

CONSENT AGENDA ITEMS APRIL 2017

Purpose:

The consent agenda is intended to streamline the process for approval of regular, routine issues that comes before the Board of Directors, based on the assumption that they have been dealt with by the appropriate committee in a thorough fashion. Such reliance upon the work of the Board committees is provided for in the governance policies. There is a presumption that many committee actions will be placed on the consent agenda unless the leadership determines that the matter should be reviewed in detail by the full Board of Directors. The following items will be included as part of the consent agenda.

Note:

Any Board member may request that any of the following items be removed from this consent agenda and moved to the regular agenda. Also note that Board members are expected to thoroughly review the consent agenda items and other pre-mailing materials prior to the meeting and anticipate that no verbal report will be presented.

A. CEO April 2017 Report

- **PROGRESS REPORTS**
 - HS/EHS Monthly Attendance Report
 - HS/EHS Enrollment Report
 - HS/EHS Statistical Report
 - Non-Federal Share (HS/EHS)
 - Child Care Facility License (Frostproof)
 - VPK Monitoring
 - Child Care Facility Report
 - VPK Center Instructional Days Records
 - Cluster Monthly Disability Report
 - CAT 2nd Quarterly Report
 - LIHEAP Household Report
 - LIHEAP Performance Report
- **REIMBURSEMENT REPORTS**
 - DOH Child Care Food Reports
 - ELC Reimbursement Report
 - LIHEAP Financial Status Report
 - Florida Non-Profit Housing
 - EHEAP Financial Status Report
 - CSBG Financial Status Reports
 - DOE Financial Report
 - Housing Counseling Report
 - E-Rate Reimbursement
- **OTHER REPORTS**
 - Advisory Councils' Reports
 - HS/EHS Policy Council Report
 - Multiple Worksite Report
 - Board Annual Fundraising Report

B. Other Information (SEE TAB 5)

- **CORRESPONDENCE**
 - DEO 2016-2017 LIHEAP Contract (Mod #2)
 - Senior Connection Amendment 001
 - CSC 2017 Summer Funding Recommendations
 - Master Service Agreement (Channel Bound)
 - MOU (Avon Park Housing Authority)
 - MOU (SafeSpace)

- SafeSpace Letter of Support
- Disposal of Modular Unit (aka Village Green)
- Mediation Conference Report
- State of Florida/E-Verify
- Legal Service Agreement (Attorney Jonathan Thiele)
- 2017 ALPI Board's Standing Committees
- Solicitation of Contribution Certificate
- SEACAA Spotlight
- **COMMITTEE REPORTING FORM**
- **BOARD MEMBER NEWSLETTER**

**CHIEF EXECUTIVE OFFICER'S
MONTHLY REPORT**



APRIL 2017

A. During this period, overall program operations, administration and management challenges and opportunities included the following:

STRATEGIC PLAN PERFORMANCE INDICATORS
<ol style="list-style-type: none"> 1. Conducted Senior Management Staff Meeting. 2. Facilitated Senior Management Staff training opportunities via RIV Head Start Association Board Meeting, NCAF Annual Legislative Training Conference, Florida Head Start Association Training Conference, ALPI Annual Shared Governance and Orientation Session and NHTA Annual Training Conference. 3. Facilitated 2017 Management II Level staff Training and Technical Assistance opportunity in partnership with the Florida Association of Community Action. <i>Goal 1 - Create Additional Educational Experiences and Opportunities for Staff</i> 4. Facilitated the completion and distribution of the Dollar per Child Campaign Flyer; the completion and submission of the LIHEAP Refunding budget Application for 2017-2018; the launching of the PCN Bank Grow Up Great and DonorsChoose.org Initiative to identify and Head Start Classroom enhancement materials; approval of E-Rate direct deposit process to secure funding in a more timely manner; approval of CSC refunding efforts to continue the CAT summer expansion program in St. Lucie County. <i>Goal 5 - Enhance program development for and service delivery to children and families</i>

BOARD/MANAGEMENT TASKS & TIMELINES
<p>Facilitated the completion of the following Board Management Tasks and Professional Development Opportunities.</p> <ul style="list-style-type: none"> • Reimbursement Reports including the DEO/LIHEAP, DEO/CSBG, CSC, Child Care Food, Non-Profit Housing, ELC/VPK, EHEAP, HUD, USAC E-Rate and DEO EA were completed and submitted. (See Board for complete listing of reports) • Board member(s) training opportunities were provided via the, Florida Head Start Association Training Conference, the NHTA Annual Training Conference, NCAF Annual Legislative Conference and ALPI Annual Shared Governance Orientation Session. • Request for a replacement to fill Glades and Hendry County Vacant Board Seats. • Facilitated the completion and submission of the 2016 Health & Welfare Plan Form 5500, Retirement Benefit Plan Form 5500 and the Affordable Health Care IRS 1095C Report. • Facilitated the completion and submission of the agency's 2016 Annual Retirement Independent Audit. • Facilitated the completion and submission of the LIHEAP 2017-2018 and the Head Start/Early Head Start 2017-2018 Refunding application. • Facilitated and convened the Succession Planning Committee startup meeting. • Facilitated successful startup of the E-Rate Direct Deposit Account.

B. Efforts continued to establish and maintain meaningful working relationships between the CEO's office, program staff, clients, other organizations and funding sources, included the following:

STRATEGIC PLAN PERFORMANCE INDICATORS
<ul style="list-style-type: none"> • Region IV Board Meeting - Gulfport, MS • NCBW Annual Gourmet Gents Scholarship Fundraising Event - Haines City, FL • FL NAACP State Conference Quarterly Meeting/Training - Orlando, FL • NHTA Annual Training Conference - Chicago, IL • NCAF Annual Legislative Conference - Washington, DC <p><i>Goal 3 - Partner With Other Entities For More Efficient Service Delivery</i></p>

C. Other significant program accomplishments during this reporting period included the following:

PERFORMANCE INDICATOR(S)
<ol style="list-style-type: none"> 1. City of Auburndale approval Notification for New Horizon Playground upgrade installation schedule. 2. CSC Funding approval Notification to expand Youth Summer Program in St. Lucie Co. 3. LIHEAP Increase 2016 funding notification via a Budget Modification. 4. Receipt of E-Rate Funding year to date funding in the amount of \$71,000. 5. Successful startup of PNC Bank Grow Up Great and DonorsChoose.org Partnership in St. Lucie County 6. Head Start ERSEA no finding review notification. 7. Successful demolition of Village Green Modular Unit.

Please review the attached Management Reports for additional program services delivery activities.

D. Concerns under review during this reporting period included the following:

1. HS/EHS employee pending worker's comp claims
2. Employee accident/incident reports
3. Corp office record storage unit capacity.
4. Demolition of Village Green Modular Unit.

E. FUTURE MEETINGS/CONFERENCES

APRIL

- | | |
|--------|--|
| 6 – 11 | NHSA ANNUAL TRAINING CONFERENCE
CHICAGO, IL |
| 12 | SENIOR DIRECTORS' MEETING
LAKE ALFRED, FL |
| 21 | ALPI EXECUTIVE COMMITTEE
LAKE ALFRED, FL |
| 22 | ALPI BOARD OF DIRECTORS' MEETING
WINTER HAVEN, FL |

MAY

- | | |
|--------|---|
| 9 | SENIOR DIRECTORS' MEETING
LAKE ALFRED, FL |
| 9 - 12 | 2017 FACA ANNUAL CONFERENCE
JACKSONVILLE, FL |

JUNE

- | | |
|-----|--|
| 1-3 | RIV HEAD START ASSOCIATION BOARD MEETING
CHARLESTON, SC |
| 2 | ALPI STAFF APPRECIATION
FT. PIERCE, FL |
| 13 | SENIOR MANAGEMENT STAFF MEETING
LAKE ALFRED, FL |
| 23 | ALPI EXECUTIVE COMMITTEE MEETING |
| 24 | ALPI BOARD MEETING &
ALPI ANNUAL FAMILY PICNIC |



THE AGRICULTURAL AND LABOR PROGRAM, INC. MANAGEMENT REPORTS April 2017

DEPARTMENTS ACTIVITIES SUMMARY

Outlined below is a summary from ALPI's department directors of major activities (e.g. Partnerships, Community Involvement, Advocacy, Public Relations, Funding Sources, etc.) participated in through the month of March 2017.

CHILD DEVELOPMENT & FAMILY SERVICES DIVISION

Program Design and Management, Materials, Facilities, Equipment and Supplies

- **PLANNING COMMUNICATION AND REPORTING:** Areas of focus include the following:
 - ✓ Received notification from Head Start Regional Office that the Program Monitoring of Head Start Services is completed with no further concerns. The next step in the monitoring process is Fiscal Management.
 - ✓ Submitted Head Start / Early Head Services Grant Application for 2017 – 2018 for continued services as a Head Start Grantee serving Polk and St. Lucie counties. The application was submitted to Head Start Regional Office for review and approval. The application is for program year beginning July 1, 2017. The Training and Technical Assistance Plan is submitted as a part of the application process.

The training and Technical Assistance Goal is to provide high quality program services to children and families. Implement and maintain compliance with the new Performance Standards, thereby meeting the needs of the most vulnerable children and families.

- **HUMAN RESOURCES:**

Continue to discuss personnel/staff issues with Human Resource Director. These issues include but not limited to staff attendance, compliance with agency Policies and Procedures as well as program operation procedures related to day to day program operation that involve individual staff employment status.
- **PROGRAM GOVERNANCE:**

Head Start Policy Council is functioning as planned. Program Operation Directors are working with Child Development Services Manager to improve parent attendance (include parents who are not members of the Policy Council) at meetings.
- **EARLY CHILDHOOD EDUCATION SERVICES**
 - ✓ Set up Teaching Strategies Gold accounts for three new staff to complete teacher training 12 hour course. Training must be complete prior to leveling children in the system to ensure accuracy and understanding of the ongoing assessment tool.
 - ✓ Monitored George W. Truitt with the Early Childhood Education Center in St. Lucie County for two days. Monitoring included daily schedules, teacher-child interactions, staff attendance and age appropriate activities. It was suggested that materials to assist in the young infant classroom be ordered to help with calming babies during transition times such as bouncers/swings.
 - ✓ Submitted the revised Quality Assurance Monitoring tool to all area managers and both directors to review/discuss for implementation quarterly.
 - ✓ Submitted purchase orders to order supplies for Early Head Start infant room at George W. Truitt. The supplies will assist in calming babies during transition periods.
 - ✓ Submitted purchase orders to order bilingual CDA booklets for staff that need to take the CDA test in a language other than English.
 - ✓ Met with management team to review and discuss revised Head Start Program Performance Standards and integration of services. Discussed the revision of policies/procedures and how to move forward.

- ✓ Submitted two additional topics to be added to the training and technical assistance calendar based on revised Head Start Program Performance Standards. The two topics for training are: Intentionally and periodically change classroom materials to support children's interests, development and learning and Alternative Quiet Learning Activities for children who do not need or want to rest or nap.
- ✓ Worked on revision of operational policies and procedures.
- ✓ Submitted a recommendation on a research based coaching curriculum to the Education team and directors for review. The recommendation is to utilize the Coaching & Fidelity tool by Teaching Strategies Gold to meet Head Start Program Performance Standards 1302.33(2), 1302.92(b)(5) (c)(1-5). This curriculum will support the current curriculum and ongoing assessment.
- ✓ Sent out Quality Assurance Monitoring form to set a training/review date.
 - Improve CLASS Assessment Scores/Timeline for sharing information/results.
 - Employee Communication among staff and center managements regarding a total system approach; all areas of center management and services to children and families.
 - Update job descriptions to match Head Start Act requirements.
 - Improve Credentialing process receiving timely/updated information from management.
 - Check credentials to see if candidate meets qualifications.

▪ **FAMILY & COMMUNITY PARTNERSHIP AND FAMILY ENGAGEMENT SERVICES**

- ✓ **Family & Community Partnerships:**
 - Participated in a webinar on the 1st of March on **Four Leadership Strategies for Enhancing Program Quality** 1.5 hours with Early Childhood Investigations.
 - Traveled to Polk County (Frostproof) on the 3rd of March to begin monitoring the recruitment process. Pulled PROMIS waitlist to review intakes and ensure all information is accurate in the system. Met with the Family Services staff to discuss strategies on recruiting those with the greater need.
 - March 8th, Met with the Service Area Managers and the Directors to discuss the monitoring tool used when staff go out into the centers. It needs to be uniform with everyone looking for the same thing based on regulations/standards and policies. The team discussed developing a document and each manager will provide at least 5 questions/actions to be listed on the form for review.
 - March 9th, traveled to Frostproof to assist and participate in the community event that will be utilized to recruit children.
 - March 14th, I attended and participated in the Joint II Management training with Mr. Ramsey on Staff development. Had to opportunity to do group activities and discuss how we can improve as a whole and management stepping up to the plate and setting the examples of excellence.
 - March 21st, traveled to Frostproof to assist with community outreach and canvas to community. Placed recruitment signs out and pass out flyers in the community.
 - Worked on updating/revising the work plans/policies and procedures for ERSEA and Family Engagement to be in align with the Performance Standards. Throughout the month, I met with the Family Support Coordinators to review/discuss the plans for feedback, etc.
 - March 29th, participated in a management meeting to review and discuss where we are with the revisions of the work plans and procedures. Discussed all service areas and how they are connected to provide quality services.
 - March 30th, traveled to Frostproof to follow up on where we are with recruiting. Conducted a file review and met with the Family Services Worker on results/concerns. Met with the program Director to share some info on recruitment and the plans for the upcoming program year.
 - I monitored and tracked attendance during the month. I reported the monthly enrollment to the Office of Head Start in the allotted time and compliance was maintained.
 - Provided training on the ERSEA procedures and eligibility
 - Waitlist for Polk County is a concern related to recruitment of children
 - Mass Recruitment is an on-going process

• **CHILD CARE FOOD PROGRAM (CCFP) PROGRAM COORDINATOR**

- ✓ The Food Services Coordinator completed the monthly narrative, the monthly food report, and submitted to Deputy Director for approval & Finance Director for reimbursement. The FSC Reconciled agency Child Care Food vendor(s) statement(s), Publix, Borden Dairy, T. G. Lee Dairy, Sysco Food Service, Vero Chemical & Central Food Equipment. Each pay period the FSC review CCFP Personnel Activity Report (PAR) bi-weekly. This is a contract requirement per Department of Health for anyone who's charging a portion of their salary to the Child Care Food

Program Budget. End results to ensure quality care in providing meals in the most effective way through program design and management, record keeping and effort reporting.

- ✓ The month of March 2017, was a full month with 23 working days. I participated in the Child Care Food Program required staff training on March 1, 2017. Topic: **New Child Meal pattern Workshop**. March was **National Nutrition Month** and of course several emails went out to our directly operated centers and our contracted center Jump Start. The theme: **"Put Your Best Fork Forward."** **MyPlate Guide to School Lunch and School Breakfast, Brain Boosting Breakfasts, Celebrate National School Breakfast Week March 6-10, 2017.** Our Child Care Food **Monthly Activity** was **National Take a Walk in The Park Day – March 30, 2017**, and of course A Infographic **Total Diet Approach To Healthy Eating**. All of which ties into March being National Nutrition Month (NNM). **National Meatball Day** March 9 & **National Sloppy Joe Day** March 18, 2017. End result is to ensure staff morale and intensify their energy in menu planning and meal preparation is in compliance in the child care food program, with added attention to the new meal pattern requirements for infants and children.
- ✓ March 14, 2017; Trained the food service at our Frost proof Center on the agency CCFP Required Management staff Training. **Topic: Food Safety & Sanitation.** Agenda and sign-in sheet on file. This same training was conducted at our **George W. Truitt Center on March 20, 2017.** Training with additional staff will be conducted at a later dated. End result to ensure agency compliance in Child Care Food and in compliance with local and state agencies.
- ✓ March 23, 2017; I and the Quality Assurance Contract Manager participated in an on-site training with our Commercial Food Vendor **John Webb of Sysco Foods.** This training was consisted of updates of new food items ensuring all new meal pattern requirements for the Child Care Food Program are met, and assisting with getting our food orders completed and processed electronically for delivery. End result to ensure food is process and delivered in a timely manner.
- ✓ Participated in a webinar **Food Allergy Due Diligence** on March 28, 2017. Webinar provided by AllerTrain. End result to ensure my knowledge in food allergies at it pertain to the Child Care Food Program.
- ✓ March 02, 2017; Downloaded information from **Health.gov** announcing **National Collaborative Childhood Obesity Research Launch Measures for Registry User Guides.** This guide is to help Childhood obesity practitioners choose appropriate measures when preparing individual diets, food environment, individual physical activity and physical activity environment. End result to provide an overview of measurement, describe general principles of measurement selection and walk users through the process of useful information
- ✓ March 17, 2017; Downloaded information from **Feeding American/Healthy communities need healthy food/Hunger's Hope.** Information provided to assist families when struggling in getting fresh, healthy food daily to put on the table. Fresh food, like fruits and vegetables. End result constantly perfecting new ways to get healthy, perishable foods to the families who need them the most.

• **SPECIAL ACCOMPLISHMENTS**

- ✓ Reviewed all available website(s) for health and nutrition that partners with the Child Care Food Program requirements and regulations, to enhance the Dietary Guideline of Americans (DGA) 2015-2020.
- ✓ Partnering with our **Human Resources Department (HR)** on the agency **Healthy Initiative Project(s)**. Posting monthly activities of healthy and physical issues.

• **SPECIAL PROJECTS**

The **Department of Health / Division of Community Health Promotion, Bureau of Child Care Food Programs** has released the **New Infant/Child Meal Pattern and Training Requirements for Child Care Food program**, notified provider of full implementation of the new meal pattern effective **October 1, 2017**; Working with staff updating all new requirements, ensuring program compliance. Food Service Coordinator received training on the **New Infants /Child Meal Pattern Requirements** and will scheduled trainings with our directly operated centers. There are no in-services dates. I'm traveling to each site and conducting training as needed. This is on-going until completed and implementation is effective.

• **WORKSHOPS/TRAINING CONFERENCES, etc.**

CCFP DOH Training Calendar FY 2016– 2017, and webinars, this is on-going.

