Monroe County Human Services Advisory Board
FY 2021 Funding Cycle - First Meeting
AGENDA

Marathon Government Center
BOCC Meeting Room, 2nd Floor
2798 Overseas Highway, Marathon, Florida 33050
February 25, 2020 – 2:00 PM

1. Call to order and salute to flag
2. Introduction of HSAB members and announcement of affiliations with non-profit organizations
3. Approval of Agenda: Additions, Corrections, Deletions
4. Approval of May 21, 2019 minutes
5. Nominations and elections of Chairperson, Vice-Chairperson, and Secretary.
6. Discussion of FY2021 funding process: Application, Attachments & Funding History
7. Discussion and approval of funding cycle schedule:
   - Event: FY2021 Notice of Funding Solicitation & Application Released to Public
     Date: Friday, March 13, 2020
     Details: Grant application will be available for download on HSAB website:
     http://www.monroecounty-fl.gov/318/Human-Services-Advisory-Board
   - Event: FY2021 Grant Application Deadline
     Date: Friday, April 24, 2020 **(Due before Noon)**
     Details: Applications are to be submitted electronically
   - Event: FY2021 HSAB Funding Meeting
     Location: Marathon Government. Center - BOCC Meeting Room, 2nd Floor
     Time: 11:30 AM until all business is complete
     Date: ***Tentative*** – Thursday, May 21, 2020
8. Public comment
9. Other business as appropriate
10. Adjournment

ADA ASSISTANCE: If you are a person with a disability who needs special accommodations in order to participate in these proceedings, please contact the County Administrator's Office, by phoning (305) 292-4441, between the hours of 8:30 a.m. - 5:00 p.m., no later than five (5) calendar days prior to the scheduled meeting; if you are hearing or voice impaired, call "711".

February 25, 2019 | Human Services Advisory Board Meeting
Agenda Item 4
Approval of May 21, 2019 Minutes

HSAB FY2020 FUNDING MEETING MINUTES

Meeting Minutes of the Monroe County
Human Services Advisory Board (HSAB)
May 21, 2019

Draft minutes to be approved at the February 25, 2020

Marathon Government Center
BOCC Meeting Room

2798 Overseas Highway
Marathon, FL 33050

Board Members Present: David Manz, Chairperson
Sandra Higgs, Vice Chair
Ginny Stones
Michael Ingram

Board Members Absent: Bob Johnson, Secretary
Sylvia Murphy, BOCC Representative

Staff Members Present: Christine Limbert-Barrows, Assistant County Attorney
Janet Gunderson, Sr. Grants & Finance Analyst

1. David Manz called the meeting to order at 9:04 AM and led the pledge of allegiance to the flag.

2. Acknowledgement of the purpose of meeting as the Funding Recommendation Meeting

3. The Human Service Advisory Board (HSAB) members introduced themselves and provided disclosure of affiliations with non-profit organizations. D. Manz, G. Stones and M. Ingram, and S. Higgs stated they were not directly affiliated with any applicant organizations.

4. Public Comment - None

5. S. Higgs moved to approve the agenda, seconded by G. Stones; no discussion, none opposed; motion carried.

6. M. Ingram moved to accept the February 25, 2019 minutes G. Stones seconded; no discussion, none opposed; motion carried.

7. Discussion of applications. *(Note: The order of discussion of the applications was based on the order the applications were received. Each applicant organization sent a representative to address questions from the Human Services Advisory Board.)*

    1. Literacy Volunteers of America – James Norman, Volunteer and Board Member

    2. Grace Jones Community Day Care Center – Kathy Hunt, President of the Board

    3. Florida Keys Area Health Education Center (AHEC) – Michael Cunningham, CEO

    4. Keys to Be the Change – Heidi Golightly, Executive Director

    5. Monroe Association for ReMarcable Citizens (MARC) – Diana Flenard, Executive Director

    6. Kids Come First in the Florida Keys – Roxanne Posada, Program Coordinator

    7. Heart of the Keys Recreation Association – Anthony & Diane Culver, Co-Executive Directors

8. Autism Society of the Keys – Jill Campbell, Executive Director

9. Star of the Sea Foundation – Emily Nixon, Deputy Director

10. Domestic Abuse Shelter – Sherrie Schwab, Executive Director

11. Good Health Clinic (GHC) – Kate Bannick, Executive Director

12. Samuel's House – Kim Stover, Executive Director

13. Florida Keys Outreach Coalition (FKOC) – Stephanie Kaple, Executive Director

14. A.H. of Monroe County (formerly Aids Help) – Esneider Gomez, Deputy Director

15. Womankind – Cali Roberts, Executive Director

16. Independence Cay & 20. KAIR (KAIR out of order due to same representative available to discuss each) – Marjorie Roberts, Director

