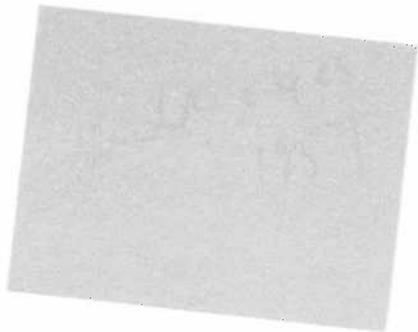


ORIGINAL

**MONROE COUNTY
HUMAN SERVICES ADVISORY BOARD
Application for Funding
Fiscal Year 2012
October 1, 2011 – September 30, 2012**

Agency Name	Southernmost Homeless Assistance League
Physical Address	1100 Simonton Street
Mailing Address	PO Box 2990
City, State, Zip	Key West, FL 33045
Phone	305 292 4404
Fax	305 295 4376
Email	flshal@comcast.net
Who should we contact with questions about this application?	Wendy Coles

Amount received for prior fiscal year ending 09/30/10	\$0.00
Amount received for current fiscal year ending 09/30/11	\$0.00
Amount requested for upcoming fiscal year ending 09/30/12	\$37,500



CERTIFICATION

To the best of our knowledge and belief, the information contained in this application and attachments is true and correct. Monroe County is hereby authorized to verify all information contained herein, and we understand that any inaccuracies, omissions, or any other information found to be false may result in rejection of this application. This certifies that this request for funding is consistent with our organization's Articles of Incorporation and Bylaws and has been approved by a majority of the Board of Directors.

We affirm that the Agency will use Monroe County funds for the purposes as submitted in this Application for Funding. Any change will require written approval from the Monroe County Board of County Commissioners.

We understand that the agency must substantially meet the eligibility criteria to be considered for Monroe County funding and that any applicable attachments not included disqualify the agency's application.

We understand that all funding received through this opportunity must be spent for the benefit of Monroe County.

We further understand that meeting the Eligibility Criteria in no way ensures that the agency will be recommended for funding by the Human Services Advisory Board. These recommendations are determined by service needs of the community, availability of funds, etc. HSAB funding recommendations must be approved by the Monroe County Board of County Commissioners.

Typed Name of Executive Director: Wendy Coles

Signature Wendy Coles

Date: April 20, 2011

Typed Name of Board President/Chairman: Rosemary Enright

Signature Rosemary Enright

Date: April 20, 2011

Detailed instructions for each question appear in the separate instruction document.

1. Insert your agency's board-approved mission statement below.

SHAL is a community coalition that effectively distributes resources through a network of service providers to people who are homeless or at risk of homelessness.

2. List the services your agency provides.

SHAL provides the following services:

- **Maintains a Directory of Monroe County Services on line for use by people facing homelessness and for service providers. The Directory includes locations, services and contact information. www.shal.cc**
- **Conducts an annual county wide survey of people who are facing homelessness and their needs that is used for strategic planning and funding priorities**
- **Develops an annual comprehensive plan that describes the continuum of services, the gaps in services, and the plans to address the gaps**
- **Writes grants to seek funds to bring into the county to sustain services and address gaps in services**
- **Distributes and monitors funds distributed to service providers. The monitoring includes site visits, fiscal efficiency, occupancy rates, safety issues and the quality of programming.**
- **Trains agencies on various issues to strengthen their services. Provides educational sessions to community members on the issues of homelessness**
- **Provides a data base and technical support for agencies to document clients and their services. This data base promotes collaboration across agencies and the reduction of duplication of services. The data base provides useful reports for planning and monitoring of projects, including shelter occupancy rates, demographics of clients, and services provided.**
- **Works with local groups to address community issues. For example, active on Mayor's Committee in Key West to determine more effective plan for people living on the streets**

3. What services will be funded by this request?

The funding will be used to support the one full time position that coordinates all of the above initiatives.

4. Funding category: If you have been previously funded by HSAB, do you request to have the HSAB consider changing your funding category? Please circle yes or no: Yes No

If yes, please circle the new category for which you would like to be considered:
Medical Core Services Quality of Life

If you have not been previously funded, please circle the funding category that you believe best matches your services: Medical **Core Services** Quality of Life

5. Will County HSAB funds be used as match for a grant?

5. Will County HSAB funds be used as match for a grant?

County HSAB funds will not be used as a direct match, however this funding will sustain the Lead Agency role that is required to bring federal and state funds into Monroe County for the provision of homeless services.

In the past 8 years, SHAL has brought into the county \$3,417,404 to build housing for people with special needs. This includes Casa de Meredith and Kathy's Hope (Samuel's House), Seebol Place (AIDS Help), Bahama Village (Bahama Conch Community Land Trust), and St. Bede's (Catholic Charities). This funding was also used to refurbish the Poinciana Plaza complex, administered by various providers, that houses 120 individuals with special needs.

SHAL also has received annual Challenge awards from the State Office on Homelessness. SHAL is often ranked #1 in the State for this award. In the past 8 years, SHAL has brought in \$1,707,000 to distribute to local providers through this grant.

The role of Lead Agency also has enabled local agencies to access HUD funds. Florida Keys Outreach Coalition, Catholic Charities, Monroe Association for ReMarCable Citizens, AIDS Help and Samuel's House receive \$474,564 annually, given their role in the Continuum of Care (CoC) and SHAL's annual submission of the CoC plan.

Emergency Solutions Grant, formerly called Emergency Shelter Grants, provides annual awards of \$70,000 - \$100,000 to such local providers as Florida Keys Outreach Coalition, Domestic Abuse Shelter, Samuel's House, Keys Overnight Temporary Shelter, Heron Peacock Assisted Living, Cancer Foundation of the Florida Keys and Star of the Sea Foundation. Affiliation with SHAL is a requirement of receiving these funds.

Homeless Prevention and Rapid Re-Housing (HPRP) was awarded to Monroe County Social Services, based on the recommendation of SHAL. This award brought \$370,000 for rental assistance into the County in 2009-2011. The county was supported with the SHAL data base to be eligible for the funds.

While a direct match is not part of this request, sustaining SHAL is critical to ensuring such funds as listed above can be received in Monroe County.

6.

No

7. If your organization was funded with HSAB funds last year, please briefly and specifically explain:

- a. how the funds were spent
- b. how they were used to leverage additional funding.

8. Do you plan to allocate any part of this HSAB grant, if awarded, as a sub-grant to another organization? *If yes, please list the recipient(s), the purpose(s), and amount(s). Please make sure these are included on Attachment D, under "Grants to Other Organizations."*

None of the funds allocated will be distributed to a sub-grantee however the funds will provide services to many agencies in Monroe County.

9. Does your organization allocate sub-grants to other organizations using other sources (non County) of funding? *If yes, please list the recipient(s), the purpose(s), and amount(s). Please make sure these are included on Attachment E, under "Grants to Other Organizations."*

SHAL allocates sub-grants to other organizations. In 2010 - 2011, these agencies include:

AIDS Help	Counseling	\$5,250
Domestic Abuse Shelter	Shelter Operations	\$7,500
Florida Keys Children's Shelter	Shelter and Outreach	\$7,000
Florida Keys Outreach Coalition	Shelter Operations	\$7,500
Guidance Care Center	Supported Employment	\$7,500
Independence Cay	Shelter Operations	\$5,250
Metropolitan Community Church	Food	\$7,000
Monroe Assoc. for ReMarcAble Citizens	Shelter Operations	\$7,000
Samuel's House	Case Management	\$7,000
US Fellowship of Florida	Client Stabilization / Supported Employment	\$7,500
Volunteers of America of Florida	Shelter Operations	\$7,000

Each year SHAL seeks funds to allocate projects within Monroe County.

10. Will you or have you applied for other sources of County funding? If yes, please list source(s) and amount(s). *Also be sure to reflect this information on Attachment F.*

SHAL has applied to the Sheriff Forfeiture Fund and was allocated \$2,696.

11. What needs or problems in this community does your agency address?

SHAL addresses issues of homelessness. This includes ensuring there are services to assist individuals and families who are at risk of becoming homeless while also ensuring there are services for those who are homeless.

12. What statistical data support the needs listed in number nine?

(If applying for \$5,000 or less, a response to question #12 is not required.)

Attached is the data from the January 2011 Point in Time Survey. This data is collected every January by volunteers going out into the streets and areas where homeless people congregate throughout the County, interviewing people who are homeless. Data regarding homeless children is determined through our partnership with Monroe County Schools. Local law enforcement is also part of the team, providing us with data on those who are incarcerated.

13. What are the causes (not the symptoms) of these problems?

(If applying for \$5,000 or less, a response to question #13 is not required.)

The causes of these problems include lack of employment opportunities, low ages causing under employment, foreclosures, youth aging out of foster care, lack of supportive housing, lack of services to help people transitioning out of institutions, lack of services for people who have mental health and substance abuse issues.

14. Describe your target population as specifically as possible.

Our target population is men, women and children who are at risk of becoming homeless or are currently homeless in Monroe County. While there are about 1,000 people in Monroe County each year that are homeless, there is an increasing number of families who have fallen on difficult times. The January 2011 Point in Time Survey found that there are 440 family members in Monroe County who are forced to live with others or in their cars and vans because they do not have a home. A priority of SHAL is to fill the gap: there are no units of emergency housing for intact families, there are 2 units of housing for families on a transitional basis. Assisting intact families with rental assistance and housing is a priority to ensure more people do not become chronically homeless. The recent building of Casa de Meredith with its long term supportive housing for intact families is a demonstration of SHAL's commitment to assisting intact families stay out of homelessness.

14. How are clients referred to your agency?

The agency does not directly serve clients. SHAL is a community coalition that provides client services through its member organizations. People are referred to the appropriate agency for service.

15. What steps are taken to be sure that prospective clients are eligible and that the neediest clients are given priority?

SHAL maintains a service provider data base that tracks clients' demographic, economic and housing status. This data is reviewed on a monthly basis. These monthly reports also include occupancy rates in shelter programs throughout the Keys and project performance to goals.

16. Describe any networking arrangements that are in place with other agencies.

SHAL maintains a Board of Directors, Executive Committee, Continuum of Care, Advisory Council and three regional groups. Committees are composed of members from each area making up networks that are all inclusive.

17. List all sites and hours of operation.

SHAL has an office in the Gato Building on Simonton Street in Key West. Their one person staff travels the Keys and coordinates county wide meetings that bring people

together through conference calls and site visits. The staff is also available 24/7 by cell phone to assist agency staff with data base issues and client emergencies.

18. What financial challenges do you expect in the next two years, and how do you plan to respond to them?

(If applying for \$5,000 or less, a response to question #19 is not required.)

SHAL, like many other not for profits, is struggling for funding. Members of SHAL voted to go to a smaller board of directors that is focused on the sustainability of SHAL. The Board is committed to giving their own time and financial resources, as well as developing and implementing marketing plans that educate the community and development plans that bring in new, more diverse funding streams.

19. What organizational challenges do you expect in the next two years, and how do you plan to respond to them?

(If applying for \$5,000 or less, a response to question #20 is not required.)

An organizational challenge is ensuring services are distributed across all of Monroe County. SHAL is constantly encouraging agencies to provide services in the Middle and Upper Keys and prioritizes those projects for funding. SHAL is currently piloting a mobile outreach unit for the Key West area. This model could then be duplicated in the Middle and Upper Keys.

20. How are clients represented in the operation of your agency?

A seat on the 12 member Board of Directors is reserved for an individual who has experienced homelessness. Three seats on the Board are reserved for Service Providers. In addition, several seats on the Continuum of Care are occupied by individuals who are homeless.

21. Is your agency monitored by an outside entity? If so, by whom and how often?

(If applying for \$5,000 or less, a response to question #22 is not required.)

SHAL is monitored by the Department of Children and Families and the Office on Homelessness, given their funding of \$13,000 / year to support SHAL.

22. **480** hours of program service were contributed by **60** volunteers in the last year.

23. Will any services funded by the County be performed under subcontract by another agency? If so, what services, and who will perform them?

No services will be subcontracted

24. What measurable outcomes do you plan to accomplish in the next funding year?

- 1. Provide outreach services to people in all three regions of the Keys**
- 2. Conduct a county wide point in time survey to help providers and funders monitor the level of need**
- 3. Conduct surveys of service providers to ensure SHAL is addressing their needs**
- 4. Provide training to staff of service providers to increase their effectiveness**
- 5. Provide training to members of the community to increase their understanding of the need and how they might help**
- 6. Provide training and information to potential clients of the available services**

- 7. Increase the use of the data base as a means for agencies to collaborate on their service to clients and thereby reduce redundancy
- 8. Analyze data base reports to address trends and gaps in services
- 9. Increase the number of providers who are members of SHAL and are collaborating to ensure that Monroe County provides an effective Continuum of Services for people who are homeless or at risk of homelessness.

25. How will you measure these outcomes?

(If applying for \$5,000 or less, a response to question #26 is not required.)

The numbered responses below align with the outcomes described in #26.

- 1. Projects are monitored on a monthly basis through program reports and review of data entered into the data base.
- 2. The survey will be conducted in January 2012. The data generated is used during the strategic planning sessions to determine the annual priorities.
- 3. At least two service providers surveys will be conducted to assess SHAL performance.
- 4. Training sessions are monitored with sign in sheets and evaluation forms.
- 5. Community education sessions are tracked, including the number of new FRIENDS of SHAL (have made a financial contribution) and Volunteers (have offered their time and talent).
- 6. New clients will be tracked and reported based on source of information and referral
- 7. Monthly meetings and bi-annual training workshops are held with agency staff who are responsible for entering data into the data base
- 8. Survey results of service providers as well as an annual report will identify successful action steps that address gaps in services
- 9. A survey is administered each January to the membership to assess the effectiveness of SHAL.