• **QUALITY ASSURANCE CONTRACT COMPLIANCE MONITORING:**

✓ **Activities/Accomplishments:**

- Attended the CCFP Training in Orlando, FL. Training on the New Meal Pattern for Children. USDA recently revised the CCFP meal patterns to ensure children have access to healthy, balanced meals throughout the day. Under the updated child meal patterns, meals will include a greater variety of vegetables and fruit, more whole grains, and less added sugar and saturated fat. The changes made to the meal patterns are based on the Dietary Guidelines for Americans, scientific recommendations from the National Academy of Medicine and stakeholders input. CCFP centers must comply with the updated meal patterns by October 1, 2017. ALPI's program implementation process began last year.
- Monitored Polk Contracts and Agreements to ensure compliance findings:
- Winter Haven Hospital, reviewed invoices and determined contract was being followed according to contract agreement. (see file for details)
- USF Early Steps, reviewed referrals made to vendors and tracked follow-up according to contract. (See file for details)
- Wilson Lawn Maintenance Contract (reviewed invoices)
- Monitored Garden Terrace everything was in compliance. Children were engaged and attentive to the teacher. I observed one classroom not doing family style dining. The Child Development Service Manager told me that when children have colds or running noises staff serves the children; excellent insight by staff to ensure health standards are maintained at all times.
- Attended Joint Management Meeting, on Promoting Excellence Customer Service practices. The presenter, (Mr. Ramsey) we identified behaviors that show great customer service. He identified ways management can create a culture of excellent customer service. He also identified the critical characteristics and behaviors of an effective coach or supervisor. We discussed developing a work environment that promotes excellent customer service.
- Attended the Early Learning Coalition did not have a quorum so they discussed items but nothing was approved. ELC still have not heard anything on Early Head Start Partnership Grant.
- Attended FDRLS screening.
- Food Service Coordinator and I went to Home Depot and Lowe's to look at the portable a/c units for the kitchen. We contacted the Facilities Manager in St. Lucie County to find if this item met the standards for the classroom. She stated as long as it had the UPC code it would meet the standard. I also looked up the childcare standard according to licensing the only item it addresses in the kitchen is the oven hood. As a result, a window unit will be purchased.
- On March 30, 2017, I monitored Jumpstart Center, Staff was in ratio, and Program was in compliance. Observed some concerns playground activities are needed to assist teachers keep children in engaged. Recommend on-site training for this contracted center.

- Child Development and Family Services Center 151
 - Francina Duval 40
 - Garden Terrace, Total Enrollment 90
 - George T. Truitt, Total Enrollment 51
 - Learning Tree, Total Enrollment, 20
 - Lincoln Park, Total Enrollment, 102
 - Queen Townsend, Total Enrollment, 237
- Total Enrollment, 691

Early Head Start

- Child Development & Family Services Center, Total Enrollment 8
 - Frostproof CDC Total Enrollment 47
 - George T Truitt, Total Enrollment 37, 8 pregnant Moms,
 - Jumpstart DC, Total Enrollment, 20
 - Loving Care, Total Enrollment, 8
 - Sunrise Preschool, Total Enrollment, 8
- Total Enrollment for Head Start 687 Total Funded Enrollment, 691
Total Enrollment for Early Head Start, 128 total Funded Enrollment, 140
Total Program Enrollment 815, Total Funded Enrollment 831

- ✓ CCFP: On March 23, 2017, John Webb, of Sysco came to share with Food Service Coordinator and me how to implement the electronic system for ordering food along with monitoring cost and invoices.

Deficient Area(s):

Air in Kitchen area is not working properly in Frostproof.

Food Service Coordinator and I reviewed budget to purchase two (2) A/C Units for the Frostproof.

Proposed Strategy to Correct Deficiency (ies):

To purchase two window A/C units for the kitchen.

Workshops / Trainings / Webinars / Conferences

Upcoming Meeting/Trainings

- Healthy Families Advisory, Bartow, FL
- STEPS Meeting
- WIC Meeting
- Early Learning Coalition
- FDRLS Screening Monthly

HEAD START/EHS – St. Lucie County

Planning/Communication/Internal Reporting/ Governance

Planning/Communication/Internal Reporting:

- Participated in the Early Learning Coalition of St. Lucie County Board of Director's Meeting on March 1, 2017. Items presented included: fiscal reports financial and upcoming activities such as the Family Fun Fair scheduled for April 1, 2017.
- Facilitated an Early Head Start Meeting at the George W. Truitt Family Services Center on March 8, 2017. Topics discussed included: center operations, supervision of children, classroom size/group, team approach, etc.
- Participated in the Annual St. Lucie County Transition Meeting/Presentation on March 9, 2017 in which the public school enrollment applications were distributed to all child care providers and families.
- Participated in the Joint Management II Professional Development Training facilitated by Ben Ramsey, President and CEO of The RHBC Group, GLM Management Consulting Group, LLC on March 14, 2017. The training topic was Customer Service/Roles, Responsibilities and Expectations/Promoting Service Excellence. All Managers participated.
- Facilitated a meeting with the Boys and Girls Club representatives on March 21, 2017. The meeting was to discuss potential partnerships and collaborations between the two agencies.
- Participated in the monthly Transportation Staff Meeting facilitated by William Hopkins, Transportation Coordinator on March 27, 2017. Items discussed included: Staff Attendance, Vehicle Maintenance, Supervision of children, Commercial Driver's License credentialing, etc. Currently, Mr. Hopkins is working on the CDL License credential as well as Loisann Galarza, Bus Monitor.
- Facilitated the monthly Program Management Staff Meeting on March 29, 2017. Topics discussed included: VPK Attendance, In-Kind Reports, PNC Presentation, Monthly Reports, 2017-2018 Enrollment Appointments, Children Pictures, Recruitment, Transportation, Program Annual Self-Assessment, Moving Up Ceremonies, etc.
- Coordinated with PNC Grow Up Great to celebrate the Anniversary of the PNC Grow Up Great Initiative scheduled for April 4, 2017 at the ALPI Administrative Office in St. Lucie County. The children from the Garden Terrace Head Start Center were selected to participate in the presentation. The children will receive books and puppet kits as part of the early childhood initiative. The center also received a \$3,000 grant for completing the reading initiative on February 15, 2017.

Community Relations/Collaborations:

- Program Staff participated in several Community Relations/Collaboration activities to address various topics that impact the community as a whole; these activities included:
 - St. Lucie County School Board
 - Early Learning Coalition of St. Lucie County

- HANDS Dental Coalition
- Communitywide Inclusion Collaborative Committee
- Health Department of St. Lucie County
- Help Me Grow/211 Help Line
- SafeSpace

Human Resources:

- Continued to work closely with the Human Resources Department to fill vacancies.

Computer Assisted Tutorial Program (CAT):

- The Computer Assisted Tutorial Program has served 62 children.
- Program Coordinator met with Sandy Mack from the Children Services Council of St. Lucie County on March 7, 2017. Items discussed included but were not limited to: recruitment strategies, overall effectiveness of the program, how to remain effective, etc.

Program Governance:

- The Policy Council monthly meeting scheduled for March 15, 2017 was canceled due to lack of attendance. The primary reason for the lack of attendance was that the meeting was during the Spring Break vacation of which most of Policy Council members were out of town. Mr. Williams, Policy Council Chairperson approved the cancellation of the meeting. The next meeting is scheduled for April 19, 2017. At the next meeting, the Policy Council will review and approve the following to include but not limited to:
 - ✓ Program Annual Self-Assessment Report and Improvement Plan
 - ✓ Program Financial Reports
 - ✓ Program Progress Reports
 - ✓ Mid-Year Child Outcome Report
 - ✓ Human Resources Report

GOAL 1: Create additional educational experiences and opportunities for staff – Objective 1.1-1.5.

- All Managers participated in the Customer Service/Roles, Responsibilities and Expectations/Promoting Service Excellence training on March 14, 2017. The training was presented by Ben Ramsey, President and CEO of The RHBC Group, GLM Management Consulting Group, LLC. Staff received 6 training hours.
- Teachers, Teacher Assistants, and Caregivers continued to complete the renewal of the Adult, Child, and Infant CPR, AED, and Basic First Aid courses. The training was presented by the American Safety and Health Institute. Staff received 8 training hours.

Facilities:

- Facilities Specialist worked closely with the Maintenance Staff as well as the Child Development Services Managers in maintaining all facilities/offices clean and free of debris; in order to maintain a healthy and safe environment for the children, families and staff.
- Facilities Specialist completed several projects generated by Work Requests such as: repairing bathrooms, sinks, cots, and a child's step stool. Carpets were also cleaned.
- Facility Specialist coordinated with Grimes, AC & Heat, Tyco, and St. Lucie County Fire Marshall's to conduct the smoke test on the duct detector that was installed on the new Air Conditioning Unit at the George W. Truitt Family Services Center on March 17, 2017.
- Facility Specialist coordinated with Quality Construction to repair the fascia at the Garden Terrace and Lincoln Park Head Start Centers on March 20, 2017.
- Facility Specialist coordinated with St. Lucie County Fire Marshall's to conduct the required Annual Fire Inspection at the ALPI George W. Truitt Family Services Centers on March 27, 2017.
- Removal/disposal of the Modular Unit AKA Village Green Head Start Center located at 1702 S.E. Lennard Road, Port St. Lucie, FL has been completed as of March 27, 2017. A Summary Report was submitted to the Chief Executive Officer as part of the project-completion certification to include the final inspection from Robert Massa, St. Lucie County School District Building Code Administrator.
- Received a copy of the fully executed Lease Amendment for the ALPI Administrative Building (formerly Garden City Elementary). Copies of the amended lease were forwarded to the Chief Executive Officer, Deputy Director, and Finance Director.

Health and Safety:

- The Facilities Specialist as part of the weekly/monthly site visits/informal monitoring to all centers continues to ensure that all centers have the necessary cleaning supplies to perform daily sanitation activities as per the Daily Facility Checklist.
- The Facility Specialist distributed cleaning supplies to all the centers; supplies included: Garbage Bags, Paper Towels, Rinse Free, Bleach, Teachers Cleaning Towels, Cleaning Cloths, Toilet Paper, Disinfectant Spray, Kleenex, Gloves, Soap, Shoe Covers and other items as needed.

Monitoring:

- The Florida Department of Children and Families inspected/monitored the Queen Townsend Head Start Center II. The center was found in 100% compliance.
- The St. Lucie County Fire Marshal's inspected/monitored the George W. Truitt and Child Development and Family Services Centers. The centers were found in 100% compliance.

Fiscal:

- The program generated non-federal (In-Kind) during this reporting period from activities such as: Parents Volunteering, Professionals, and Donations from all the St. Lucie County Head Start/Early Head Start Centers.
- Processed fiscal related activities such as requisitions, purchase orders, invoices, and payroll.
- Received notification from the Children Services Council of St. Lucie County regarding the Computer Assisted Tutorial Program Summer Expansion Learning Grant Application on March 27, 2017. The notification indicated that the program was selected for the expansion. The program will serve an additional 40 children transitioning to public school and elementary school age children. Grant amount requested was \$19,048.00.
- Currently waiting for the FY 2017-2018 Computer Assisted Tutorial Program Grant Application that was submitted on February 16, 2017. The application is proposing to continue to serve 90 school age children. Grant amount requested was \$84,599.00.
- Completed and submitted the FY 2017-2018 Grant Application for the Head Start and Early Head Start Program on March 27, 2017. The Grant Application package consisted of the SF 424, SF 424A, Budget Narratives, Grant Narrative, Approvals, Training and Technical Assistance Plan, Self-Assessment Report and Improvement Plan, In-direct Cost Agreement, etc.
- Completed and submitted the 2017-2018 VPK Service Provider Applications for the six directly operated sites to include:
 - ✓ ALPI Child Development and Family Services Center
 - ✓ ALPI Francina Duval Head Start Center
 - ✓ ALPI Garden Terrace Head Start Center
 - ✓ ALPI George W. Truitt Family Services Center
 - ✓ ALPI Lincoln Park Head Start Center
 - ✓ ALPI Queen Townsend Head Start Center II
- Completed the VPK (Voluntary Pre-k) and SR (School Readiness) Statewide Providers Portal Profile as part of Phase One of the state initiative to go web based by July 1, 2017. The FY 2017-2018 VPK/SR Attendance will be submitted via the portal and providers will no longer submit paper attendance record for monthly reimbursement.
- Continued working with the agency's Finance Department regarding the In-Kind process to ensure that records are modified to ensure compliance in accordance with new Head Start Performance Standards.

IT Support Services:

- Continued to work closely with the agency's IT support staff in all IT related concerns and/or problems.

Family and Community Partnerships:

- Family Support Services Coordinators continued to complete intake applications, verify applications, place families on the Head Start/Early Head Start waitlist and complete enrollment applications. Information was also provided to families about services provided in the local community.
- Family Support Services Coordinators continued to provide technical assistance to the Child Development Services Managers and the Family Services Workers with the verification of Intakes and any issues or concerns with PROMIS or the Enrollment Process.

- Family Support Services Coordinators increased their recruitment efforts by recruiting at the following locations: Parent Academy of St. Lucie County, Women, Infant, and Children Office in Port St. Lucie, Florida Community Health Department, Kid's Health Place, ABC's Pediatrics of St. Lucie, Virginia College, Blackburn Building at the Indian River State College, and Fort Pierce Beauty Academy. Several apartment complexes and housing developments were targeted as well to include: Parkland Court, Bethany Court, 27th Circle Apartments, Orangewood Apartments and the housing development on 29th Street. Recruitment was also conducted during the Energy Fair held at the Image of Christ Ministry on March 15, 2017.
- Funded enrollment for the month of March for St. Lucie County consisted of 755. The breakdown is as follows: 691 preschool children; 56 infants/toddlers; and 8 pregnant women for a total of 755. There were 4 drops in the Head Start program and a total of 3 new children were enrolled in the Head Start Program.

Early Childhood and Health Services:

- The Parent-Child Engagement to Promote School Readiness Folders (PCEPSR) for March was provided. An activities packet was created based on the Head Start Child Development and Early Learning Framework (3-5 year olds) and the Florida Early Learning and Developmental Standards for Four Year Olds. The activities encourage parents/guardians to work with their children for 10-15 minutes each day through hands-on learning experiences that require minimal materials. A literacy activity along with a reading log is included to promote literacy growth in the home. Items included in the folders were as follows:
 - Nightly Reading Record
 - Calendars
 - Various Games
 - Sight Words
- Early Childhood Education Coordinator conducted mentoring/coaching classroom support observations at the Francina Duval, Lincoln Park, Queen Townsend, and Child Development and Family Services Centers. The purpose of the observations was to observe the following: objective of instruction, smooth transitions, positive guidance, and that teaching strategies are developmentally appropriate. After observations are conducted the Early Childhood Education Coordinator provides feedback and a plan of action to the teacher and teacher assistant.
- Early Childhood Education Coordinator participated in the Making the Most of Classroom Interactions (MMCI) training at the Early Learning Coalition of St. Lucie County on March 17, 2017. Topics discussed included:
 - ✓ What is CLASS/Domains
 - ✓ How using the CLASS lens provides a shared framework for observing the key interactions that make a difference for children's learning
- Early Childhood Education Coordinator participated in the Pre-K CLASS Observation Training on March 21-22, 2017 at the Early Learning Coalition of St. Lucie County. The training was facilitated by Penney Norton, School Readiness West Central Regional Facilitator. The purpose of the training was to learn how to observe classrooms using the Classroom Assessment Scoring System. The trainings objectives included:
 - ✓ Understanding what the CLASS tool measures
 - ✓ Understanding the link between effective teacher-child interactions and children's learning gains
 - ✓ Identifying the teacher-child interactions associated with each CLASS dimension
 - ✓ Code classroom videos using the CLASS measure
- Early Childhood Education Coordinator collaborated with Cindy Piloni, Client and Community Relations Manager of PNC Bank on March 30, 2017. The purpose of the collaboration was for PNC Grow Up Great Initiative Anniversary to be held at the ALPI Administrative Office on April 4, 2017. The Garden Terrace Head Start children will receive books and puppet kits.
- Health Services Manager, Mental Health and Disabilities Specialist, Early Childhood Development and Education Services Manager, and the Early Childhood Education Coordinator continued working on updating the Policies and Procedures according to the new Performance Standards.
- Health Services Manager received an update from the HANDS Dental Clinic meeting held on March 10, 2017. Topics discussed included but were not limited to:
 - ✓ Service plans for monthly or as needed visits to ensure that all Head Start children receive their initial exam (prior to the 90 day deadline)
 - ✓ Ervin Valcin, RDH, is still providing services by switching families to workable dental insurance plans and working with families with no insurance
 - ✓ Give A Kid A Smile reported serving 51 children during recent campaign

- Health Services Manager facilitated dental exams through HANDS Dental Clinic for children at the ALPI Queen Townsend Head Start Center II on March 29, 2017.
- Health Services Manager completed the 2nd Growth Chart Assessments for the following centers: Francina Duval and Garden Terrace. Growth Charts indicating concerns will be submitted to the Nutrition Consultant for follow-up
- Mental Health and Disabilities Specialist coordinated and attended one (1) eligibility staffing with Early Steps/Florida Diagnostic Learning Resources System (FDLRS) for children that were referred for services and Individual Education Plans were developed.
- As of March the following table represents the total number of children that have been determined as children with disabilities:

FUNDED ENROLLMENT		HEAD START		691
		EARLY HEAD START (St. Lucie 64)		64
Total 10%= 75 children				
1	Health Impairments		13	How many age 0?
2	Emotional/Behavior Disorders		14	How many age 1?
3	Speech/Language Impairments	69	15	How many age 2?
4	Mental Retardation		16	How many age 3?
5	Hearing Impairments/Deafness		17	How many age 4?
6	Orthopedic Impairments		18	How many age 5?
7	Visual Impairments/Blind		19	How many over income?
8	Learning Disabilities		20	How many pre-diagnosed?
9	Autism		21	How many dropped to date?
10	Traumatic Brain Injury		22	How many IEP's/IFSP current
11	Other Impairments	13	23	How many evaluated and found not eligible?
12	Total With Disabilities	82	24	How many suspected?

TRANSPORTATION:

- Transportation services were provided to 137 children to and from the centers for the month of February.
- Transportation Coordinator assisted with having repairs that included but were not limited to the following: flashers and side STOP sign repaired and crossing arm replaced on Bus 3, etc.
- Transportation Coordinator coordinated the completion of the initial Annual Vehicle Inspection Report on the new Bus 1and purchased and installed pre-school sized child harnesses on Bus 1.