17. Boys & Girls Clubs – Susan Kent, Executive Director

18. Florida Keys Children's Shelter – Ben Kemmer, CEO

19. Voices for Florida Keys Children (Voices) – Jack Bridges, Representative

20. K*AIR – Discussed with #16 Independence Cay*

21. Florida Keys Healthy Start Coalition – Ariana Nesbett, Executive Director

22. Southernmost Homeless Assistance League (SHAL) –Elicia Pintabona, Executive Director

23. Burton Memorial United Methodist Church – Kerry Foote, Pastor

24. Wesley House – Beth Barrett, CEO and Brian Green, Board Chair

25. South Florida National Parks Trust – David Van Loon, Trustee to the Board of Directors

26. Anchors Aweigh Club – Tom Goetz, Board Member

27. Guidance/Care Center, The Heron – Clare Condra, Program Director

8. David Manz disclosed he performs work, pro bono, for guardian ad litem and who is tied in with Voices for the Florida Keys Children.

   Request of Category for new applicants and category changes – Kids Come First in the Florida Keys requested to change from Core Services to Quality of Life Services; S. Higgs moved to approve the change request and seconded by D. Manz, hearing no objection the motion carried. Burton Memorial rescinded their request for change in funding category.

9. The Board proceeded to discuss the funding allocations. S. Higgs motioned to approve recommendations for allocations of HSAB funding, seconded by G. Stones; Literacy Volunteers $50,000; Grace Jones $60,000; AHEC $115,000; Keys to Be the Change $50,000; MARC $200,000; Kids Come First $40,000; Heart of the Keys $40,000; Autism $40,000; SOS $100,000; DAS $80,000; Good Health Clinic $100,000; Samuel's House $110,000; FKOC $110,000; A.H. $90.000; Womankind $160,000; Independence Cay $30,000; Boys & Girls Club $120,000; Children's Shelter $185,000; Voices $18,000; KAIR $30,000; Healthy Start $75,000; SHAL $10,000; Burton Memorial $10,000; Wesley House $165,000; SFNPT $0; Anchors Aweigh $15,000; The Heron $50,000. Total Recommended Allocation = $153,000. $13,000 over the estimated budget of $2,040,0000.

   S. Higgs amended the motion to approve recommendations of HSAB funding, seconded by G. Stones; Vote on the amended motion M. Ingram, Yes; G. Stones, Yes; D. Manz, No; S. Higgs, Yes; motion carries.

Human Services Advisory Board
FY2020 Funding Recommendations

No.	Agency Name	Amount
1	Literacy Volunteers of America	$49,500
2	Grace Jones Community Day Care Center	$59,500
3	Florida Keys Area Health Education Center (AHEC)	$114,500
4	Keys to Be the Change	$49,500
5	Monroe Association for ReMARCable Citizens (MARC)	$199,500
6	Kids Come First in the Florida Keys	$39,500
7	Heart of the Keys Recreation Association	$39,500
8	Autism Society of the Keys	$39,500
9	Star of the Sea Foundation	$99,500
10	Domestic Abuse Shelter	$79,500
11	Good Health Clinic	$99,500
12	Samuel's House	$109,500
13	Florida Keys Outreach Coalition (FKOC)	$109,500
14	A.H. of Monroe County	$89,500
15	Womankind	$159,500
16	Independence Cay	$29,500
17	Boys & Girls Clubs	$119,500
18	Florida Keys Children's Shelter	$184,500
19	Voices for Florida Keys Children	$17,500
20	KAIR	$29,500
21	Florida Keys Health Start Coalition	$74,500
22	Southernmost Homeless Assistance League (SHAL)	$9,500
23	Burton Memorial United Methodist Church	$9,500
24	Wesley House	$164,500
25	South Florida National Parks Trust	$0
26	Anchors Aweigh Club	$14,500
27	G/CC- The Heron	$49,500
	Total	**$2,040,000**

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10. Other Business
    1) In the event the FY2020 allocation of $2,040,000 is increased or decreased by the BOCC, S. Higgs motioned to increase/decrease the recommended awards on a pro rata basis, not to exceed the amount requested, M. Ingram seconded the motion; hearing no objection the motion carried.

