---------------|
| Personnel Expenses | | | |
| Personnel | \$118,480.00 | \$118,480.00 | \$0.00 |
| Fringe | \$9,063.72 | \$9,063.72 | \$0.00 |
| Total Personnel Expenses | \$127,543.72 | \$127,543.72 | \$0.00 |
| Operating Expenses | | | |
| Transportation | \$0.00 | \$0.00 | \$0.00 |
| Office Supplies | \$5,160.00 | \$5,160.00 | \$0.00 |
| Program Supplies | \$18,540.27 | \$18,540.27 | \$0.00 |
| Contractual & Professional Services | \$0.00 | \$0.00 | \$0.00 |
| Certifications & Training | \$148.00 | \$148.00 | \$0.00 |
| Printing | \$164.00 | \$164.00 | \$0.00 |
| Communications | \$2,400.00 | \$2,400.00 | \$0.00 |
| Insurance | \$0.00 | \$0.00 | \$0.00 |
| Equipment and Maintenance | \$3,400.00 | \$3,400.00 | \$0.00 |
| Other Operating Expenses | \$144.00 | \$144.00 | \$0.00 |
| Total Operating Expenses | \$29,956.27 | \$29,956.27 | \$0.00 |
| Subtotal Personnel and Operating | \$157,499.99 | \$157,499.99 | \$0.00 |
| Indirect Expenses (Maximum of 15%)** | Ç137,433.33 | \$0.00 | |
| Total Expenses | \$157,499,99 | \$157,499,99 | \$0.00 |

INDIRECT EXPENSES**

Complete the Indirect Cost Worksheet
Indirect expenses are considered to be general and or shared use for the primary organization and may mutually benefit more than the CTAC awarded program. Indirect expenses are not directly needed for the operation of the CTAC program. Example: the HR Department, Accounting & Finance, Data/I.T., the CEO.

Other Funding Sources or Revenues (include all revenue sources outside of CTAC)

| other runaing oour ees or recondes (include an reconde sources ou | |
|---|--------|
| SOURCE | AMOUNT |
| | \$0.00 |
| | \$0.00 |
| | \$0.00 |
| | \$0.00 |
| | \$0.00 |
| | \$0.00 |
| | \$0.00 |
| | \$0.00 |
| TOTAL | \$0.00 |

| | \$0.00 |
|-------------|------------------|
| | \$0.00 \$0.00 |
| TOTAL | |
| | |
| DESCRIPTION | |
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PERSONNEL

| POSITION TITLE | Α | nnual Salary | % OF TIME ON THIS PROJECT | T | OTAL COSTS | F | REQUESTED ROM CTAC | отн | ER SOURCES |
|-----------------------------|----|--------------|------------------------------|----|------------|----|--------------------|-----|------------|
| Example Program Coordinator | \$ | 25,000.00 | 50% | \$ | 12,500.00 | \$ | 6,250.00 | \$ | 6,250.00 |
| Resource Center Manager | | \$61,250 | 100% | \$ | 61,250.00 | \$ | 61,250.00 | \$ | - |
| Family Support Coordinator | \$ | 48,350.00 | 100% | \$ | 48,350.00 | \$ | 48,350.00 | \$ | - |
| Data Manager | \$ | 44,400.00 | 20% | \$ | 8,880.00 | \$ | 8,880.00 | \$ | - |
| | | | | \$ | - | \$ | - | \$ | - |
| | | | | \$ | - | \$ | - | \$ | - |
| | | | | \$ | - | \$ | - | \$ | - |
| | | | | \$ | - | \$ | - | \$ | - |
| | | | | \$ | - | | | \$ | - |
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| | | | | \$ | - | | | \$ | - |
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| | | | | \$ | - | | | \$ | - |
| | | | | \$ | - | | | \$ | - |
| | | | | \$ | - | | | \$ | - |
| | | | | \$ | - | | - | \$ | - |
| | | | | \$ | - | | | \$ | - |
| | | | | \$ | - | | | \$ | - |
| | \$ | 154,000.00 | TOTAL | \$ | 118,480.00 | \$ | 118,480.00 | \$ | - |

WAGES - Enter each position separately in the table above and indicate the gross wages associated with that position. If you are requesting funds for multiple people in a position, please identify the total number after the position title (i.e. Tutors (5)). In the justification area below, show the calculation method for that amount (i.e. 5 tutors at \$200.00/week for 52 weeks would be: $5 \times $200 \times 52 = $52,000.00$). You may list each separately if you prefer. SAMIS requires that you list each separately.

If you are asking for fringe please complete the "fringe worksheet".

The reimbursement amount for benefits should be calculated based on the EMPLOYER'S rate for single coverage, not the EMPLOYEE'S portion.

Please DO NOT include contract employees in this section.

JUSTIFICATION: Describe the role and responsibilities of each position. (insert justification here):

| <u>DESCRIPTION</u> |
|--|
| Responsible for the daily operations of the Family Resource Ceneter, including program development, staff |
| and volunteer management, partner engagement, and more. |
| Meets with patrons and families to determine needs, set goals, and provide family support services. Also helps |
| with deveopment and facilitation of programs and special events. Please note, these positions were previously |
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| FRINGE | | | | | | | | | | |
|-----------------------------|---------------|-----------------|------------|------------------------|------------------|------------|---------|----------------------|------------------------|------------------|
| POSITION TITLE | Annual SALARY | Social Security | MEDICARE | LIFE AND HEALTH INS | WORKERS' COMP | RETIREMENT | OTHER | TOTAL ANNUAL COST | REQUESTED FROM CTAC | OTHER SOURCES |
| Example Program Coordinator | \$6,250.00 | \$387.50 | 90.63 | \$600.00 | \$120.00 | \$350.00 | \$10.00 | \$1,558.13 | \$500.00 | \$1,058.13 |
| Resource Center Manager | \$61,250.00 | \$3,797.50 | \$888.13 | | | | | \$4,685.63 | \$4,685.63 | \$0.00 |
| Family Support Coordinator | \$48,350.00 | \$2,997.70 | \$701.08 | | | | | \$3,698.78 | \$3,698.78 | \$0.00 |
| Data Manager | \$8,880.00 | \$550.56 | \$128.76 | | | | | \$679.32 | \$679.32 | \$0.00 |
| | \$0.00 | \$0.00 | \$0.00 | | | | | \$0.00 | \$0.00 | \$0.00 |
| | \$0.00 | \$0.00 | \$0.00 | | | | | \$0.00 | \$0.00 | \$0.00 |
| | \$0.00 | \$0.00 | \$0.00 | | | | | \$0.00 | \$0.00 | \$0.00 |
| | \$0.00 | \$0.00 | \$0.00 | | | | | \$0.00 | \$0.00 | \$0.00 |
| | \$0.00 | \$0.00 | \$0.00 | | | | | \$0.00 | \$0.00 | \$0.00 |
| | \$0.00 | \$0.00 | \$0.00 | | | | | \$0.00 | \$0.00 | \$0.00 |
| | \$0.00 | \$0.00 | \$0.00 | | | | | \$0.00 | \$0.00 | \$0.00 |
| | \$0.00 | \$0.00 | \$0.00 | | | | | \$0.00 | \$0.00 | \$0.00 |
| | \$0.00 | \$0.00 | \$0.00 | | | | | \$0.00 | \$0.00 | \$0.00 |
| | \$0.00 | \$0.00 | \$0.00 | | | | | \$0.00 | \$0.00 | \$0.00 |
| | \$0.00 | \$0.00 | \$0.00 | | | | | \$0.00 | \$0.00 | \$0.00 |
| | \$0.00 | \$0.00 | \$0.00 | | | | | \$0.00 | \$0.00 | \$0.00 |
| | \$0.00 | \$0.00 | \$0.00 | | | | | \$0.00 | \$0.00 | \$0.00 |
| | \$0.00 | \$0.00 | \$0.00 | | | | | \$0.00 | \$0.00 | \$0.00 |
| | \$0.00 | \$0.00 | \$0.00 | | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | | | | | | | | |
| TOTAL FRINGE | \$118,480.00 | \$7,345.76 | \$1,717.96 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$9,063.72 | \$9,063.72 | \$0.00 |

FRINCE - Eater each position separately in the table above and indicate the associated wages and fringe benefits associated with the position. If you are asking for more than one person in a position, please fleentify the total number after the position title and in the justification area belows how how you arrived at the total wages and benefits, (Example's tutors at 2000 per week for 4 weeks would be: Stators x 200 per week not 100,000 per week for 4 weeks would be: Stators x 200 per week 100,000 per week for 4 weeks would be: Stators x 200 per week 100,000 per week for 6 weeks would be: Stators x 200 per week for 6 weeks would be: Stators x 200 per week for 6 weeks would be: Stators x 200 per week 100,000 per week for 6 weeks would be: Stators x 200 per week for 6 weeks wo

| JUSTIFICATION: Describe the role and responsibilities of each position. | |
|--|--|
| Required Social Security and Medicare expenses for the two newly hired staff, using provided formulas. | |
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TRANSPORTATION

| PURPOSE OF TRANSPORTATION | Estimated Monthly Cost | NUMBER OF Months | TOTAL ANNUAL COST | REQUESTED FROM CTAC | OTHER SOURCES |
|------------------------------|---------------------------|---------------------|----------------------|------------------------|---------------|
| Example Weekly School pickup | \$ 100.00 | 12 | \$1,200.00 | \$500 | \$700.00 |
| | | | \$0.00 | \$0 | \$0.00 |
| | | | \$0.00 | \$0 | \$0.00 |
| | | | \$0.00 | \$0 | \$0.00 |
| | | | \$0.00 | \$0 | \$0.00 |
| | | | \$0.00 | \$0 | \$0.00 |
| | | | \$0.00 | \$0 | \$0.00 |
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| | | | \$0.00 | \$0 | \$0.00 |
| | | | \$0.00 | \$0 | \$0.00 |
| | | | \$0.00 | \$0 | \$0.00 |
| | | | \$0.00 | \$0 | \$0.00 |
| | | TOTAL COST | \$0.00 | \$0.00 | \$0.00 |

Transportation –The purchase of vehicles is not allowed. Fuel is allowed only for program-related transportation. Rental of a vehicle is allowed for transporting program participant(s) to a program-related event(s). Insurance, taxes, and accessory coverage on rental vehicles are not billable. Vehicle-related expenses are not allowed for the transportation of non-program participants.