DEFICIENT AREA(S):

None

PROPOSED STRATEGY TO CORRECT DEFICIENCY (IES):

None

SPECIAL ACCOMPLISHMENTS:

None

BOARD RELATED ACTIVITIES:

None

CRITICAL CONCERNS / CHALLENGES:

None

WORKSHOPS / TRAINING / CONFERENCES, ETC.:

None

UPCOMING EVENTS:

- Early Learning Coalition of St. Lucie County Family Fun Fair- April 4, 2017
- Senior Management Meeting- April 11, 2017
- Policy Council Meeting- April 19, 2017
- Board of Director's Meeting- April 22, 2017
- Program Director's Meeting- April 24, 2017
- Management Planning Meeting- April 25, 2017
- St. Lucie County Early Childhood Conference- TBA
- HMH/Public School Early Childhood Meeting-TBA
- Bridges Out of Poverty of St. Lucie Steering Committee Meeting-TBA

HEAD START/EHS – Polk County

COMMUNITY & ECONOMIC DEVELOPMENT SERVICES DIVISION

Deputy Director

- Periodically met with Division Department Directors and Division Support Staff re: program status updates.
- Periodically reviewed Grants.gov for grant and funding announcements. **(Goal 3 Objective: Apply for grants in a timely manner when money is available.)**
- Prepared and submitted monthly division-wide report.
- Prepared and submitted HUD Housing Counseling invoice.
- Prepared DOE/EA 2017-2018 Grant. **(Goal 3 Objective: Apply for grants in a timely manner when money is available.)**
- Reworked, finalized and submitted LIHEAP 2017-2018 Budget **(Goal 3 Objective: Apply for grants in a timely manner when money is available.)**
- Revised and updated RFA for Sub-Sub-recipients solicitation.
- Reviewed and revised ATEC Building Lease agreement.
- Prepared LIHEAP Expenditure forecast for current contract.
- Review expenditure reports and corrected errors found.
- Reviewed and/or signed off on \$172,280 in Voucher/Check Requests including: \$4,878 in LIHEAP Crisis Energy and \$156,590 in LIHEAP Home Energy Assistance.

LIHEAP/Community Services Department Director

- ENERGY FAIR was held in Immokalee on March 1st and 2nd, 2017 at Bethel AME Church in Indiantown. **(Goal 3 Objective: Partner on collaborative projects.)**
- ENERGY FAIR was held in Stuart on March 6th and 7th 2017 at Salvation Army in Naples. **(Goal 3 Objective: Partner on collaborative projects.)**
- ENRGY FAIR was held on March 15th and 16th at In the Image of Christ in Fort Pierce. **(Goal 3: Partner on collaborative projects.)** Senior Connection Center (SCC) Surplus/Deficit Conference Call on March 20, 2017.
- The Southern Region Advisory Council (SRAC) was held on March 21, 2017 at Greater Love Church of Christ in Lake Placid, FL. **(Goal 3: Objective: Partner on collaborative projects)**

- ENERGY FAIR was held on March 22nd and 23rd at the Martin County Fairgrounds in Stuart, FL. **(Goal 3 Objective: Partner on collaborative projects.)**
- ENERGY FAIR was held on March 27th at the Boys and Girls Club in Sebring, FL. **(Goal 3: Objective: Partner on collaborative projects.)**
- ENERGY FAIR was held on March 28th at the Carver Recreational Center in Bartow, FL. **(Goal 3: Objective: Partner on collaborative projects.)**
- ENERGY FAIR was held on March 31st at the Macedonia Primitive Baptist Church in Lakeland, FL. **(Goal 3: Objective: Partner on collaborative projects.)**

CSBG/Economic Development Department Director

- Joint Management Training in Ft. Pierce, FL **(Goal 1 Objective: Provide more professional development opportunities.)**
- Attended the LCB Board Meeting in Naples, FL **(Goal 3 Objective: Partner on collaborative projects with other entities.)**
- Met with Sub-Recipient CIL new program manager to go over program in Lakeland, FL **(Goal 3 Objective: Partner on collaborative projects with other entities.)**
- Attended Northern/ATEC Region meeting in Sanford, FL **(Goal 3 Objective: Partner on collaborative projects with other entities.)**
- Attended FACA Board Meeting in Jacksonville, FL **(Goal 3 Objective: Partner on collaborative projects with other entities.)**
- Met with Glades County office manager to go over office space Moore Haven, FL **(Goal 3 Objective: Partner on collaborative projects with other entities.)**
- Met with partners at the Polk County partnerships meeting Lakeland, FL **(Goal 3 Objective: Partner on collaborative projects with other entities.)**
- Met with Heartland Coalition for the Homeless in Sebring, FL **(Goal 3 Objective: Partner on collaborative projects with other entities.)**
- Monthly Team Meeting and Training in Auburndale, FL **(Goal 1 Objective: Provide more professional development opportunities.)**
- Attended FACA ROMA Training in Orlando, FL **(Goal 1 Objective: Provide more professional development opportunities.)**
- Trained two new staff on CSBG and ESG in Highlands County and Glades and Hendry Counties **(Goal 1 Objective: Provide more professional development opportunities.)**
- Attended the CIE Public Meeting on Howey-in-the-Hills, FL **(Goal 3 Objective: Partner on collaborative projects with other entities.)**

COLLABORATIONS

Deputy Director

- Prepared for, and attended, Housing Board meeting

LIHEAP/Community Services Department Director

- The Salvation Army **(Goal 3 Objective: Partner on collaborative projects.)**
- United Way 211 (Naples) **(Goal 3 Objective: Partner on collaborative projects.)**
- Catholic Charities **(Goal 3 Objective: Partner on collaborative projects.)**
- Polk County Health Department **(Goal 3 Objective: Partner on collaborative projects)**
- SAFELINK **(Goal 3 Objective: Partner on collaborative projects)**
- HUMANA **(Goal 3 Objective: Partner on collaborative projects)**
- Peace River **Goal 3 Objective: Partner on collaborative projects**

CSBG/Economic Development Department Director

- Attended the LCB Board Meeting in Naples, FL **(Goal 3 Objective: Partner on collaborative projects with other entities.)**
- Met with Sub-Recipient CIL new program manager to go over program in Lakeland, FL **(Goal 3 Objective: Partner on collaborative projects with other entities.)**
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- Met with Heartland Coalition for the Homeless in Sebring, FL (**Goal 3 Objective: Partner on collaborative projects with other entities.**)

CONCERNS/CHALLENGES AND RESPONSE

Nothing to report at this time.

DEFICIENT AREA(S) AND STRATEGIES TO CORRECT

Deputy Director

- Nothing to report at this time.

LIHEAP/Community Services Department Director

- Nothing to report at this time.

CSBG/Economic Development Director

- Nothing to report at this time.

SPECIAL ACCOMPLISHMENTS

(Success beyond designated job duties)

Deputy Director

- Nothing to report at this time.

LIHEAP/Community Services Department Director

- Nothing to report at this time.

CSBG/Economic Development Director

- Nothing to report at this time.

BOARD RELATED ACTIVITIES

Deputy Director

- Nothing to report at this time.

LIHEAP/Community Services Department Director

- Attended the '2017' Board Governance Orientation on February 25, 2017 at the Chain O' Lakes Complex in Winter Haven.

CSBG/Economic Development Director

- Attended the '2017' Board Governance Orientation on February 25, 2017 at the Chain O' Lakes Complex in Winter Haven.

SPECIAL PROJECTS

Deputy Director

Nothing to report at this time.

LIHEAP/Community Services Department Director

Nothing to report at this time.

CSBG/Economic Development Director

Nothing to report at this time.

MEETINGS/WORKSHOPS/TRAINING/CONFERENCES, ETC. ATTENDED during reporting period (all staff)

Deputy Director

- Senior Directors/Joint Management Training on March 14, 2017.
- Prepared for and attended Housing Development Board Commission.
- Commission for Independent Education (CIE) meeting for renewal of ATEC Annual license to offer Home Health Aide.

LIHEAP/Community Services Department Director

- Senior Directors/Joint Management Training on March 14, 2017.
- LIHEAP ENERGY FAIR in Indiantown on March 1st and 2nd at Bethel AME Church.
- LIHEAP ENERGY FAIR in Naples on March 6th and 7th at the Salvation Army.
- LIHEAP ENERGY FAIR in Fort Pierce on March 15th and 16th at In the Image of Christ.
- The Southern Region Advisory Council (SRAC) Meeting on March 21st in Lake Placid at Greater Love Church of Christ.
- LIHEAP ENERGY FAIR on March 22nd and 23rd in Stuart at the Martin County Fairgrounds.
- LIHEAP ENERGY FAIR on March 27th in Sebring at the Boys and Girls Club.
- LIHEAP ENERGY FAIR on March 28th in Bartow at the Carver Recreational Center.
- LIHEAP ENERGY FAIR on March 31st in Lakeland at the Macedonia Baptist Church.
- CDS Meeting with CEO on March 31st at the Corporate Office in Lake Alfred, FL.

CSBG/Economic Development Department Director

- Senior Directors/Joint Management Training on March 14, 2017.
- FACA Board Meeting in Jacksonville, FL
- FACA ROMA Training in Orlando, FL

WORKSHOPS/TRAINING/CONFERENCES, ETC. SCHEDULED for month following reporting period (all staff)

Deputy Director

- Senior Management Meeting on April 12, 2017.
- ROMA Peer-to-Peer Training in Texas

LIHEAP/Community Services Department Director

- Senior Management Meeting on April 12, 2017.
- LIHEAP ENERGY FAIR in Indiantown on March 1st and 2nd at Bethel AME Church.
- LIHEAP ENERGY FAIR in Naples on March 6th and 7th at the Salvation Army,
- Joint Management II Training on March 14th in Ft. Pierce at ALPI's Administrative Bldg.
- The Southern Region Advisory Council Meeting on February 21, 2017 in Lake Placid
- LIHEAP ENERGY FAIR on March 22nd and 23rd in Stuart at the Martin County Fairgrounds.

CSBG/Economic Development Department Director

- ICEP ROMA Training in Dallas, TX April 17 thru April 20, 2017
- ESG Training for 2 new staff in Sebring, FL April 6 and 7, 2017

OTHER

Deputy Director

Nothing to report at this time.

LIHEAP/Community Services Department Director

Nothing to report at this time.

CSBG/Economic Development Department Director

Nothing to report at this time.

MAJOR GRANT EXPENDITURE SUMMARIES

Low Income Home Energy Assistance Program (03/01/16 thru 03/31/17)

Total Funding = \$4,258,448

Pro-Rated Funding (thru 03/31/17) = \$4,258,448 (100.0%)

Expended (as of 03/31/17) = \$3,674,783 (86.3% of Total Funding)

Crisis Energy = \$1,364,918 out of \$1,555,113 (87.8% of total "Crisis" allocation.)

Home Energy = \$1,238,800 out of \$1,847,410 (67.1% of total "Home Energy" allocation)

Performance: Due to delays in receipt of reimbursement from DEO, service delivery was slowed between September and November of 2016. Renewed spending did not begin again until early November. Staff are aggressively providing services with the goal of expending all services by the end of the grant. PLEASE NOTE: All funds not spent by closeout of the Grant, will be returned to ALPI through a Mid-Year modification.

Emergency Home Energy Assistance Program (04/01/16 thru 03/31/17)

Total Funding = \$113,705

Pro-Rated Funding (as of 03/31/17) = \$113,705 (100.0%)

Expended (as of 03/31/17) = \$113,705 (100.0% of Total Funding)

Direct Services = \$94,810 out of a pro-rata amount of \$94,810 (100.0% of allocation.)

Performance: All funds have been spent.

Florida Non-Profit Housing (07/01/16 thru 06/30/17)

Total Funding = \$26,400 (a 45% reduction due to Federal requirements)

Pro-Rated Funding (as of 03/31/17) = \$19,800 (75.0% of Total Funding)

Expended (as of 03/31/17) = \$22,678 (85.9% of Total Funding)

Performance: Approximately half of the original funding were redirected due to Federal directions; however, based on spending trends, the reduced amount should be expended prior to the end of the grant.

Florida Department of Education (07/01/16 thru 06/30/17)

Total Funding = \$60,000

Pro-Rated Funding (as of 03/31/17) = \$45,000 (75.0%)

Expended (as of 03/31/17) = \$35,721 (59.5% of Total Funding)

Performance: Contract was not received until July so spending has been slow. With the reduction of Florida Non-Profit Housing funding, it is anticipated that more DOE Funds will be utilized to meet demand resulting in the entire grant being expended by June 30th.

Community Services Block Grant (10/01/16 thru 03/31/18)

Total Funding = \$1,772,883.

Pro-Rated Funding (as of 03/31/17) = \$590,961 (33.3 % of Total Funding)

Expended (as of 03/31/17) = \$481,666 (27.2% of Total Funding)

Performance: Due to delays in release of the 2016-2018 grant, DEO provided "bridge" funding which advanced two (2) months of the new 18-month contract funding. As a result, services were initially limited during the first quarter (October thru December, 2016). With release of the new grant for 2016-2018, services are being increased with the goal to expend all funds by the end of the grant.

**MAJOR OUTCOMES – Division Programs Only
ROMA Family Goals 1 and 6
(07/01/16 through 03/31/17)**

NPI	Description	CSBG/LIHEAP/EHEAP Clients		DOE/FNPH Clients TOTAL	
		Seeking	Completing	Plan	Actual
1.1	Unemployed and obtained a job	18	17	n/a	n/a
	Employed and maintained a job for at least 90 days	22	12	n/a	n/a
	Employed and obtained an increase in employment income and/or benefits	11	9	n/a	n/a
1.2	Obtained skills/competencies required for employment	45	30	n/a	n/a
	Completed ABE/GED and received certificate	6	1	n/a	n/a
	Completed post-secondary education program and obtained certificate or diploma	22	4	n/a	n/a
	Enrolled children in before or after school programs	16	16	n/a	n/a
	Obtained access to reliable transportation and/or driver's license	4	4	n/a	n/a
	Obtained safe and affordable housing	26	26	n/a	n/a
	Obtained food assistance	22	17	n/a	n/a
6.1	Independent Living for Senior Citizens (55 or older)	14	14	n/a	n/a
	Independent Living for Individuals with Disabilities	31	31	n/a	n/a
6.2	Received Home Energy Assistance	128	128	108	108
	Received rental assistance	75	75	23	23
	Emergency transportation	44	44	84	84
	Received LIHEAP/EHEAP Crisis	3,711	3,711	n/a	n/a
	Received Emergency Food Assistance	n/a	n/a	75	75
	Received Water Bill/Utilities Assistance	0	0	4	4

SERVICE DELIVERY BY COUNTY – Division Programs
Units of Service, By County
(07/01/16 through 03/31/17)

County	LIHEAP/EHEAP Only*		CSBG Only*		DOE/FNPH Only		Totals	
	Units of Service	Total Expended*	Units of Service	Total Expended*	Units of Service	Total Expended	Units of Service	Total Expended
Collier	571	\$164,746			19	\$3,967	590	\$168,713
DeSoto					3	\$300	3	\$300
Glades	69	\$23,742	24	\$14,189	n/a	n/a	93	\$37,931
Hendry	396	\$109,620	172	\$36,906	3	\$300	571	\$146,826
Highlands	620	\$187,954	199	\$49,633	5	\$528	824	\$238,115
Hillsborough					36	\$2,250	36	\$2,250
Lake					3	\$350	3	\$350
Manatee					21	\$2,100	21	\$2,100
Martin	340	\$98,325			n/a	n/a	340	\$98,325
Miami-Dade					5	\$500	5	\$500
Orange					17	\$1,150	17	\$1,150
Palm Beach					9	\$950	9	\$950
Polk	4,060	\$1,220,838	766	\$212,310	92	\$44,191	4,918	\$1,477,339
Putnam					8	\$930	8	\$930
St. Lucie	1,625	\$543,200			n/a	n/a	1,625	\$543,200
Volusia					79	\$11,995	79	\$11,995
TOTAL	7,681	\$2,348,425	1,161	\$313,038	291	\$69,511	9,128	\$2,730,974

* = Includes payments to Subrecipients performing direct case management services.

HUMAN RESOURCES

ACTIVITIES SUMMARY

Goal 1 – Create Additional Training Experiences and Opportunities for Staff (Objective 1.1 – 1.5)

- The Human Resources Department continues to regularly interact and partner with Division Directors every day in order to identify training experiences and opportunities that will mutually benefit both our staff and the organization as a whole:
- **Training Opportunities and Potential Experiences in Action:**
Human Resources Director, Deputy Director of CD&FS Division, Polk County Program Director, Educational Coor. & Mental Health Spec. all attended Florida Head Start Association Conference in Orlando, FL. HR Director also attended the Region VI Head Start BOD meeting in Biloxi, MS. A luncheon was also attended where Sheriff Grady Judd was the speaker. He encouraged those in attendance to volunteer for some of the programs at the Sheriff Department. HR Director & Quality Control Director attended a Health and wellness

class at the Neighborhood Service Center. We were able to share the information with the Corporate Office Staff.