26. Provide information about units of service below. *(If applying for \$5,000 or less, a response to question #26 is not required.)*

Service	Unit (hour, session, day, etc.)	Cost per unit (current year)
Homeless management information system data base	20%	\$10,400
Coordination of the Continuum of Care	30%	\$15,600
Grant writing and monitoring of performance	40%	\$20,800
Community Education	10%	\$ 5,200

27. In 300 words or less, address any topics not covered above (optional).

SHAL was founded in 1999 to respond to local needs and to meet the HUD need for a lead agency to coordinate and distribute federal and state funding. An effective, sustainable homeless coalition is essential to continue to leverage millions of dollars in state and federal funding into Monroe County. Effective coordination of services that focus on prevention will decrease Monroe County expenses in law enforcement, medical, ambulatory and emergency housing.

In previous years, administrative funds received through the Homeless Housing Assistance Grant were used to fund SHAL. This grant is no longer available, hence our need to seek funding through HSAB.

SHAL is a servant-based nonprofit dedicated to ensuring successful member service providers. County support is essential in sustaining SHAL, and therefore the service providers, so all funding can be effectively passed through to people in need.

Required Attachments

Required attachments were distributed to you as a separate document. Be sure to include these with your application. Please note: the required attachments A through F are only available in Microsoft Excel format. We require that you use this format, since it will automatically expand rows, generate totals and percentages, and align figures for easier reading.

ATTACHMENT CHECKLIST

LABEL AND ATTACH THE FOLLOWING IN THE ORDER SHOWN, AFTER THIS PAGE IF NOT APPLICABLE, PLEASE SO INDICATE AND EXPLAIN	ATTACHED?		COMMENTS You must explain any "NO" answers
	YES	NO	
A. Board Information Form	X		
B. Agency Compensation Detail	X		
C. Profile of Clients and Services	X		
D - F. Financial Information			
G. Copy of Audited Financial Statement from most recent fiscal year if organization's expenses are \$150,000 or greater.	X		
H. Copy of IRS Form 990 from most recent fiscal year	X		
I. Copy of current fee schedule	X		Membership Dues
J. Copy of IRS Letter of Determination indicating 501 C 3 status	X		
K. Copy of Current Monroe County and City Occupational Licenses		X	NA - do not provide direct services
L. Copy of Florida Dept. of Children And Families License or Certification	X		
M. Copy of any other Federal or State Licenses	X		
N. Copy of Florida Dept. of Health Licenses/Permits		X	NA - do not provide direct services
O. Copy of front page of Agency's EEO Policy/Plan	X		
P. Copy of Summary Report of most current Evaluation/Monitoring *	X		
Q. Data showing need for your program (optional, see question 7)	X		
R. Other (specify) TWO PAGE LIMIT	X		SHAL: Providing Hope in Paradise

* must include summary of deficiencies and suggested corrective action; may include your responses and actions taken.

ATTACHMENT A 1 - BOARD INFORMATION

This attachment has changed; please note additional information request at bottom of page.

FY12

You must have at least five directors.

SHAL

(enter your agency name in D-3 above and it will automatically appear in subsequent sheets.)

Name/Board Position	Affiliation/Title	City/State	Telephone No.	Years Served	Current Term Expiration Date
Rosemary Enright, Chair	Public Defender	Key West, FL	305 509 2234	12	see note below
Ken Gentile, Vice Chair	Board of Education	Key West, FL	305 293 1400	1	
Roger McVeigh, Treasurer	Concerned Citizen	Key West, FL	305 394 7555	3	
Bill Mann, Secretary	Continuum of Care	Tavernier, FL	305 797 1670	5	
Michael Browning, Bd Member	KW Chamber of Commerce	Key West, FL	305 304 9072	2	
John Jones, Bd Member	Concerned Citizen	Key West, FL	305 797 0484	3	
Mark Masca, Bd Member	Formerly Homeless	Key West, FL	305 509 3384	2	
Nancy Romain, Bd Member	Monroe Co. School District	Key West, FL	305 293 1400	4	
Patrice Sanders, Bd Member	Continuum of Care	Key West, FL	305 395 2726	4	
Chad Scibiilia, Bd Member	MC Sheriff's Office	Marathon, FL	305 481 4915	1	
Shannon Vasko, Bd Member	American Red Cross	Key West, FL	305 849 2954	1	
Kim Wilkerson, Bd Member	Continuum of Care	Key West, FL	305 450 3841	2	
RaiEtte Avaei, Past Chair	Dept. of Juvenile Justice	Key West, FL	305 345 6577	12	
New bylaws and board structure commenced January 2011. While board terms will eventually be two years long, three year terms will be used for half the board members to ensure there is not a turnover of all members at the same time.					
Given this plan, the current board elected to wait until January 2012 to determine whose terms would end January 2013 and whose would end Jan. 2014.					

Southemmost Homeless Assistance League

The Monroe County, FL Community Coalition dedicated to the Special Needs of the Homeless. SHAL's Mission is to plan, facilitate, coordinate, advocate for, and support community efforts that address homelessness in Monroe County.

January 12, 2011 Annual Meeting

Call to Order and Introductions: Recognizing a quorum, SHAL Chair called the meeting to order at 10:04 am. Introductions were made. See 2011 Annual Meeting Attendance.

Invocation: Rev. Steve Torrence led the group in prayer.

Minutes of December Board Meeting: The minutes of the December Board meeting were approved.

Chair's Opening Remarks: RaiEtte Arael

RaiEtte Arael reminded the group that the concept of SHAL began in 1999 with the opportunity to access land through the BRACK process. Other key events have included the City Summit and the development of the 10 Year Plan in 2005. The first board included such current members as Nelson Red, Ernie DeLoach, Elmira Leto, Trixie Phelan and RaiEtte Arael. The first chair was Mark Szurek with Debbie Barsell serving as Vice Chair. Past chairs have included Mark Szurek, Nelson Read, Steve Braddock, Lou Hernandez and Elmira Leto.

Agencies, instrumental to keeping SHAL alive over the years, who are now leaving the board include Wesley House, Florida Keys Outreach Coalition, United States Fellowship of Florida, Monroe Association for Retarded Citizens, Domestic Abuse Shelter, HelpLine and Volunteers of America. RaiEtte encouraged the agencies to push the new board to bring around the sustainability that is so needed.

To the new board, RaiEtte requested that they be proud of the organization that they represent, that they pursue making the community a better place as they pursue the issues of homelessness and that they listen to the service providers and the Continuum of Care regarding what should be the priorities. The service providers are the people on the front line, dealing with the issue on a day to day basis.

RaiEtte reviewed data from the Homelessness Research Institute that pointed out the continuing challenges:

- There is an increase in family homelessness.
- The economy is bleak with 50% or more of individual's income going to housing.
- One in 10 veterans becomes homeless.
- One in 10 families is living with another family due to economic hardship.
- One in 11 people discharged from jail lives on the streets.

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- One in 6 people who were in foster care become homeless.

Florida ranks amongst the top three states in the nation for the largest population of people who are homeless. The other two are California and Nevada. RaiEtte challenged the new board to think long term, to focus on prevention, and to have a plan.

Executive Director's Report: 2010 Year in Review

Jan.

- The Executive Committee finalized the HHA subcontract language with Samuel's House
- The Executive Committee met with AB Maloy. AB and the Executive Director met with representatives from the State Attorney's office regarding investigation into BCCLT.
- Update: The Housing Authority has agreed to convert the office into housing. Roger McVeigh and the Resource Committee are adding language to policies and procedures regarding monitoring of grants. The Executive Director is composing a letter to BCCLT regarding refund of monies to State and will review it with AB and the Executive Committee.

Feb

- Pathways staff provided on site training for HMIS Users.
- Ben Burton and Rita Clark from the Miami Coalition for the Homeless visited.
- Patrice Sanders, Stephanie Kaple, Nancy Banks and the Executive Director met with the Key West police thanking them and gathering their input. Update: Sheriff's Dept waiting for SHAL to schedule training of their staff on available community resources

March

- Confirmed Review Panel for 2010.
- SHAL members made a lively Ambassadors Program Alumni Lunch. The presenters included Rose Enright, Donnie Lee, Bob Perham with the SHAL Executive Director facilitating

April

- SOAR training was taught and organized by Patrice Sanders. Update: Larry Prescott just reported that 14 of 15 homeless individuals processed thru SOAR got their SSDI disability income approved in 45-60 days.
- The Review Panel was trained.
- There was a Key West Ambassadors Program presentation by members of SHAL

May

- Day Center concept renamed as Assistance Center. Update: The next meeting is scheduled for Jan. 19th.
- Challenge proposals were submitted to SHAL.
- Seebol Place opened, providing 16 new units of permanent supportive housing.
- Vista Volunteer, Pete Wagner, began his service in Monroe County.
- Ground breaking for AIDS Help with the plan to provide 50 new units of housing.

June

- Recommendations of Challenge awards were accepted by the SHAL Board.
- Middle Keys began the development of their successful radio campaign with Anne Obannon.
- Ground breaking for Casa de Meredith
- Detention Center developed a slide series educating inmates on available social services.

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July

- 40 youth on a mission trip supported Star of the Sea Mission and Bahama Conch Community Land Trust. Pete Wagner presented Faces of Homelessness to the group.

August

- First meeting of the Resource Development Committee.

September

- Began audit with Oropeza and Parks.
- Presentation was made to the Key West Ambassadors Program.

October

- Support was given for Karen Larson's study of the collaboration of service providers. Update: Karen is waiting for a response from several agencies. Kim Wilkerson will be working closely with Karen.

November

- Challenge award of \$100k to SHAL. The SHAL proposal ranked first in the State.
- The Continuum of Care Exhibit One and Two was electronically submitted.
- The Annual Homeless Assessment Report was electronically submitted. This report details the occupancy report of all shelters on a quarterly basis.
- New bylaws were approved.

December

- The Board of Directors approved the slate for the new board.
- Casa de Meredith was opened and is fully occupied.
- Point in time plans are underway.

Recognition was given to the providers for all of their work, while pointing out what was accomplished with Challenge funds:

- AIDS Help served 24 individuals with life skills training.
- The Domestic Abuse Shelter used funds to support shelter operations, serving 181 victims of domestic abuse.
- Florida Keys Children's Shelter served 488 people through outreach and shelter of children.
- Florida Keys Outreach Coalition used funds for operations serving 215 homeless men, women and children.
- The Guidance Care Center provided supportive employment for 6 people with mental health issues.
- Independence Cay served 48 individuals in outreach services.
- Monroe Association for Retarded Citizens used funds to cover shelter operations for 40 people with developmental disabilities.
- Samuels House provided case management to 126 women and children.
- Star of the Sea developed a collaborative food program among the providers.
- Heron Peacock provided stabilization for some residents who had a few months where they could not pay their rent and also provided a supportive employment program.
- Volunteers of America used funds to support shelter operations for 15 homeless veterans.

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Monroe County Social Services was also recognized for providing rental assistance through the Homeless Prevention and Rapid Re-housing funds to 314 persons in 140 households. This number represents the spending of \$313,862 through September 30, 2010.

Upon completion of the report, the Executive Director commended all the service providers for their hard work and extended a special thanks to Trixie Phelan, DCF Contract Manager for her continual support and counsel.

Treasurer's Report: Doug Blomberg reviewed the June 30, 2010 year end audit figures. The total liabilities and assets were \$733,816 with \$6,513 in liabilities. Unrestricted funds were \$19,175

Policies and Procedures: Patrice Sanders, chair of the P&P Committee presented the proposed changes in Sections 1, 6 and 7 of the Policies and Procedures. It was moved by Rosemary Enright, seconded by Doug Blomberg, and unanimously passed to **approve the changes in the Policies and Procedures in support of the revised Bylaws that were approved in November 2010.**

Board Appreciation Awards:

Officers: The Executive Director thanked the officers for their service:
Jamie Pipher served as Vice Chair of the Board from 2007 through 2010
Bill Mann served as Secretary for 2009 and 2010.
Doug Blomberg served as Treasurer for 2006 through 2010.
RaiEtte Avel served as Chair for 2009 and 2010.

Review Panel: Nancy Romain recognized the members of the 2009 panel:
Susan Gouldy, Ron Miller and Ginger Snead.

HMIS Award: Wendy Coles thanked Gabe Mardones, the HMIS User for KOTS who is responsible for the entry of more data than any other Monroe County user.

Chair's Appreciation Award: RaiEtte Avel recognized Thomas Wantuck for his leadership in the Upper Keys.

Unsung Hero Award: RaiEtte Avel introduced the SHAL Unsung Hero, AB Maloy.

Dorothy Sherman Award: Bill Mann recognized Dale Finigan for his leadership of the Casa de Meredith project and his ensuring the project completion in a timely manner.

Personal Achievement Award: Doug Blomberg recognized Ronald Roberts for his success in overcoming his addiction and giving back to the community. Ronald currently serves as a member of the Florida Keys Outreach Coalition board of directors.