Please DO NOT include travel, certifications or training of employees in this section.

| IIIS | TIFICATION: Describe the purpose of transportation and how costs were determined. (insert justification below) |
|------|--|
| 103 | THECATION. Describe the purpose of transportation and now costs were determined. (insert justification below) |
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OFFICE SUPPLIES

| ITEM | QUANTITY | COST PER UNIT | TOTAL COST | REQUESTED FROM CTAC | OTHER SOURCES |
|-----------------------------------|----------|---------------|------------|------------------------|---------------|
| Example Copy Paper | 12 | \$50 | \$600.00 | \$300 | \$300.00 |
| | | | | | \$0.00 |
| Office furniture (desk and chair) | 3 | \$1,470 | \$4,410.00 | \$4,410 | \$0.00 |
| Lobby furniture | 1 | <i>\$750</i> | \$750.00 | \$750 | \$0.00 |
| | | | | | \$0.00 |
| | | | \$0.00 | \$0 | \$0.00 |
| | | | \$0.00 | \$0 | \$0.00 |
| | | | \$0.00 | \$0 | \$0.00 |
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| | | | \$0.00 | \$0 | \$0.00 |
| | | | \$0.00 | \$0 | \$0.00 |
| | | | \$0.00 | \$0 | \$0.00 |
| | | | \$0.00 | \$0 | \$0.00 |
| | | | \$0.00 | \$0 | \$0.00 |
| | | | \$0.00 | \$0 | \$0.00 |
| | | TOTAL COST | \$5,160.00 | \$5,160.00 | \$0.00 |

Office Supplies – The purchase of generally recognized office supplies (i.e. pens, paper, printer ink, ink cartridges, etc.) is allowable.

If you have specific supplies for your program, please indicate them under Program Supplies.

| Office furniture includes de | esk, hutch, and chairs for up to three s | staff. Lobby furniture inclues 4 chairs |
|------------------------------|--|---|
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PROGRAM SUPPLIES

| ITEM | ANNUAL COST | TOTAL COST | REQUESTED FROM CTAC | OTHER SOURCES |
|--|-------------|-------------|---------------------|---------------|
| Example Art Supplies | \$200.00 | \$200.00 | \$100 | \$100.00 |
| Smart Board with stand and accessories | \$1,699.00 | \$1,699.00 | \$1,699 | \$0.00 |
| Miscellaneous supplies | \$16,841.27 | \$16,841.27 | \$16,841 | \$0.00 |
| | | \$0.00 | \$0 | \$0.00 |
| | | \$0.00 | \$0 | \$0.00 |
| | | \$0.00 | \$0 | \$0.00 |
| | | \$0.00 | \$0 | \$0.00 |
| | | \$0.00 | \$0 | \$0.00 |
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| | | \$0.00 | \$0 | \$0.00 |
| | | \$0.00 | \$0 | \$0.00 |
| | | \$0.00 | \$0 | \$0.00 |
| | | \$0.00 | \$0 | \$0.00 |
| | TOTAL COST | \$18,540.27 | \$18,540.27 | \$0.00 |

Program Supplies - Program supplies can be described as supplies/materials necessary to the function of your program (i.e. t-shirt purchases, program material purchases, notebooks, crayons, mats). T-shirts and program materials must display the CTAC logo in a prominent location.

JUSTIFICATION: Describe the purpose of the program supplies and how costs were determined. (insert justification below)

Smart board for use with Family Resource Center programs. Program supplies include materials necessary for daily operations, special events, tabling, and outreach activities, such as, tablecloths, signage, storage containers, promotional items, etc. Additional program-specific supplies include but are not limited to, marketing materials, snacks/food items, decorations, arts & crafts supplies, games, and program supplies such as gift baskets used for chance drawings, utility and rental assistance payments - made directly to provider, (Priorty will be given to those that reside in the 32667 zip code area) and program-related items (e.g., coupon books, diaper bags, water bottles). Incentives will not include gift cards.

CONTRACTUAL & PROFESSIONAL SERVICES

| NAME OF CONTRACT | SEESIONS OR HOURS | RATE | TOTAL COST | REQUESTED FROM CTAC | OTHER SOURCES |
|---------------------------------|----------------------|------------|------------|------------------------|---------------|
| Example Mental Health Counselor | 12 | \$ 200.00 | \$2,400.00 | \$0 | \$2,400.00 |
| | | | | | \$0.00 |
| | | | \$0.00 | \$0 | \$0.00 |
| | | | \$0.00 | \$0 | \$0.00 |
| | | | \$0.00 | \$0 | \$0.00 |
| | | | \$0.00 | \$0 | \$0.00 |
| | | | \$0.00 | \$0 | \$0.00 |
| | | | \$0.00 | \$0 | \$0.00 |
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| | | | \$0.00 | \$0 | \$0.00 |
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| | | | \$0.00 | \$0 | \$0.00 |
| | | | \$0.00 | \$0 | \$0.00 |
| | | | \$0.00 | \$0 | \$0.00 |
| | | | \$0.00 | \$0 | \$0.00 |
| | | | \$0.00 | \$0 | \$0.00 |
| | | TOTAL COST | \$0.00 | \$0.00 | \$0.00 |

CERTIFICATIONS AND TRAINING

| TYPE OF TRAINING OR CERTIFICATION | QUANTITY / STAFF | COST EACH / ENROLLMENT | TOTAL COST | REQUESTED FROM CTAC | OTHER SOURCES |
|-----------------------------------|---------------------|---------------------------|------------|---------------------|---------------|
| Example Safe Kids Training | 4 | \$1,100.00 | \$4,400.00 | \$0 | \$4,400.00 |
| First aid/CPR training | 4.00 | 37.00 | \$148.00 | \$148 | \$0.00 |
| | | | \$0.00 | \$0 | \$0.00 |
| | | | \$0.00 | \$0 | \$0.00 |
| | | | \$0.00 | \$0 | \$0.00 |
| | | | \$0.00 | \$0 | \$0.00 |
| | | | \$0.00 | \$0 | \$0.00 |
| | | | \$0.00 | \$0 | \$0.00 |
| | | | \$0.00 | \$0 | \$0.00 |
| | | | \$0.00 | \$0 | \$0.00 |
| | | TOTAL COST | \$148.00 | \$148.00 | \$0.00 |

Certifications, Travel and Training – This section relates to program employees. All reimbursement requests for this section must be program-related. Copies of all documentation and receipts (i.e., car rental, hotel stay, mileage, per diem charges and itinerary) must be included in the reimbursement packet. Copies of the certificates must be included.

| JUSTIFICATION: Describe the purpose of Certification or Training and how costs were determined. (insert justification below) | |
|--|--|
| First aid/CPR Training for new staff. | |
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PRINTING

| ITEM | QUANTITY | COST PER UNIT | TOTAL COST | REQUESTED FROM CTAC | OTHER SOURCES |
|---------------------------------|----------|---------------|------------|---------------------|---------------|
| Example Printing program flyers | 500 | \$0.20 | \$100.00 | \$100 | \$0.00 |
| Mailers | 200 | \$0.82 | \$164.00 | \$164 | \$0.00 |
| | | | \$0.00 | \$0 | \$0.00 |
| | | | \$0.00 | \$0 | \$0.00 |
| | | | \$0.00 | \$0 | \$0.00 |
| | | | \$0.00 | \$0 | \$0.00 |
| | | | \$0.00 | \$0 | \$0.00 |
| | | | \$0.00 | \$0 | \$0.00 |
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| | | | \$0.00 | \$0 | \$0.00 |
| | | | \$0.00 | \$0 | \$0.00 |
| | | | \$0.00 | \$0 | \$0.00 |
| | | | \$0.00 | \$0 | \$0.00 |
| | | TOTAL COST | \$164.00 | \$164.00 | \$0.00 |

Printing - Consists of printing customized items for your specific programs (t-shirts, program materials, work packets, etc.) is allowable. An invoice for these purchases must be included in the reimbursement packet. The CTAC logo must be displayed in a prominent position.

| JUSTIFICATION: Describe the purpose of printing and how costs were determined. (insert justification below) | | | | | | |
|---|--|--|--|--|--|--|
| THE COST WILL PRINTING NEEDS TO INCLUDE FLYERS UPCOMING EVENTS AND PROGRAM INFORMATION. | | | | | | |
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COMMUNICATION

| ITEM | NUMBER OF MONTHS | COST PER UNIT | TOTAL COST | REQUESTED FROM CTAC | OTHER SOURCES |
|--------------------|------------------|---------------|------------|---------------------|---------------|
| Cell Phone bill | 12 | \$102.00 | \$1,224.00 | \$150.00 | \$1,074.00 |
| CELL PHONEFOR SRVC | 12 | \$200.00 | \$2,400.00 | \$2,400.00 | \$0.00 |
| | | | \$0.00 | \$0.00 | \$0.00 |
| | | | \$0.00 | \$0.00 | \$0.00 |
| | | | \$0.00 | \$0.00 | \$0.00 |
| | | | \$0.00 | \$0.00 | \$0.00 |
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| | | | \$0.00 | \$0.00 | \$0.00 |
| | | | \$0.00 | \$0.00 | \$0.00 |
| | | | \$0.00 | \$0.00 | \$0.00 |
| | | | \$0.00 | \$0.00 | \$0.00 |
| | | TOTAL COST | \$2,400.00 | \$2,400.00 | \$0.00 |

Communications – You may be reimbursed for internet access if the internet access is required for the program. Office phones and cell phones are allowed if used for the purpose of the program. Only the percentage of CTAC funds will be authorized for reimbursement. Specific internet programs/services for the function are allowable (i.e., MailChimp, fitDegree, Cox, etc.).