Goal 2 – . Devise a Plan of Upward Mobility within the Agency (Objective 2.1 & 2.2)

- **2.1 Provide individual opportunities for creativity**
 - The Staff Appreciation team, that consist of all departments, met on March 8th to begin the planning of the 2017 annual staff awards luncheon program will be held in Ft. Pierce on June 2, 2017. The theme has been decided sub-committee selected and activities are being planned.
- **2.2 Allow opportunity for advancement within the Agency**
 - The Human Resources Department continues to support employees being Temporarily promoted to acting status while a higher level position is on leave or when a position is vacant. This gives the employee an opportunity to gain on-the- job experience.
 - None

Goal 3 – Partner with other entities for more service Delivery (Objective 3.1)

- **3.1 Each member of the Senior Management Team will maintain active membership in at least one community service organization, attend meetings regularly, and use available opportunities to market ALPI's programs and seek support for the same**
- Human Resources Director attended the planning meeting at Polk State College, Girls Inc. planning meetings, and City Commissioners meetings

RECRUITING:

The Human Resources Department advertised the following positions by utilizing in house posting, Employ Florida, area colleges, universities, churches, phone book, newspapers, Teacher-teach site and other internal as well as external partners:

Grantee Administration Support Services:

- None

Community & Economic Development

- Work Experience – on-going

Child Development & Family Services Division

- (1) Teacher Assistant – St. Lucie
- (2) Teacher – St. Lucie
- (2) Family Srv. Worker – St. Lucie
- (1) Bus Driver – St. Lucie
- (1)Center Manager – St. Lucie
- (1) Caregiver – St. Lucie
- (1) Admin. Asst. – St. Lucie
- (1) IT/Data Management – Corporate -hold
- Sub Teacher, TA & Caregiver – on-going

The Human Resources Department advertised, scheduled interviews for and filled the following positions by utilizing in house posting, Employ Florida, area colleges, universities, newspapers and other internal as well as external partners:

- (2) Client Services Specialist II (1) CSS II
- (1) Facility Specialist – Frostproof
- (2) Teacher – St. Lucie
- (3) Work Experience

DAILY ACTIVITIES:

- Staff incident/accident – no accidents in St. Lucie County this month
- On-going meetings with Deputy Director of Child Development to address concerns in St. Lucie County
- Revision of job descriptions using the new format – 1st draft 100 % complete
- Coordinating Health awareness Activities for the month- Emphasis this month was on walking many of the Centers and the Corporate Office participating by walking on grounds. The children and staff enjoyed it!!
- Met with workers compensation representative and scheduled second meeting with Mrs. Johnson to discuss the back 2 work program
- Coordinated the implementation of the back 2 work in Ft. Pierce
- Coordinating the ERAC meeting on March 20, 2017
- Co-facilitated Joint Management II meeting and training on March 14, 2017
- Revised the draft salary scale for Instructional Staff and the forms for hiring of teaching staff
- Attended City Commissioner meetings
- Attended the Girls Inc. She Knows Where She Going meetings
- Conducted Girls Inc. BOD Meeting
- Employee Handbook – ongoing (answering of questions)
- VOYA processing request– on-going
- Interpret ALPI Policies and Procedures -Ongoing
- Recruitment, Selection and Retention-Ongoing
- New Staff Orientations-Ongoing
- Staff Verifications of Employment - Ongoing
- Workers Compensation Claims and Appeals – (0)
- EEOC Claim – (1) still pending
- FMLA – processing request - Ongoing
- Unemployment Compensation Claims - (0)
- Grievances and employee concerns – (0)
- Liability Insurance and Loss Control – Ongoing
- Benefits Administration – Ongoing
- Retirement 403(b) Plan Request – on-going
- Monitoring and processing of bills – on going
- Review and processing of Timesheets – on- going
- Review of job descriptions – on going

STATISTICS:

<u>Employee Accidents</u>	0
<u>Child Accidents</u>	0
<u>Resignations</u>	1
<u>Involuntary Terminations</u>	1
<u>Lay-offs</u>	0
<u>New Hires</u>	8
<u>Transfers/Promotions</u>	1
<u>Temps & Substitutes</u>	0

<u>Unemployment</u>	0
<u>Unemployment Hearings</u>	0
<u>Family Medical Leave</u>	6
<u>Disability Claims</u>	0
<u>Worker Compensation</u>	0
<u>Equal Opportunity Claims</u>	(1) pending

CHALLENGE

- Employee improvement plans: **Status (1) on plan**
- Bi-Annual Driving Record: **Status– 99% complete**
- Timely submission of paperwork– PCNs, Hiring Requisitions, Resignation/Termination notices, FMLA request - on-going – **Status: 80% Improved**
- Ensuring all human resources issues are addressed and are in compliance based on the requirements of the grants/programs – Directors are doing a better job of sharing changes in the grant or laws that affects their grant **Status: Improved - on going**
- Supervisors/Directors addressing employee issues/concerns in a timely manner – Status: **improved -85 %**
- Directors ensuring staffing request and funding codes are correct and timely submitted – **Status: 90% Improved – on going**
- Directors and Managers monitor their Centers and become proactive in the prevention of accidents. **Status: 100% – No accident this month**

PROPOSED STRATEGY TO PREVENT POSSIBLE DEFICIENCY (IES):

- Consistently working with Division Directors and Organizational Partners on all fronts in order to be pro-active and not re-active with respect to all obligations HR has to ALPI and the clients we serve. – on-going
- Met with the following Directors during the month, CD&FS Deputy Director, Program Directors, Educational Manager
- Met with Girls Inc. planning , executive and BOD
- Attended City Commissioners meetings
- Attended Community Health Class at Neighborhood Service Center
- Attended a meeting at winter Haven airport where Sheriff Grady Judd was the speaker

SPECIAL ACCOMPLISHMENTS:

- Revision Job descriptions using new format. Status: 100% draft completed
- Background screenings under new rule– are 100% completed
- Request for health 5500 form is 100% - filed
- 6 month driving record –**Status: 100% completed**

OPERATIONS & QUALITY CONTROL

DEPARTMENT ACTIVITIES SUMMARY

• **GOVERNANCE**

- ✓ Coordinated registration & travel arrangements for Board and/or Council participation @ the following meetings/conferences: RIVHS, NCAF, SEACAA (**Goal 3 – Partner w/other Entities for more efficient service delivery**)
- ✓ Coordinated 2017 Shared Governance Orientation
 - Secured meeting venue, hotel accommodations, and meals; compiled complete information for Reference Manuals distribution.
- ✓ Facilitated and coordinated Board Meeting
 - Secured meeting venue, hotel accommodations, and meals; distributed board packets via portal.

▪ **CORPORATE OFFICE**

- ✓ Continued ongoing support to all divisions/departments via meetings, correspondence, purchasing, & signatures.
- ✓ Coordinated the attendance of CEO at Region IV Board Meeting, NCAF & NHSA Conference (**Goal 3 – Partner w/other Entities for more efficient service delivery**)
- ✓ Coordinated and facilitated the distribution of the Central Region Scholarship Applications.
- ✓ Coordinated and facilitated the completion of the annual renewal of the Solicitation of Contribution Form.
- ✓ Coordinated and facilitated the completion of additional storage units for Corporate Office in Lake Alfred
- ✓ Coordinated and facilitated the replacement of emergency lighting in Corporate Office
- ✓ Coordinated and facilitated the transportation for the upcoming Staff Appreciation Luncheon.

• **LAKEVIEW PARK COMMUNITY CENTER**

- ✓ Continue to generate unrestricted funding via the rental of the Lakeview Park Community Center

WORKSHOPS/MEETINGS ATTENDED

Joint Management II Professional Development	March 14, 2017
CRAC Meeting	March 8, 2017

UPCOMING EVENTS

Senior Directors' Meeting	April 12, 2017
Executive/Board Committees Meeting	April 21, 2017
Board of Directors/Board Committees Meeting	April 22, 2017

PROGRESS REPORTS

HS/EHS MONTHLY ATTENDANCE

**AGRICULTURAL AND LABOR PROGRAM, INC.
 FAMILY & COMMUNITY PARTNERSHIPS
 POLK COUNTY
 2016-2017**

MONTHLY ATTENDANCE REPORT

EARLY HEAD START: AUGUST 2016 (20 DAYS)

CENTERS	FUNDED ENROLLMENT	ACTUAL ENROLLMENT	CHILDREN PRESENT	ADA FOR MONTH
FROSTPROOF	56	56	836	80%
JUMPSTART	20	20	262	82%
TOTALS	76	76	1,098	81%

EARLY HEAD START: SEPTEMBER 2016 (20 DAYS)

CENTERS	FUNDED ENROLLMENT	ACTUAL ENROLLMENT	CHILDREN PRESENT	ADA FOR MONTH
FROSTPROOF	56	56	887	85%
JUMPSTART	20	20	259	81%
TOTALS	76	76	1,146	83%

EARLY HEAD START: OCTOBER 2016 (18 DAYS)

CENTERS	FUNDED ENROLLMENT	ACTUAL ENROLLMENT	CHILDREN PRESENT	ADA FOR MONTH
FROSTPROOF	56	56	785	82%
JUMPSTART	20	20	268	93%
TOTALS	76	76	1,053	88%

EARLY HEAD START: NOVEMBER 2016 (18 DAYS)

CENTERS	FUNDED ENROLLMENT	ACTUAL ENROLLMENT	CHILDREN PRESENT	ADA FOR MONTH
FROSTPROOF	56	56	806	83%
JUMPSTART	20	20	239	83%
TOTALS	76	76	1,045	83%

EARLY HEAD START: DECEMBER 2016 (12 DAYS)

CENTERS	FUNDED ENROLLMENT	ACTUAL ENROLLMENT	CHILDREN PRESENT	ADA FOR MONTH
FROSTPROOF	56	56	597	92%
JUMPSTART	20	20	177	92%
TOTALS	76	76	774	92%

EARLY HEAD START: JANUARY 2017 (19 DAYS)

CENTERS	FUNDED ENROLLMENT	ACTUAL ENROLLMENT	CHILDREN PRESENT	ADA FOR MONTH
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FROSTPROOF	56	56	900	86%
JUMPSTART	20	20	257	85%
TOTALS	76	76	1,157	86%

EARLY HEAD START: FEBRUARY 2017 (20 DAYS)				
CENTERS	FUNDED ENROLLMENT	ACTUAL ENROLLMENT	CHILDREN PRESENT	ADA FOR MONTH
FROSTPROOF	56	56	914	83%
JUMPSTART	20	20	282	83%
TOTALS	76	76	1,196	83%

EARLY HEAD START: MARCH 2017 (18 DAYS)				
CENTERS	FUNDED ENROLLMENT	ACTUAL ENROLLMENT	CHILDREN PRESENT	ADA FOR MONTH
FROSTPROOF	56	56	826	83%
JUMPSTART	20	20	240	74%
TOTALS	76	76	1,066	79%

Family & Community Partnerships Manager

Donita Brunson

HS/EHS ENROLLMENT REPORT



End-Of-Month Enrollment - March 2017

Total

<i>Total Reported Enrollment</i>	<i>Total Funded Enrollment</i>	<i>Status</i>
831	831	Reported

Head Start

	<i>Operated this month</i>	<i>Last day of services provided</i>	<i>All clases/options in session</i>	<i>Reported Enrollment</i>	<i>Funded Enrollment</i>	<i>Status</i>
	Yes	Mar 31, 2017	Yes	691	691	Reported
Initially Reported:	On 04/03/2017 by Donita Brunson					
Last Updated:	On 04/03/2017 03:26:43 PM, EST by Donita Brunson					

Early Head Start

	<i>Operated this month</i>	<i>Last day of services provided</i>	<i>All clases/options in session</i>	<i>Reported Enrollment</i>	<i>Funded Enrollment</i>	<i>Status</i>
	Yes	Mar 31, 2017	Yes	140	140	Reported
Initially Reported:	On 04/03/2017 by Donita Brunson					
Last Updated:	On 04/03/2017 03:26:43 PM, EST by Donita Brunson					

HS/EHS STATISTICAL REPORT

ALPI HEAD START/EARLY HEAD START MONTHLY STATISTICS REPORT

REPORT FOR THE MONTH OF: March, 2017		DATE: 3/31/2017
CENTER: All centers combined - St. Lucie		

ERSEA	THIS MONTH				TO DATE
	EHS	3 YEARS	4 YEARS		
1. Enrollment					
a. The number of EHS and HS Children served (As of 9/1).	0	1	2	3	860
b. Of the number of HS children in A1, the number in the VPK program.	0	0	2	2	449
c. Of the number of EHS and HS Children in A1, the number enrolled for a second year.	0	0	0	0	313
2. Of the number of HS Children eligible for kindergarten					447
3. Dropouts					
a. Number of EHS and HS children who have dropped	0	2	2	4	129
b. Of the number in B1, the number who dropped prior to 45 days of attendance.	0	0	0	0	54
4. Attendance/ADA					

SERVICE DELIVERY	THIS MONTH			TO DATE
	EHS	HS		
A. Family and Community Engagement				
1. Total number of Head Start Families	0	3	3	795
a. Of these, the number of two parent families	0	0	0	166
b. Of these, the number of single parent families	0	3	3	629
c. Of these, the number of families receiving assistance under TANF Program	0	1	1	54
d. Of these, the number of families receiving Supplemental Security Income (SSI)	0	1	1	84
e. Of these, the number of families over income	0	0	0	15
2. Total number of families identified as needing services or identified an interest in the following areas:				
a. Emergency Crisis intervention/Assistance (food, clothing, shelter, etc.)	0	0	0	36
b. Housing assistance such as subsidies, utilities, repairs, etc.	0	0	0	28
c. Counseling or mental health services	0	0	0	22
d. Education/Literacy/English as a Second Language	0	0	0	26
e. Adult education such as GED program and college education	0	0	0	80
f. Job Training	0	0	0	94
g. Substance abuse prevention or treatment	0	0	0	0
h. Child Abuse and Neglect Services/Training	0	0	0	0
i. Domestic violence services	0	0	0	2
j. Child support assistance	0	0	0	2
k. Health education	0	0	0	12
l. Assistance to families of incarcerated individuals	0	0	0	2
m. Parent Education	0	0	0	307
n. Marriage education	0	0	0	1

ALPI HEAD START/EARLY HEAD START MONTHLY STATISTICS REPORT

SERVICE DELIVERY cont'd	EHS	HS	THIS MONTH	TO DATE
B. Early Childhood Development and Health Services				
1. Number of EHS and HS Children who have completed the following screenings:				
a. Height	0	2	2	812
b. Weight	0	2	2	812
c. Vision	0	5	5	834
d. Hearing	0	5	5	834
e. Speech/Language	0	5	5	192
f. Behavioral	4	5	9	379
g. Developmental	11	6	17	220
h. Blood Pressure	0	2	2	777
i. Hemoglobin	0	1	1	795
j. Lead	0	1	1	788
2. Of the number in B1, the number referred for follow up or diagnosed as needing treatment	0	0	0	0
3. Of the number referred in B2, the number who have completed follow up or received treatment	0	0	0	0
4. The number of EHS and HS children receiving or received treatment for the following:				
a. Anemia	0	0	0	75
b. Asthma	0	12	12	148
c. Hearing Difficulties	0	0	0	0
d. Overweight	0	0	0	30
e. Vision Problems	0	0	0	0
5. Number of EHS and HS children enrolled in Medicaid	0	3	3	676
6. Number of EHS and HS children with private insurance	0	0	0	16
7. Number of EHS and HS children with "Medical Home"	0	3	3	842
8. Number of EHS and HS children who have completed a professional dental examination	0	7	7	813
9. Of the children in B8, the number of children diagnosed as needing treatment	0	0	0	107
10. Of the children diagnosed in B9, the number of children who received or are receiving treatment	0	12	12	41
11. Of the children examined in B8, the number of children who received preventive (care X-ray Cleaning Only)	0	0	0	38
12. Number of EHS and HS children with up-to-date immunizations	0	2	2	464
13. Number of EHS and HS children with complete immunizations	0	1	1	377
14. Number of EHS and HS children with current physicals	0	2	2	845
15. Number of EHS and HS children receiving WIC services	0	3	3	480
16. Number of EHS and HS children receiving meals via Child Care Food Program	0	0	0	0
17. Number of teacher and caregivers home visits completed (1 st)	0	0	0	568
18. Number of teacher and caregivers home visits completed (2 nd)	0	0	0	0
19. Number of parent/teacher/ caregivers conferences completed	0	0	0	191
20. Number of EHS/HS with baseline assessments completed	0	0	0	0
21. Number of EHS/HS with mid-year assessments completed	0	0	0	0
22. Number of EHS/HS with final assessments completed	0	0	0	0

ALPI HEAD START/EARLY HEAD START MONTHLY STATISTICS REPORT

SERVICE DELIVERY cont'd	EHS	HS	THIS MONTH	TO DATE
C. Mental Health and Disabilities				
1. Number of EHS and HS children with a diagnosed disability	0	1	1	82
2. Of the EHS and HS children in E1 with a diagnosed disability, the number with an IEP or IFSP	0	1	1	82
3. Of the EHS and HS children in E1 with a diagnosed disability, the number determined by LEA or Part C	0	1	1	82
4. Number of EHS and HS children with suspected disabilities	0	0	0	87
5. Number of referred EHS and HS children awaiting testing or staffing	0	0	0	87
6. Number of EHS and HS children referred for mental health services outside of the program	0	0	0	0
7. Number of EHS and HS children the MH Professional Consultant with staff about child's behavior/mental health	0	0	0	10
8. Of the children in E7, the number the MH Professional provided three or more consultations.	0	0	0	0
9. Number of children the MH Professional consulted with the parent about their child's behavior/mental health.	0	0	0	25
10. Number of children the MH Professional provided an individual mental health assessment	0	0	0	10
11. Number of children the MH Professional facilitated a referral for mental health services	0	0	0	10
12. Number of MDT's meetings	0	0	0	0
13. Of the number of MDT meetings, the number of children the team determined to have a disability	0	0	0	0
D. Pregnant Women Services				
1. Indicate the number of pregnant women who received the following services while enrolled in EHS				
a. Prenatal and postpartum health care			0	8
b. Mental health intervention and follow up			0	0
c. Substance abuse prevention			0	8
d. Substance abuse treatment			0	0
e. Prenatal education on fetal development			0	8
f. Information on the benefits of breastfeeding			0	8
E. Transportation				
1. Number of children receiving transportation services			0	172
2. Number of field trips taken			0	1

Comments: Adjustments were made to the total from last month due to reporting system update.
The following questions were adjusted:

SIGNATURE:	<i>Lisandra Concepcion</i>	JOB TITLE:	Family Support Services Coordinator	DATE:	3/31/17
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ALPI HEAD START/EARLY HEAD START MONTHLY STATISTICS REPORT

REPORT FOR THE MONTH OF: March 2017	
CENTER: ALPI FROSTPROOF/JUMPSTART Early Head Start	DATE: 3/24/17

ERSEA	THIS MONTH	TO DATE
1. Enrollme		
a. The number of EHS and HS Children served (As of 8/1)	EHS 72	83
3 YEARS	3	8
4 YEARS	0	8
b. Of the number of HS children in A1, the number in the VPK program.	0	8
c. Of the number of EHS and HS Children in A1, the number enrolled for a second year.	49	49
2. Of the number of HS Children eligible for kindergarten		
3. Dropouts		
a. Number of EHS and HS children who have dropped	01	01
b. Of the number in B1, the number who dropped prior to 45 days of attendance.	00	00
4. Attendance/ADA	84 %	94 %
%	94 %	89 %
		90.75%