Swearing in of New Board: RaiEtte Avel led the group to pledge:
I pledge my time, talents, and resources as a Board Member of the Southernmost Homeless Assistance League. I promise to support the mission of SHAL and organizational values that underscore its mission.

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Election of Board Officers

The proposed slate was unanimously approved:

- Rosemary Enright, Chair
- Ken Gentile, Vice Chair
- Roger McVeigh, Treasurer
- Bill Mann, Secretary

2011 Advisory Board

Rosemary Enright introduced members of the 2011 Advisory Board present:

- Brenda Callahan
- Lynn Parker
- Lesly Quinpala
- Andy Williams

A Look at 2011: The Executive Director reviewed the following materials:

- 2011 Bed Inventory for Monroe County
- December 29 Bed Occupancy Rate
- 2010 – 2011 CoC Goals and Objectives

Summarizing comments focused on areas needing attention during 2011:

Governance – A new structure has been approved but it will need work by all to make it successful. Members were encouraged to speak up when there appear to be gaps in the processes. All were encouraged to build on the strength of the past, while opening doors to new opportunities.

Re-entry Process – A process has been developed for people who are homeless for their release from the Lower Keys Medical Center and Detention Center but still there is often not enough residential beds to support their re-entry. Work is also needed with the hospitals in the other regions of the Keys.

Beds – There are more emergency and transitional beds than permanent beds. There are times when agencies are not at capacity. Is there a need to rethink how the beds are being used?

Outreach – Outreach is needed. Clint Adkin from the Guidance Care Center is located at KOTS. There are the Quality of Life Officers but they look to SHAL to reach out to the people they are meeting on the streets.

Funding - In 2006, the award for Coalition Support and Grant in Aid was \$45,185. This year it is \$13,000. In 2006, the Challenge award was \$150,000. This year SHAL ranked #1 in the State and got \$100,000. HHA awards are fewer. Finding new revenue streams to fund local services is a priority.

Reports from Committee Discussions

Oversight Committee – Nancy Romain reported that the group will meet the first Wednesday of every month at 10 am. Other committee members include Linda Hinchcliffe, RaiEtte Avel, Rosemary Enright and Margie Smith. They will be addressing oversight of grant competitions, the criteria for project selection, and monitoring of projects, including on site visits. They will report in February to the CoC and Board on candidates for the Review Panel.

Education Committee – Ken Gentile reported that the group will address the key messages and develop a strategic plan for community education that addresses insights on the League, the

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providers and the homeless population. Other members include Shannon Vasko, Mark Masca, John Jones and Chad Scibilia. Committee meeting dates are yet to be determined.

Resource Development Committee – Roger McVeigh reported that the goal of this committee is to expand the resources available, not to solely balance the current budget. Other members include Trixie Phelan, Doug Blomberg, Lou Hernandez, Rich McMillan, Rick Casey and Michael Browning. The committee will identify new grant opportunities and will pursue expansion of the membership to the faith based community. Local funding resources include the Community Foundation, the Byrne grant, the Forfeiture fund, and the Sheriff's Shared Assets fund. It was suggested that the committee consider budgeting funds to purchase a different homeless management information system data base. Committee meeting dates are yet to be determined.

Continuum of Care Committee – Kim Wilkerson reported that the committee will meet the first Tuesday of February, April, May, June, Sept. and November. These dates were identified to coordinate with the review of Annual Homeless Assessment Reports (AHAR). Committees reporting to the CoC Committee include the three regional committees, the Re-entry Committee and HMIS Users. The ad hoc Poinciana Committee, led by Lou Hernandez, will also report to the CoC Committee. Kim reported that the bed charts were reviewed and approved by the appropriate agencies. Catholic Charities intends to convert 5 of the Francis House beds to beds for veterans but this will not be done until later in the year. See Annual Meeting Attendance for members of the CoC.

Policies and Procedures – Patrice Sanders reported that the committee members include Lou Hernandez, Shannon Vasko and Mark Masca.

Next CoC Meeting: February 1, 10 am at the Gato Building.

Next Board Meeting: February 15, 10 am at the Gato Building.

The meeting adjourned at 1:40 pm.

SHAL Board of Directors Meeting Jan. 12, 2011

Present:

Rose Enright, Ken Gentile, John Jones, Bill Mann, Mark Masca, Roger McVeigh, Nancy Romain, Patrice Sanders, Chad Scibilia, Shannon Vasko, Kim Wilkerson, RaiEtte Avel, Wendy Coles.

Schedule:

Board meetings will be the third Tuesday of each month at 10 am at the Gato Building.

Board Development:

Board members interested in participating in the CFFK Leadership Success Academy will notify the Executive Director regarding their interest in attending. The deadline for submissions is

1/21/2011

January 31st. Persons expressing interest included John Jones, Ken Gentile, Shannon Vasko, Mark Masca and Patrice Sanders.

The meeting adjourned at 2:00 pm.

Submitted by Wendy Coles, Executive Director

SOUTHERNMOST HOMELESS ASSISTANCE LEAGUE, INC.
FINANCIAL STATEMENTS
FOR THE YEARS ENDED JUNE 30, 2010 AND 2009

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Denise Y. Rohrer, C.P.A., P.A.
James H. Hill, Jr.

INDEPENDENT AUDITOR'S REPORT

Board of Directors
Southernmost Homeless Assistance League, Inc.
Key West, Florida

We have audited the accompanying statements of financial position of the Southernmost Homeless Assistance League, Inc. (a non profit organization) as of June 30, 2010 and 2009, and the related statements of activities and cash flows for the years then ended. These financial statements are the responsibility of the Southernmost Homeless Assistance League, Inc.'s management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Southernmost Homeless Assistance League, Inc.'s internal control over financial reporting. Accordingly, we express no such opinion. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the Southernmost Homeless Assistance League, Inc. as of June 30, 2010 and 2009 and the changes in its net assets and its cash flows for the years then ended, in conformity with accounting principles generally accepted in the United States of America.

In accordance with *Government Auditing Standards*, we have also issued our report dated December 21, 2010 on our consideration of Southernmost Homeless Assistance League, Inc.'s internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* and important for assessing the results of our audit.

Our audit was conducted for the purpose of forming an opinion on the basic financial statements of the Southernmost Homeless Assistance League, Inc. taken as a whole. The statements of functional expenses and Schedule of Subcontracted Services are presented for purposes of additional analysis and are not a part of the financial statements of Southernmost Homeless Assistance League, Inc. The accompanying summary of expenditures of state projects is presented for purposes of additional analysis and is also not a required part of the basic financial statements of Southernmost Homeless Assistance League, Inc.. Such information has been subjected to the auditing procedures applied in the audit of the basic financial statements and, in our opinion, are fairly stated, in all material respects, in relation to the basic financial statements taken as a whole.

Key West, Florida
December 21, 2010

SOUTHERNMOST HOMELESS ASSISTANCE LEAGUE, INC.
STATEMENTS OF FINANCIAL POSITION
FOR THE YEARS ENDED JUNE 30, 2010 AND 2009

	2010	2009
ASSETS		
CURRENT ASSETS		
Cash and cash equivalents	\$ 357,897	\$ 80,121
Grants receivable	375,000	-
Prepaid expenses	919	994
	733,816	81,115
TOTAL CURRENT ASSETS		
	733,816	81,115
TOTAL ASSETS	\$ 733,816	\$ 81,115
LIABILITIES AND NET ASSETS		
CURRENT LIABILITIES		
Accounts payable	\$ 6,513	\$ 20,128
	6,513	20,128
TOTAL CURRENT LIABILITIES		
	6,513	20,128
TOTAL LIABILITIES	6,513	20,128
NET ASSETS		
Unrestricted	19,175	60,987
Temporarily Restricted	708,128	-
	727,303	60,987
TOTAL NET ASSETS		
	727,303	60,987
TOTAL LIABILITIES AND NET ASSETS	\$ 733,816	\$ 81,115

See the Independent Auditor's Report and notes to the financial statements.

SOUTHERNMOST HOMELESS ASSISTANCE LEAGUE, INC.
STATEMENT OF ACTIVITIES
FOR THE YEAR ENDED JUNE 30, 2010

REVENUES:	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Total</u>
Grants	\$ 197,722	\$ 708,128	\$ 905,850
Contributions and other	9,746	-	9,746
Membership dues and fees	14,400	-	14,400
Interest income	1,057	-	1,057
TOTAL REVENUES	<u>222,925</u>	<u>708,128</u>	<u>931,053</u>
EXPENSES:			
Program services:			
Challenge Grant	144,000	-	144,000
Coalition Support Grant	11,851	-	11,851
Housing Assistance Grant	41,872	-	41,872
Administrative and general	67,014	-	67,014
TOTAL EXPENSES	<u>264,737</u>	<u>-</u>	<u>264,737</u>
CHANGE IN NET ASSETS	(41,812)	708,128	666,316
NET ASSETS AT BEGINNING OF YEAR	<u>60,987</u>	<u>-</u>	<u>60,987</u>
NET ASSETS AT YEAR END	<u>\$ 19,175</u>	<u>\$ 708,128</u>	<u>\$ 727,303</u>

See the Independent Auditor's Report and notes to the financial statements.

SOUTHERNMOST HOMELESS ASSISTANCE LEAGUE, INC.
STATEMENT OF ACTIVITIES
FOR THE YEAR ENDED JUNE 30, 2009

REVENUES:	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Total</u>
Grants	\$ 927,755	\$ -	\$ 927,755
Contributions and other	2,484	-	2,484
Membership dues and fees	6,315	-	6,315
TOTAL REVENUES	<u>936,554</u>	<u>-</u>	<u>936,554</u>
EXPENSES:			
Program services:			
Challenge Grant	157,150	-	157,150
Coalition Support Grant	33,000	-	33,000
Housing Assistance Grant	736,984	-	736,984
Administrative and general	30,470	-	30,470
TOTAL EXPENSES	<u>957,604</u>	<u>-</u>	<u>957,604</u>
CHANGE IN NET ASSETS	(21,050)	-	(21,050)
NET ASSETS AT BEGINNING OF YEAR	<u>82,037</u>	<u>-</u>	<u>82,037</u>
NET ASSETS AT YEAR END	<u>\$ 60,987</u>	<u>\$ -</u>	<u>\$ 60,987</u>

See the Independent Auditor's Report and notes to the financial statements.

SOUTHERNMOST HOMELESS ASSISTANCE LEAGUE, INC.
STATEMENTS OF CASH FLOWS
FOR THE YEARS ENDED JUNE 30, 2010 AND 2009

	2010	2009
CASH FLOWS FROM OPERATING ACTIVITIES		
Cash received from grants	\$ 530,850	\$ 933,120
Cash received from membership dues	14,400	6,315
Cash received from miscellaneous	9,746	2,484
Cash paid to suppliers and employees	(278,277)	(945,462)
Interest income	1,057	-
	<u>277,776</u>	<u>(3,543)</u>
CASH PROVIDED BY (USED FOR) OPERATING ACTIVITIES		
	<u>277,776</u>	<u>(3,543)</u>
NET INCREASE (DECREASE) IN CASH		
	<u>277,776</u>	<u>(3,543)</u>
CASH AT BEGINNING OF YEAR		
	<u>80,121</u>	<u>83,664</u>
CASH AT END OF YEAR		
	<u>\$ 357,897</u>	<u>\$ 80,121</u>
 Adjustments to reconcile change in net assets to net cash provided by operations:		
Increase (decrease) in net assets	\$ 666,316	\$ (21,050)
Changes in assets and liabilities:		
Decrease (increase) in accounts and other receivables	(375,000)	5,365
Decrease (increase) in prepaid expenses	75	(770)
Increase (decrease) in accounts payable	(13,615)	12,912
	<u>\$ 277,776</u>	<u>\$ (3,543)</u>

See the Independent Auditor's Report and notes to the financial statements.

SOUTHERNMOST HOMELESS ASSISTANCE LEAGUE, INC.
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEARS ENDED JUNE 30, 2010 AND 2009

Note 1 – Summary of Significant Accounting Policies

Organization

Southernmost Homeless Assistance League, Inc. was incorporated as a non profit organization under the not for profit statutes of Florida on July 6, 1998 in order to provide advocacy and supporting programs that reduce homelessness in Monroe County, Florida. The objectives of the Southernmost Homeless Assistance League, Inc. are to plan, facilitate, coordinate, advocate for, and support all community efforts that address homelessness in Monroe County. It is a community coalition dedicated to special needs of people who are homeless or at risk of homelessness.

The accompanying financial statements include only the accounts of the Southernmost Homeless Assistance League, Inc. The following is a summary of the more significant policies:

Basis of presentation

The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America. Net assets and revenues, expenses, gains, and losses are classified based on the existence or absence of donor-imposed restrictions. Accordingly, net assets of Southernmost Homeless Assistance League, Inc. and changes therein are classified and reported as follows:

Unrestricted net assets – Net assets that are not subject to donor-imposed stipulations.

Temporarily restricted net assets – Net assets subject to donor imposed stipulations that may or will be met, either by actions of the Southernmost Homeless Assistance League, Inc. and/or the passage of time. When a restriction expires, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statement of activities as net assets released from restrictions.

Permanently restricted net assets – Net assets subject to donor-imposed stipulations that they be maintained permanently by the Southernmost Homeless Assistance League, Inc.. Generally, the donors of these assets permit the Southernmost Homeless Assistance League, Inc. to use all or part of the income earned on any related investments for specific purposes.