| ISTIFICATION: Describe the purpose of communication item and how costs were determined. (insert justification below) | | | | | |
|--|---|--|--|--|--|
| | | | | | |
| | Year 1 would include the cost of the cell phone plan along with the purchase of the phones. | | | | |
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INSURANCE

| TYPE OF INSURANCE | QUANTITY | COST PER MONTH | TOTAL COST | REQUESTED FROM CTAC | OTHER SOURCES |
|----------------------------|----------|-------------------|------------|---------------------|---------------|
| Example General Liability | 12 | \$400.00 | \$4,800.00 | \$4,800.00 | \$0.00 |
| GENERAL LIABILTY INSURANCE | | | \$0.00 | \$0.00 | \$0.00 |
| | | | \$0.00 | \$0.00 | \$0.00 |
| | | | \$0.00 | \$0.00 | \$0.00 |
| | | | \$0.00 | \$0.00 | \$0.00 |
| | | | \$0.00 | \$0.00 | \$0.00 |
| | | | \$0.00 | \$0.00 | \$0.00 |
| | | | 0.00 | \$0.00 | \$0.00 |
| | | | 0.00 | \$0.00 | \$0.00 |
| | | | \$0.00 | \$0.00 | \$0.00 |
| | | | \$0.00 | \$0.00 | \$0.00 |
| TOTAL COST | | \$0.00 | \$0.00 | \$0.00 | \$0.00 |

Insurance – Liability and other types of insurance for your specific type of program is allowable. A copy of the policy with premium due dates and amounts must be included in the reimbursement submission each month that the coverage is in effect. Only the percentage of CTAC funds will be authorized for reimbursement.

| JUSTIFICATION: Describe the purpose of the Insurance and how costs were determined. (insert justification below) | | | | | | |
|--|--|--|--|--|--|--|
| THIS INSURANCE PROVIDES THE REQUIRED PROFESSIONAL LIABILITY INSURANCE. | | | | | | |
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NON-CAPITAL EQUIPMENT & MAINTENANCE

| ITEM | QUANTITY | COST PER UNIT | TOTAL COST | REQUESTED FROM CTAC | OTHER SOURCES |
|------------------------|----------|---------------|------------|---------------------|---------------|
| Example printer HP 428 | 1 | \$250.00 | \$250.00 | \$100.00 | \$150.00 |
| laptops for staff | 2 | \$1,700 | \$3,400.00 | \$3,400.00 | \$0.00 |
| | | | \$0.00 | \$0.00 | \$0.00 |
| | | | \$0.00 | \$0.00 | \$0.00 |
| | | | \$0.00 | \$0.00 | \$0.00 |
| | | | \$0.00 | \$0.00 | \$0.00 |
| | | | \$0.00 | \$0.00 | \$0.00 |
| | | | \$0.00 | \$0.00 | \$0.00 |
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| | | | \$0.00 | \$0.00 | \$0.00 |
| | | | \$0.00 | \$0.00 | \$0.00 |
| | | | \$0.00 | \$0.00 | \$0.00 |
| | | | \$0.00 | \$0.00 | \$0.00 |
| | | TOTAL COST | \$3,400.00 | \$3,400.00 | \$0.00 |

Non - Capital Equipment (< \$1000) - Maintenance, purchase or rental of office equipment is not allowed. Equipment that is utilized for the specific purpose of the program (printers, laptops, etc.) that can be used for several years are allowable expenditures.

| JUSTIFICATION: Des | JUSTIFICATION: Describe the purpose of equipment or maintenance and how costs were determined. (insert justification below) | | | | | | |
|--------------------|---|--|--|--|--|--|--|
| | \$1700 each for laptop setup, including docking station and software (X2). | | | | | | |
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OTHER OPERATING EXPENSES

| OTHER OPERATING EXPENSES | | | | | |
|--|-----------------------|---------------------------------------|-------------|------------------------|---------------|
| ITEM | QUANTITY OR MONTHS | COST PER UNIT or MONTHLY AMOUNT | TOTAL COST | REQUESTED FROM CTAC | OTHER SOURCES |
| Example Building Rental | 12 | \$1,200.00 | \$14,400.00 | \$500.00 | \$13,900.00 |
| LV 2 BACKGROUND CHECKS FOR 2 EMPOLYEES | 2 | \$72.00 | \$144.00 | \$144.00 | \$0.00 |
| | | | \$0.00 | \$0.00 | \$0.00 |
| | | | \$0.00 | \$0.00 | \$0.00 |
| | | | \$0.00 | \$0.00 | \$0.00 |
| | | | \$0.00 | \$0.00 | \$0.00 |
| | | | \$0.00 | \$0.00 | \$0.00 |
| | | | \$0.00 | \$0.00 | \$0.00 |
| | | | \$0.00 | \$0.00 | \$0.00 |
| | | | \$0.00 | \$0.00 | \$0.00 |
| | | | \$0.00 | \$0.00 | \$0.00 |
| | | | \$0.00 | \$0.00 | \$0.00 |
| | | | \$0.00 | \$0.00 | \$0.00 |
| | | | \$0.00 | \$0.00 | \$0.00 |
| | | | \$0.00 | \$0.00 | \$0.00 |
| | | | \$0.00 | \$0.00 | \$0.00 |
| | | TOTAL COST | \$144.00 | \$144.00 | \$0.00 |

Other Operating Expenses - Kent payments are authorized only if the location is where direct services are provided to program participants. Only the percentage of CTAC funds will be authorized for reimbursement. Utilities are authorized only if used by the program participants. If the building houses non-program participants (such as staff), the amount/percentage of utilities used for the program participants must be calculated and only that amount/percentage will be authorized for reimbursement. Finger-printing & background screenings for program employees may also go here.

Please note: A square foot percentage calculator can be found by google search.

| JUSTIFICATION: Describe the purpose of other operating expenses and how costs were determined. (insert justification below) | | | | | | | |
|---|--|--|--|--|--|--|--|
| THE COST WILL COVER COST FOR LV 2 BGC | | | | | | | |
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INDIRECT COST WORKSHEET

| Administrative Salaries 9 Mages | Annual SALARY | SOCIAL SECURITY | MEDICARE | LIFE & HEALTH INS | WORKERS' COMP | RETIREMENT | OTHER ¹ | CTAC Program | Indirect Cost |
|---------------------------------|-----------------------|-----------------|----------|-------------------|---------------|------------|--------------------|--------------|---------------|
| Administrative Salaries & Wages | Enter rates by column | 6.20% | 1.45% | 15.00% | 8.00% | 10.00% | 0.00% | Allocation | indirect cost |
| | | | | | | | | | |
| | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0.0% | \$0.00 |
| | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0.0% | \$0.00 |
| | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0.0% | \$0.00 |
| | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0.0% | \$0.00 |
| | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0.0% | \$0.00 |
| | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0.0% | \$0.00 |
| | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0.0% | \$0.00 |
| | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0.0% | \$0.00 |
| | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0.0% | \$0.00 |
| Total | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | \$0.00 |

| Cost Components | Annual Amount | CTAC Program Allocation | Indirect Cost |
|-----------------|---------------|----------------------------|---------------|
| | \$0.00 | 0.0% | \$0.00 |
| | \$0.00 | 0.0% | \$0.00 |
| | \$0.00 | 0.0% | \$0.00 |
| | \$0.00 | 0.0% | \$0.00 |
| | \$0.00 | 0.0% | \$0.00 |
| | \$0.00 | 0.0% | \$0.00 |
| | \$0.00 | 0.0% | \$0.00 |
| | \$0.00 | 0.0% | \$0.00 |
| | \$0.00 | 0.0% | \$0.00 |
| | \$0.00 | 0.0% | \$0.00 |
| Total | \$0.00 | | \$0.00 |

| Total Direct Cost | \$157,499.99 | IDC Rate |
|---------------------|--------------|----------|
| Total Indirect Cost | \$0.00 | 0.00% |
| Total Contract Cost | \$157,499.99 | |

| OTHER ¹ | | | | | |
|--------------------|-------|--|--|--|--|
| Description | Rate | | | | |
| | 0.00% | | | | |
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Thank you for Applying for Funding from the Children's Trust of Alachua County. Please complete Sections of this work book that partain to the funding needs you are interested in for your program.

Program Budget Summary FY 2024-2025

Pleasant Street Civil Rights and Cultural Arts Cente

One Community Family Resource Center

| | Total Cost | Request from CTAC | Other Sources |
|--------------------------|--------------|-------------------|---------------|
| Personnel Expenses | • | | |
| Personnel | \$123,000.00 | \$123,000.00 | \$0.00 |
| Fringe | \$9,409.50 | \$9,409.50 | \$0.00 |
| Total Personnel Expenses | \$132,409.50 | \$132,409.50 | \$0.00 |
| Operating Expenses | | | |
| Transportation | \$0.00 | \$0.00 | \$0.00 |

| Total Operating Expenses | \$25,090.50 | . , | |
|-------------------------------------|-------------|------------|--------|
| Other Operating Expenses | \$5,760.00 | \$5,760.00 | \$0.00 |
| Equipment and Maintenance | \$700.00 | \$700.00 | \$0.00 |
| Insurance | \$2,595.00 | \$2,595.00 | \$0.00 |
| Communications | \$2,889.84 | \$2,889.84 | \$0.00 |
| Printing | \$1,400.40 | \$1,400.40 | \$0.00 |
| Certifications & Training | \$2,495.00 | \$2,495.00 | \$0.00 |
| Contractual & Professional Services | \$6,030.00 | \$6,030.00 | \$0.00 |
| Program Supplies | \$1,434.68 | \$1,434.68 | \$0.00 |
| Office Supplies | \$1,785.58 | \$1,785.58 | \$0.00 |
| Transportation | \$0.00 | \$0.00 | \$0.00 |

| Subtotal Personnel and Operating | \$157,500.00 | \$157,500.00 | \$0.00 |
|--------------------------------------|--------------|--------------|--------|
| Indirect Expenses (Maximum of 10%)** | | | 0 |
| Total Expenses | \$157,500.00 | \$157,500.00 | \$0.00 |

INDIRECT EXPENSES**

Item 1.

Indirect expenses are considered to be general and or shared use for the primary organization and may mutually benefit more than the CTAC awarded program. Indirect expenses are not directly needed for the operation of the CTAC program. Example: a payroll company, the HR Department, Accounting & Finance, Data/I.T., the CEO.