SERVICE DELIVERY	EHS	HS	THIS MONTH	TO DATE
A. Family and Community Engagement				
1. Total number of Head Start Families				
a. Of these, the number of two parent families	69	8	78	386
b. Of these, the number of single parent families	25	0	25	85
c. Of these, the number of families receiving assistance under TANF Program	53	0	53	149
d. Of these, the number of families receiving Supplemental Security Income (SSI)	0	0	0	0
e. Of these, the number of families over income	0	0	0	5
f. Of these, the number of families over income	0	0	0	4
2. Total number of families identified as needing services or identified an interest in the following areas:				
a. Emergency Crisis intervention/Assistance (food, clothing, shelter, etc.)	0	0	0	23
b. Housing assistance such as subsidies, utilities, repairs, etc.	0	0	0	7
c. Counseling or mental health services	0	0	0	0
d. Education/Literacy/English as a Second Language	0	0	0	1
e. Adult education such as GED program and college education	0	0	0	5
f. Job Training	0	0	0	19
g. Substance abuse prevention or treatment	0	0	0	0
h. Child Abuse and Neglect Services/Training	0	0	0	1
i. Domestic violence services	0	0	0	0

ALPI HEAD START/EARLY HEAD START MONTHLY STATISTICS REPORT

	EHS	HS	THIS MONTH	TO DATE
j. Child support assistance	0	0	0	0
k. Health education	0	0	0	1
l. Assistance to families of incarcerated individuals	0	0	0	0
m. Parent Education	0	0	0	0
n. Marriage education	0	0	0	0
SERVICE DELIVERY cont'd	EHS	HS	THIS MONTH	TO DATE
B. Early Childhood Development and Health Services				
1. Number of EHS and HS Children who have completed the following screenings:				
a. Height	0	0	0	72
b. Weight	0	0	0	72
c. Vision	0	0	0	72
d. Hearing	0	0	0	72
e. Speech/Language	0	0	0	72
f. Behavioral	0	0	0	72
g. Developmental	0	0	0	72
h. Blood Pressure	0	0	0	72
i. Hemoglobin	0	0	0	96
j. Lead	0	0	0	91
2. Of the number in B1, the number referred for follow up or diagnosed as needing treatment	0	0	0	0
3. Of the number referred in B2, the number who have completed follow up or received treatment	0	0	0	0
4. The number of EHS and HS children receiving or received treatment for the following:	0	0	0	0
a. Anemia	0	0	0	4
b. Asthma	0	0	0	0
c. Hearing Difficulties	0	0	0	0
d. Overweight	0	0	0	0
e. Vision Problems	0	0	0	0
5. Number of EHS and HS children enrolled in Medicaid	4	0	4	92
6. Number of EHS and HS children with private insurance	1	0	1	4
7. Number of EHS and HS children with "Medical Home"	0	0	0	0
8. Number of EHS and HS children who have completed a professional dental examination	0	0	0	70
9. Of the children in B8, the number of children diagnosed as needing treatment	0	0	0	0
10. Of the children diagnosed in B9, the number of children who received or are receiving treatment	0	0	0	0
11. Of the children examined in B8, the number of children who received preventive (care X-ray Cleaning Only)	0	0	0	0
12. Number of EHS and HS children with up-to-date immunizations	3	0	3	133
13. Number of EHS and HS children with complete immunizations	0	0	0	0
14. Number of EHS and HS children with current physicals	3	0	3	148
15. Number of EHS and HS children receiving WIC services	0	0	0	0
16. Number of EHS and HS children receiving meals via Child Care Food Program	55	11	66	531

ALPI HEAD START/EARLY HEAD START MONTHLY STATISTICS REPORT

	0	0	0	0	53
17. Number of teacher and caregivers home visits completed (1 st)	0	0	0	0	53
18. Number of teacher and caregivers home visits completed (2 nd)	0	0	0	0	0
19. Number of parent/teacher/ caregivers conferences completed	0	0	0	0	16
20. Number of EHS/HS with baseline assessments completed	0	0	0	0	60
21. Number of EHS/HS with mid-year assessments completed	0	0	0	0	0
22. Number of EHS/HS with final assessments completed	0	0	0	0	0
SERVICE DELIVERY cont'd	EHS	HS	THIS MONTH	THIS MONTH	TO DATE
C. Mental Health and Disabilities					
1. Number of EHS and HS children with a diagnosed disability	0	0	0	0	2
2. Of the EHS and HS children in E1 with a diagnosed disability, the number with an IEP or IFSP	0	0	0	0	2
3. Of the EHS and HS children in E1 with a diagnosed disability, the number determined by LEA or Part C	0	0	0	0	2
4. Number of EHS and HS children with suspected disabilities	0	0	0	0	6
5. Number of referred EHS and HS children awaiting testing or staffing	0	0	0	0	0
6. Number of EHS and HS children referred for mental health services outside of the program	0	0	0	0	0
7. Number of EHS and HS children the MH Professional Consultant with staff about child's behavior/mental health	0	0	0	0	0
8. Of the children in E7, the number the MH Professional provided three or more consultations.	0	0	0	0	0
9. Number of children the MH Professional consulted with the parent about their child's behavior/mental health.	0	0	0	0	0
10. Number of children the MH Professional provided an individual mental health assessment	0	0	0	0	0
11. Number of children the MH Professional facilitated a referral for mental health services	0	0	0	0	0
12. Number of MDT's meetings	0	0	0	0	0
13. Of the number of MDT meetings, the number of children the team determined to have a disability	0	0	0	0	0
1. Indicate the number of pregnant women who received the following services while enrolled in EHS					
a. Prenatal and postpartum health care	0	0	0	0	4
b. Mental health intervention and follow up	0	0	0	0	0
c. Substance abuse prevention	0	0	0	0	0
d. Substance abuse treatment	0	0	0	0	0
e. Prenatal education on fetal development	0	0	0	0	0
f. Information on the benefits of breastfeeding	0	0	0	0	1
1. Number of children receiving transportation services					
0	0	0	0	0	0
2. Number of field trips taken					
0	0	0	0	0	0

SIGNATURE: Christine Wilson	JOB TITLE: CDSM	DATE: 3/24/17
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NON-FEDERAL SHARE
(HS/EHS)

MONTHLY NON-FEDERAL SHARE REPORT SUMMARY
(Due by the 7th of each month)

MONTH REPORTING: MARCH 2017			
PROGRAM TYPE	HEAD START/EARLY HEAD START		
GRANT #	04CH4739		
FAA PERIOD	Beginning	7/1/2016	Ending 6/30/2017

FAA TYPE	REFUNDING	TOTAL
**FAA AWARD	\$ 7,414,082.00	\$ 7,414,082.00
25% MATCH	\$ 1,853,521.00	\$ 1,853,521.00

MONTH TYPE	PLAN	July	August	September	October	November	December	January	February	March	April	May	June	Y-T-D	BALANCE	%
VOLUNTEERS	\$ 603,095.00	\$ -	\$ 24,252.33	\$ 64,115.12	\$ 95,511.17	\$ 76,035.29	\$ 40,520.66	\$ 17,652.49	\$ 41,350.38	\$ 20,055.06	\$ -	\$ -	\$ -	\$ 381,492.50	\$ 221,602.50	63%
SPACE COST	\$ 548,179.00	\$ 45,764.91	\$ 45,764.91	\$ 45,761.91	\$ 45,764.91	\$ 45,764.91	\$ 45,764.91	\$ 45,764.91	\$ 45,764.91	\$ 45,764.91	\$ -	\$ -	\$ -	\$ 411,881.19	\$ 137,297.81	75%
OTHER	\$ 701,247.00	\$ -	\$ 57,518.48	\$ 91,772.41	\$ 89,619.29	\$ 83,233.75	\$ 64,388.49	\$ 87,512.61	\$ 86,311.47	\$ 81,387.98	\$ -	\$ -	\$ -	\$ 640,744.48	\$ 60,502.52	91%
CASH	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0%
TOTAL	\$ 1,853,521.00	\$ 45,764.91	\$ 127,535.72	\$ 201,649.44	\$ 230,895.37	\$ 207,033.95	\$ 150,674.06	\$ 150,930.01	\$ 172,426.76	\$ 147,207.95	\$ -	\$ -	\$ -	\$ 1,434,118.17	\$ 419,402.83	77%

CERTIFICATION	DATE	4/4/2017
PROGRAM OPERATIONS DIRECTORS: Myrna Rodriguez	DATE	
CERTIFIED BY:	DATE	

Comments: Under "OTHER" Category of this report includes a projected reimbursement for VPK of \$77,985.28 for the month of March 2017.

ESTIMATED VOLUNTEER PARTICIPANTS YEAR-TO-DATE

VOLUNTEERS	PLAN	July	August	September	October	November	December	January	February	March	April	May	June	Y-T-D
Parents	831	0	694	600	634	638	837	390	574	420				5818.00
Professionals	50	0	20	0	13	13	81	15	32	18				176.00
Hours			2157.5	5647.55	7056.85	6586.8	3368.95	1432.5	2439.18	1592.87				30284.00

Definitions:
Parents i.e., biological parent, legal guardian (to include grandparent)
Professional i.e., Physician, Dentist, Nurse, Therapist, etc.

CHILD CARE FACILITY LICENSE



Annual



State of Florida

Licensing Agency:
Department of Children and Families, Child Care Regulation & Background Screening

200 N Kentucky Ave., #404
Lakeland, FL 33801
(863) 499-2222

Child Care Facility Certificate of License

Name of Facility: ALPI Frostproof Child Development Center
Certificate Number: C10PO00002 County: Polk
Address: 701 Hopson Road
City: Frostproof Zip: 33843

Owner: Agricultural & Labor Program, Inc

The Department of Children and Families being satisfied that this child care facility has complied with Chapter 65C-22, Florida Administrative Code; Child Care Facility Standards, adopted by the Department and authorized in sections 402.301-402.319, Florida Statutes, approves an Annual license to operate this child care facility.

This certificate is effective

April 1, 2017 Through March 31, 2018

This license may be revoked or suspended for cause.

Maximum Licensed Capacity: 140

Hours of Operation:

Mon	Tue	Wed	Thu	Fri	Sat	Sun
06:30AM	06:30AM	06:30AM	06:30AM	06:30AM	06:30AM	
05:30PM	05:30PM	05:30PM	05:30PM	05:30PM	05:30PM	

Regional Administrator or Designee



State of Florida
Department of Children and Families

Rick Scott
Governor

Mike Carroll
Secretary

March 27, 2017

ALPI Frostproof Child Development Center
Attn: Christine Wilson
701 Hopson Road
Frostproof, FL 33843

Dear Provider:

Please find enclosed an annual license certificate from the Department of Children and Families to operate a child care facility or home. This license is good for one year from the date of issuance unless you apply for and receive a change in the license, or if the license is suspended or revoked by this Department. This license is not transferable to another owner or any other location. If at some point in the future you discontinue operation of your facility or home, we would appreciate you notifying our child care licensing office.

Please display the certificate in a conspicuous location in your facility or home and be certain to include your license number, which now includes letters, in all applicable advertising. The issuance of this license represents a joint effort on the part of you and the Department of Children and Families in fulfilling "the legislative intent to protect the health, safety and well-being of the children of the state and to promote their emotional and intellectual development and care", as stated in Chapter 402.301 of the Florida Statutes.

Although the Department stands as the regulatory authority, we are here to provide any technical assistance you would like, and to assist you in understanding the rules and regulations that affect the child care industry. Please feel free to contact either myself or another unit member if you have problems or questions where we can help.

Sincerely,

Nancy Ebrahimi
Regional Designee
Supervisor Child Care Regulations

Enclosure: Child Care Facility Certificate of License

200 N Kentucky Avenue Suite 404 Lakeland, Florida 33801

Mission: Work in Partnership with Local Communities to Protect the Vulnerable, Promote Strong and Economically Self-Sufficient Families, and Advance Personal and Family Recovery and Resiliency

VPK PROGRAM MONITORING



VOLUNTARY PREKINDERGARTEN PROGRAM MONITORING TOOL

*VPK Site: Alpi Frostproof Child Development Center	Phone: 863-635-3396	Fax:
*Address: 701 Hopson Rd Frostproof, FL 33843		
*Director: Christine Wilson	Exp. Date: 01-01-19	
*License: Annual	Exp. Date: 03-31-17	
*Met Current Readiness Rate	Yes: <input checked="" type="checkbox"/>	No: <input type="checkbox"/>

OBJECTIVE 1:	Compliance	Non-Comp.
Reasonable access to records	<input checked="" type="checkbox"/>	<input type="checkbox"/>
*Student Attendance (months reviewed)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Comments: February		
*Parental Choice Certificate (months reviewed)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Comments: August- January		

OBJECTIVE 2:	Compliance	Non-Comp.
*Staff to child ratio for VPK classroom(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
# VPK 8 # Non VPK 3		
Comments: 1 teacher with 11 children		

OBJECTIVE 3:	Listed on VPK 11	
	Yes	No
*Assigned Credentialed Lead Teacher Name	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Assistant Teacher Name in VPK Classroom(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Comments: Assigned Lead Teacher Linda Coleman is present in the classroom.		

OBJECTIVE 4:	Compliance	Non-Comp.
*Stated Curriculum is being used in the VPK classroom(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Comments: Creative Curriculum is being used in the classroom.		

OBJECTIVE 5:	Compliance	Non-Comp.
VPK performance standards domains observed during this visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Comments: Social and Emotional, Language and Communication, Emergent Literacy. Children are engaged in learning center and group focused on phonological awareness.		

*State Requirement

OBJECTIVE 6:	Yes	No
*Following Class Schedule	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Class times: 8:30-11:30, Small group/Learning Centers		

OBJECTIVE 7:	Yes	No
*Evidence of Implementing Improvement Plan (if applicable)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Comments: N/A		

OBJECTIVE 8:	Yes	No
1. Centers are clearly defined	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Shelves and containers are labeled	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Daily schedule posted for adults	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Daily schedule posted for children	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Evidence of literacy activities	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Lesson plan for the day/evidence of domains	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Notes on Observations/VPK Assessment*

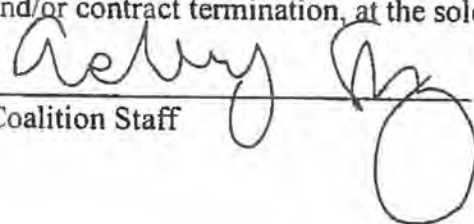
Children are actively engaged in center activities and familiar with class schedule/routine. Ms Linda worked with the children in small group supporting and promoting emergent literacy and language skills.

AP3 must be administered within the last 30 calendar days of the VPK class schedule and submitted not later than 15 days after the program end date. If you have any questions regarding VPK contracts, provider portal, staff credential or trainings contact Ashley Sholtz at ashleysholtz@elcpolk.org or at 863-577-2450 ext. 313. If you have any questions or concerns regarding the VPK Assessment contact Tonya Castleberry at tonyacastleberry@elcpolk.org or at 863-577-2450 ext. 275 or Karen Hallman at 863-577-2450 ext. 307 or at karenhallman@elcpolk.org.

Follow-up visit recommended: Yes No If yes, date _____

I acknowledge receipt of a copy of this report and agree to make all recommended changes in order to stay in compliance with the VPK program. I understand that a follow up visit will be conducted to verify the correction of the found deficiencies.

I shall rectify all deficiencies cited in this report immediately and expect a recheck within 14 days of the date of this report. Failure to correct, or keep deficiencies corrected, discovered during this monitoring may result in transfer of children, suspended payments, financial penalties and/or contract termination, at the sole discretion of the Coalition.


Coalition Staff

02-14-17
Date

10:25am
Time

 2/14/17
Director/Owner/Operator Date

*Program Year: 2016-2017

*Provider ID 591634148

***State Requirement**

The Early Learning Coalition of Polk County is not participating in the Pilot Project for providers.

CHILD CARE FACILITY REPORT



Child Care Facility Information

Name: ALPI Frostproof Child Development Center ID Number: C10PO0002

- DCF Standards
- DCF & SR Standards
- SR Standards

Address: 701 Hopson Rd, Frostproof FL 33843-9222
 Phone Number: (863) 635-3396 Capacity: 140
 Owner/Director/Staff Responsible: Christine Wilson

Inspection Information

Type: Renewal Date: 3/16/2017 Arrival/Departure Time: 10:55 AM to 12:59 PM
 Staff Present: 15 Children Present: 50
 [School Readiness Inspection]

INSPECTION CHECKLIST

GENERAL REQUIREMENTS

- | | |
|--|------------------------------|
| <p>01. License Displayed/Citation Posted/Advertising ss. 402.3125, 402.318, F.S.
 <u>Compliance Comments</u>
 At the time of the inspection, the license was displayed in the entry of the facility.</p> | <p>Compliance</p> |
| <p>02. Licensed Capacity ss. 402.305(6), rule 65C-22.002(3), F.A.C.(Form OEL-SR-6202, Section 1 - Capacity, Page 10)</p> | <p>Compliance</p> |
| <p>03. Minimum Age Requirements ss. 402.305(2), F.S. & rule 65C-22.001(3), F.A.C.(Form OEL-SR-6202, Section 2 – Minimum Age Requirements, Page 13)</p> | <p>Compliance</p> |
| <p>04. Ratio Sufficient ss. 402.305(4), F.S. & rule 65C-22.001(4), F.A.C.(Form OEL-SR-6202, Section 3 – Ratios, Page 13)

 <u>Compliance Comments</u>
 children/age/staff.
 2/1, 2/infant/1.
 7/1/2.
 10/VPK/1.
 5/2/2.
 8/3/2.
 4/2,4/3/2.
 4/2, 4/3/2.</p> | <p>Compliance</p> |
| <p>05. Supervision rule 65C-22.001(5), 65C-22.001(6), 65C-22.002(4) & 65C-22.007 (2), F.A.C.(Form OEL-SR-6202, Section 5 – Supervision, Pages 16-17)</p> | <p>Compliance</p> |
| <p>06. Driver's License, Physician Certification & First Aid/CPR Training rule 65C-22.001(6), 65C-22.006(4), F.A.C.(Form OEL-SR-6202, Section 6 – Transportation, Page 17-19)

 <u>Not Applicable Comments</u>
 At the time of the inspection, the provider stated they do not transport children and have not been. The provider was reminded that if they choose to provide transportation they should contact this counselor or the child care office first to ensure that they have all the required information needed.</p> | <p>Not Applicable</p> |



07. Vehicle Insurance and Inspection ss. 402.305(10), F.S. & rule 65C-22.001(6)
F.A.C.(Form OEL-SR-6202, Section 6 – Transportation, Page 17-19) **Not Applicable**

Not Applicable Comments

At the time of the inspection, the provider stated they do not transport children and have not been. The provider was reminded that if they choose to provide transportation they should contact this counselor or the child care office first to ensure that they have all the required information needed.