11. There being no further business, G. Stones moved to adjourn seconded by S. Higgs. The meeting was adjourned at 12:13 PM

Video recording of 5/21/19 Monroe County HSAB meeting is available for viewing online: https://monroe-fl.vod.castus.tv/vod/?video=980c9d3e-1025-4a32-8303-ac35c5cb436f&nav=search%2Fhsab

February 25, 2019 | Human Services Advisory Board Meeting
Agenda Item 6
Discussion of FY2021 Funding Process

HSAB FY2021 Grant Application

Reset Form

Submit

MONROE COUNTY
HUMAN SERVICES ADVISORY BOARD
Application for Funding
Fiscal Year 2020
October 1, 2019 – September 30, 2020

Agency Name	
Physical Address	
Mailing Address	
City, State, Zip	
Phone	
Fax	
Email	
Whom should we contact with questions about this application?	

Amount received for prior fiscal year ending 09/30/18	$
Amount received for current fiscal year ending 09/30/19	$
Amount requested for upcoming fiscal year ending 09/30/20	$

For Fiscal Year 2020 , specifically how will the amount requested be utilized?

COVER LETTER (REQUIRED)

PART I: Provide a brief overview of your organization.
PART II: Indicate any change in organizational structure specific to services or method of providing services. The intent is to inform the HSAB of any consolidating, combining, or merging with other agencies to avoid duplication of services.

1. Who prepared your application?
   - ○ Application was prepared by an internal source(s)
   - ○ Application was prepared by an external source(s)
   - ○ Preparation of the application was a collaborative effort with an external source.
   - ● Other (explain): _____

2. Please list below any overlap, common associations, common services, working relationships or sub-contractor relationships with any other organizations i.e., board members, personnel or shared services.

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

4. What unique role in the community does the proposed program fulfill that no one else does?

5. Insert your agency's board-approved mission statement only.

6. List the services your agency provides.

7. What specific services will be funded by this request?

8. Have you previously been funded by HSAB? Yes ◉ No ○

Would you like the HSAB to consider changing your funding category? Yes ◉ No ○

Which funding category best matches your services. Quality of Life

9. Will County HSAB funds be used as match for a grant? Yes ◉ No ○

Grant Award Title:	Purpose:		
Granting Agency:	**Amount:**	**Award Date:**	**Match Requirement:**

Grant Award Title:	Purpose:		
Granting Agency:	**Amount:**	**Award Date:**	**Match Requirement:**

Grant Award Title:	Purpose:		
Granting Agency:	**Amount:**	**Award Date:**	**Match Requirement:**

10. If your organization was awarded HSAB funds in FY 2019, please briefly and specifically explain:

a. How have the 2019 HSAB funds been spent?

b. Were all HSAB funds awarded in FY 2018 spent? Will all HSAB funds awarded in FY 2019 be spent?

c. Were HSAB funds used to leverage additional funding in FY 2019 and if so how?

d. How much additional funding was received?

e. How was the additional funding spent?

11. Have you experienced any changes specific to:

a. Mission Statement. Yes ◉ No ○

What changed?

b. Goals. Yes ◉ No ○

What Changed?

c. Expansion or contraction of services, staff or location. Yes ◉ No ○

What Changed?

d. How prior year funds were spent. Yes ◉ No ○

What changed?

12. Did your agency lose any funding, or partial funding in 2019? Yes ◉ No ○

How much?

From what source?

Why was funding lost?

13. Do you plan to allocate any part of this HSAB grant, if awarded, as a sub-grant to another organization?
Yes ◉ No ○

Please include these on the County HSAB Funding Budget form under "Grants to Other Organizations."

Recipient	Purpose	Amount
Recipient	Purpose	Amount
Recipient	Purpose	Amount
Recipient	Purpose	Amount
Recipient	Purpose	Amount

14. Does your organization allocate sub-grants to other organizations using other (non-County) sources of funding? Yes ◉ No ○

Please include these on the Agency Expenses form, under "Grants to Other Organizations."

Recipient	Purpose	Amount
Recipient	Purpose	Amount
Recipient	Purpose	Amount
Recipient	Purpose	Amount
Recipient	Purpose	Amount

15. Will you or have you applied for other sources of County funding? Yes ◉ N ○
Please include these on the Agency Revenue form.