Other Funding Sources or Revenues (include all revenue sources outside of CTAC)

| SOURCE | AMOUNT |
|--------|--------|
| | |
| | |
| | \$0.00 |
| | \$0.00 |
| | \$0.00 |
| | \$0.00 |
| | \$0.00 |
| | \$0.00 |
| TOTAL | \$0.00 |

| DESCRIPTION |
|---|
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| Amgen Foundation Health Equity Challenge Grant Awarded \$99,600 ends 8/17/2023-8/17/2024, |

PERSONNEL

| POSITION TITLE | Annual Salary | % OF TIME ON THIS | TOTAL COSTS | REQUESTED | OTHER SOURCES |
|-------------------------|-----------------|-------------------|------------------|------------------|---------------|
| Executive Director | \$ 55,000.00 | 100% | \$ 55,000.00 | \$ 55,000.00 | \$0.00 |
| Resource Center Manager | \$ 38,000.00 | 100% | 38,000.00 | \$ 38,000.00 | \$0.00 |
| Program Coordinator | \$ 30,000.00 | 100% | \$ 30,000.00 | \$ 30,000.00 | \$0.00 |
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| | | TOTAL PERSONNEL | \$ 123,000.00 | \$ 123,000.00 | \$0.00 |

WAGES - Enter each position separately in the table above and indicate the gross wages associated with that position. If you are requesting funds for multiple people in a position, please identify the total number after the position title (i.e. Tutors (5)). In the justification area below, show the calculation method for that amount (i.e. 5 tutors at \$200.00/week for 52 weeks would be: $5 \times $200 \times 52 = $52,000.00$). You may list each separately if you prefer.

If you are asking for fringe please complete the "fringe worksheet".

The reimbursement amount for benefits should be calculated based on the EMPLOYER'S rate for single coverage, not the EMPLOYEE'S portion.

Please DO NOT include contract employees in this section.

JUSTIFICATION: Describe the role and responsibilities of each position. (insert justification here):

| POSITION TITLE | <u>DESCRIPTION</u> |
|-------------------------|---|
| Executive Director | The Executive Director oversees all aspects of the resource center's operations, including finance, programs, staff, and |
| | volunteers. This role ensures alignment with the pilot program's goals by providing guidance and support to the team. The |
| | Executive Director also serves as the primary liaison with stakeholders, partner organizations, government agencies, and the |
| | community. Additionally, they oversee the development, implementation, and evaluation of programs and services, ensuring |
| | they address community needs effectively. Continuous monitoring and adjustment of program outcomes are essential to |
| | maintaining their effectiveness. |
| Resource Center Manager | The Resource Center Manager is responsible for the smooth day-to-day operations of the resource center. This includes |
| | managing the physical space, keeping the office stocked with necessary supplies, overseeing employee tasks, and addressing |
| | any immediate operational issues such as facility maintenance or cleanup. The manager ensures that the center is fully |
| | functional and that all employees are supported in their roles, facilitating an efficient work environment. This role also |
| | involves coordinating internal logistics, scheduling events, and ensuring that the center is always ready to serve the |
| | community. |
| Program Coordinator | The Program Coordinator plays a key role in implementing and managing the center's programs. This position focuses on |
| | engaging with the community, coordinating outreach efforts, and directly supporting patrons who participate in our |
| | programs. The coordinator is the primary point of contact for program participants, answering questions, offering assistance, |
| | and ensuring that all aspects of the programs run smoothly. They work closely with external partners, gather feedback from |
| | the community, and monitor program outcomes. This role is central to the public-facing aspects of the center, ensuring that |
| | our programs effectively meet the needs of those we serve. |
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FRINGE

| POSITION TITLE | Annual SALARY | Social Security | MEDICARE | LIFE AND | WORKERS' | RETIREMENT | OTHER | TOTAL ANNUAL COST | REQUESTED | OTHER |
|-------------------------|---------------|-----------------|------------|----------|----------|------------|--------|-------------------|------------|--------|
| Executive Director | \$55,000.00 | \$3,410.00 | \$797.50 | \$0.00 | \$0.00 | | \$0.00 | \$4,207.50 | \$4,207.50 | \$0.00 |
| Resource Center Manager | \$38,000.00 | \$2,356.00 | \$551.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$2,907.00 | | \$0.00 |
| Program Coordinator | \$30,000.00 | \$1,860.00 | \$435.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$2,295.00 | \$2,295.00 | \$0.00 |
| | \$0.00 | | | | | | | | | |
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| | \$0.00 | | | | | | | | | |
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| TOTAL FRINGE | \$123,000.00 | \$7,626.00 | \$1,783.50 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$9,409.50 | \$9,409.50 | \$0.00 |

FRINGE - Enter each position separately in the table above and indicate the associated wages and fringe benefits associated with the position. It you are asking for more than one person in a position, please identify the total number after the position title and in the justification area below show how you arrived at the total wages and benefits. (Example 5 tutors at 200,000 per week for 4 weeks would be: Stutors at 200 per weeker 1000.00 per week multiplied by 52 weeks = 2500,000 for all 5 tutors). If you are asking for fine-entities for these positions replaces complete the "tringe worksheet" as well.

When determining cost of benefits for reimbursement, the amount should be based on a single coverage rate and is the employer's contribution amount not the employee portion.

Please DO NOT include contract for service employees in this section.

| FICATION: Describe the role and responsibilities of each position. | |
|--|--|
| l Security = 6.2% | |
| care = 1.45% | |
| and Health Insurance = 11.1% | |
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TRANSPORTATION

| PURPOSE OF TRANSPORTATION | Estimated Monthly | NUMBER OF | TOTAL ANNUAL | REQUESTED | OTHER |
|---------------------------|-------------------|------------|--------------|-----------|--------|
| | | | \$0.00 | \$0 | \$0.00 |
| | | | \$0.00 | \$0 | \$0.00 |
| | | | \$0.00 | \$0 | \$0.00 |
| | | | \$0.00 | \$0 | \$0.00 |
| | | | \$0.00 | \$0 | \$0.00 |
| | | | \$0.00 | \$0 | \$0.00 |
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| | | | \$0.00 | \$0 | \$0.00 |
| | | | \$0.00 | \$0 | \$0.00 |
| | | | \$0.00 | \$0 | \$0.00 |
| | | TOTAL COST | \$0.00 | \$0.00 | \$0.00 |

Transportation – The purchase of vehicles is not allowed. Fuel is allowed only for program-related transportation. Rental of a vehicle is allowed for transporting program participant(s) to a program-related event(s). Insurance, taxes, and accessory coverage on rental vehicles are not billable. Vehicle-related expenses are not allowed for the transportation of non-program participants.

Please DO NOT include travel, certifications or training of employees in this section.

| JUSTIFICATION: Describe the purpose of transportation and how costs were determined. (insert justification below) | | | | | | | |
|---|--|--|--|--|--|--|--|
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OFFICE SUPPLIES

| ITEM | QUANTITY | COST PER UNIT | TOTAL COST | REQUESTED | OTHER |
|---------------------------------------|----------|---------------|------------|------------|--------|
| Office Clipboard, 12-Pack | 2 | \$21.04 | \$42.08 | \$42.08 | \$0.00 |
| Ballpoint Stick Pens, 12-pack | 12 | \$6.53 | \$78.36 | \$78.36 | \$0.00 |
| Copy Printer Paper, 3 Reams/CRTN | 4 | \$27.06 | \$108.24 | \$108.24 | \$0.00 |
| Printer Ink, Commercial Monthly Packs | 12 | \$99.99 | \$1,199.88 | \$1,199.88 | \$0.00 |
| Desk Tape Dispenser, 3-Pack | 2 | \$15.89 | \$31.78 | \$31.78 | \$0.00 |
| Tape Refills for Dispenser, 15CT | 2 | \$6.93 | \$13.86 | \$13.86 | \$0.00 |
| Paper Clips, 1000CT | 1 | \$12.24 | \$12.24 | \$12.24 | \$0.00 |
| Permanent Markers, 24-Pack | 2 | \$12.94 | \$25.88 | \$25.88 | \$0.00 |
| Sticky Notes 3x3, 36 Pads | 1 | \$23.53 | \$23.53 | \$23.53 | \$0.00 |
| Office Stapler, 3-Pack | 2 | \$13.44 | \$26.88 | \$26.88 | \$0.00 |
| Standard Staples, 5 Boxes (5000CT) | 1 | \$10.58 | \$10.58 | \$10.58 | \$0.00 |
| Desk Calendar | 4 | \$11.71 | \$46.84 | \$46.84 | \$0.00 |
| business cards | 5 | \$14.99 | \$74.95 | \$74.95 | \$0.00 |
| Folders with Pockets, 100-Pack | 1 | \$43.54 | \$43.54 | \$43.54 | \$0.00 |
| Manila File Folders, 100-Pack | 2 | \$23.47 | \$46.94 | \$46.94 | \$0.00 |
| | | | | | |
| | | TOTAL COST | \$1,785.58 | \$1,785.58 | \$0.00 |

Office Supplies – The purchase of generally recognized office supplies (i.e. pens, paper, printer ink, ink cartridges, etc.) is allowable.

If you have specific supplies for your program, please indicate them under Program Supplies.

| 303 THI CATION. Describe the purpose of office supplies and now costs were determined. (insert justification below) |
|---|
| Office supplies are essential for delivering services to patrons, including providing requested resource information, fax services, and printed |
| materials. The pricing for these supplies was carefully determined by comparing costs from a variety of online and brick-and-mortar retailers, |
| primarily using Amazon Basics products where shipping is included, ensuring both cost-effectiveness and accessibility. |
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PROGRAM SUPPLIES

| ITEM | ANNUAL COST | TOTAL COST | REQUESTED | OTHER SOURCES |
|--|-------------|------------|------------|---------------|
| RubberScraper Logo Doormat featuring CTAC logo | \$228.80 | \$228.80 | \$228.80 | \$0.00 |
| 6ft Table Cover adorned with CTAC logo | \$181.26 | \$181.26 | \$181.26 | \$0.00 |
| 2 Custom Tabletop Signs and Displays | \$83.04 | \$83.04 | \$83.04 | \$0.00 |
| 5000 Program Brochures | \$941.58 | \$941.58 | \$941.58 | \$0.00 |
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| | Total Cost | \$1,434.68 | \$1,434.68 | \$0.00 |

Program Supplies - Program supplies can be described as supplies/materials necessary to the function of your program (i.e. t-shirt purchases, program material purchases, notebooks, crayons, mats). T-shirts and program materials must display the CTAC logo in a prominent location.