08. Seat Belts/Child Restraints ss. 402.305(10), F.S. & rule 65C-22.001(6),
F.A.C.(Form OEL-SR-6202, Section 6 – Transportation, Pages 17-19) **Not Applicable**

Not Applicable Comments

At the time of the inspection, the provider stated they do not transport children and have not been. The provider was reminded that if they choose to provide transportation they should contact this counselor or the child care office first to ensure that they have all the required information needed.

09. Transportation rule 65C-22.001(6), F.A.C.(Form OEL-SR-6202, Section 6 –
Transportation, Pages 17-19) **Not Applicable**

Not Applicable Comments

At the time of the inspection, the provider stated they do not transport children and have not been. The provider was reminded that if they choose to provide transportation they should contact this counselor or the child care office first to ensure that they have all the required information needed.

10. Planned Activities ss. 402.305(13), F.S. & rule 65C-22.001(7), F.A.C.(Form
OEL-SR-6202, Section 7 – Planned Activities, Pages 19-20) **Compliance**

Compliance Comments

At the time of the inspection, the planned activities were posted in each room of the facility.

11. Field Trip Permission rule 65C-22.001(7), 65C-22.001(6), F.A.C.(Form
OEL-SR-6202, Section 8 – Field Trip Activity, Pages 20-21) **Not Applicable**

Not Applicable Comments

At the time of the inspection, the provider stated they have not conducted field trips and do not plan on going on any.

12. Child Discipline ss. 402.305(12), F.S. & rule 65C-22.001(8), F.A.C.(Form
OEL-SR-6202, Section 9 – Child Discipline, Pages 21-22) **Compliance**

13. Discipline Policy rule 65C-22.001(8), F.A.C. **Compliance**

Compliance Comments

Expulsion Policy - Each school readiness program must have written policies and procedures regarding discipline and expulsion of children in care. A copy of the current policies must be available to the inspection authority to review. Verification that the program has provided the parent or guardian a written copy of the disciplinary and expulsion policies used by the program must be documented in the child's file with the signature of the custodial parent or legal guardian (Due June 30, 2017).

PHYSICAL ENVIRONMENT

14. Facility Environment rule 65C-22.002(1), 65C-22.002(7) - (9), F.A.C.(Form
OEL-SR-6202, Section 10 – Physical Environment, Pages 22-23) **Compliance**

15. Toxic Substances and Hazardous Materials rule 65C-22.002(1), F.A.C.(Form
OEL-SR-6202, Section 10 – Physical Environment, Pages 22-23) **Compliance**



16. Supplies Labeled/Stored rule 65C-22.002(1), F.A.C.(Form OEL-SR-6202, Section 10 – Physical Environment, Pages 22-23) Compliance
- Compliance Comments
At the time of the inspection, the supplies were all labeled and stored properly.
17. Lighting rule 65C-22.002(2), F.A.C.(Form OEL-SR-6202, Section 10 – Physical Environment, Pages 23-24) Compliance
18. Temperature and Ventilation rule 65C-22.002(2), F.A.C.(Form OEL-SR-6202, Section 10 – Physical Environment, Pages 23-24) Compliance
19. Indoor Floor Space ss. 402.305(6)F.S., rule 65C-22.002(3), 65C-22.007(3)(a), 65C-22.008(3), F.A.C.(Form OEL-SR-6202, Section 1 - Capacity, Page 10),(Form OEL-SR-6202, Section 1.1 – Indoor Floor Space, Pages 11-12) Compliance
20. Outdoor Area/Square Footage ss. 402.305(6), F.S. & rule 65C-22.002(4), F.A.C.(Form OEL-SR-6202, Section 1 - Capacity, Page 10) Compliance
21. Outdoor Play Area rule 65C-22.002(4), F.A.C.(Form OEL-SR-6202, Section 7 – Planned Activities, Pages 19-20),(Form OEL-SR-6202, Section 10.7 – Outdoor Play Area and Section 10.8 – Fencing, Pages 25-26) Compliance
22. Fencing rule 65C-22.002(4), F.A.C.(Form OEL-SR-6202, Section 10.7 – Outdoor Play Area and Section 10.8 – Fencing, Pages 25-26) Compliance
23. Individual Bedding rule 65C-22.002(5), 65C-22.002(5), 65C-22.002(10), 65C-22.008(3), F.A.C.(Form OEL-SR-6202, Section 12.4 – Bedding and Linens, Page 29),(Form OEL-SR-6202, Section 10.4 – Nap and Sleep Space(s)/Safe Sleep Practices, Page 24) Compliance
24. Bedding and Linens rule 65C-22.002(10), F.A.C.(Form OEL-SR-6202, Section 12.4 – Bedding and Linens, Page 29) Compliance
25. Nap/Sleep Space Requirements rule 65C-22.002(5), F.A.C.(Form OEL-SR-6202, Section 10.4 – Nap and Sleep Space(s)/Safe Sleep Practices, Page 24) Compliance
- Compliance Comments
At the time of the inspection, the mats were placed at least 18" apart during nap time.
26. Exit Area Clear rule 65C-22.002(5) and (7), F.A.C.(Form OEL-SR-6202, Section 10.4 – Nap and Sleep Space(s)/Safe Sleep Practices, Page 24),(Form OEL-SR-6202, Section 14 – Fire Safety and Emergency Preparedness and Response, Pages 32-34) Compliance



27. Crib Requirements rule 65C-22.002(5), F.A.C.(Form OEL-SR-6202, Section 10.4 – Nap and Sleep Space(s)/Safe Sleep Practices, Page 24) Compliance
28. Toilets and Sinks rule 65C-22.002(6), F.A.C.(Form OEL-SR-6202, Section 10.6 – Bathrooms and Sinks, Page 25) Compliance
29. Potty Chairs rule 65C-22.002(6), F.A.C.(Form OEL-SR-6202, Section 10.6 – Bathrooms and Sinks, Page 25) Not Applicable
- Not Applicable Comments
At the time of the inspection, the provider stated they do not use potty chairs and there were no signs of any.
30. Bath Facilities and Supervision rule 65C-22.002(6), F.A.C.(Form OEL-SR-6202, Section 5 – Supervision, Pages 16-17),(Form OEL-SR-6202, Section 10.6 – Bathrooms and Sinks, Page 25) Compliance
31. Bathroom Supplies and Equipment rule 65C-22.002(6), F.A.C.(Form OEL-SR-6202, Section 10.6 – Bathrooms and Sinks, Page 25) Compliance
32. Operable Phone rule 65C-22.002(7), F.A.C.(Form OEL-SR-6202, Section 14.2 – Fire Safety, Page 33) Compliance
33. Fire Drills & Emergency Preparedness rule 65C-22.002(7) F.A.C.(Form OEL-SR-6202, Section 14 – Fire Safety and Emergency Preparedness and Response, Pages 32-34) Compliance
- Compliance Comments
Fire drills were conducted on a monthly basis and a fire drill was conducted with the counselor during nap at the time of the inspection.
- Emergency Preparedness - The plan must facilitate parent/guardian reunification onsite and offsite. Additionally the plan must include accommodations for infants and toddlers, if applicable, and must describe how the facility will meet the needs of all children, including children with special needs or with chronic medical conditions, during and following an emergency event (June 30, 2017).
34. Food Preparation Area 65C-22.002(8), F.A.C.(Form OEL-SR-6202, Section 17.1 – Food Preparation Area and Section 17.2 – Food Storage, Pages 37-38) Compliance
35. Health and Sanitation rule 65C-22.002(10), F.A.C.(Form OEL-SR-6202, Section 12 – Health and Sanitation, Page 28) Compliance
36. Drinking Water Available rule 65C-22.002(10), F.A.C.(Form OEL-SR-6202, Section 12 – Health and Sanitation, Page 28) Compliance



37. Sanitary Diapering rule 65C-22.002(10), F.A.C.(Form OEL-SR-6202, Section 5 – Supervision, Pages 16-17),(Form OEL-SR-6202, Section 12.3 – Diapering, Pages 28-29) Compliance

38. Diaper Disposal rule 65C-22.002(10), F.A.C.(Form OEL-SR-6202, Section 12.3 – Diapering, Pages 28-29) Compliance

39. Indoor Equipment rule 65C-22.002(11), F.A.C.(Form OEL-SR-6202, Section 11 – Equipment and Furnishings, Pages 26-27) Compliance

Compliance Comments

At the time of the inspection, the indoor equipment was in good repair.

40. Outdoor Equipment rule 65C-22.002(11), F.A.C.(Form OEL-SR-6202, Section 11 – Equipment and Furnishings, Pages 26-27) Compliance

Compliance Comments

At the time of the inspection, the outdoor equipment was in good repair.

TRAINING

41. Training Requirements ss. 402.305(2) - (3), F.S. & rule 65C-22.003(2) – (3), F.A.C.(Form OEL-SR-6202, Section 18 – Training Requirements, Pages 26-27) Compliance

Compliance Comments

Pre-Service Training - Training must be completed within 90 days of the date of hire with a program participating in the School Readiness program. Training must be documented on the Department's training transcript or the Early Learning Florida transcript. This is referred to as pre-service training and personnel who have not completed all pre-service training requirements may not be allowed any unsupervised contact with or care of children in a school readiness program (Due March 31, 2017).

42. 10-Hour In-Service rule 65C-22.003(6), F.A.C.(Form OEL-SR-6202, Section 18 – Training Requirements, Pages 26-27) Compliance

43. Credentialed Staff ss.402.305(3), F.S. & rule 65C-22.003(7)-(8), F.A.C. Compliance

HEALTH REQUIREMENTS

44. Communicable Disease Control rule 65C-22.004(1), F.A.C.(Form OEL-SR-6202, Section 13 – Health-Related Requirements, Pages 30-31) Compliance

45. First Aid Requirements rule 65C-22.004(2), F.A.C.(Form OEL-SR-6202, Section 13.4 – First Aid and Cardiopulmonary Resuscitation Pages 31-32) Compliance

46. CPR Requirements rule 65C-22.004(2), F.A.C.(Form OEL-SR-6202, Section 13.4 – First Aid and Cardiopulmonary Resuscitation Pages 31-32) Compliance



47. Emergency Telephone Numbers rule 65C-22.004(2), F.A.C.(Form OEL-SR-6202, Section 15 – Emergency Procedures and Notification, Pages 34-35) Compliance

Compliance Comments

At the time of the inspection, the emergency number were posted properly.

48. Accident/ Incident Notification and Documentation rule 65C-22.004(2), F.A.C.(Form OEL-SR-6202, Section 15 – Emergency Procedures and Notification, Page 35) Compliance

49. Medication rule 65C-22.004(3),F.A.C.(Form OEL-SR-6202, Section 16 – Medication, Pages 35-36) Compliance

FOOD AND NUTRITION

50. Meals and Snacks rule 65C-22.005(1), F.A.C.(Form OEL-SR-6202, Section 17.1 – Food Preparation Area and Section 17.2 – Food Storage, Pages 37-38),(Form OEL-SR-6202, Section 17 – Food and Nutrition Services, Pages 36-42) Compliance

51. Meal and Snack Menus rule 65C-22.005(1), F.A.C. Compliance
Compliance Comments
At the time of the inspection, the menu was posted properly.

52. Food Service rule 65C-22.005(3), F.A.C.(Form OEL-SR-6202, Section 17 – Food and Nutrition Services, Pages 36-42) Compliance

53. Bottles Sanitary and Labeled rule 65C-22.005(2), F.A.C.(Form OEL-SR-6202, Section 5 – Supervision, Pages 16-17),(Form OEL-SR-6202, Section 17.4 – Breastmilk, Infant Formula and Food, Pages 40-41) Compliance

54. Catered Food and Food Provided by Parents 65C-22.005(1), F.A.C. Compliance

55. Single Service Items rule 65C-22.0011(8), 65C-22.002(10), F.A.C.(Form OEL-SR-6202, Section 12 – Health and Sanitation, Page 28) Compliance

RECORD KEEPING

56. Records ss. 402.3054(2), F.S., rule 65C-22.006(3)(c)5., F.A.C.(Form OEL-SR-6202, Section 19.2 – Record Keeping/Children's Files, Page 47) Compliance



57. Children's Health/Immunization and Records ss. 402.305(9), F.S. & rule 65C-22.006(2) - (3), F.A.C.(Form OEL-SR-6202, Section 19.2 – Record Keeping/Children's Files, Page 47),(Form OEL-SR-6202, Section 19.2 – Record Keeping/Children's Files, Page 46),Enrollment Information (Form OEL-SR-6202, Section 19.2 – Record Keeping/Children's Files, Page 47) Compliance
58. Enrollment Information on File/Current ss. 402.3125(5), 402.305(12), F.S. & rule 65C-22.006(3), F.A.C.Enrollment Information (Form OEL-SR-6202, Section 19.2 – Record Keeping/Children's Files, Page 47) Compliance
59. Personnel Records ss. 402.3055(1), F.S., rule 65C-22.003(4), & rule 65C-22.006(4) - (5), F.A.C.(Form OEL-SR-6202, Section 18 – Training Requirements, Pages 26-27),(Form OEL-SR-6202, Section 13.4 – First Aid and Cardiopulmonary Resuscitation Pages 31-32),(Form OEL-SR-6202, Section 19.4 – Record Keeping/Personnel Records, Page 48),(Form OEL-SR-6202, Section 19.5 – Record Keeping/Background Screening, Page 49) Compliance
60. Background Screening Documents ss. 402.3054, F.S. & rule 65C-22.006(4), F.A.C.(Form OEL-SR-6202, Section 19.5 – Record Keeping/Background Screening, Page 49) Compliance
61. Daily Attendance rule 65C-22.001(10) & rule 65C-22.006(5), F.A.C.(Form OEL-SR-6202, Section 19.3 – Record Keeping/Attendance, Page 48) Compliance
62. Emergency Plan/Posted rule 65C-22.002(7), F.A.C.(Form OEL-SR-6202, Section 14 – Fire Safety and Emergency Preparedness and Response, Pages 32-34) Compliance

Compliance Comments

At the time of the inspection, the emergency plan was posted in each room of the facility.

ENFORCEMENT

63. Access/Child Abuse or Neglect/Misrepresentation ss. 402.311, 402.319, F.S. & rule 65C-22.001(9),(11), F.A.C.(Form OEL-SR-6202, Section 20 – Access and Section 21 – Child Safety, Page 50) Compliance

SCHOOL READINESS



64. Group Size (Form OEL-SR-6202, Section 4 – Group Size, Pages 14-15)

Not Monitored

Not Monitored Comments

Group Size – Establishes a maximum number of children that can be in one classroom area. Group size does not apply during times of outdoor play, provided that ratios and the applicable square footage requirements are maintained at all times. Prior to making changes to classroom set-up by adding stable walls/barriers to divide classroom space you are encouraged to reach out to your local fire department for guidance and assistance (Due June 30, 2017).

- Birth -12 months not to exceed 12 children
- 1 y -24 months not to exceed 12 children
- 2 y – 3 y not to exceed 22 children
- 3 y – 4 y not to exceed 30 children
- 4 y – 6 y not to exceed 40 children
- In groups of mixed age ranges, where children one year of age but under two years of age are included, the group size for the youngest population present within the group applies.
- In groups of mixed age ranges, where children two years of age or older are included, the group size for the majority population present within the group applies.

As the group size increases and requires additional staff to meet ratio, one staff must possess at a minimum an active credential (Due October 25, 2018)

Received by: Christine Wilson
Date: Thursday, March 16, 2017

Inspected by: Heidi Dumont
Date: Thursday, March 16, 2017



Name: ALPI Frostproof Child Development Center License #: C10PO0002
Address: 701 Hopson Rd, Frostproof FL 33843-9222
Type: Renewal Date: 3/15/2017

SUPPLEMENTAL INSPECTION SHEET



Comments:

At the time of the inspection, the staff records were checked and updated.

At the time of the inspection, all children's files were checked and were in compliance.

Technical assistance: 90 day expiration list:

Juliana Brooks dob 9/22/15, immunization expires 4/4/17.

Adylene Campos dob 11/13/14, immunization expires 5/30/17.

Naveed Campos dob 10/29/16, immunization expires 5/10/17.

Audrey Haas dob 9/28/15, immunization expires 4/6/17.

Levi Hutto dob 3/24/15, immunization expires 4/1/17.

Janiya Sloan dob 5/22/16, immunization expires 6/6/17.

The director informed the counselor that the infants are placed on a blanked each day in the designated playground.

At the time of inspection, CCR staff and the provider reviewed the inspection report together. Any and all questions that the provider had were answered by licensing staff. CCR staff left a copy with the provider and informed her that CCR staff will review these forms during the next inspection. The provider was reminded that if she has any questions or concerns, a member of licensing can be reached Monday through Friday from 8:00 AM until 5:00 PM at 863-499-2222 ext 4. Information can also be obtained from the Department's website at www.myflorida.com/childcare.

Technical Assistance was provided regarding the new School Readiness standards that were adopted in rule 6M-4.620, F.A.C. that became effective on October 24, 2016. To access the new health and safety requirements visit the following link: <https://www.flrules.org/gateway/RuleNo.asp?title=Office%20of%20Early%20Learning%20-%20School%20Readiness%20Program&ID=6M-4.620>. Please be advised that child care providers participating in the child care subsidy School Readiness program must be monitored annually for compliance with the new standards. More frequent inspections may occur if non-compliance standards require a follow re-inspection or if complaints are received.

Please be advised that the results of this inspection will be shared with the Early Learning Coalition as a component of the program's School Readiness contract file. If you have additional questions concerning the new rule changes you may contact your licensing counselor or local licensing office.

Updated Background Screening Process

Instructions for Child Care Owner/Operator/Employers are outlined below.

More details and links to instructions for each step are available online at www.myflfamilies.com/backgroundscreening.

Effective

1. Complete a search for the individual in the Background Screening Clearinghouse.

a. For individuals who are already in the Clearinghouse:

i. If the individual's status is "DCF Child Care Eligible" – add individual to roster and proceed to steps 2 - 5.

ii. If the Clearinghouse indicates an "Agency Review" is required – select "Initiate Agency Review" (no cost)

iii. If the individual has had a break in service for more than 90 days or needs to be rescreened by May 2017 – select "Initiate Resubmission"

b. For individuals who are not in the Clearinghouse:

i. Select "Initiate Screening."

ii. Schedule a fingerprinting through a Clearinghouse-compatible Live Scan Vendor.