Source	Amount
Source	Amount
Source	Amount
Source	Amount

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

17. What statistical data support the needs listed in Question #16?

(Response not required if applying for $5,000 or less)

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

(Response not required if applying for $5,000 or less)

19. Describe your target population as specifically as possible.

20. How are clients referred to your agency?

21. What steps are taken to ensure prospective clients are eligible and the neediest clients are given priority?

22. List all sites and hours of operation. Please note which of these sites will be using HSAB funding.

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

(Response not required if applying for $5,000 or less)

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

(Response not required if applying for $5,000 or less)

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

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

(Response not required if applying for $5,000 or less)

27. _____ hours of program service were contributed by _____ volunteers in the last year.

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

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

30. How will you measure these outcomes?

31. Provide information about units of service below. (Response not required if applying for $5,000 or less).

Service:	Unit (Hour, session, day, etc.)	Cost per unit (current year)

32. Address any topics not covered above (*optional*).

BOARD INFORMATION

You must have at least five directors

33.

Name/Board Position	Affiliation/Title	City/State	Telephone No.	Years Served	Current Term Expiration Date

AGENCY COMPENSATION DETAIL

Include each position in the entire agenc
Put an " ✓ " next to each position directly related to program for which funding is requested.
A 40-hour/week employee would be 1.00 FTE; a 20-hour/week employee would be .5 FTE, etc.
Indicate whether the position is programmatic or administrative, with a "P" or "A" next to that position.

34.

		Proposed - Upcoming Year Ending:			Projected - Current Year Ending:			
		___/___/_2020			___/___/_2019			
			Total Compensation			Total Compensation		
Position Title	"✓"	# FTE'S	Salaries	Benefits Package*	# FTE'S	Salaries	Benefits Package*	"P" or "A"
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	0	0.00	$ 0	$ 0	0.00	$ 0	$ 0	

Please list benefits included:

PROFILE OF CLIENTS, CLIENT NUMBERS AND SERVICES
(Performance Report)

- 2020

35.

List Services Here	Target Population	# of Persons in Target Population	Area	Days/Hours	Total Number of Clients Served during most recent completed fiscal year	Current # of Clients ("snapshot") as of _____/_____/_____
SAMPLE SERVICE 1	*homeless adults with no support from family or friends*	*800*	*county-wide*	*7 days/24 hours*	*200*	*75*
SAMPLE SERVICE 2	*mentally ill minors and adults*	*2,000*	*Marathon*	*8 AM - 5 PM*	*100*	*65*

Total number of unduplicated clients for the entire agency served during most recent completed fiscal year	
Current number of unduplicated clients for the entire agency ("snapshot") as of ____/ ___/ _____	
How many clients served are Monroe County residents:	

Please list or describe achieved measurable outcomes for your target populations:

COUNTY HSAB FUNDING BUDGET

Show the proposed budget detail for the County HSAB funds requested.

Total Expenses must equal Amount Requested on page 1.

36.

	Proposed County Funded Expense Budget for Upcoming Year Ending: _____/_____/ 2020	
Expenditures	**Total**	%
Salaries - *Program*		1.#R
Payroll Taxes - *Program*		1.#R
Employee Benefits - *Program*		1.#R
Salaries - *Administrative*		1.#R
Payroll Taxes - *Administrative*		1.#R
Employee Benefits - *Administrative*		1.#R
Subtotal Personnel	$ 0	1.#R
Postage		1.#R
Office Supplies		1.#R
Telephone		1.#R
Professional Fees		1.#R
Rent		1.#R
Utilities		1.#R
Repair and Maint.		1.#R
Travel		1.#R
Miscellaneous		1.#R
Grants to Other Organizations		1.#R
List others below		
		1.#R
		1.#R
		1.#R
		1.#R
		1.#R
		1.#R
		1.#R
		1.#R
		1.#R
		1.#R
		1.#R
Total Expenses	$ 0	2,200.00%

AGENCY EXPENSES

Complete this worksheet for the entire agency.

37.