Support, Revenue and Expenses

Contributions received and unconditional promises to give are measured at their fair values and are reported as increases in net assets. Southernmost Homeless Assistance League, Inc. reports gifts of cash and other assets as restricted support if they are received with donor stipulations that limit the use of the donated assets, or if they are designated as support for future periods. Contributions that are restricted by the donor are reported as increases in unrestricted net assets if the restrictions expire in the fiscal year in which the contributions are recognized. All other donor restricted contributions are reported as increases in temporary or permanently restricted net assets depending on the nature of the restrictions. When a donor or time restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statement of activity as net assets released from restrictions.

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

Expenses are recorded when incurred in accordance with the accrual basis of accounting.

SOUTHERNMOST HOMELESS ASSISTANCE LEAGUE, INC.
NOTES TO THE FINANCIAL STATEMENTS (continued)
FOR THE YEARS ENDED JUNE 30, 2010 AND 2009

Note 1 – Summary of Significant Accounting Policies (continued)

Use of Estimates

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

Cash and Cash Equivalents

Southernmost Homeless Assistance League, Inc. considers all highly liquid investments with a maturity of three months or less when purchased to be cash equivalents.

Concentrations of Credit and Market Risk

Financial instruments that potentially expose Southernmost Homeless Assistance League, Inc. to concentrations of credit and market risk consist primarily of cash equivalents and uncollateralized accounts receivable. Cash equivalents are maintained at high-quality financial institutions and credit exposure is limited to one institution. Southernmost Homeless Assistance League, Inc. has not experienced any losses on its cash equivalents. Grants receivable are primarily due from government agencies and are deemed fully collectible.

Receivables

Receivables are presented on the statement of financial position net of an allowance for doubtful accounts based on Southernmost Homeless Assistance League, Inc.'s assessment of collectability. As of June 30, 2010 and 2009, Southernmost Homeless Assistance League, Inc. considered all receivables to be collectible and no allowances have been recorded.

Functional Allocation of Expenses

The costs of providing the various programs and other activities have been detailed on a functional basis in the statements of functional expenses and summarized on a functional basis in the statements of activities. Accordingly, certain costs have been allocated among the activities benefited. Salaries and other expenses, which are associated with a specific program, are charged directly to that program. Salaries and other expenses, which benefit more than one program, are allocated to the various programs based on the relative benefit provided. Administrative and general expenses are allocated to the various programs based on the staff's time devoted to each function.

Income tax status

The Southernmost Homeless Assistance League, Inc. is a nonprofit organization that is exempt from income taxes under section 501(c)(3) of the Internal Revenue Code. Southernmost Homeless Assistance League, Inc. has also been classified as an entity that is not a private foundation within the meaning of section 509(a) and qualifies for deductible contributions as provided in section 170(b)(1)(A)(vi). Southernmost Homeless Assistance League, Inc. has no excise or unrelated business income taxes in the years ended June 30, 2010 and 2009.

**SOUTHERNMOST HOMELESS ASSISTANCE LEAGUE, INC.
NOTES TO THE FINANCIAL STATEMENTS (continued)
FOR THE YEARS ENDED JUNE 30, 2010 AND 2009**

Note 1 – Summary of Significant Accounting Policies (continued)

Fair Values of Financial Instruments

The following methods and assumptions were used by Southernmost Homeless Assistance League, Inc. in estimating the fair value disclosures for financial instruments:

Cash and cash equivalents, grants receivable and payables – The carrying amounts reported in the statements of financial position approximate fair values due to relatively short maturities of these instruments.

Note 2 – Cash and Cash Equivalents

Custodial Credit Risk – Custodial credit risk is the risk that in the event of a bank failure, Southernmost Homeless Assistance League, Inc.'s deposits may not be returned.

Deposits

Southernmost Homeless Assistance League, Inc. maintains cash deposits at a financial institution located in Key West, Florida consisting of a checking account. Balances at the institution are insured by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000. At June 30, 2010 and 2009, Southernmost Homeless Assistance League, Inc.'s uninsured balances for cash deposits totaled \$109,690 and \$0, respectively.

Note 3 – Receivables

Grants receivable

Outstanding balances for grant providers are as follows:

	2010	2009
State of Florida Department of Children and Families	\$ 375,000	\$ -
	\$ 375,000	\$ -

Note 4 – Accounts Payable

Accounts payable as of June 30, 2010 consisted of amounts due to various vendors of \$6,513 and as of June 30, 2009 consisted of amounts due to various vendors of \$20,128.

Note 5 – Lines of Credit

At June 30, 2010, Southernmost Homeless Assistance League, Inc. had a \$50,000 revolving line of credit agreement with a local bank. Amounts outstanding under the line of credit agreement bears interest at the rate of 6.0% and is payable on demand. The line of credit is unsecured and matures December 14, 2011. At June 30, 2010 and 2009, Southernmost Homeless Assistance League, Inc. had outstanding borrowings under this line of credit agreement of \$0 and \$0.

SOUTHERNMOST HOMELESS ASSISTANCE LEAGUE, INC.
NOTES TO THE FINANCIAL STATEMENTS (continued)
FOR THE YEARS ENDED JUNE 30, 2010 AND 2009

Note 6 – Support from the State of Florida

For the year ended June 30, 2010 SHAL received a substantial portion of its revenues from the State of Florida Department of Children and Families as further described below:

Challenge Grant Agreement

The State of Florida Department of Children and Families awarded \$144,000 to provide nonprofit agencies funds to further support programs that reduce the population of homeless individuals in Monroe County, Florida. The grant funds recorded for fiscal year ended June 30, 2010 was \$144,000. The grant term is for fiscal year ended June 30, 2010.

Homeless Housing Assistance Grant

The State of Florida Department of Children and Families awarded \$750,000 for the purpose of constructing a housing program that provides sixteen new housing units of permanent supportive housing that are available for the sole use of homeless woman and children. Southernmost Homeless Assistance League, Inc. is working in partnership with Samuel's House, Inc. The grant funds recorded for fiscal year ended June 30, 2010 was \$750,000. The grant term is for fiscal year ended June 30, 2010, or completion of project.

Coalition Grant Agreement

The State of Florida Department of Children and Families awarded a reimbursement type grant for costs of staffing. The reimbursement grant funds recorded for fiscal year ended June 30, 2010 was \$11,850. The grant term was for the period beginning July 1, 2009 and ending June 30, 2012 for an amount not to exceed \$33,550.

For the year ended June 30, 2009 SHAL received a substantial portion of its revenues from the State of Florida Department of Children and Families as further described below:

Challenge Grant Agreement

The State of Florida Department of Children and Families awarded \$144,000 to provide nonprofit agencies funds to further support programs that reduce the population of homeless individuals in Monroe County, Florida. The grant funds recorded for fiscal year ended June 30, 2009 was \$144,000. The grant term was for fiscal year ended June 30, 2009.

Homeless Housing Assistance Grant

The State of Florida Department of Children and Families awarded \$750,000 for the purpose of constructing a housing program that provided fourteen new housing units of permanent supportive housing that are available for the sole use of homeless persons that are temporarily without income or at a very low income, and are HIV/AIDS-disabled. Southernmost Homeless Assistance League, Inc. was working in partnership with AIDS Help, Inc. The grant funds recorded for fiscal year ended June 30, 2009 was \$750,000. The grant term was for fiscal year ended June 30, 2009.

Coalition Grant Agreement

The State of Florida Department of Children and Families awarded a reimbursement type grant for costs of staffing. The reimbursement grant funds recorded for fiscal year ended June 30, 2009 was \$33,751. The grant term was for the period beginning July 1, 2006 and ending June 30, 2009.

SOUTHERNMOST HOMELESS ASSISTANCE LEAGUE, INC.
NOTES TO THE FINANCIAL STATEMENTS (continued)
FOR THE YEARS ENDED JUNE 30, 2010 AND 2009

Note 7 – In-Kind Donations

Donated Services, Facilities and Other

A number of volunteers have donated time to Southernmost Homeless Assistance League, Inc.'s programs during the year; however, these donated services are not reflected in the financial statements since the services do not meet the requirements for criteria for recognition under Statement of Financial Accounting Standards No. 116.

Note 8 – Temporarily Restricted Net Assets

Temporarily restricted net assets as of June 30, 2010 and 2009:

	2010	2009
Grant funding from State of Florida Department of Children and Families	\$ 708,128	\$ -
	\$ 708,128	\$ -

Note 9 – Subsequent Events

In preparing the financial statements, the Southernmost Homeless Assistance League, Inc. has evaluated events and transactions for potential recognition or disclosure. Southernmost Homeless Assistance League, Inc. did not have any subsequent events or transactions requiring recording or disclosure in the financial statements through December 21, 2010, the date that the financial statements were available to be issued.

SUPPLEMENTAL INFORMATION

SOUTHERNMOST HOMELESS ASSISTANCE LEAGUE, INC.
STATEMENT OF FUNCTIONAL EXPENSES
JUNE 30, 2010

	Program Services			Management and General	Totals
	Challenge Grant	Coalition Support Grant	Housing Assistance Grant		
Personnel expenses					
Salaries and wages	\$ 11,294	\$ 11,851	\$ -	\$ 34,732	\$ 57,877
Employee benefits and taxes	-	-	-	4,454	4,454
Total Salaries and related expenses	11,294	11,851	-	39,186	62,331
Direct Expenses					
Accounting	-	-	-	9,427	9,427
Contracted staff	-	-	-	3,150	3,150
Subcontracted services	130,000	-	41,872	-	171,872
Dues and subscriptions	-	-	-	1,475	1,475
Insurance	-	-	-	1,367	1,367
Occupancy	-	-	-	3,766	3,766
Office expense	-	-	-	1,248	1,248
Repairs and maintenance	1,250	-	-	4,500	5,750
Staff development	1,456	-	-	459	1,915
Telephone	-	-	-	19	19
Travel	-	-	-	2,417	2,417
Total expenses	\$ 144,000	\$ 11,851	\$ 41,872	\$ 67,014	\$ 264,737

See the Independent Auditor's Report and notes to the financial statements.

SOUTHERNMOST HOMELESS ASSISTANCE LEAGUE, INC.
STATEMENT OF FUNCTIONAL EXPENSES
JUNE 30, 2009

	Program Services			Management and General	Totals
	Challenge Grant	Coalition Support Grant	Housing Assistance Grant		
Personnel expenses					
Salaries and wages	\$ 14,915	\$ 13,000	\$ 12,213	\$ 15,971	\$ 56,099
Employee benefits and taxes	-	-	-	3,647	3,647
Total Salaries and related expenses	14,915	13,000	12,213	19,618	59,746
Direct Expenses					
Accounting	-	-	4,300	766	5,066
Advertising	-	-	-	189	189
Contracted staff	9,618	-	-	-	9,618
Subcontracted services	127,433	20,000	712,500	-	859,933
Dues and subscriptions	-	-	1,143	-	1,143
Insurance	-	-	-	633	633
Miscellaneous	-	-	-	1,245	1,245
Occupancy	-	-	-	1,883	1,883
Office expense	2,134	-	2,091	-	4,225
Repairs and maintenance	3,050	-	-	6,044	9,094
Staff development	-	-	1,005	92	1,097
Telephone	-	-	1,330	-	1,330
Travel	-	-	2,402	-	2,402
Total expenses	\$ 157,150	\$ 33,000	\$ 736,984	\$ 30,470	\$ 957,604

See the Independent Auditor's Report and notes to the financial statements.

**SOUTHERNMOST HOMELESS ASSISTANCE LEAGUE, INC.
SCHEDULE OF SUBCONTRACTED SERVICES
FOR THE YEARS ENDED JUNE 30, 2010 AND 2009**

	<u>2010</u>	<u>2009</u>
AIDS Help Inc.	\$ 8,484	\$ 728,138
Catholic Charities	-	32,092
Domestic Abuse Shelter, Inc.	9,890	14,334
Florida Keys Children's Shelter, Inc.	31,407	21,637
Florida Keys Outreach Coalition	12,656	10,526
Guidance Clinic of the Middle Keys, Inc.	8,483	13,399
Helpline, Inc.	-	3,884
Heron-Peacock Assisted Living	9,888	6,500
Higher Love Mission Outreach	-	4,396
Independence Cay	14,250	3,000
Monroe Association for ReMARCable Citizens, Inc.	7,031	8,026
Samuel's House	51,320	10,526
Star of the Sea Foundation	13,557	-
Volunteers of America	4,906	3,475
Total Subcontracted Services	<u>\$ 171,872</u>	<u>\$ 859,933</u>

See the Independent Auditor's Report and notes to the financial statements.

SOUTHERNMOST HOMELESS ASSISTANCE LEAGUE, INC.
SUMMARY OF EXPENDITURES OF STATE PROJECTS
FOR THE YEAR ENDED JUNE 30, 2010

<u>Pass-through the Florida Department of Children and Families</u>	<u>CSFA Number</u>	<u>Grant Identification Number</u>	<u>Expenditures</u>
Homeless Grant in Aid Project	60.021	KF131	\$ 11,851
Homeless Challenge Grant	60.014	KFZ30	144,000
Homeless Housing Assistance Grant	60.015	KFZ32	<u>41,872</u>
Total State Projects			<u>\$ 197,723</u>

See the Independent Auditor's Report and notes to the financial statements.

OTHER AUDITOR REPORT



Certified Public Accountants

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James H. Hill, Jr.

**REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND
OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN
ACCORDANCE WITH GOVERNMENT AUDITING STANDARDS**

Board of Directors
Southernmost Homeless Assistance League, Inc.
Key West, Florida

We have audited the financial statements of the Southernmost Homeless Assistance League, Inc. as of and for the year ended June 30, 2010 and have issued our report thereon dated December 21, 2010. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States.

Internal Control Over Financial Reporting

In planning and performing our audit, we considered Southernmost Homeless Assistance League, Inc.'s internal control over financial reporting as a basis for designing our auditing procedures for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of Southernmost Homeless Assistance League, Inc.'s internal control over financial reporting. Accordingly, we do not express an opinion on the effectiveness of Southernmost Homeless Assistance League, Inc.'s internal control over financial reporting.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct misstatements on a timely basis.

A *material weakness* is a deficiency, or a combination of deficiencies, in internal control such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis.

A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of the internal control over financial reporting was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over financial reporting that might be deficiencies, significant deficiencies, or material weaknesses. We identified certain significant deficiencies in internal control over financial reporting in a separate letter dated December 21, 2010. We believe the significant deficiency contained in that letter to be a material weakness, as defined above.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether Southernmost Homeless Assistance League, Inc.'s financial statements are free of material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and

Board of Directors
Southernmost Homeless Assistance League, Inc.
Page 2 of 2

accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance that are required to be reported under *Government Auditing Standards*.

We noted other matters which we reported in a separate letter dated December 21, 2010.

This report is intended solely for the information and use of the Board of Directors, management and grantors, and is not intended to be and should not be used by anyone other than these specified parties.



Key West, Florida

December 21, 2010

SOUTHERNMOST HOMELESS ASSISTANCE LEAGUE, INC.

**MANAGEMENT MEMORANDUM ON REVIEW OF
INTERNAL CONTROL STRUCTURE**

JUNE 30, 2010

**OROPEZA & PARKS
Certified Public Accountants**

OROPEZA & PARKS

Certified Public Accountants

815 Peacock Plaza
Key West, Florida 33040
305.294.1049 / 305.294.1040
Fax: 305.294.3951

Scott G. Oropeza, C.P.A., P.A.
John G. Parks, Jr., C.P.A., P.A.
Denise Y. Rohrer, C.P.A., P.A.
James H. Hill, Jr.

Board of Directors
Southernmost Homeless Assistance League, Inc.
P.O. Box 2990
Key West, FL 33045

We have audited the financial statements of the Southernmost Homeless Assistance League, Inc. for the year ended June 30, 2010 and have issued our reports thereon dated December 21, 2010.

We conducted our audit in accordance with United States generally accepted auditing standards and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. We have issued our Independent Auditor's Report; Independent Auditor's Report on Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance With *Government Auditing Standards*. Disclosures in those reports, which are dated December 21, 2010, should be considered in conjunction with this management memorandum. However, this memorandum does not affect any of the reports as listed above.

In planning and performing our audit of the financial statements of the Southernmost Homeless Assistance League, Inc. as of and for the year ended June 30, 2010, in accordance with auditing standards generally accepted in the United States of America, we considered the Southernmost Homeless Assistance League, Inc.'s internal control over financial reporting (internal control) as a basis for designing our auditing procedures for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Southernmost Homeless Assistance League, Inc.'s internal control. Accordingly, we do not express an opinion on the effectiveness of the Southernmost Homeless Assistance League, Inc.'s internal control.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent or detect and correct misstatements on a timely basis.

A material weakness is a deficiency, or combination of deficiencies in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis.

A significant deficiency is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the third paragraph and would not necessarily identify all deficiencies in internal control that might be significant deficiencies or material weaknesses and therefore there can be no assurance that all such deficiencies have been identified.

As discussed below, we identified a significant deficiency in internal control over financial reporting.

Finding 1

A review of subsequent receipts noted a final request for grant monies made before year end were not recorded as a grant receivable at year end.

We recommend grant income be recorded at the time of written request.

We believe the significant deficiency in internal control over financial reporting listed above is a material weakness, as defined above.

In addition, as discussed below, we identified certain other matters. These matters were not considered to be significant deficiencies or material weaknesses as defined above.

Finding 2

A review of board minutes noted no occurrence of approval of written minutes in following board meetings. In addition, the written minutes were not signed by appropriate [executive] member of the Board. Approval of written meeting minutes provides assurance of the official actions and intent of the board.

We recommend that completed and approved minutes contain the signature of an appropriate governing board member for authentication.

Finding 3

The confirmation of cash accounts noted holdings in an account that were above the FDIC insured limit of \$250,000. The occurrence of holdings in excess of federally insured amounts presents the potential for losses in the event of bank or institutional failure.

We recommend management closely monitor cash balances and consider transferring unsecured balances to other banks and better utilize current banking arrangements in place to reduce the potential for loss of monetary amounts in excess of federally insured limits.

The Southernmost Homeless Assistance League, Inc. response to the findings identified in our audit is attached to this memorandum. We did not audit the Southernmost Homeless Assistance League, Inc.'s response and, accordingly, we express no opinion on it.

This memorandum is intended solely for the use of the Board of Directors, management and grantor agencies and is not intended to be and should not be used by anyone other than these specified parties.



Key West, Florida

December 21, 2010

Southernmost Homeless Assistance League

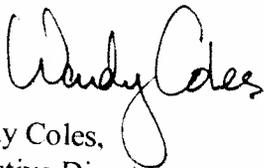
The Monroe County, FL Community Coalition dedicated to the Special Needs of the Homeless

December 21, 2010

Memo to the SHAL Board of Directors:

In response to the management letter of December 21, the following actions will be taken:

- Grant income will be recorded at the time of written requests. Historically, we have recorded accrual basis journal entries such as this one only once during the year during the annual financial statement audit. We have begun this new practice with the documentation of the first Challenge request, December 20, 2011.
- Board minutes and committee minutes will be reviewed and signed on a timely basis by the Chair or Executive Committee member. The SHAL Chair will begin this practice with the January 12th SHAL Board meeting.
- Cash accounts will not exceed the FDIC insured limit of \$250,000. This issue/risk was addressed by opening a second bank account in August, 2010 at First State Bank. \$62,515.58 was transferred into this account in order to avoid uninsured financial risk.



Wendy Coles,
Executive Director

RaiEtte Arael, Chair
Bill Mann, Secretary

Jamie Pipher, Vice Chair
Doug Blomberg, Treasurer

PO Box 2990, Key West, FL 33045-2990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2009

Department of the Treasury
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

For the 2009 calendar year, or tax year beginning **7/01**, 2009, and ending **6/30**, 2010

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See specific instructions.	C SOUTHERNMOST HOMELESS ASSISTANCE LEAGUE INC. P. O. BOX 2990 KEY WEST, FL 33045-4966	D Employer identification number 65-0874896
		F Name and address of principal officer: SAME AS C ABOVE	E Telephone number (305) 292-4404
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		G Total gross receipts \$ 931,053. Is a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'No,' attach a list. (see instructions)	
J Website: WWW.SHAL.CC		H(c) Group exemption number	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1998 M State of legal domicile: FL	

TAXPAYER'S COPY

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>MISSION IS TO PLAN, FACILITATE, COORDINATE, ADVOCATE FOR, AND SUPPORT ALL COMMUNITY EFFORTS THAT ADDRESS HOMELESSNESS IN MONROE COUNTY. IT IS A COMMUNITY COALITION DEDICATED TO SPECIAL NEEDS OF PEOPLE WHO ARE HOMELESS OR AT RISK OF HOMELESSNESS.</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	24
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	0
	5	Total number of employees (Part V, line 2a)	5	2
	6	Total number of volunteers (estimate if necessary)	6	0
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	930,239.	915,596.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,315.	14,400.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,057.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	936,554.	931,053.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	59,746.	62,331.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	16b	Total fundraising expenses (Part IX, column (D), line 25)		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	897,858.	202,406.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	957,604.	264,737.	
19	Revenue less expenses. Subtract line 18 from line 12	-21,050.	666,316.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Year	End of Year
	21	Total liabilities (Part X, line 26)	81,115.	733,816.
	22	Net assets or fund balances. Subtract line 21 from line 20	20,128.	6,513.
			60,987.	727,303.

Part II Signature Block

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

Sign Here

Signature of officer: RAIETTE AVAEL Date: _____
 Type or print name and title: CHAIRMAN

Paid Preparer's Use Only

Preparer's signature: JOHN G. PARKS, JR., CPA, P.A. Date: 1/04/11
 Firm's name (or yours if self-employed) and address and ZIP + 4: OROPEZA & PARKS, CPAS
815 PEACOCK PLZ.
KEY WEST, FL 33040
 Preparer's identifying number (see instructions): N/A
 EIN: N/A
 Phone no.: (305) 294-1049

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

MISSION IS TO PLAN, FACILITATE, COORDINATE, ADVOCATE FOR, AND SUPPORT ALL COMMUNITY EFFORTS THAT ADDRESS HOMELESSNESS IN MONROE COUNTY. IT IS A COMMUNITY COALITION DEDICATED TO SPECIAL NEEDS OF PEOPLE WHO ARE HOMELESS OR AT RISK OF HOMELESSNESS.

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

Yes No [X]

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

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

Yes No [X]

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

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 144,000. including grants of \$) (Revenue \$)

CHALLENGE GRANT FOR HOMELESS ASSISTANCE

4b (Code:) (Expenses \$ 41,872. including grants of \$) (Revenue \$)

HOMELESS HOUSING ASSISTANCE

4c (Code:) (Expenses \$ 11,851. including grants of \$) (Revenue \$)

HOMELESS GRANT IN AID PROJECT

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

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 197,723.

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.		X
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II.		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III.		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II.		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V.		X
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		X
	• Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.		
	• Did the organization report an amount for investments- other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.		
	• Did the organization report an amount for investments- program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.		
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.		
	• Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X.		
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If 'Yes,' complete Schedule D, Part X.		
12	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII.	X	
12A	Was the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional.		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I.		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II.		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III.		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I.		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.		X
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H.		X

Part IV Checklist of Required Schedules (continued)

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

BAA

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1 a	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable.		
1 a	0		
1 b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1 b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
1 c			
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
2 a	2		
2 b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to file this return. (see instructions)	X	
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3 b	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O.		
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If 'Yes,' enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5 b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5 c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
6 b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
7 b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		
7 c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7 d	If 'Yes,' indicate the number of Forms 8282 filed during the year.		
7 e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7 f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7 g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
7 h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9 a	Did the organization make any taxable distributions under section 4966?		
9 b	Did the organization make any distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10 a	Initiation fees and capital contributions included on Part VIII, line 12.		
10 b	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter:		
11 a	Gross income from other members or shareholders.		
11 b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12 a	Section 4947(a)(1) nonexempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12 b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.		

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

Section A. Governing Body and Management

		Yes	No
1 a	Enter the number of voting members of the governing body.....		
1 a	24		
b	Enter the number of voting members that are independent.....		
1 b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?.....		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?.....		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?.....		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?.....		X
6	Does the organization have members or stockholders?.....		X
7 a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?.....		X
7 b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?.....		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?.....	X	
8 a			
b	Each committee with authority to act on behalf of the governing body?.....	X	
8 b			
9	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O.....		X

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

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

Section C. Disclosures

- 17 List the states with which a copy of this Form 990 is required to be filed: NONE
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. SEE SCHEDULE O
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
 ▶ WENDY COLES P. O. BOX 2990 KEY WEST FL 33045-4966 (305) 292-4404

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

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

1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees. See instructions for definition of 'key employees.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
RAIETTE AVAEL CHAIRMAN	0						0.	0.	0.	
JAMIE PIPHER VICE CHAIRMAN	0						0.	0.	0.	
DOUG BLOMBERG TREASURER	0						0.	0.	0.	
JANICE DREWING DIRECTOR	0						0.	0.	0.	
ROSEMARY ENRIGHT DIRECTOR	0						0.	0.	0.	
DIANA FLENARD DIRECTOR	0						0.	0.	0.	
VENITA GARVIN VALDEZ DIRECTOR	0						0.	0.	0.	
SHERYL GRAHAM DIRECTOR	0						0.	0.	0.	
LOU HERNANDEZ DIRECTOR	0						0.	0.	0.	
LINDA HINCHCLIFFE DIRECTOR	0						0.	0.	0.	
STEPHEN BRADDOCK DIRECTOR	0						0.	0.	0.	
MICHAEL BROWNING DIRECTOR	0						0.	0.	0.	
PATRICK LINDSAY DIRECTOR	0						0.	0.	0.	
DEBRA MACONAUGHEY DIRECTOR	0						0.	0.	0.	
BILL MANN SECRETARY	0						0.	0.	0.	
ROGER MCVEIGH DIRECTOR	0						0.	0.	0.	
MARK MASEA DIRECTOR	0						0.	0.	0.	

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
RICH MCGILL DIRECTOR	0						0.	0.	0.	
BOB PERYAM DIRECTOR	0						0.	0.	0.	
NANCY ROMAIN DIRECTOR	0						0.	0.	0.	
PATRICE SANDERS DIRECTOR	0						0.	0.	0.	
TOM WANTUCK DIRECTOR	0						0.	0.	0.	
KIM WILKERSON DIRECTOR	0						0.	0.	0.	
WILL NICKI, PHD DIRECTOR	0						0.	0.	0.	
1 b Total							0.	0.	0.	