2. Check criminal records for every state the individual has lived outside of Florida in the last five years. Forward results to the DCF Background Screening Unit for review at bgs.outofstate.admin@myflfamilies.com.

3. Check child abuse and neglect registry for every state outside of Florida the individual has lived in for the last five years.

4. Check sexual offender/predator registry for every state outside of Florida the individual has lived in for the last five years.

5. Check employment history with each employer for whom the individual has worked in the last five years. Try at least three times to contact the employer, and keep records of these contacts for your files.

Pending Results from Out-of-State Records – While you are waiting for the out of state results, if the individual meets the Florida Level 2 screening requirements, DCF may grant provisional hiring status for 45 days while the out-of-state check is pending. During provisional employment, the individual must be in the line of sight of an employee who has already met all screening/training requirements.

6. DCF's Background Screening Unit will issue an eligible or non-eligible result for employment through the Clearinghouse upon completion of searches and results from other states, if applicable.

Note: Keep a copy, on-site at the child care program, of documentation of all elements in the process in the individual's personnel file for review by the licensing authority.



Name: ALPI Frostproof Child Development Center License #: C10PO0002
Address: 701 Hopson Rd, Frostproof FL 33843-9222
Type: Renewal Date: 3/16/2017

Christine Wilson

Received by: Christine Wilson
Date: Thursday, March 16, 2017

Heidi Dumont

Inspected by: Heidi Dumont
Date: Thursday, March 16, 2017



Child Care Facility Information

Name: ALPI Queen Townsend Head Start Center II ID Number: C19SL0161
Address: 2202 Avenue Q, Fort Pierce FL 34950-2000
Phone Number: (772) 468-0904 Capacity: 325
Owner/Director/Staff Responsible: Ellen Bradley

Inspection Information

Type: Abbreviated Date: 3/28/2017 Arrival/Departure Time: 02:00 PM to 03:30 PM
Staff Present: 22 Children Present: 107

INSPECTION CHECKLIST

GENERAL REQUIREMENTS

- | | |
|--|---------------|
| 01. License Displayed/Citation Posted/Advertising ss. 402.3125, 402.318, F.S. | Not Monitored |
| 02. Licensed Capacity ss. 402.305(6), rule 65C-22.002(3), F.A.C. | Compliance |
| 03. Minimum Age Requirements ss. 402.305(2), F.S. & rule 65C-22.001(3), F.A.C. | Compliance |
| 04. Ratio Sufficient ss. 402.305(4), F.S. & rule 65C-22.001(4), F.A.C.
<u>Compliance Comments</u>
Threes 2:2, 1:14,
Threes - Fours 2:8, 2:9
Fours - Fives 2:14, 1:15, 2:15, 1:14, 1:16 | Compliance |
| 05. Supervision rule 65C-22.001(5), 65C-22.001(6), 65C-22.002(4) & 65C-22.007 (2), F.A.C. | Compliance |
| 06. Driver's License, Physician Certification & First Aid/CPR Training rule 65C-22.001(6), 65C-22.006(4), F.A.C. | Compliance |
| 07. Vehicle Insurance and Inspection ss. 402.305(10), F.S. & rule 65C-22.001(6) F.A.C. | Compliance |
| 08. Seat Belts/Child Restraints ss. 402.305(10), F.S. & rule 65C-22.001(6), F.A.C. | Compliance |
| 09. Transportation rule 65C-22.001(6), F.A.C. | Compliance |
| 10. Planned Activities ss. 402.305(13), F.S. & rule 65C-22.001(7), F.A.C. | Not Monitored |
| 11. Field Trip Permission rule 65C-22.001(7), 65C-22.001(6), F.A.C. | Not Monitored |



12. Child Discipline ss. 402.305(12), F.S. & rule 65C-22.001(8), F.A.C.	Not Monitored
13. Discipline Policy rule 65C-22.001(8), F.A.C.	Not Monitored
PHYSICAL ENVIRONMENT	
14. Facility Environment rule 65C-22.002(1), 65C-22.002(7) - (9), F.A.C.	Compliance
15. Toxic Substances and Hazardous Materials rule 65C-22.002(1), F.A.C.	Compliance
16. Supplies Labeled/Stored rule 65C-22.002(1), F.A.C.	Compliance
17. Lighting rule 65C-22.002(2), F.A.C.	Not Monitored
18. Temperature and Ventilation rule 65C-22.002(2), F.A.C.	Not Monitored
19. Indoor Floor Space ss. 402.305(6)F.S., rule 65C-22.002(3), 65C-22.007(3)(a), 65C-22.008(3), F.A.C.	Compliance
20. Outdoor Area/Square Footage ss. 402.305(6), F.S. & rule 65C-22.002(4), F.A.C.	Compliance
21. Outdoor Play Area rule 65C-22.002(4), F.A.C.	Compliance
22. Fencing rule 65C-22.002(4), F.A.C.	Not Monitored
23. Individual Bedding rule 65C-22.002(5), 65C-22.002(5), 65C-22.002(10), 65C-22.008(3), F.A.C.	Not Monitored
24. Bedding and Linens rule 65C-22.002(10), F.A.C.	Not Monitored
25. Nap/Sleep Space Requirements rule 65C-22.002(5), F.A.C.	Not Monitored
26. Exit Area Clear rule 65C-22.002(5) and (7), F.A.C.	Not Monitored
27. Crib Requirements rule 65C-22.002(5), F.A.C. <u>Not Applicable Comments</u> There are no infants enrolled.	Not Applicable



28. Toilets and Sinks rule 65C-22.002(6), F.A.C.	Not Monitored
29. Potty Chairs rule 65C-22.002(6), F.A.C.	Not Monitored
30. Bath Facilities and Supervision rule 65C-22.002(6), F.A.C.	Not Monitored
31. Bathroom Supplies and Equipment rule 65C-22.002(6), F.A.C.	Compliance
32. Operable Phone rule 65C-22.002(7), F.A.C.	Compliance
33. Fire Drills & Emergency Preparedness rule 65C-22.002(7) F.A.C.	Not Monitored
34. Food Preparation Area 65C-22.002(8), F.A.C.	Compliance
35. Health and Sanitation rule 65C-22.002(10), F.A.C.	Compliance
36. Drinking Water Available rule 65C-22.002(10), F.A.C.	Not Monitored
37. Sanitary Diapering rule 65C-22.002(10), F.A.C. <u>Not Applicable Comments</u> There are no children in diapers enrolled.	Not Applicable
38. Diaper Disposal rule 65C-22.002(10), F.A.C.	Not Monitored
39. Indoor Equipment rule 65C-22.002(11), F.A.C.	Compliance
40. Outdoor Equipment rule 65C-22.002(11), F.A.C.	Not Monitored

TRAINING

41. Training Requirements ss. 402.305(2) - (3), F.S. & rule 65C-22.003(2) - (3), F.A.C.	Compliance
42. 10-Hour In-Service rule 65C-22.003(6), F.A.C.	Not Monitored
43. Credentialed Staff ss.402.305(3), F.S. & rule 65C-22.003(7)-(8), F.A.C.	Not Monitored

HEALTH REQUIREMENTS



- 44. Communicable Disease Control rule 65C-22.004(1), F.A.C. Not Monitored
- 45. First Aid Requirements rule 65C-22.004(2), F.A.C. Compliance
- 46. CPR Requirements rule 65C-22.004(2), F.A.C. Compliance
- 47. Emergency Telephone Numbers rule 65C-22.004(2), F.A.C. Not Monitored
- 48. Accident/ Incident Notification and Documentation rule 65C-22.004(2), F.A.C. Compliance
- 49. Medication rule 65C-22.004(3),F.A.C. Not Monitored

FOOD AND NUTRITION

- 50. Meals and Snacks rule 65C-22.005(1), F.A.C. Compliance
- 51. Meal and Snack Menus rule 65C-22.005(1), F.A.C. Compliance
- 52. Food Service rule 65C-22.005(3), F.A.C. Compliance
- 53. Bottles Sanitary and Labeled rule 65C-22.005(2), F.A.C. Not Applicable
Not Applicable Comments
 There are no infants enrolled.
- 54. Catered Food and Food Provided by Parents 65C-22.005(1), F.A.C. Compliance
- 55. Single Service Items rule 65C-22.0011(8), 65C-22.002(10), F.A.C. Compliance

RECORD KEEPING

- 56. Records ss. 402.3054(2), F.S., rule 65C-22.006(3)(c)5., F.A.C. Not Monitored
- 57. Children's Health/Immunization and Records ss. 402.305(9), F.S.& rule 65C-22.006(2) - (3), F.A.C. Compliance
Compliance Comments
 Fifteen children's files were reviewed.
- 58. Enrollment Information on File/Current ss. 402.3125(5), 402.305(12), F.S. & rule 65C-22.006(3), F.A.C. Compliance



- 59. Personnel Records ss. 402.3055(1), F.S., rule 65C-22.003(4), & rule 65C-22.006(4) - (5), F.A.C. Not Monitored

- 60. Background Screening Documents ss. 402.3054, F.S. & rule 65C-22.006(4), F.A.C. Compliance

- 61. Daily Attendance rule 65C-22.001(10) & rule 65C-22.006(5), F.A.C. Not Monitored

- 62. Emergency Plan/Posted rule 65C-22.002(7), F.A.C. Compliance

ENFORCEMENT

- 63. Access/Child Abuse or Neglect/Misrepresentation ss. 402.311, 402.319, F.S. & rule 65C-22.001(9),(11), F.A.C. Not Monitored

Ellen Bradley

Received by: Ellen Bradley
 Date: Tuesday, March 28, 2017

Kathleen Walters

Inspected by: Kathleen Walters
 Date: Tuesday, March 28, 2017

VPK CENTER
INSTRUCTIONAL DAYS RECORD

VPK Center Instructional Days Record

2017-2018

Center Name & EFS Calendar #		Start Date	End Date	Total Hours	Center Phone/Contact																																																												
ALPI Child Development and Family Services Center (H7)		08/14/17	05/31/18	540	772-879-4944/Crystal Dames																																																												
T = Tardy; U = Unexcused; E = Excused; P = Present																																																																	
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31																																		
AUGUST																																																																	
SEPTEMBER																																																																	
OCTOBER																																																																	
NOVEMBER																																																																	
DECEMBER																																																																	
JANUARY																																																																	
FEBRUARY																																																																	
MARCH																																																																	
APRIL																																																																	
MAY																																																																	
JUNE																																																																	
JULY																																																																	
Total																																		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0


Total Hours 540.00
Lapsed Hours 0.00

SIGNATURE: *Alexis Johnson*
DATE: 3/24/2017

VPK Center Instructional Days Record 2017-2018

Center Name & EFS Calendar #		Start Date	End Date	Total Hours																															Center Phone/Contact					
ALPI Francina Duval (34)		08/14/17	05/31/18	540																															772-461-0398/Mary Brunson					
T = Tardy; U = Unexcused; E = Excused; P = Present																																								
		Attendance Totals																															3.00 Per day							
		Tardy	Unexcused	Excused	Present																																			
AUGUST	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	0	0	0	14	42.00				
SEPTEMBER	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	0	0	0	19	57.00					
OCTOBER	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	0	0	0	20	60.00				
NOVEMBER	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	0	0	0	18	54.00					
DECEMBER	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	0	0	0	16	48.00				
JANUARY	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	0	0	0	16	48.00				
FEBRUARY	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	0	0	0	19	57.00							
MARCH	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	0	0	0	15	45.00				
APRIL	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	0	0	0	21	63.00					
MAY	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	0	0	0	22	66.00				
JUNE	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	0	0	0	0	0.00					
JULY	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	0	0	0	0	0.00				
Total																																				0	0	0	180	540.00

Total Hours **3.00** x
Lapsed Hours **540.00**
0.00

SIGNATURE: 
DATE: 3/24/2017

VPK Center Instructional Days Record 2017-2018

Center Name & EFS Calendar #		Start Date	End Date	Total Hours																															Center Phone/Contact		
ALPI Garden Terrace (26)		08/14/17	05/31/18	540																															468-0300/Sandra Monroe		
T = Tardy; U = Unexcused; E = Excused; P = Present																																					
																																Attendance Totals			Present		
																																Tardy	Unexcused	Excused			
AUGUST	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	0	0	0	14		
SEPTEMBER	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	0	0	0	19			
OCTOBER	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	0	0	0	20		
NOVEMBER	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	0	0	0	18			
DECEMBER	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	0	0	0	16		
JANUARY	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	0	0	0	16		
FEBRUARY	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	0	0	0	19			
MARCH	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	0	0	0	15		
APRIL	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	0	0	0	21			
MAY	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	0	0	0	22		
JUNE	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	0	0	0	0			
JULY	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	0	0	0	0		
Total																															0	0	0	180			

3.00 Per day
 42.00
 57.00
 60.00
 54.00
 48.00
 48.00
 57.00
 45.00
 63.00
 66.00
 0.00
 0.00
 540.00

x
 Total Hours 3.00
 Lapsed Hours 540.00
 0.00

SIGNATURE: 
 DATE: 3/24/2017

VPK Center Instructional Days Record 2017-2018

Center Name & EFS Calendar #		Start Date	End Date	Total Hours	Center Phone/Contact																										
ALPI George Truitt (27)		08/14/17	05/31/18	540	464-4452/Donna Hammond																										
T = Tardy; U = Unexcused; E = Excused; P = Present																															
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
AUGUST																															
SEPTEMBER																															
OCTOBER																															
NOVEMBER																															
DECEMBER																															
JANUARY																															
FEBRUARY																															
MARCH																															
APRIL																															
MAY																															
JUNE																															
JULY																															
Total																															

3.00 Per day

42.00

57.00

60.00

54.00

48.00

48.00

57.00

45.00

63.00

66.00

0.00

0.00

540.00

Total Hours 3.00
Lapsed Hours 0.00

SIGNATURE: 
DATE: 3/24/2017

VPK Center Instructional Days Record 2017-2018

Center Name & EFS Calendar #	Start Date	End Date	Total Hours
ALPI Lincoln Park (29)	08/14/17	05/31/18	540
Center Phone/Contact			
464-6061/Charlene Smith			

T = Tardy; U = Unexcused; E = Excused; P = Present

Month	Days																															Attendance Totals			Rate			
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Tardy	Unexcused	Excused		Present		
AUGUST																																	0	0	0	14	42.00	
SEPTEMBER																																						57.00
OCTOBER																																						60.00
NOVEMBER																																						54.00
DECEMBER																																						48.00
JANUARY																																						48.00
FEBRUARY																																						57.00
MARCH																																						45.00
APRIL																																						63.00
MAY																																						66.00
JUNE																																						0.00
JULY																																						0.00
Total																																0	0	0	180	540.00		

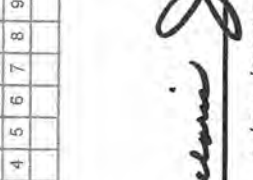
Total Hours x 3.00 = 540.00
 Lapsed Hours 0.00

SIGNATURE: *Patricia Johnson*
 DATE: 3/24/2017

VPK Center Instructional Days Record 2017-2018

Center Name & EFS Calendar #		Start Date	End Date	Total Hours	Center Phone/Contact				
ALPI Queen Townsend II (J6)		08/14/17	05/31/18	540	429-8889/Ellen Bradley				
	T = Tardy; U = Unexcused; E = Excused; P = Present			Attendance Totals					
		Tardy	Unexcused	Excused	Present				
AUGUST	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	0	0	0	14	3.00 Per day			
SEPTEMBER	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	0	0	0	19	42.00			
OCTOBER	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	0	0	0	20	57.00			
NOVEMBER	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	0	0	0	18	60.00			
DECEMBER	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	0	0	0	16	54.00			
JANUARY	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	0	0	0	16	48.00			
FEBRUARY	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28	0	0	0	19	48.00			
MARCH	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	0	0	0	15	57.00			
APRIL	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	0	0	0	21	45.00			
MAY	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	0	0	0	22	63.00			
JUNE	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	0	0	0	0	66.00			
JULY	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	0	0	0	0	0.00			
Total					0	0	0	180	540.00

Total Hours $180 \times 3.00 = 540.00$
Lapsed Hours 0.00

SIGNATURE: 

DATE: 3/24/2017

CLUSTER MONTHLY DISABILITY REPORT

CLUSTER MONTHLY DISABILITY REPORT
Local Program Information
2016

CLUSTER CODE:

Agency Name: ALPI FROSTPROOF

Date Form Completed: 03/27/2017

TONI JONES
 Person Completing This Form

JAN FEB MAR APR MAY JUNE
 JULY AUG SEPT OCT NOV DEC

Information from all Delegates included YES NO N/A

SECTION A: DISABILITY CHILD INFORMATION								
		HS	EHS	DELEGATE		HS	EHS	DELEGATE
	Funded Enrollment		76					
	Actual Enrollment		76					
CHILDREN WITH DISABILITIES				TOTAL NUMBER WITH DISABILITIES				
1	Health Impairments		0		13	How many age 0?	0	
2	Emotional/Behavior Disorders		0		14	How many age 1?	4	
3	Speech/Language Impairments		0		15	How many age 2?	5	
4	Mental Retardation		0		16	How many age 3?	1	
5	Hearing Impairments/Deafness		0		17	How many age 4?	0	
6	Orthopedic Impairments		0		18	How many age 5?	0	
7	Visual Impairments/Blind		0		19	How many over income?	0	
8	Learning Disabilities		0		20	How many pre-diagnosed?	2	
9	Autism		0		21	How many dropped to date?	0	
10	Traumatic Brain Injury		0		22	How many IEP's/FSP current	7	
11	Other Impairments		7		23	How many evaluated and Found not eligible?	5	
12	Total With Disabilities		7		24	How many suspected?	2	

SECTION B: QUESTIONNAIRE	
1. Any specific request for training and technical assistance? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, please explain.	
2. Any specific problems with coordination of disability services? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
3. Other Comments: Jha'Qharee Chester, Mason Venning, Ignacio Najera, Connor Roberts, Lucas Cendeno and Adriana Gallegos currently have IFSP's. Avrielle Bonds has an IEP.	