	Proposed Expense Budget for Upcoming Year Ending:		Projected Expenses for Current Year Ending:	
	____/____/ 2020		____/____/ 2019	
Expenditures	**Total**	**%**	**Total**	**%**
Salaries - *Program*		1.#R		1.#R
Payroll Taxes - *Program*		1.#R		1.#R
Employee Benefits - *Program*		1.#R		1.#R
Salaries - *Administrative*		1.#R		1.#R
Payroll Taxes - *Administrative*		1.#R		1.#R
Employee Benefits - *Administrative*		1.#R		1.#R
Subtotal Personnel	$ 0	1.#R	$ 0	1.#R
Postage		1.#R		1.#R
Office Supplies		1.#R		1.#R
Telephone		1.#R		1.#R
Professional Fees		1.#R		1.#R
Rent		1.#R		1.#R
Utilities		1.#R		1.#R
Repair and Maint.		1.#R		1.#R
Travel		1.#R		1.#R
Miscellaneous		1.#R		1.#R
Grants to Other Organizations		1.#R		1.#R
List others below				
		1.#R		1.#R
		1.#R		1.#R
		1.#R		1.#R
		1.#R		1.#R
		1.#R		1.#R
		1.#R		1.#R
		1.#R		1.#R
		1.#R		1.#R
		1.#R		1.#R
Total Expenses	$ 0	20	$ 0	20
Revenue Over/(Under) Expenses	$ 0		$ 0	

AGENCY REVENUE

Complete this worksheet for the entire agency. In-Kind will not be included in percentages.

38.

	Proposed Revenue Budget for Upcoming Year Ending:			Projected Revenue for Current Year Ending:		
	____/____/ 2020			____/____/ 2019		
Revenue Sources	Cash	In-Kind	%	Cash	In-Kind	%
LOCAL GOVERNMENT:						
			1.#R			1.#R
			1.#R			1.#R
			1.#R			1.#R
			1.#R			1.#R
			1.#R			1.#R
			1.#R			1.#R
STATE:						
			1.#R			1.#R
			1.#R			1.#R
			1.#R			1.#R
			1.#R			1.#R
			1.#R			1.#R
FEDERAL:						
			1.#R			1.#R
			1.#R			1.#R
			1.#R			1.#R
			1.#R			1.#R
			1.#R			1.#R
FOUNDATION:						
			1.#R			1.#R
			1.#R			1.#R
			1.#R			1.#R
			1.#R			1.#R
			1.#R			1.#R
ALL OTHER SOURCES:						
			1.#R			1.#R
			1.#R			1.#R
			1.#R			1.#R
			1.#R			1.#R
			1.#R			1.#R
Total Revenue	$ 0	$ 0	26	$ 0	$ 0	26

39. What is the current number of employees, full-time and part-time, on the payroll for the entire organization?

There are _____ employees ("snapshot") as of today's date _____

40. Please list the positions, if any, within your organization that are currently vacant and explain why each position is vacant.

ATTACHMENT CHECKLIST

Item	Help	ATTACHMENT TITLE	ATTACHED		ATTACHMENT	COMMENTS
			YES	NO	How To Attach	IF NOT ATTACHED,PLEASE EXPLAIN
EX		SAMPLE ITEM ***WITH*** ATTACHMENT	●	○		
EX		SAMPLE ITEM ***WITHOUT*** ATTACHMENT	○	●		This does not apply to our org.
A		Evidence of Annual Election of Officers	○	○		
B		Unqualified Audited Financial Statement* or Statement of Functional Expenses	○	○		
C		Copy of submitted IRS Form 990 for most recent fiscal year (2016).	○	○		
D		Copy of current fee schedule	○	○		
E		Proof of Registration with Fl. Department of Agriculture & Consumer Services.	●			
E.1		Proof of Exemption with Fl. Department of Agriculture & Consumer Services.	●			
F		Copy of IRS Letter of Determination indicating 501 C 3 status	○			
F.1		Copy of GUIDESTAR printout	○			
G		Copy of Personnel Manual for hiring policies, drug free workplace and EEO provisions.	○	○		
H		Copy of Florida Dept. of Children And Families License or Certification	○	○		
I		Copy of any other Federal or State Licenses	○	○		
J		Copy of Florida Dept. of Health Licenses/Permits	○	○		
K		Copy of Current Occupational Licenses	○	○		
L		Audit Documentation, for recipients of $100k + from Monroe County	○	○		
M		Copy of Organization's Corporate Bylaws	○			
N		Copy of Summary Report of most current Evaluation/Monitoring **	○	○		
O		Data showing need for your program	○	○		
P		Certification Page - Blank Page is available Here	○	○		
Q		Other - If additional space is needed to address earlier questions please label and include here.	○	○		

* If qualified, include a statement of deficiencies with corrective actions recommended/taken.

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