JUSTIFICATION: Describe the purpose of the program supplies and how costs were determined. (insert justification below) The program supplies are essential for promoting awareness and education through local campaigns focused on children and family health. These materials, including branded doormats, table covers, and brochures, are designed to enhance visibility and engagement during community events and initiatives. The costs were determined based on quotes from reputable vendors, ensuring that all materials are cost effective and impactful for our local outreach efforts.

CONTRACTUAL & DROFFCCIONIAL CERVICES

| CONTRACTUAL & PROFESSIONAL SERVICES | | | | | |
|---|-------------|------------|------------|------------|---------------|
| NAME OF CONTRACT | SEESIONS OR | RATE | TOTAL COST | REQUESTED | OTHER SOURCES |
| BiBi's Business Services & Consultation | 201 | \$ 30.00 | \$6,030.00 | \$6,030 | \$0.00 |
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| | | TOTAL COST | \$6,030.00 | \$6,030.00 | \$0.00 |

Contract Services - A contractual arrangement to carry out a portion of the programmatic effort or for the acquisition of routine goods or services under this agreement. Such arrangements may be in the form of consortium agreements or contracts.

A copy of the signed agreement is required, along with a timesheet or other method of timekeeping. These items are to be submitted with the reimbursement request. Lawn maintenance and land improvements are not allowed. General building maintenance, including pest control, is not allowed for non-program areas.

Professional Services-A consultant is an individual retained to provide professional advice or services for a fee. A copy of the contractual agreement is required, along with a timesheet or other method of timekeeping. These items are to be submitted with the reimbursement request.

Note: Please do not include regular employees in the section.

JUSTIFICATION: Describe the purpose of Contractual or Professional Service and how costs were determined. (insert justification below)
BIBI's Business Services & Consultation provides critical consulting support in office management, HR, payroll, and general bookkeeping. The consultancy is responsible for maintaining accurate records, conducting data analysis, and assisting with the preparation of monthly and quarterly reports. BiBi's also ensures that all financial practices comply with industry standards. The costs were determined based on a competitive hourly rate, reflecting the value and breadth of the services provided.

CERTIFICATIONS AND TRAINING

| QUANTITY / STAFF | COST EACH / | TOTAL COST | REQUESTED | OTHER |
|------------------|-------------|------------|--|--|
| 3 | \$593.66 | \$1,780.98 | \$1,781 | \$0.00 |
| 2 | \$357.01 | \$714.02 | \$714 | \$0.00 |
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| | TOTAL COST | \$2,495.00 | \$2,495.00 | \$0.00 |
| | 3 2 | 3 \$593.66 | 3 \$593.66 \$1,780.98 2 \$357.01 \$714.02 | 3 \$593.66 \$1,780.98 \$1,781 2 \$357.01 \$714.02 \$714 |

Certifications, Travel and Training – All reimbursement requests for this section must be program-related. Copies of all documentation and receipts (i.e., car rental, hotel stay, mileage, per diem charges and itinerary) must be included in the reimbursement packet. Copies of the certificates must be included.

| JUSTIFICATION: Describe the purpose of Certification or Training and how costs were determined. (insert justification below) |
|--|
| The certifications and training will equip our staff with the latest evidence-based practices and leadership strategies to enhance program capacity. By attending key conferences like the DCF Summit and National Children's and Families Summit, staff will gain critical insights that align with our program goals. The costs are based on standard fees for these impactful training opportunities. |
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PRINTING

| ITEM | QUANTITY | COST PER UNIT | TOTAL COST | REQUESTED | OTHER |
|---|----------|---------------|------------|------------|--------|
| Yard signs, 18in X 24in, featuring the CTAC logo | 8 | \$38.82 | \$310.56 | \$310.56 | \$0.00 |
| Banners, 3ft X 6ft, for event and promotions w/ CTAC logo | 2 | \$132.92 | \$265.84 | \$265.84 | \$0.00 |
| T-shirts, featuring the CTAC logo | 100 | \$8.24 | \$824.00 | \$824.00 | \$0.00 |
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| | | TOTAL COST | \$1,400.40 | \$1,400.40 | \$0.00 |

Printing - Consists of printing customized items for your specific programs (t-shirts, program materials, work packets, etc.) is allowable. An invoice for these purchases must be included in the reimbursement packet. The CTAC logo must be displayed in a prominent position.

| STIFICATION: Describe the purpose of printing and how costs were determined. (insert justification below) | |
|---|--------|
| e printing costs are essential for producing customized materials that support our specific programs. This includes brochures to inform the mmunity, yard signs and banners for visibility and outreach, and T-shirts for program participants and staff. The costs were determined bas rrent market rates from reputable suppliers, ensuring that all printed items will prominently display the CTAC logo as required. These mate ucial for effectively promoting and running our programs, and the pricing reflects quality and cost-efficiency. | sed on |
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COMMUNICATION

| ITEM | NUMBER OF | COST PER UNIT | TOTAL COST | REQUESTED | OTHER |
|---|-----------|---------------|------------|------------|--------|
| Viasat Business Internet and Viasat Voice Service | 12 | \$240.82 | \$2,889.84 | \$2,889.84 | \$0.00 |
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| | | TOTAL COST | \$2,889.84 | \$2,889.84 | \$0.00 |

Communications – You may be reimbursed for internet access if the internet access is required for the program. Office phones and cell phones are allowed if used for the purpose of the program. Only the percentage of CTAC funds will be authorized for reimbursement. Specific internet programs/services for the function are allowable (i.e., MailChimp, fitDegree, Cox, etc.).

| JUSTIFICATION: Describe the purpose of communication item and how costs were determined. (insert justification below) |
|--|
| Reliable internet and telephone services are essential for the operation of our computer lab, enabling strong connections for online research, communication, and the use of our fax and copy machines. Telephone service is crucial for responding to patron inquiries and coordinating services. The costs were determined based on competitive rates for high-quality service providers, ensuring that our communication infrastructure meets the |
| needs of both staff and patrons effectively. |
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INSURANCE

| TYPE OF INSURANCE | QUANTITY | COST PER | TOTAL COST | REQUESTED | OTHER |
|--|----------|----------|------------|------------|--------|
| General Liability - Hiscox | 12 | \$65.00 | \$780.00 | \$780.00 | \$0.00 |
| Worker's Comp and Employer Liability Insurance | 12 | \$151.25 | \$1,815.00 | \$1,815.00 | |
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| TOTAL COST | | | \$2,595.00 | \$2,595.00 | \$0.00 |

Insurance – Liability and other types of insurance for your specific type of program is allowable. A copy of the policy with premium due dates and amounts must be included in the reimbursement submission each month that the coverage is in effect.

| JUSTIFICATION: Describe the purpose of the Insurance and how costs were determined. (insert justification below) |
|---|
| The General Liability insurance is essential for protecting the organization against potential claims related to bodily injury, property damage, and other liabilities that may arise during the course of operations. This coverage is necessary to ensure the safety and security of our staff, patrons, and assets. The costs were determined based on standard rates for comprehensive liability coverage for three employees, ensuring that the organization meets legal and |
| financial obligations while safeguarding its operations. |
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NON-CAPITAL EQUIPMENT & MAINTENANCE

| ITEM | QUANTITY | COST PER UNIT | TOTAL COST | REQUESTED | OTHER |
|-------------|----------|---------------|------------|-----------|--------|
| T.V Monitor | 2 | \$350.00 | \$700.00 | \$700.00 | \$0.00 |
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| | | TOTAL COST | \$700.00 | \$700.00 | \$0.00 |

Non - Capital Equipment (< \$1000) - Maintenance, purchase or rental of office equipment is not allowed. Equipment that is utilized for the specific purpose of the program (printers, laptops, etc.) that can be used for several years are allowable expenditures. Any real property must have a CTAC logo displayed in a prominent location.

| JUSTIFICATION: Describe the purpose of equipment or maintenance and how costs were determined. (insert justification below) |
|--|
| The staff computers and monitors are essential for facilitating teleconferences, virtual meetings, and other remote work activities. These tools are crucial for maintaining effective communication and collaboration, especially in environments where in-person meetings may not be feasible. The cost were determined based on current market prices for reliable, high-performance equipment that meets the needs of our staff. This investment ensures |
| that our team can efficiently manage program activities, maintain client engagement, and coordinate with partners and stakeholders. |
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OTHER OPERATING EXPENSES

| ITEM | QUANTITY OR | COST PER UNIT | TOTAL COST | REQUESTED | OTHER |
|----------------------|-------------|---------------|------------|------------|--------|
| Building Rental | 12 | \$400.00 | \$4,800.00 | \$4,800.00 | \$0.00 |
| Payroll/ HR Services | 12 | \$80.00 | \$960.00 | \$960.00 | \$0.00 |
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| | | TOTAL COST | \$5,760.00 | \$5,760.00 | \$0.00 |

Other Operating Expenses - Rent and mortgage payments are authorized only if the location is where direct services are provided to program participants. Only the percentage of CTAC funds will be authorized for reimbursement. Utilities are authorized only if used by the program participants. If the building houses non-program participants (such as staff), the amount/percentage of utilities used for the program participants must be calculated and only that amount/percentage will be authorized for reimbursement.

Please note: A square foot percentage calculator can be found by google search.

| JSTIFICATION: Describe the purpose | of other operating | expenses and how costs were determin | ed. (insert | t justification belov | ı) |
|------------------------------------|--------------------|--------------------------------------|-------------|-----------------------|----|
|------------------------------------|--------------------|--------------------------------------|-------------|-----------------------|----|

| JOSTIFICATION. Describe the purpose of other operating expenses and now costs were determined. (Insert Justification below) |
|---|
| The building rental is essential for providing a dedicated space to deliver direct services to clients and conduct program activities. This facility serves |
| as the primary location for all client interactions, workshops, and community engagement efforts. The HR services cost covers essential human |
| resources functions, including payroll processing, compliance management, and employee support. These expenses are crucial for maintaining a well |
| organized and legally compliant operation, ensuring that all programs are delivered effectively and efficiently. The costs were determined based on |
| standard rental rates and service fees for comprehensive HR support. |
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| File | Atta | chm | ents | for | Item: |
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2. Community Foundation (Center for Nonprofit Excellence) Capacity Building (Kristy Goldwire)

CENTER FOR NONPROFIT EXCELLENCE UPDATE

Helping nonprofits do what they do, better



WWW.CNENCF.ORG



EXECUTIVE SUMMARY

The relaunch of the Center for Nonprofit Excellence as a staffed, full-time project of the Community Foundation and supported by The Children's Trust has been a success. We can measure this by 3 outcomes:

- Feedback from participants
- New and enhanced partnerships
- Requests for engagement

We have conducted 14 formal training sessions to 209 participants, including 89 (duplicated) CTAC attendees. In addition, 68 individual session support sessions, and 7 planning sessions have been provided, with 14 of these to CTAC funded programs.