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

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

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

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

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns	1 a					
	b Membership dues	1 b					
	c Fundraising events	1 c					
	d Related organizations	1 d					
	e Government grants (contributions)	1 e	905,850.				
	f All other contributions, gifts, grants, and similar amounts not included above	1 f	9,746.				
	g Noncash contribns included in lns 1a-1f: \$						
	h Total. Add lines 1a-1f		915,596.				
PROGRAM SERVICE REVENUE	Business Code						
	2 a MEMBERSHIP DUES & ASSESSMENTS		14,400.	14,400.			
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f		14,400.					
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)		1,057.	1,057.			
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross Rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses	b				
		c Net income or (loss) from fundraising events					
	9 a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses		b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a _____							
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See instructions			931,053.	15,457.	0.	0.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	57,877.	23,145.	34,732.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	4,454.		4,454.	
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	9,427.		9,427.	
d Lobbying				
e Prof fundraising svcs. See Part IV, ln 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	1,248.		1,248.	
14 Information technology				
15 Royalties				
16 Occupancy	3,766.		3,766.	
17 Travel	2,417.		2,417.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a SUBCONTRACTED SERVICES	171,872.	171,872.		
b REPAIRS & MAINTENANCE	5,750.	1,250.	4,500.	
c CONTRACTED STAFF	3,150.		3,150.	
d TRAINING	1,915.	1,456.	459.	
e DUES & SUBSCRIPTIONS	1,475.		1,475.	
f All other expenses	1,386.		1,386.	
25 Total functional expenses. Add lines 1 through 24f	264,737.	197,723.	67,014.	0.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Part X Balance Sheet

		(A)		(B)	
		Beginning of year		End of year	
ASSETS	1	Cash – non-interest-bearing	80,121.	1	357,897.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	375,000.
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	994.	9	919.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b	Less: accumulated depreciation	10b	10c	
	11	Investments – publicly-traded securities		11	
	12	Investments – other securities. See Part IV, line 11		12	
	13	Investments – program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	81,115.	16	733,816.	
LIABILITIES	17	Accounts payable and accrued expenses	20,128.	17	6,513.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	20,128.	26	6,513.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.				
	27	Unrestricted net assets	60,987.	27	19,175.
	28	Temporarily restricted net assets		28	708,128.
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, and equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances.	60,987.	33	727,303.
34	Total liabilities and net assets/fund balances.	81,115.	34	733,816.	

BAA

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990: Cash Accrual Other

If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

Separate basis Consolidated basis Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)	724,580.	773,468.	151,850.	936,554.	929,996.	3,516,448.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.						0.
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						0.
4 Total. Add lines 1-through 3.	724,580.	773,468.	151,850.	936,554.	929,996.	3,516,448.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						0.
6 Public support. Subtract line 5 from line 4.						3,516,448.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4.	724,580.	773,468.	151,850.	936,554.	929,996.	3,516,448.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.					1,057.	1,057.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
11 Total support. Add lines 7 through 10.						3,517,505.
12 Gross receipts from related activities, etc. (see instructions)					12	0.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	100.0 %
15 Public support percentage from 2008 Schedule A, Part II, line 14.	15	100.0 %

16a **33-1/3 support test— 2009.** If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization.

b **33-1/3 support test— 2008.** If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.

17a **10%-facts-and-circumstances test— 2009** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.

b **10%-facts-and-circumstances test— 2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.

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

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (add lns 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

- 19a 33-1/3 support tests— 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
- b 33-1/3 support tests— 2008. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
- 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

Employer identification number

SOUTHERNMOST HOMELESS ASSISTANCE LEAGUE
INC.

65-0874896

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or for any other purpose conferring impermissible private benefit? Yes No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area

Protection of natural habitat Preservation of certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easement it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? Yes No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

1 a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

3 Using the organization's acquisition accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements Complete if organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1 a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If 'Yes,' explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	1 c
d Additions during the year	1 d
e Distributions during the year	1 e
f Ending balance	1 f

2 a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If 'Yes,' explain the arrangement in Part XIV.

Part V Endowment Funds Complete if organization answered 'Yes' to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance					
b Contributions					
c Net Investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ▶ _____ %
- b Permanent endowment ▶ _____ %
- c Term endowment ▶ _____ %

3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	

b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R? Yes No

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Book Value
1 a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶ 0.

Part VII Investments—Other Securities See Form 990, Part X, line 12. N/A

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		

Total. (Column (b) must equal Form 990 Part X, col. (B) line 12.) ▶		

Part VIII Investments—Program Related (See Form 990, Part X, line 13) N/A

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, Col. (B) line 13.) ▶		

Part IX Other Assets (See Form 990, Part X, line 15) N/A

(a) Description	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col. (B), line 15) ▶	

Part X Other Liabilities (See Form 990, Part X, line 25)

(a) Description of Liability	(b) Amount
Federal Income Taxes	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ▶	

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Part XIV Supplemental Information *(continued)*

Area with horizontal dashed lines for supplemental information.

SCHEDULE O
(Form 990)

Supplemental Information to Form 990

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

Name of the organization **SOUTHERNMOST HOMELESS ASSISTANCE LEAGUE
INC.**

Employer identification number
65-0874896

FORM 990, PART VI, LINE 11 - FORM 990 REVIEW PROCESS

THE BOARD TREASURER REVIEWS THE FORM 990 BEFORE IT IS FILED.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

GOVERNING DOCUMENTS, POLICIES & FINANCIAL STATEMENTS ARE ALL AVAILABLE UPON REQUEST.

Name of the organization SOUTHERNMOST HOMELESS ASSISTANCE LEAGUE
INC.

Employer identification number
65-0874896

Area with horizontal dashed lines for supplemental information.

SHAL MEMBERSHIP DUES SCHEDULE

Individuals	\$100
Faith Based Organizations	\$250
Small Businesses and Service Providers Small defined as those with a total budget of less than \$250K)	\$500
Large Businesses and Service Providers Large defines as those with a total budget of more than \$250K)	\$1,000

INTERNAL REVENUE SERVICE
 DISTRICT DIRECTOR
 P. O. BOX 2508
 CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: JAN 21 1999

SOUTHERNMOST HOMELESS ASSISTANCE
 LEAGUE INC
 3930 S ROOSEVELT DR STE E303
 KEY WEST, FL 33040

Employer Identification Number:
 65-0874896
 DLN:
 17053356009028
 Contact Person:
 D. A. DOWNING ID# 31505
 Contact Telephone Number:
 (877) 829-5500
 Accounting Period Ending:
 December 31
 Foundation Status Classification:
 509(a)(1)
 Advance Ruling Period Begins:
 July 06, 1998
 Advance Ruling Period Ends:
 December 31, 2002
 Addendum Applies:
 No

Dear Applicant:

Based on information you supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from federal income tax under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3).

Because you are a newly created organization, we are not now making a final determination of your foundation status under section 509(a) of the Code. However, we have determined that you can reasonably expect to be a publicly supported organization described in sections 509(a)(1) and 170(b)(1)(A)(vi).

Accordingly, during an advance ruling period you will be treated as a publicly supported organization, and not as a private foundation. This advance ruling period begins and ends on the dates shown above.

Within 90 days after the end of your advance ruling period, you must send us the information needed to determine whether you have met the requirements of the applicable support test during the advance ruling period. If you establish that you have been a publicly supported organization, we will classify you as a section 509(a)(1) or 509(a)(2) organization as long as you continue to meet the requirements of the applicable support test. If you do not meet the public support requirements during the advance ruling period, we will classify you as a private foundation for future periods. Also, if we classify you as a private foundation, we will treat you as a private foundation from your beginning date for purposes of section 507(d) and 4940.

Grantors and contributors may rely on our determination that you are not a private foundation until 90 days after the end of your advance ruling period. If you send us the required information within the 90 days, grantors and contributors may continue to rely on the advance determination until we make a final determination of your foundation status.

If we publish a notice in the Internal Revenue Bulletin stating that we

SOUTHERNMOST HOMELESS ASSISTANCE

will no longer treat you as a publicly supported organization, grantors and contributors may not rely on this determination after the date we publish the notice. In addition, if you lose your status as a publicly supported organization, and a grantor or contributor was responsible for, or was aware of, the act or failure to act, that resulted in your loss of such status, that person may not rely on this determination from the date of the act or failure to act. Also, if a grantor or contributor learned that we had given notice that you would be removed from classification as a publicly supported organization, then that person may not rely on this determination as of the date he or she acquired such knowledge.

If you change your sources of support, your purposes, character, or method of operation, please let us know so we can consider the effect of the change on your exempt status and foundation status. If you amend your organizational document or bylaws, please send us a copy of the amended document or bylaws. Also, let us know all changes in your name or address.

As of January 1, 1984, you are liable for social security taxes under the Federal Insurance Contributions Act on amounts of \$100 or more you pay to each of your employees during a calendar year. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the private foundation excise taxes under Chapter 42 of the Internal Revenue Code. However, you are not automatically exempt from other federal excise taxes. If you have any questions about excise, employment, or other federal taxes, please let us know.

Donors may deduct contributions to you as provided in section 170 of the Internal Revenue Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Donors may deduct contributions to you only to the extent that their contributions are gifts, with no consideration received. Ticket purchases and similar payments in conjunction with fundraising events may not necessarily qualify as deductible contributions, depending on the circumstances. Revenue Ruling 67-246, published in Cumulative Bulletin 1967-2, on page 104, gives guidelines regarding when taxpayers may deduct payments for admission to, or other participation in, fundraising activities for charity.

You are not required to file Form 990, Return of Organization Exempt From Income Tax, if your gross receipts each year are normally \$25,000 or less. If you receive a Form 990 package in the mail, simply attach the label provided, check the box in the heading to indicate that your annual gross receipts are normally \$25,000 or less, and sign the return. Because you will be treated as a public charity for return filing purposes during your entire advance ruling period, you should file Form 990 for each year in your advance ruling period that you exceed the \$25,000 filing threshold even if your sources of support do not satisfy the public support test specified in the heading of this letter.

SOUTHERNMOST HOMELESS ASSISTANCE

If a return is required, it must be filed by the 15th day of the fifth month after the end of your annual accounting period. A penalty of \$20 a day is charged when a return is filed late, unless there is reasonable cause for the delay. However, the maximum penalty charged cannot exceed \$10,000 or 5 percent of your gross receipts for the year, whichever is less. For organizations with gross receipts exceeding \$1,000,000 in any year, the penalty is \$100 per day per return, unless there is reasonable cause for the delay. The maximum penalty for an organization with gross receipts exceeding \$1,000,000 shall not exceed \$50,000. This penalty may also be charged if a return is not complete. So, please be sure your return is complete before you file it.

You are not required to file federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T, Exempt Organization Business Income Tax Return. In this letter we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

You are required to make your annual return available for public inspection for three years after the return is due. You are also required to make available a copy of your exemption application, any supporting documents, and this exemption letter. Failure to make these documents available for public inspection may subject you to a penalty of \$20 per day for each day there is a failure to comply (up to a maximum of \$10,000 in the case of an annual return).

You need an employer identification number even if you have no employees. If an employer identification number was not entered on your application, we will assign a number to you and advise you of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

If we said in the heading of this letter that an addendum applies, the addendum enclosed is an integral part of this letter.

Because this letter could help us resolve any questions about your exempt status and foundation status, you should keep it in your permanent records.

SOUTHERNMOST HOMELESS ASSISTANCE

If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

Sincerely yours,


District Director

Enclosure(s):
Form 872-C

Form **872-C**

Consent Fixing Period of Limitation Upon Assessment of Tax Under Section 4940 of the Internal Revenue Code

OMB No. 1545-0056

(Rev. July 1993)

Department of the Treasury
Internal Revenue Service

(See instructions on reverse side.)

To be used with
Form 1023. Submit
in duplicate.

Under section 6501(c)(4) of the Internal Revenue Code, and as part of a request filed with Form 1023 that the organization named below be treated as a publicly supported organization under section 170(b)(1)(A)(vi) or section 509(a)(2) during an advance ruling period,

Southernmost Homeless Assistance League, Inc.

(Exact legal name of organization as shown in organizing document)

3930 S. Roosevelt Drive E303, Key West, FL 33040

(Number, street, city or town, state, and ZIP code)

and the

District Director of
Internal Revenue, or
Assistant
Commissioner
(Employee Plans and
Exempt Organizations)

Consent and agree that the period for assessing tax (imposed under section 4940 of the Code) for any of the 5 tax years in the advance ruling period will extend 8 years, 4 months, and 15 days beyond the end of the first tax year.

However, if a notice of deficiency in tax for any of these years is sent to the organization before the period expires, the time for making an assessment will be further extended by the number of days the assessment is prohibited, plus 60 days.

Ending date of first tax year December 31, 1998
(Month, day, and year)

Name of organization (as shown in organizing document)		Date
Southernmost Homeless Assistance League, Inc.		December 1, 1998
Officer or trustee having authority to sign	Mark L. Szurek	Title ▶ Chair
Signature ▶ <i>[Signature]</i>		
For IRS use only		
District Director or Assistant Commissioner (Employee Plans and Exempt Organizations)		Date
G. Ashley Bullard District Director		JAN 20 1999
By ▶ <i>[Signature]</i>		Group Manager



**State of Florida
Department of Children and Families**

Charlie Crist
Governor

George H. Sheldon
Secretary

July 19, 2010

Dr. Wendy Coles, Executive Director
Southernmost Homeless Assistance League
PO Box 2990
Key West, FL 33045

Dear Dr. Wendy Coles:

The Department has received a copy of your 2010 Continuum of Care Homeless Assistance Program Registration, as approved by the Department of Housing and Urban Development.