WWW.CNENCF.ORG



FEEDBACK EXAMPLES

WHAT WAS HELPFUL ABOUT THE SESSION?

- My goal for the session was to get a clear understanding of what is expected and to find simplified means to gather the expected data. Success in both regards.
- Clearly defined outputs, outcomes, and impact. Examples for each and willingness to work through things we did not understand or our own data.
- Very helpful in identifying new results based outcomes and the session was very very informative for troubleshooting program specific challenges with data reporting.
- Thank you for the education and community you are building through these trainings! I am grateful!

PLEASE LIST 2-3 KEY
TAKEAWAYS FROM THIS SESSION

- If you do not measure it, you cannot impact it
- Keep attending CNE trainings! There's always someone in the room who does something or knows something that will make my life easier.
- We need more collaboration.
- Working together enhances our organizations.
- There is enough need in the community that we don't need to compete, and collaboration increases capacity.
- Thank you so much for conducting these types of workshops. With each one I feel better able to do the jobs I am tasked with.

HOW CAN YOU IMPLEMENT THE INFORMATION FROM THIS SESSION IN YOUR WORK?

- From this workshop, I know I can share a clear understanding of what is meant by outcomes, outputs and impacts, and the means to demonstrate those in various ways.
- I'm going to look for Mission Moments to ensure I'm able to provide something to the board at most of the board meetings.
- I had a "difficult" conversation today with an employee. The conversation around emotional vulnerability was particularly helpful in preparing for the conversation and in having the conversation.
- We have acknowledged that we want to be able to tell our story better. We have talked about our website, social media, and printed materials. Data and deliverables is a critical piece to doing that well.

Operational Needs Highlights

- Learning practices for better business management will make our work more sustainable. Having a passion isn't enough! We need to work on the topics CNE has identified to ensure we have the infrastructure to support our work.
- There is so much I was unaware of. Makes me want to go back and ask questions that I didn't know to ask to start with. Then begin discussions to identify and address gaps in our model and practices.
- The information Theresa presented was exactly the information I, and my board members, have been asking questions about. The new CNE model is such a great resource to the community. So grateful she's in this position and available to help us get better together!

We are learning that the collaboration and learning opportunities give agencies the venue to validate, discuss, and problem solve on issues that impact their reporting, program development, and help them define their impact.



VISIONING FOR THE FUTURE

The CNE continues to develop strategies and create opportunities for the nonprofits in our sector to coordinate their efforts for maximum impact.

Regardless of the focus of their mission, programs, and work, it is our belief that we can successfully build a Coordinated Community Response model that will allow our community to combine resources and programming whenever possible. Encouraging the practice that Collaboration is Key we can improve sustainability, capacity, and business acumen.

Here are the key topics that were identified in the two week visioning process we are undertaking to ensure validity and relevance of our work. BOARD RECRUITMENT AND ENGAGEMENT FUNDRAISING
DIVERSIFICATION AND
COMPETITION LOCALLY

COLLABORATION AND COHORT CREATION

USING ALAND TECHNOLOGY

BETTER BUSINESS
PRACTICE AND
RESPONSIVENESS

TRAINING AND SUCCESSION PLANNING

WWW.CNENCF.ORG

Recruitment Efforts



JOIN TODAY -

About ----

The Center for Nonprofit Excellence (CNE), a program of the Community Foundation of North Central Florida, empowers nonprofit leaders by providing Executive Directors, Staff, and Board members with valuable resources, best practices, and practical tools to strengthen organizational operations. Since 2015, CNE has been dedicated to enhancing the impact of local nonprofits by fostering professional growth, improving organizational effectiveness, and connecting communities to new avenues of support. Let us help you do what you do, better!

Core Strengths Sessions

1-4 hour learning experiences for staff and boards on critical topics, with local experts and guest speakers. Focus areas include:



Capacity Strengthing organizational growth



Operations Improving eficiency and effectivenss



Responsivness Enhancing adapbility to sector changes



Excellence Cultivating high standards in leadership and performance



Opportunities

CNE will provide opportunities for Education, Strategy, and Advocacy for local nonprofits committed to learning, growth, and impact

Education



- Develop critical skills for staff and leadership
- Foster and build innovation within the organization Implement mentoring programs and enhance cohorts for

Strategy



- Develop operational policies and best practices
- Identify short- and long-term impact through measurable goals Create outcomes and deliverables that quantify and qualify the

Advocacy

continuous learning



- · Encourage collaboration and establish forums for sharing knowledge and ideas
- Create community networking opportunities for recruiting board members and hiring staff
- · Find and secure resources to support growth and stability

Program Fee •



Annual membership dues are based on revenue according to line 12 on the IRS Form 990 or line 9 on Form 990-EZ for the most recent fiscal year.

*Benefit only for organizations \$2M+

| ANNUAL OPERATING BUDGET | ANNUAL DUES |
|----------------------------|-------------|
| Under \$100,000 | \$125 |
| \$100,001-\$499,999 | \$225 |
| \$500,000-\$999,999 | \$350 |
| \$1M - \$1.999M | \$500 |
| \$2M - \$4.999M | \$700 |
| \$5M + | \$1,000 |

Events Include —••

Conferences

Learn from and connect with local experts on critical issues & topics.

Executive Roundtables

For organization leaders to learn with a directed conversation on essential topics.

Information Sessions

The Opportunity to discuss the ins and out of starting a nonprofit

Workshops

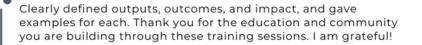
Providing knowledge and skills

Contact us today to find out about upcoming training sessions, grant opportunities and other resources we provide in North Central Florida

office@cfncf.org

(352-367-0060

Testimonials -



As a new nonprofit organization, it was helpful to get our name out there among some like minded community partners. I am grateful to have this opportunity. Thank you for hosting such a well organized, executed, and intentioned event



Excellent opportunity to engage with nonprofit agencies in the Alachua community, exploring collaborations and ways we can support one another.

Elevate Your Organization



Our vision at the CNE is to build a nonprofit ecosystem that has connection and collaboration at its core. By building nonprofit capacity and sustainability, we can shift the conversation and direction of funding and donor interaction from charity to investment. Join and become a part of the bigger work today.



We have reached out to 47 Hub and CTAC programs that are not current CNE members to encourage them to participate in the project and reach out for support as needed.

WWW.CNENCF.ORG

ONGOING FOCUS AREAS









CAPACITY

OPERATIONS

RESPONSIVENESS

EXCELLENCE

Working with the CNE Advisory Committee and through the visioning of the members, we are building relevant, actionable experiences that will create impact in our community.

THE PHILANTHROPY HUB

WHAT IS THE HUB?

- Our community's online searchable database of nonprofits
- Launched early 2020
- 120 Reporting Requirements to receive Verification:
 Management, Governance, Financials, Programs,
 Development
- Financials populated from IRS
- 200 organizations registered; 125 have been verified by CFNCF
- Process helps build capacity for orgs
- Transparency for donors and funders

HOW THE HUB CAN INFORM THE COUNTY

- Vetting of organizations for state and federal compliance
- Streamlines grant process for nonprofits
- Collaboration among funders in Alachua County, allowing for less duplicate funding
- Questions and vetting criteria can be added quickly
- Data collection of local funding
- Annual State of the Sector report for the economic and social impact of nonprofit sector

Check out the Hub at www.thephilantrhopyhub.org

Community Indicators

Community Foundation's North Central Florida Community Indicators project, officially launched in October 2024. This initiative highlights our region's story, focusing on what sustains our community and the nonprofits that drive it forward.

In collaboration with local experts, the Community Foundation identified three primary fields of focus: Education, Health, and Livability.

Next steps: working with the Children's Trust of Alachua County to highlight Community Indicators around CTAC's three priorities

Access: The Community Indicators website, hosted on the Community Foundation's webpage, is open to anyone, providing unrestricted access to data and insights about North Central Florida.



Thank you!

File Attachments for Item:

3. Gun Violence Update - For Your Information (Marsha Kiner & Carl Smart)

Children's Trust of Alachua County

Gun Violence Prevention Program Funding

City of Gainesville

Report #1 – April 2025

The funding agreement between the Children's Trust of Alachua County and the City of Gainesville was executed on February 12, 2025. Please find in this report the details of the project that have been completed since then.

Violence Interruption - \$150,000

a. Operations, Policies and Procedures

A collaborative effort between various City Departments, Community Stakeholders, and the Sherriff's Department worked to establish effective policies and procedures for the Violence Interrupters prior to their start date.

b. Onboarding

The City of Gainesville initiated the onboarding process of four Violence Interrupters and one Program Coordinator to manage the initiative. All candidates successfully completed the hiring screening process and started employment with the City of Gainesville on March 24, 2025.

c. Training

The Program Coordinator and Violence Interrupters are receiving training over the next two weeks in order to ensure they are efficiently knowledgeable of the established procedures, safety guidelines, de-escalation methods (both verbal and physical), mental health concerns, life-saving procedures such as Narcan and CPR/First Aid, and more. After the core necessary trainings are completed, the program will be fully operational and cleared for community engagement.

Technology Hub Carts - \$50,400

The Technology Hub Carts are in the planning phase. Crime data will be used to identify areas throughout the county that have been disproportionately impacted by gun violence to determine cart locations. We will then work with stakeholders and community-based programs in those communities to gather feedback on locations where the carts can be effectively leveraged as a resource. This work will be done with input from Alliance stakeholders throughout the project.

In an effort to engage stakeholders county-wide the Alliance is meeting in locations throughout the Alachua County to encourage diverse participation and ensure inclusivity and access for neighbors in outlying areas. The first county-based meeting was held on March 10, 2025, in the City of Alachua.

The next Alliance meeting will be April 14, 2025 in High Springs, FL.

Additional Facilitator for the City of Gainesville Youth Steering Committee - \$4,750

Corey Collins was selected as the Additional Facilitator for the Youth Steering Committee given his specialized experience and knowledge of youth engagement practices, including connecting with youth who are at high risk or have been impacted by youth gun violence, his abilities to utilize a trauma informed approach, and experience working with youth and communities at high risk of gun violence.

The contract with Mr. Collins was executed on March 17th, 2025. His first Youth Steering Committee under contract was March 19th, 2025.

a. Time Log

| | | Start | End | |
|-----------|--------------------------------|-------|------|----------------|
| Date | Task | Time | Time | Daily Total |
| 3/19/2025 | Youth Steering Committee (YSC) | 4:00 | 6:00 | 2 |
| 3/24/2025 | Planning | 3:15 | 4:15 | 1 |
| 3/27/2025 | CommuniTEEN Kickback planning | 2:00 | 3:00 | 1 |
| | | | | TOTAL: 4 hours |

b. Summary of facilitator recruitment efforts to expand the committee

Mr. Collins spoke with youth at AMI Kids regarding membership in the City's Youth Steering Committee.

c. Report of discussion topics led by facilitator

At the March meeting of the Youth Steering Committee, discussion topics included finalizing the onboarding paperwork for new members. Additionally, facilitators received input from members about CommuniTeen Kickback event. This event will be held in partnership with the Residences at Oakview to gather information from teens on youth gun violence and is being planned by the City of Gainesville Youth Steering Committee.

d. Number of attendees of the Youth Steering Committee per month

There were four members in attendance at the March meeting of the Youth Steering Committee.

Strategic Planning Consultant - \$30,000

With recommendations from multiple Gun Violence Prevention Alliance stakeholder meetings, a Scope of Work and a Request for Proposals Solicitation for a Strategic Planning Consultant was drafted. City of Gainesville staff, Alachua County Staff, and Santa Fe College Staff also provided input and approved the final draft.

On Wednesday March 12th, 2025, the Request for Proposals for the county-wide gun violence strategic plan was posted and the notice of the imposition for the cone of silence was issued. Scope of work is attached.

The City of Gainesville will oversee procurement for the strategic planning process and report progress to the CTAC board.

Gun Violence Prevention Alliance - Strategic Plan Scope of Work

The Gainesville City Commission, the Alachua County Commission, and the United States Surgeon General all declared gun violence a public health crisis. Community and government participants in an August 2023 summit discussed gun-violence related topics and recommended a partnership anchored by a central clearinghouse, convener, and collaborator to share data pertaining to gun violence. In response, Alachua County ("the County"), the City of Gainesville ("the City), and Santa Fe College ("the College") formed the Community Gun Violence Prevention Alliance ("the Alliance"), to enhance cooperation and strengthen efforts to address gun violence, to improve systems and collaborative strategies to produce better outcomes for survivors of gun violence and those at risk, and to spearhead a collaborative group of community stakeholders.

The Alliance (GVA) is a collaborative initiative focused on addressing gun violence in Alachua County. This proposal seeks a qualified consultant or organization to develop a three to five-year comprehensive strategic plan to prevent and reduce gun violence using a public health approach, targeting all major causes and manifestations, including homicide, community-based violence, domestic/interpersonal violence, suicide, and accidental shootings. The plan will emphasize collaboration, community involvement, evidence-based approaches, and performance measurement. All activities will be conducted in a trauma-informed manner.

Objectives:

- Develop a county-wide strategic plan that addresses gun violence in all forms; homicide, community-based violence, domestic violence, suicide, and accidental shootings.
- Engage with community stakeholders throughout Alachua County municipalities; including Gainesville, Alachua, High Springs, Archer, Micanopy, Waldo, LaCross, Hawthorne, and Newberry as well as unincorporated areas to ensure the plan is informed by those most impacted, including youth.
- Align the plan with existing prevention and intervention efforts by the City of Gainesville, Alachua County, and Santa Fe College.
- Provide actionable recommendations that are feasible, sustainable, innovative, and culturally appropriate.
- Establish performance metrics to measure the effectiveness of implemented strategies.
- Identify opportunities for skill development for the workforce, policymakers, and others with respect to gun violence prevention
- Through the planning process strengthen the Alliance and Stakeholder group with respect to collaboration, coordination, and communication

 All community engagement activities need to be conducted in a trauma-informed manner.

Scope of Work:

Phase 1: Assessment and Data Collection

- Review Existing Literature and Initiatives: Assess current strategies, initiatives, and policies related to gun violence prevention within Alachua County and beyond. Identify gaps and areas for improvement.
- Data Analysis: Collect and analyze quantitative and qualitative data on gun violence incidents, patterns, and demographics from local law enforcement, healthcare providers, and community organizations. Collect and analyze data related to local resources for gun violence prevention to identify gaps, over and under utilized programs and activities. Utilize an equity lens in conducting all data analyses.
- Community Engagement: Use the design thinking process to conduct focus groups, interviews, and surveys with stakeholders, including residents, law enforcement, youth, healthcare providers, educators, faith-based organizations, and advocacy groups, to gather input and insights. Engagement will provide an opportunity for multiple ages and perspectives to be represented.

Phase 2: Plan Development

- Strategic Framework Design: Develop a framework that integrates violence prevention models, such as public health approaches and place-based policing, adapted to the context of Alachua County. Include primary, secondary, and tertiary approaches to prevention.
- Identifying Priority Areas: Based on data and stakeholder input, identify key focus areas for intervention, such as youth engagement, mental health, domestic violence prevention, and community policing.
- Drafting Actionable Strategies: Propose evidence-based actions, programs, and initiatives tailored to the priority areas. Ensure strategies are inclusive and considerate of cultural and socioeconomic factors.
- Partnership and Resource Mapping: Identify potential partners and resources, including federal, state, and local funding sources, that can support plan implementation.

Phase 3: Implementation and Monitoring Plan

• Implementation Timeline: Develop a phased implementation timeline that outlines short-term and long-term goals.

- Performance Metrics: Establish clear metrics and indicators to evaluate the success of the plan. Include mechanisms for regular review and adjustment based on outcomes.
- Capacity Building: Recommend capacity-building measures for local organizations and stakeholders involved in plan implementation.

Deliverables:

- A comprehensive report detailing findings, strategic framework, actionable strategies, implementation timeline, and performance metrics.
- Executive summary of the strategic plan for distribution to community stakeholders.
- Presentation materials for stakeholder meetings and public forums.
- Communication and engagement plan for ongoing collaboration with community partners.

Proposal Requirements:

- Qualifications: Provide relevant experience in developing strategic plans, particularly in public safety or public health contexts.
 - To include examples of past relevant work with clients (i.e., Youth, mental health, working with government entities and community stakeholders, addressing violence or other social issues)
- Approach: Outline the methodology and approach for each phase of the scope of work.
 - o To include details around the community engagement methodologies
- Timeline: Include a proposed timeline for completing the project including an anticipated start date.
- Budget: Detail a budget, including a breakdown of costs for personnel, materials, and other expenses.

Evaluation Criteria:

Proposals will be evaluated by a representative from Alachua County, the City of Gainesville, and Santa Fe College based on:

- Demonstrated experience and expertise in similar projects.
- Understanding of community dynamics and local context.
- Feasibility and clarity of the proposed approach.
- Capacity to engage diverse stakeholders effectively.
- Cost-effectiveness.
- Anticipated start date and timeline.
- Familiarity with and knowledge of Alachua County, FL.

File Attachments for Item:

4. Comprehensive Literacy Needs Assessment Report and Recommendation Overview (Dr. Mary Bratsch-Hines, Dr. Pamela Chalfant, Mia Jones)



Item:

Comprehensive Literacy Needs Assessment Report and Recommendation Overview (Dr. Mary Bratsch-Hines, Dr. Pamela Chalfant, Mia Jones)

Requested Action:

The Board is asked to receive the report.

Background:

In May 2023 the Children's Trust board had a joint meeting with the Alachua County Board of County Commissioners. During that meeting the Children's Trust staff were tasked with creating a Comprehensive Literacy Plan.

It was determined that a comprehensive needs assessment was needed to help inform the development of a comprehensive literacy plan aimed at improving literacy achievement for all students. In October 2023, discussions were held with UF Lastinger Center about project coordination and developing the assessment.

Project Phases and Overview:

Three Phases of the Comprehensive Needs Assessment

Phase 1: Pre-Assessment (Collecting Existing Data) Phase 2: Assessment (Collecting New Data) Phase 3: Post-Assessment (Determining Needs)

Figure 1: Three Phase of the Comprehensive Needs Assessment adapted from Witkin & Altschuld (1995).

We have completed all phases of the project plan.

Who's at the Table:

We know that schools can't do it alone, and that it will take our entire community to reach our goal for children to be ready for kindergarten and 90% reading on grade-level by the end of third grade. We also know there are many adults in our community who are faced with literacy challenges. To help with the 3 phases of the Comprehensive Literacy Needs Assessment, expertise was received from:

Alachua County School District United Way of North Central Florida

Alachua County Public Library

Alachua County Campaign for Grade Level Reading

Advisory Board

UF Anita Zucker Center Florida Campaign for Grade Level Reading

UF Lastinger Center Greater Gainesville Chamber of Commerce

Early Learning Coalition of Alachua County University of Florida Literacy Institute

Gainesville Thrives Peak Literacy

Cuscowillia Nature and Retreat Center One Community Health and Wellness Center

Episcopal Children's Services

These organizations selected a representative with expertise in the space of early childhood learning, K-12 Education systems, adult literacy, and Community. A total of 15 meetings have been held with this committee.

Cost of Literacy Needs Assessment:

The total project cost was \$175,000.00 with approximately \$75,000 of in-kind services provided by the Lastinger Center. It was funded in collaboration as follows:

Children's Trust of Alachua County \$62,500.00

Alachua County Board of County Commission \$62,500.00 (Received)

Alachua County School District \$50,000.00

University of Florida Lastinger Center \$75,000.00 In-kind support which includes 2

additional Lastinger Center team members and

additional personnel support

Overview:

Today the Lastinger Center will provide an overview of the final report and recommendations. The Children's Trust Project Manager will share CTAC next steps toward developing a literacy plan for the community.