In accordance with this registration, the Department designates the planning area of your continuum of care for 2010 to cover Monroe County. Further, Southernmost Homeless Assistance League is recognized as the lead agency for your continuum for FY 2010-11.

The designations are made in accordance with section 420.624, Florida Statutes. As the designated lead agency for your continuum of care, you are the eligible entity to submit grant applications to the Department under the Challenge and Homeless Housing Assistance programs.

The Department welcomes the opportunity to partner with you in helping to meet the needs of those persons who may be without a home of their own.

Sincerely,

A handwritten signature in black ink that reads 'Thomas Pierce'. The signature is written in a cursive, flowing style.

Thomas Pierce
Director, Office on Homelessness

Attach M.



Florida Department of Agriculture & Consumer Services
ADAM H. PUTNAM, Commissioner
Tallahassee, Florida

March 30, 2011

Division of Consumer Services
2005 Apalachee Pkwy
Tallahassee, FL 32399-6500
Phone: 1-800-HELP-FLA
URL: <http://www.800helpfla.com>

Refer To: CH10721

SOUTHERNMOST HOMELESS ASSISTANCE LEAGUE, INC.
PO BOX 2990
KEY WEST, FL 33045-2990

RE: SOUTHERNMOST HOMELESS ASSISTANCE LEAGUE, INC.
REGISTRATION#: CH10721
EXPIRATION DATE: March 14, 2012

Dear Sir or Madam:

The above-named organization/sponsor has complied with the registration requirements of Chapter 496, Florida Statutes, the Solicitation of Contributions Act. A COPY OF THIS LETTER SHOULD BE RETAINED FOR YOUR RECORDS.

Every charitable organization or sponsor which is required to register under s. 496.405 must conspicuously display the registration number issued by the Department and in capital letters the following statement on every printed solicitation, written confirmation, receipt, or reminder of a contribution:

"A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (800-435-7352) WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE."

The Solicitation of Contributions Act requires an annual renewal statement to be filed on or before the date of expiration of the previous registration. The Department will send a renewal package approximately 60 days prior to the date of expiration as shown above.

Thank you for your cooperation. If we may be of further assistance, please contact the Solicitation of Contributions section.

Sincerely,

Sebrina Jones

Sebrina Jones
Regulatory Consultant
850-410-3687
Fax: 850-410-3804
E-mail: sebrina.jones@freshfromflorida.com

Attach M-2

**FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS**

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Annual Report Online Filing

Document Number N98000003940

Thank you for filing your Annual Report online. Your report filed date will be today's date if there are no processing errors.

Your confirmation number is 100194778001.
Your charge amount is \$61.25.

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 State of Florida, Department of State

PERSONNEL (Per) / MEMBER AND EMPLOYEE POLICIES AND
PROCEDURES
SECTION 2

Personnel Policy (Per) 2.01. EQUAL ACCESS AND EQUAL SERVICES OBJECTIVES. It is the policy of SHAL to provide equal opportunity in all phases of its programs and activities to all people, without regard to race, religion, gender, marital status, age, national origin, handicap, or sexual orientation.

Purpose: To provide fairness, lack of bias and uniformity in those matters that affect the organization.

Per 2.02. QUALITY RECRUITMENT AND RETENTION AMONG MEMBERS. It is the policy of SHAL to encourage its member organizations to attract the best professionals for their organizations without regard to age, gender, color, race, religion, national origin, sexual orientation or handicap.

Purpose: Retention of best qualified personnel regardless of age, gender, color, race, religion, national origin, sexual orientation or handicap among member agencies.

Per 2.03. RECRUITMENT AND APPOINTMENT; DISCRIMINATION. It is the policy of SHAL to recruit the best qualified person(s) without regard to age, gender, marital status, color, race, religion, national origin, handicap, sexual orientation or any other potentially discriminatory factors, to serve as members and Board members of this organization.

Purpose: Equal access to membership in SHAL without bias or discrimination.

Procedure:

1. The membership recruitment process will be conducted so as to ensure, to the extent practical, that persons from all sectors of the community are aware of available Board vacancies and membership opportunities.
2. SHAL will receive and investigate complaints from interested parties related to alleged discriminatory practices Using the grievance procedure in Org. 1.10
3. In implementing its commitment to equal access, SHAL will make reasonable accommodations for members with known disabilities.

Per. 2.04. COMPENSATION. No Board Officer or Director shall collect or accept compensation for services.

Purpose: To ensure voluntary member participation.

Procedure: The Board may reimburse its members for reasonable costs incurred in the performance of activities or work conducted on behalf of the organization. Such compensation must be approved by the Board. No conflict of interest exists when work performed by a member is conducted on behalf of the Board when such work is approved by a simple majority of the Board.

Attach P



State of Florida
Department of Children and Families

Charlie Crist
Governor

Robert A. Butterworth
Secretary

Alan Abramowitz
Regional Director

June 9, 2008

Wendy Coles, Executive Director
Southernmost Homeless Assistance League, Inc.
PO Box 2990
Key West, FL 33045

Dear Wendy:

Enclosed please find the report issued by the Contract Oversight Unit following their on-site review on May 15. As noted in the report, there were no findings, indicating that SHAL is operating within the terms and conditions of the contract.

Congratulations on the report and thanks for all you do.

Sincerely,

A handwritten signature in black ink, appearing to read 'Theresa Phelan', written in a cursive style.

Theresa Phelan
Contract Manager

CC: Mark Szurek, Board Chair

Circuit 16
1111 12th Street, Suite 310, Key West, Florida 33040

Mission: Protect the Vulnerable, Promote Strong and Economically Self-Sufficient Families, and Advance Personal and Family Recovery and Resiliency

✓/1110



2007 – 2008 Contract Oversight Report

State of Florida
Department of
Children and Families

Diane Dusenbury, MBA, MEd
Chief of Contract Oversight

Fort Lauderdale Contract Oversight Unit
Report 0708-809

Southernmost Homeless Assistance League, Inc.

Contract KF119

Southern Region Economic Self Sufficiency Contract

Circuit 11

June 8, 2008

Introduction and Summary

The Department of Children and Families (DCF) Contract Oversight Unit (COU) conducted an on-site review of Southernmost Homeless Assistance League, Inc. on May 15, 2008. The exit conference was held on May 21, 2008.

The COU did not identify any findings.

Background

Southernmost Homeless Assistance League, Inc. (SHAL) maintains and coordinates homeless coalition services, educates the community, and advocates for the needs of homeless individuals in Monroe County. The agency provides information and referral services to homeless individuals and families.

The COU monitored Contract KF119, effective from July 1, 2006 to June 30, 2009. It is a cost reimbursement contract totaling \$120,015 with a match requirement of \$22,037.01. This contract funds the maintenance and coordination of a homeless coalition to prepare and deliver the Monroe County homeless plan.

Recent and Current Independent Oversight

SHAL had an unqualified independent audit conducted by Smith, Ortiz, Gomez and Buzzi, P.A., CPAs, for the fiscal year ending June 30, 2007. The report was issued on November 2, 2007.

This is the first on-site monitoring by Contract Oversight.

Purpose

Contract Oversight performs the contract monitoring functions required by section 402.7305, Florida Statutes (F.S.), following Children and Families Operating Procedure (CFOP) 75-8.

Contract Oversight observes, records, and reports information to the contract manager and other designated entities. The purpose of the information is to assist the contract manager and program management in determining if the provider is in compliance with the administrative and programmatic terms and conditions of the contract (see section 402.7305(1)(b), F.S.).

This report provides information about the provider's compliance with terms and conditions of its contract at the time of the on-site review.

The contract manager obtains and enforces corrective action plans, if appropriate, and maintains records regarding the completion or failure to complete corrective action items, as required in section 402.7305(3)(f), F.S., following CFOP 75-2. This report does not limit the contract manager's authority to obtain and enforce corrective action whenever it is needed.

Contract Oversight invites the provider and the contract manager to provide responses to findings. Responses are for informational purposes only. The inclusion of the provider's response does not imply agreement with the response. It does not imply that the response is sufficient to address the finding. It does not imply acceptance of the response by the contract manager.

Methodology and Scope

Contract Oversight reviewed the following:

- Contract KF119 and related documents.
- Laws, rules, regulations, and applicable operating procedures specific to the contract, namely sections 420.622, 420.623, 420.624, and 420.625, F.S.
- The contract manager's file.
- Information gathered by discussing pertinent issues with the contract manager, such as required reports and invoices.
- Data security, collection, and submission processes.

The monitoring included analysis of the following:

- Invoices and supporting documentation for February 2008.
- A review of the homeless outreach services provided to the community.
- All required reports and invoices due for fiscal year 2007-2008.
- Service tasks and deliverables.

Results

The provider is in compliance with the terms and conditions of the contract.

This contract oversight monitoring was conducted in accordance with CFOP 75-8. It was led by Carrie Salinas. The team member was Frantz Nazaire.

Please address inquiries to Steve Stewart, COU Manager, at (954) 467-4557.

Attach Q

2011 Point in Time Results

Region	Method	Sheltered		Unsheltered		Florida Definition		HUD Definition	
		Individuals	Households	Individuals	Households	Households	Individuals	Households	
Upper	Surveys	9	0	108	2	104	15		
	School			113	38	17	6		
Middle	Surveys	17	5	103	5	123	5		
	School			24	9	4	1		
Lower	Surveys	361	36	249	15	246	15		
	School			303	96	45	7		
Totals		387	41	900	165	539	49		

Survey of Unsheltered Households with Children for the 2011 Point in Time Count on the night of Jan. 24th

Persons in Households with at least one Adult and one Child

	Lower	Middle	Upper
Total no. of households that are homeless	96	9	38
No. of persons within households (adults and children)	303	24	113
No. of households that are chronically homeless* (a subset of total households)	60	3	3
No of persons that are chronically homeless (adults and children)	99	9	12
No of children in school	120	12	52
No. of children not in school	13	3	4

Persons in Households with only Children (parent is a minor)

	Lower	Middle	Upper
No. of households that are homeless or doubled up due to economic hardship or similar reason	5	0	0
No of persons (adults and children)	7	0	0
No of children in school	5	0	0
No. of children not in school	0	0	0

* Chronically homeless means:

* one adult has a disability

* family has been homeless for more than a year or 4 times in the past 3 years

Do not include any family living in a shelter

Department of Children and Families
Office on Homelessness

Florida Statewide Year-End Homelessness Report

Summary

The Florida Statewide Year-End Homelessness Report has been developed to give a better estimate of the number of individuals and households who experienced homelessness in the State of Florida over a twelve month period. Through the use of the Homeless Management Information System (HMIS), each Continuum of Care (CoC) will run a report from all Contributory HMIS Organizations (CHO) that will give an unduplicated count of Clients served that have been considered Homeless during the specified reporting period. The purpose of the report is to provide the State of Florida a better understanding of the scope of homelessness within Florida communities.

For the report, the data shall be aggregated for the people served from October 1, 2009 to September 30, 2010.

Report Parameters

All reporting parameters will meet the revised HMIS Data and Technical Standards (March 2010). The report will include all clients who were considered to be **LITERALLY HOMELESS** (*See Definitions, Page 2*) at any point during the specified reporting period. The report includes the following non-identifying demographic information: Age, Race, Ethnicity, Gender, Veteran Status, and Disabling Condition. Also included is a summary of the number of Households with and without Children. This section gives an unduplicated summary of the total number of households with a break down by gender and age.

HMIS Admin Instructions

It will be the duty of the CoC's HMIS administrator to provide the report by either creating it directly or working with their HMIS vendor to have the report provided. The report needs to be designed to pick up the required reporting parameters for any client or household member that received a program entry or service from any CHO who was considered to be Literally Homeless at any point during the specified reporting dates. The data will then need to be unduplicated. (*See Definitions, Page 2*) to include one entry per individual. A sample report has been included. (*See Sample Report, Page 3*).

Report Submission

The continuum of care shall submit this report to the Office no later than March 15, 2011. The data will be summarized statewide in the Council on Homelessness 2011 report to the Governor and Legislature.

Definitions

Adult: A person who is 18 years of age and older as of last day of reporting period.

Child: A person who is 17 years of age and younger at time of service as of last day of reporting period.

Client: A living individual about whom a Contributory HMIS Organization (CHO) collects or maintains protected personal information: (1) because the individual is receiving, has received, may receive, or has inquired about assistance from a CHO; or (2) in order to identify needs, or to plan or develop appropriate assistance within the CoC.

Continuum of Care (CoC): The primary decision making entity defined in the funding application to HUD as the official body representing a community plan to organize and deliver housing and services to meet the specific needs of people who are homeless as they move to stable housing and maximum self-sufficiency.

Household: One or more related or unrelated individuals who occupy, or in the case of homeless persons, intend to occupy a common residence and whose income and resources are to be considered together in determining program eligibility.

Contributory HMIS Organization (CHO): An organization that operates a contributor homeless assistance program or homelessness prevention program or contributory non-homeless assistance program and enters client level data into the HMIS.

Homeless Management Information System (HMIS): The information system designated by a CoC to process Protected Personal Information (PPI) and other data in order to create an unduplicated accounting of homelessness within the CoC. An HMIS may provide other functions beyond unduplicated accounting.