Programmatic Impact:

Goal 2: Children & Youth Can Learn What They Need To Be Successful

Fiscal Impact:

\$175,000.00

Recommendation:

The Board is asked to receive the report.

UF Lastinger Center and Children's Trust of Alachua County Comprehensive Literacy Needs Assessment





Project Goals (p. 3)



Solicit ideas for what the community has done, is doing, or can do to help children, youth, and adults in Alachua County achieve their full potential to read, write, and communicate.

Describe Alachua County's existing needs and possible improvements to meet those needs.

Create specific recommendations that, if acted upon, can promote literacy proficiency from birth through adulthood in Alachua County.

Provide a comprehensive list of organizations providing literacy-related programs, services, and resources in Alachua County.





Item 4.

Overview of Literacy Needs Assessment Activities (p. 4)

Table 1. Literacy Needs Assessment Outreach and Activities

| Activity | Number |
|--|--------|
| Interviews | 74 |
| ACPS Educators, Principals, and District Staff | 14 |
| Elected Officials | 9 |
| Committee and Community Organizations | 51 |
| Focus Group Participants | 157 |
| ACPS Educators and District Staff | 41 |
| Family Members | 74 |
| Community Members | 42 |
| Survey Completers | 1,122 |
| ACPS Educators and District Staff | 157 |
| ACPS Students | 37 |
| Family Members | 740 |
| Community Members | 188 |
| Community Events | 11 |
| Classroom Visits | 3 |







July 25-December 16, 2024

ACPS project request process (from submission to University of Florida through ACPS approval)



December 16, 2024-January 13, 2025

ACPS surveys



December 18, 2024-January 16, 2025

ACPS interviews



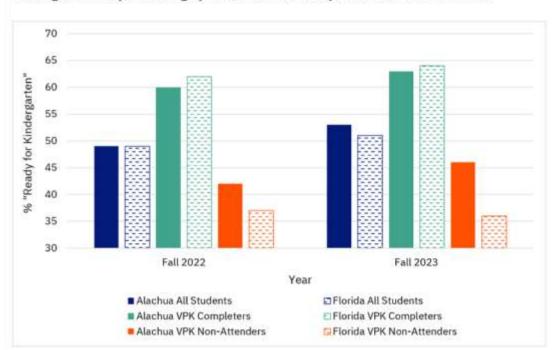
January 12-17, 2025

ACPS focus groups

March 31, 2025 Second Extension

Kindergarten Readiness (p. 30)

Figure 8. Percent of Students "Ready for Kindergarten" Based on FAST Scores at Kindergarten Entry, including by VPK, Alachua County, Fall 2022 and Fall 2023





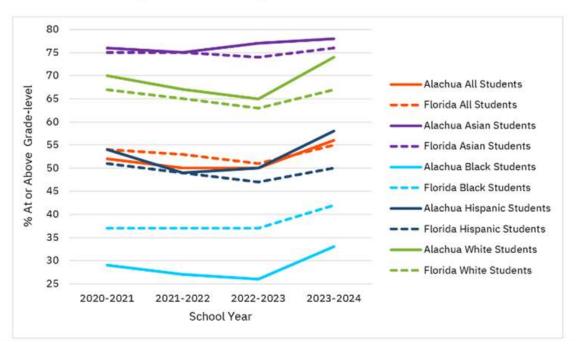




Item 4.

Reading on Grade Level by End of Third Grade (p. 34)

Figure 10. Third Grade Reading (At or Above Grade Level) by Student Race/Ethnicity, Alachua and Florida, 2020-2021 through 2023-2024



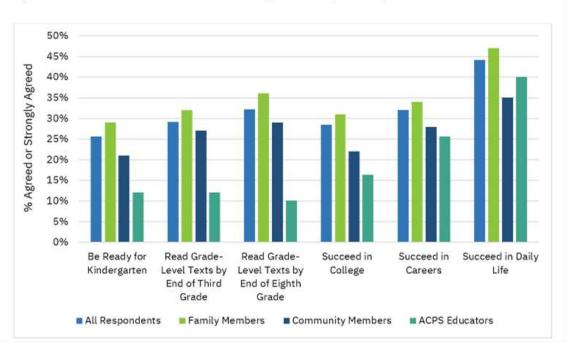




Item 4.

Survey Results: Family and Community Members (p. 60)

Figure 26. Percent of Respondents, by Respondent Type, Who "Agreed" or "Strongly Agreed" About **Children and Youth** Having Necessary Literacy Skills To:

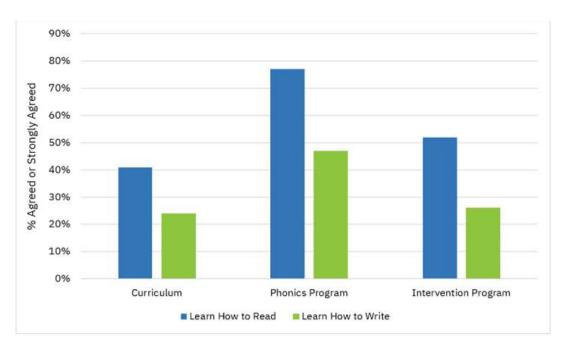






Survey Results: ACPS Educators and District Staff (p. 67)

Figure 33. Percent of ACPS Elementary Educators Who "Agreed" or "Strongly Agreed" That Their School's Literacy Programs Helps Students Learn How to Read or Write





Item 4.



Family Needs (p. 73)

Parental Guidance on Home Instruction and Supplementary Materials. Many family members also expressed frustration over inadequate knowledge or guidance on how to effectively support their children's literacy at home. They described feeling unprepared to help with reading and writing activities, resulting in missed opportunities for their children to reinforce important skills outside the classroom.

""I didn't grow up with strong literacy skills myself, so teaching reading feels overwhelming."

Focus Group Member

"Parents want to help, but they need accessible and practical guidance on supporting their children's reading development."

- Focus Group Member





Teacher Needs (p. 81)

Key Concerns:

- Inadequate training on new curriculum tools and assessment platforms, especially for new teachers.
- Lack of professional development on effective teaching practices, curricula, and practical tools teachers are expected to implement.
- Need for mentorship and peer collaboration.

"Many teachers are left to figure out instructional strategies on their own, which isn't sustainable."

- ACPS Educator





Organization Needs (p. 88)

"More funding would allow us to expand our literacy initiatives and offer high-quality resources to our students."

- Staff at an Alachua Community Organization

"Better resource allocation can help us address the specific literacy needs of our students more effectively."

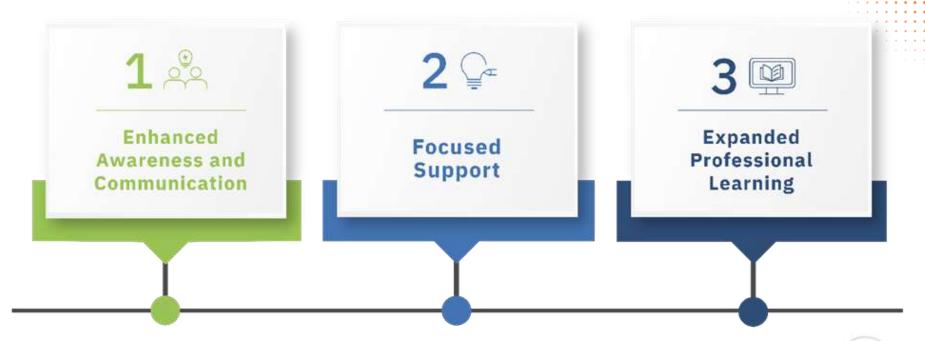
- Staff at an Alachua Community Organization





Item 4.

Recommendations (p. 103)







1. Enhanced Awareness and Communication (pp. 104-107)

- → Coordinate existing resources by building awareness within *organizations* and within the *community*
 - Name a central organization to serve as the linking mechanism between organizations; use existing organizations to inform coordination of county-wide literacy efforts and develop long-term solutions
 - Allocate funding for staff member(s) to create and maintain a centralized website and print materials that serve as a resource hub alerting Alachua County residents about existing programs, opportunities, and events
- → Use public dollars wisely
 - Require organizations to show targeted literacy impacts to receive public funding
 - Provide sufficient technical assistance so organizations can succeed





2. Focused Support (pp. 108-112)

- → Start early! Increase public investments in key early learning and intervention organizations to pay long-term dividends
- → Provide ongoing evidence-based training for healthcare, education, and community providers serving multilingual learners, Black students, students experiencing poverty, and students with disabilities. Training topics would include the following:
 - Knowledge about how children best learn how to read and write
 - How to implement rigorous and systematic reading instruction
 - Understanding of the assets brought by each group
 - High expectations for attendance and learning





3. Expanded Professional Learning (pp. 113-118)

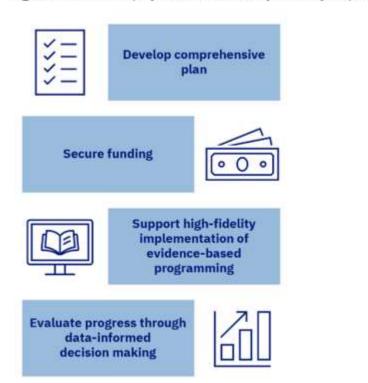
- → Early learning providers, staff at community organizations, and ACPS educators all need targeted professional learning in key topics:
 - Providing evidence-based practices and strategies during reading instruction and support
 - Improving implementation of existing programs and technologies
 - Pacing and aligning instruction across grade levels to intensify learning
 - Developing a culture of data-driven decision making at all levels, including expanding access to data within and across organizations
- → Other opportunities include the following:
 - Enhanced mentorship and collaboration at all levels
 - Increased opportunities for coaching
 - Better services for students with disabilities





Next Steps (p. 120)

Figure 37. Next Steps for Alachua County Literacy Improvements











CHILDREN'S TRUST

Comprehensive Literacy Needs Assessment

Children's Trust of Alachua County Next Steps and Recommendations

Phase 2: Next Steps and Recommendation



Phase 2

Developing Plan

Phase 3

- Secure Funding
- Implementatio

Phase 4

• Evaluation





Next Step

Workshop Facilitator

Host Workshop

Develop plan

Time Frame

Estimate 3-5 months

Community Partners

Library

County/City Gov't

ELC & ECS4Kids

School District

Community

Housing

114