HMIS Vendor: A contractor who is paid to provide services for the operation of a CoC's HMIS. An HMIS vendor includes an HMIS software solutions provider, web server host, and data warehouse provider, as well as a provider of other contracted information technology or support.

Literally Homeless: Persons who are literally homeless include people who at program entry or program exit are living in one of the following:

- Places not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport or camping ground;
- A supervised publicly or privately operated shelter designated to provide temporary living arrangements (including hotels and motels paid for by Federal, State, or local government programs for low-income individuals or by charitable organizations, congregate shelters, and transitional housing for homeless persons);
- A hospital or other institution, if the person was sleeping in an emergency shelter or other place not meant for human habitation (cars, parks, streets, etc.) immediately prior to entry into the hospital or institution;
- Fleeing a domestic violence situation.

Unduplicated Count of Homeless Persons: An enumeration of homeless persons where each person is counted only once during a defined period of time. Counted only once per CoC HMIS.

Florida Statewide Year-End Homelessness Report

Date: October 1, 2009 to September 30, 2010

Age	Total Number Homeless	Percentage
Children - under 18 years	187	11.4%
Adults - 18 to 60 years	1,326	81.1%
Elderly - over 60 years	119	7.3%
Don't know	3	0.2%
Refused	0	0.0%
TOTAL	1,635	100.0%

Race	Total Number Homeless	Percentage
American Indian/Alaska Native	11	0.7%
Asian	9	0.6%
Black/African American	165	10.1%
Native Hawaiian/Pacific Islander	9	0.6%
White	1,441	88.1%
Don't know	0	0.0%
Refused	0	0.0%
TOTAL	1,635	100.0%

Ethnicity	Total Number Homeless	Percentage
Hispanic or Latino	241	14.7%
Non Hispanic/Non-Latino	1,389	85.0%
Don't know	1	0.1%
Refused	4	0.2%
TOTAL	1,635	100.0%

Gender	Total Number Homeless	Percentage
Male	1,206	73.8%
Female	425	26.0%
Transgendered Male to Female	1	0.1%
Transgendered Female to Male	3	0.2%
Other	0	0.0%
Don't know	0	0.0%
Refused	0	0.0%
TOTAL	1,635	100.0%

Military Veteran Served on active duty in the US	Total Number Homeless	Percentage
Yes	176	10.8%
No	1,458	89.2%
Don't know	0	0.0%
Refused	1	0.1%
TOTAL	1,635	100.0%

Disabling Condition	Total Number Homeless	Percentage
Yes	436	26.7%
No	1,108	67.8%
Don't know	88	5.4%
Refused	3	0.2%
TOTAL	1,635	100.0%

Number of Households			
Type of Household		Number	Percentage
	With Children	160	10.3%
	Without Children	1397	89.7%
	Total	1557	100.0%

Households with Children			
	Male Children	Number	Percentage
Age	Under 1 year	15	15.6%
	1 - 5 years	36	37.5%
	6 - 12 years	30	31.3%
	13 - 17 years	15	15.6%
	Total	96	100.0%

Households with Children			
	Female Children	Number	Percentage
Age	Under 1 year	15	16.5%
	1 - 5 years	30	33.0%
	6 - 12 years	31	34.1%
	13 - 17 years	15	16.5%
	Total	91	100.0%

Households with Children			
	Total Adult Males	Number	Percentage
Age:	18 - 60 yrs	3	100.0%
	Elderly over 60	0	0.0%
	Don't know	0	0.0%
	Refused	0	0.0%
	Total	3	100.0%

Households with Children				
	Total Adult Females		Number	Percentage
	Age:	18 - 60 yrs	47	100.0%
		Elderly over 60	0	0.0%
		Don't know	0	0.0%
		Refused	0	0.0%
Total		47	100.0%	

Households without Children				
	Total Adult Males		Number	Percentage
	Age:	18 - 60 yrs	1030	93.0%
		Elderly over 60	78	7.0%
		Don't know	0	0.0%
		Refused	0	0.0%
Total		1108	100.0%	

Households without Children				
	Total Adult Females		Number	Percentage
	Age:	18 - 60 yrs	272	93%
		Elderly over 60	21	7%
		Don't know	0	0%
		Refused	0	0%
Total		293	100%	

Data Element Race	Total Number Homeless	Percentage
American Indian/Alaska Native	50	5.6%
Asian	0	0.0%
Black/African American	68	7.6%
Transgendered Female to Male	0	0.0%
Native Hawaiian/Pacific Islander	20	2.2%
White	758	84.6%
Don't know	0	0.0%
Refused	0	0.0%
TOTAL	896	100.0%

Military Veteran Served on active duty in the US military	Total Number Homeless	Percentage
Yes	93	10.4%
No	803	89.6%
Don't know	0	0.0%
Refused	0	0.0%
TOTAL	896	100.0%

Household Type	Total Number Homeless	Percentage
Households without Children	101	70.1%
Households with Children	43	29.9%
TOTAL	144	100.0%

A. Homeless Population by County

Report the total number of persons and households who are homeless on any given day for each county covered or served by your continuum in January 2011.

	County Name	Federal/HUD Homeless		State Homeless Definition	
		# Persons	# Households	# Persons	# Households
1	Monroe County	926	90	1,287	206
2					
3					
4					
5					
6					
7					
8					
	TOTAL	926	90	1,287	206

Federal Definition: As Used in 2010 CoC NOFA

A homeless person is a person sleeping in a place not meant for human habitation or in an emergency shelter, and a person in transitional housing for homeless persons who originally came from the street or an emergency shelter.

State Definition: Florida Statutes, Section 420.621

Homeless means an individual who lacks a fixed, regular and adequate nighttime residence, and includes an individual who:

- a. Is sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason;
- b. Is living in a motel, hotel, travel trailer park, or camping ground due to a lack of alternative, adequate accommodations;
- c. Is living in an emergency or transitional shelter;
- d. Has a primary nighttime residence that is a public or private place not designed for, or ordinarily used as a regular sleeping accommodation for human beings;
- e. Is living in a car, park, public space, abandoned building, bus or train station, or similar setting;
- f. Is a migratory individual who qualifies as homeless because he or she is living in circumstances described in paragraph (a) - (e).

Data Source: *(Check one.)*

January 2011 Count - conducted last 10 days of January 2011.

Other Date - Waiver Granted by HUD.

Enter Date: _____

• *Check the methods used to enumerate the homeless persons.*

Point-in-time count with no interview

Point-in-time with interviews

Point-in-time plus sample interviews

Point-in-time plus extrapolation

Administrative data from providers of services

Public places count

Public places count with interviews

Sample of interviews

Extrapolation from Point-in-time and sample of interviews

Public places count using probability sampling

Service-based count for non-shelter services

HMIS

Other

* *Check all methods used.*

B. General Homeless Characteristics

Report on the characteristics of homeless persons identified in your 2011 Point-in-Time Count, **using the federal definition.**

Data Element Gender	Total Number Homeless	Percentage
Male	719	77.6%
Female	207	22.4%
Transgendered Male to Female	0	0.0%
Transgendered Female to Male	0	0.0%
Other	0	0.0%
Don't know	0	0.0%
Refused	0	0.0%
TOTAL	926	100.0%

Age	Total Number Homeless	Percentage
Children - under 18 years	64	6.9%
Adults - 18 to 60 years	783	84.6%
Elderly - over 60 years	79	8.5%
Don't know	0	0.0%
Refused	0	0.0%
TOTAL	926	100.0%

Ethnicity	Total Number Homeless	Percentage
Hispanic or Latino	115	12.4%
Non Hispanic/Non-Latino	811	87.6%
Don't know	0	0.0%
Refused	0	0.0%
TOTAL	926	100.0%

Data Element Race	Total Number Homeless	Percentage
American Indian/Alaska Native	52	5.6%
Asian	0	0.0%
Black/African American	70	7.6%
Native Hawaiian/Pacific Islander	20	2.2%
White	784	84.7%
Don't know	0	0.0%
Refused	0	0.0%
TOTAL	926	100.0%

Military Veteran Served on active duty in the US military	Total Number Homeless	Percentage
Yes	96	10.4%
No	830	89.6%
Don't know	0	0.0%
Refused	0	0.0%
TOTAL	926	100.0%

Household Type	Total Number Homeless	Percentage
Households without Children	649	70.1%
Households with Children	277	29.9%
TOTAL	926	100.0%

Disabling Condition	Total Number Homeless	Percentage
Yes	497	53.7%
No	429	46.3%
Don't know	0	0.0%
Refused	0	0.0%
TOTAL	926	100.0%
Type of disabling condition	Total Number Homeless	Percentage
Physical	193	Do Not Report
Developmental	53	
Mental Health	203	
Drug or Alcohol Addiction	253	
HIV/AIDS	19	
TOTAL	721	

Prior Episodes of Homelessness in last 3 years, number of separate times homeless.	Total Number Homeless	Percentage
1 time	532	57.5%
2-3 times	216	23.3%
4 or more times	178	19.2%
TOTAL	926	100.0%

Length of Current Homeless Episode	Total Number Homeless	Percentage
1 week or less	44	4.8%
More than 1 week, less than 1 month	38	4.1%
1 to 3 months	95	10.3%
More than 3 months, less than 12 months	159	17.2%
1 year or longer	590	63.7%
TOTAL	926	100.0%

Data Element Cause of Homelessness	Total Number Homeless	Percentage
Employment/financial reasons	546	59.0%
Housing Issues	105	11.3%
Medical/disability problems	133	14.4%
Forced to relocate from home	36	3.9%
Family problems	69	7.5%
Natural/other disasters	18	1.9%
Recent immigration	19	2.1%
TOTAL	926	100.0%

Data Element Length of Stay in the County	Total Number Homeless	Percentage
1 week or less	37	4.0%
More than 1 week, less than 1 month	37	4.0%
1 to 3 months	82	8.9%
More than 3 months, less than 12 months	146	15.8%
1 year or longer	624	67.4%
TOTAL	926	100.0%

Foster Care History Were you ever a foster care child?	Total Number Homeless	Percentage
Yes	55	5.9%
No	871	94.1%
TOTAL	926	100.0%

SHAL - Providing Hope in Paradise

Who is SHAL? *SHAL is a community coalition and a 501©3 Board governed organization that works to expand and distribute resources to people who are homeless or at risk of homelessness. SHAL is undertaking an educational campaign to build community awareness and, consequently, better serve the people in need in our community. SHAL has been in existence since 1999 as the Federal and State designated agency responsible for coordination of all programs and services to Homeless Individuals and Families and those at risk of Homelessness in Monroe County.*

What Does SHAL do?

SHAL consists of a partnership of 15 service providers, many other local agencies, and 50 community leaders and volunteers who:

- Annually conduct a survey to learn about those who are homeless that is an essential part of the Federal and State grants received annually by Monroe County
- Manage a Housing and Urban Development data base (the Homeless Management Information System or "HMIS") that helps us and all Monroe County service providers learn more about the causes of homelessness and the service capacity of our community
- Pursue recurring and new Federal, State and private funds for distribution to service providers (Did you know SHAL has received and distributed over \$5 million dollars to Monroe County service providers over the past 8 years)
- Monitor and measure the use of these funds and the effectiveness of the underlying programs
- Continually assess the needs of the county, the current level of services, and identify gaps in services so that spending can be prioritized to fund those areas where the level of services does not meet the need
- Provide a county wide online directory of services
- Annually prepare the Continuum of Care, a County wide inventory of services and capacities that serves as guide to developing short and long-term plans
- Work closely with Monroe County Schools to ensure adequate support is given to children who are homeless
- Advocate for homeless individuals and for homeless issues on the local, state and national level

What are our past accomplishments?

- Built and refurbished more than 220 units of housing for homeless men, women and children
- Funded operational costs and case management for shelters in Key West, Marathon and Tavernier
- Delivered outreach services to runaway youth and homeless individuals and families
- Provided supportive employment for homeless individuals with mental health and developmental disabilities
- Funded food programs that provide meals and groceries for people at risk of homelessness

Currently, we are focused on:

Leading a committee chartered by Key West Mayor Cates to develop recommendations on how to deal with people living on the streets. This project has resulted in the decision to operate a mobile outreach unit that will provide case management and basic wound care to people who are homeless.

Future Goals:

- Prevent more people sliding into homelessness by providing rental assistance and supportive services
- Help people transition out of homelessness by ensuring that there is housing and supportive services for people re-entering the community from jail
- Ensure there is housing to support homeless families with children
- Create a Community Pulse Team, including representatives from the police, jail and hospital, to monitor and bring visibility to the hidden costs of homelessness
- Create a day center with wrap around services that include case management, counseling, lockers, showers and food
- Increase community understanding of the needs and the issues surrounding homelessness through presentations and printed and electronic media.

Did you know that ...

52% of the people who are homeless in Monroe County have a disability

204 children in our County are without a place that they can call home

120 family members have been homeless for more than a year

SHAL DIRECT SERVICE PROVIDER MEMBERS

- | | | |
|---------------------------|---------------------------------------|------------------------|
| AIDS Help | Cancer Foundation of the Florida Keys | Domestic Abuse Shelter |
| FK Children's Shelter | Florida Keys Outreach Coalition | Guidance Care Center |
| Helpline | Heron Peacock Assisted Living | Independence Cay |
| Metropolitan Comm. Church | Mon. Assoc. for ReMarcable Citizens | Samuel's House |
| Star of the Sea Mission | Volunteers of America of Florida | Wesley House |