CAT

2016/2017 2nd QUARTERLY REPORT

Children's Services Council of St. Lucie County**2016-17 - Quarter 2 Reporting****Application Status:** Submitted**Application Submission Details**

Approved at the Board of Directors meeting on: 1/23/2016

Executive Director: Deloris Johnson

Board President: William Holt

Board Treasurer: Marjorie Gaskin

Submission Confirmation Email Sent To: mrodriguez@alpi.org

Submitted By: Myrna Rodriguez on 4/5/2017 at 5:07 PM (CST)

ALPI - Computer Assisted Tutorial (C.A.T.)**Quarterly Report****Population Served****Outcome Statement: Actively Served Population vs. Contracted Goals****Target Population to be Served**

	Contracted Goal
Individual Children #	90
Families #	59

Actively Served Data

	Active Clients Q1	New Clients Q2	New Clients Q3	New Clients Q4	Total
Individual Children #	43	19			62.00
Group Children #					0.00
Individual Adults #					0.00
Group Adults #					0.00
Families #	23	13			36.00

Outcome**Outcome Statement:**

90% of participants will attend the program a minimum average of three days per week as measured by weekly attendance rosters.

Progress

Students actively enrolled in the program have attended a minimum average of 3 days per week as measured by weekly attendance rosters.

	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Total for Year
Actual Clients Achieving #	18	30			48
Actual Clients #	43	62			105
Actual Percent Achieving	41.86	48.39	0.00	0.00	45.71

Outcome Statement:

90% of participants who participate in the program for at least 8 weeks will improve or maintain academic performance as measured by nine-week reports while enrolled in the program.

Baseline: grade point average as reported on (apply applicable) last end of year report card (for existing participants) or last report card prior to enrolling in program (for new participants).

Progress

Students who are participating in the program for at least 8 weeks have maintained and improved academic performance as measured by the students grades point average on their quarterly 9 weeks report cards while enrolled in the program.

	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Total for Year
Actual Clients Achieving #	37	55			92
Actual Clients #	43	62			105
Actual Percent Achieving	86.05	88.71	0.00	0.00	87.62

Outcome Statement:

90% of participants enrolled in the program for at least 8 weeks will have less than 3 unexcused school absences during each nine week period as measured by report cards.

Progress

During this reporting period, staff have actively work with the parents to reinforce the importance of attending school to help in decreasing the number of unexcused school absences; ensuring the students receive an adequate amount of educational instruction to increase academic performance.

	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Total for Year
Actual Clients Achieving #	40	58			98

	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Total for Year
Actual Clients #	43	62			105
Actual Percent Achieving	93.02	93.55	0.00	0.00	93.33

Outcome Statement:

85% of clients participating in the program counseling and workshops will show an increase in judgment, decision making and social interaction as assessed through the Skyward System of the school board.

Progress

Students enrolled in the program are receiving individually counseling and/or training as necessary to increase their judgment, decision making and social interaction skills.

	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Total for Year
Actual Clients Achieving #	40	58			98
Actual Clients #	43	62			105
Actual Percent Achieving	93.02	93.55	0.00	0.00	93.33

ALPI - Computer Assisted Tutorial (C.A.T.)**Spotlight Success Story****Outcome Success story**

Agency Contact for Success Story: Kevin Singletary

Phone Number for Success Story: (772) 466-2631

Geographic community represented by the success story: Fort Pierce, FL

Restate the outcome the story links to:

90% of participants who participate in the program for at least 8 weeks will improve or maintain academic performance as measured by nine-week reports while enrolled in the program.

Success Story:**CAT Report Success Story**

Phiness Buggs-Clark is this quarter's success story. This is her second year in the ALPI CAT Program. She attends Francis K Sweet Elementary School and she is in the 1st grade and she also a former Head Start student. Due to circumstances beyond her control she has been placed with her grandparents. In spite of the changes of her family situation she continues to be an enthusiastic student and her eagerness to learn has not diminished. Phiness shows academic progress in classroom and she works hard work every day especially on her reading. Phiness has a never give up attitude and her

friendly smile is infectious. Even during this difficult time, Phiness has found the will power to work hard in the classroom.

Permission to Use Publicly

Children's Services of St. Lucie County is granted permission to use the information provided on this form publicly.

Yes

Program Name: _____ Agricultural and Labor Program, Inc. Computer Assisted Tutorial Program Reporting Quarter: _____ 2nd Quarterly Report

Enter the total number served Year-to-date for each demographic category by zip code.

City	Children Served Individually (match area sub-totals)	Black	Hispanic	White	Asian Pacific Islander	Am Ind	Other	Male	Female	Birth - 4	age 5-9	age 10-14	age 15-17	age 18	Teen Parents	Families Served	
FLP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	12	0	0	0	0	0	0	9	3	0	8	4	0	0	0	7	
	23	20	2	0	0	0	1	10	13	0	13	10	0	0	0	12	
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	22	22	0	0	0	0	0	13	9	0	11	11	0	0	0	0	
	1	0	0	0	0	0	0	1	0	0	0	1	0	0	0	13	
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	
	4	0	4	0	0	0	0	3	1	0	3	1	0	0	0	0	
	62	55	6	0	0	0	1	36	26	0	35	27	0	0	0	3	
Total																	36
PSL																	
Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SLC Total	62	55	6	0	0	0	1	36	26	0	35	27	0	0	0	0	36

Matching totals 62 Race/ethnicity 62 Gender 62 Age groups 62

LIHEAP HOUSEHOLD REPORT

Household Report - Long Form

Program Name: Low Income Home Energy Assistance
 Grantee Name: FLORIDA
 Report Name: Household Report - Long Form Revision # 1
 Report Period: 10/01/2015 to 09/30/2016
 Report Status: Submitted with Warnings (Revision #1)

OMB Clearance No.: 0970-0060
 Expiration Date: 10/31/2018

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM LIHEAP HOUSEHOLD REPORT-LONG FORM

Grantee Information

Grantee Name: FLORIDA	FFY2016(10/01/2015 - 09/30/2016)
Contact Person: Jean Amison	Phone: (850) 717-8468
Email Address: jean.amison@deo.myflorida.com	

Instructions

The 50 States, District of Columbia, and the Commonwealth of Puerto Rico and other territories are required to use the LIHEAP Household Report-Long Form in providing household counts for the designated Federal Fiscal Year. The Report consists of the following six sections that are to include unduplicated household counts for both LIHEAP assisted and LIHEAP applicant households.

- I. Number of Assisted Households
- II. Number of Assisted Households by Poverty Interval
- III. Number of Assisted Households by Vulnerable Population
- IV. Number of Applicant Households
- V. Number of Applicant Households by Poverty Interval
- VI. Number of Assisted Households by Young Child Age Category

Except for Section VI, the household counts for LIHEAP assisted and applicant households are required under the LIHEAP statute. Section VI is optional. If LIHEAP funds are used for any other type of service not listed in the sections below, describe the service and the total number of households assisted with that service in the Notes Section.

The required data for LIHEAP assisted households for each State are included in the Department's LIHEAP annual Report to Congress. The required data are also used in measuring LIHEAP targeting performance under the Government Performance and Results Act (GPRA) of 1993, as amended by the GPRA Modernization Act of 2010. As the reported data are aggregated, the information in this report is not considered to be confidential.

Click [HERE](#) to read the expanded Household Report - Long Form Instructions.

Do the data below include estimated figures?
 If YES, select the appropriate box in column A of Section I and Section IV for each type of assistance that has at least one estimated data entry.

Select One
 Yes No

I. Number of Assisted Households

Number of assisted households		
Type of LIHEAP assistance	A. Select if estimated data	B. Total Number of Households
1. Heating	<input type="checkbox"/>	35,987
2. Cooling	<input type="checkbox"/>	38,692
3. Crisis		
a. Year Round	<input type="checkbox"/>	0
b. Winter	<input type="checkbox"/>	34,131
c. Summer	<input type="checkbox"/>	37,346
d. Emergency Furnace Repair & Replacement	<input type="checkbox"/>	
e. Other Types of assistance	<input type="checkbox"/>	446

f.	<input type="checkbox"/>	
4. Weatherization	<input type="checkbox"/>	1,190
5. Any type of LIHEAP assistance	<input type="checkbox"/>	118,624
6. Bill Payment Assistance	<input type="checkbox"/>	118,178
7. Nominal Payments	<input type="checkbox"/>	0

II. Number of Assisted Households by Poverty Interval

Applicable HHS Poverty Guidelines, in effect at the beginning of FFY					
Type of LIHEAP assistance	A. Under 75% poverty	B. 75%-100% poverty	C. 101%-125% poverty	D. 126%-150% poverty	E. Over 150% poverty
1. Heating	18,609	10,223	4,626	2,529	0
2. Cooling	21,683	9,955	4,660	2,394	0
3. Crisis					
a. Year Round					
b. Winter	17,081	8,411	5,175	3,464	0
c. Summer	19,331	8,824	5,561	3,630	0
d. Emergency Furnace Repair & Replacement					
e. Other Types of assistance	112	168	99	67	0
f.					
4. Weatherization	1,083	68	23	8	8

III. Number of Assisted Households by Vulnerable Population

Number of assisted households with at least one member of the following target groups				
Type of LIHEAP assistance	A. 60 years or older (elderly)	B. Disabled	C. Age 5 years or under (young child)	D. Elderly, disabled, or young child
1. Heating	13,769	12,561	7,480	26,858
2. Cooling	12,977	14,841	9,581	29,303
3. Crisis				
a. Year Round				
b. Winter	10,673	12,581	8,099	23,948
c. Summer	11,242	14,645	9,023	26,405
d. Emergency Furnace Repair & Replacement				
e. Other types of assistance	435	235	15	441
f.				
4. Weatherization	612	354	141	764
5. Any type of LIHEAP assistance	41,560	41,158	23,805	81,638

IV. Number of Applicant Households

Number of applicant households		
Type of LIHEAP assistance	A. Select if estimated data	B. Total Number of Households
1. Heating	<input type="checkbox"/>	40,263
2. Cooling	<input type="checkbox"/>	42,275
3. Crisis		
a. Year Round	<input type="checkbox"/>	0
b. Winter	<input type="checkbox"/>	37,901
c. Summer	<input type="checkbox"/>	42,523
d. Emergency Furnace Repair & Replacement	<input type="checkbox"/>	

e. Other types of assistance	<input type="checkbox"/>	446
f.	<input type="checkbox"/>	
4. Weatherization	<input type="checkbox"/>	1,190


V. Number of Applicant Households by Poverty Interval

Applicable HHS Poverty Guidelines, in effect at the beginning of FFY						
Type of LIHEAP assistance	A. Under 75% poverty	B. 75%-100% poverty	C. 101%-125% poverty	D. 126%-150% poverty	E. Over 150% poverty	F. Income data unavailable
1. Heating	20,197	10,923	4,953	3,165	462	563
2. Cooling	23,079	10,445	5,004	2,992	427	328
3. Crisis						
a. Year Round						
b. Winter	19,631	8,569	5,467	3,667	301	266
c. Summer	23,210	9,159	5,854	3,726	380	194
d. Emergency Furnace Repair & Replacement						
e. Other types of assistance	112	168	99	67	0	0
f.						
4. Weatherization	1,083	68	23	8	8	0

VI. Number of Assisted Households by Young Child Age Category

At least one member who is		
Type of LIHEAP assistance	A. Age 2 years or under	B. Age 3 years through 5 years
1. Heating	4,269	4,973
2. Cooling	5,550	6,351
3. Crisis		
a. Year Round		
b. Winter	4,649	5,327
c. Summer	5,157	6,154
d. Emergency Furnace Repair & Replacement		
e. Other types of assistance	8	8
f.		
4. Weatherization	88	114
Notes		
Section I, 3.d - The state allows for emergency furnace repair and replacement; however, no agencies provided this type of assistance during FY 2016. Section I, 3.e - The state allows for other types of assistance through LIHEAP such as blankets, fans, heaters, minor energy related repairs. 2 agencies reported this type of assistance in FY 2016. Section I, 6 - Amended number of unduplicated and bill-pay only households. 1.26.2017		

Certification

Certification: By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)	
a. Name of Authorized Official: Jean Amison	d. Telephone:
b. Title of Authorized Official: Planning Manager	e. Email address:
c. Signature of Authorized Official: 	f. Date Submitted: 01/28/2017

LIHEAP PERFORMANCE REPORT

LIHEAP Performance Data Form

Program Name: Low Income Home Energy Assistance

Grantee Name: FLORIDA

Report Name: LIHEAP Performance Data Form

Report Period: 10/01/2015 to 09/30/2016

Report Status: Submitted with Warnings

Table of Contents

1. Grantee Survey	2
2. LIHEAP Performance Measures	5
3. OPTIONAL MEASURES	7

Grantee Survey

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
ADMINISTRATION FOR CHILDREN AND FAMILIES

OMB Clearance No.: 0970-0449
Expiration Date: 10/31/2017

LIHEAP Performance Data Form LIHEAP Grantee Survey

Section I - Grantee Information

Grantee Name FLORIDA	Date	Telephone Number 8507178468
Contact Person Jean Amison	Email Address jean.amison@deo.myflorida.com	

Section II - Reporting Requirements

The 50 States and the District of Columbia are required to complete the LIHEAP Grantee Survey Section of the LIHEAP Performance Data Form in providing estimates of sources and uses of funds, average benefits, and the maximum income cutoff in dollars for a 4-person household as of the first day of the reporting period for each type of LIHEAP assistance provided during the reporting period.

PLEASE NOTE: HHS is asking for the grantee's obligation of funds, not expenditure of funds. The term "obligation" is as each grantee defines it. Unless indicated otherwise, definitions of terms should be those used by the grantee.

Timely response to questions on this Survey is mandatory. The Survey information will be used to respond to Congressional inquiries, to calculate LIHEAP benefit targeting, and to provide Federal Fiscal Year data for the Department's annual LIHEAP Report to Congress that is required under Section 2610 of Public Law 967-35, as amended. The data are also used in measuring LIHEAP performance under the Government Performance and Results Act (GPRA) of 1993, as amended by the GPRA Modernization Act of 2010. As the reported data are aggregated, the information in this report is not considered to be confidential.

Click [HERE](#) to read the expanded Grantee Survey Instructions.


Section III - Estimated Sources of LIHEAP Funds

All Possible Funding Sources	ALL OF FFY 2016 (10/01/2015 - 09/30/2016) Amount Rounded to the Nearest Dollar
A. All Funds Except Leveraging Incentive Awards (Items 1 - 8)	
1. FFY LIHEAP Block Grant Allotment (Net of Indian Tribal Set-Asides)	\$68,899,989
2. FFY Emergency Contingency Funds (Net of Indian Tribal Set-Asides)	\$0
3. LIHEAP Block Grant Funds Reallotted to FFY	\$15,911
4. Previous FFY Unobligated Emergency Contingency Funds, not Subject to 10% Carryover Limit	\$0
5. Reserved	\$0
6. All Funds Carried Over From Previous FFY (except Funds in item 4 and 10 in this Section)	\$4,650,098
7. Petroleum Violation Escrow (Oil Overcharge) Funds Obligated in FFY	\$0
8. FFY Residential Energy Assistance Challenge (R.E.A.Ch.) Program	\$0
B. Leveraging Incentive Award (Items 9 - 10)	
9. FFY Leveraging Incentive Award	\$0
10. Previous FFY Leveraging Incentive Award obligated in FFY	\$0
C. Estimated Total Sources of Funds (Items 1-10)	
11. Sum of Items 1-10. This should equal the sum in Section IV, Item 15.	\$73,565,998

Section IV - Estimated Uses of LIHEAP Funds

		ALL OF FFY 2016 (10/01/2015 - 09/30/2016) Amount Rounded to the Nearest Dollar				
All Possible Uses of Funds	Total Funds / Awards Funds	Average Household Benefit	Maximum Annual Dollar Income for 4-person Household as of 10/01/2015			
A. Type of LIHEAP Assistance (Items 1-4)						
1. Heating Assistance Benefits	\$12,861,554	\$357	\$36,540			
2. Cooling Assistance Benefits	\$14,918,383	\$386	\$36,540			
3. Crisis Benefits by Type						
a. Winter Crisis Benefits	\$12,625,474	\$370	\$36,540			
b. Summer Crisis Benefits	\$12,664,677	\$339	\$36,540			
c. Year-Round Crisis Benefits	\$0	\$0	\$0			
d. Other Crisis Benefits:	\$0					
(1) Specify:	\$0	\$0	\$0			
(2) Specify:	\$0	\$0	\$0			
(3) Specify:	\$0	\$0	\$0			
4. Weatherization Assistance Benefits	\$8,718,656		\$48,600			
Bill Payment-Assisted Household Main Fuel						
All Households with 12 Consecutive Months of Bill Data (Main Fuel and Electric)	<i>All Households</i>	Electricity	Natural Gas	Fuel Oil	Propane	Other Fuels
5. Average Annual Total LIHEAP Benefit per Household (including Heating, Cooling, Crisis, Supplemental Benefits)	\$306	\$306	\$0	\$0	\$0	\$0
B. Other Permitted Uses of LIHEAP Funds (Items 6 - 14)						
6. Nominal Payments	\$0					
7. FFY Unobligated Funds (excluding funds in Items 8 & 9) Carried Over to next FFY	\$5,503,165					
8. FFY Allowable Unobligated Emergency Contingency Funds, not Subject to 10% Carryover Limit, Obligated in next FFY	\$0					
9. FFY Leveraging Incentive Award Obligated in next FFY	\$0					
10. Reserved						
11. FFY LIHEAP Block Grant Allotment Used to Identify, Develop & Demonstrate Leveraging Incentive Activities	\$0					
12. Amount for Assurance 16 Activities	\$0					
13. FFY Residential Energy Assistance Challenge (R.E.A.Ch.) Program	\$0					
14. Administration/Planning Costs	\$6,274,089					
C. Estimated Total Uses of Funds (Items 1-4 and 6-14)						
15. Sum of Items 1-4 and 6-14. This should equal the sum in Section III. Column C, Item 11.	\$73,565,998					
Q1. Obligated funding for a given type of assistance in current FFY, but will serve households in the subsequent FFY	Yes					
Q2. Average Household Benefits are estimated due to unique program operation, rather than directly calculated	Yes					
Notes :						
Warning #14368 seems to be in error. Section III, Line 6 matches Florida's FFY 2015 amount from it's Carryover and Reallotment report.						

Certification

Certification: By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)	
a. Name of Authorized Official: Jean Amison	d. Telephone:
b. Title of Authorized Official:	e. Email address:
c. Signature of Authorized Official: 	f. Date Submitted:

LIHEAP Performance Measures

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
ADMINISTRATION FOR CHILDREN AND FAMILIES

OMB Clearance No.: 0970-0449
Expiration Date: 10/31/2017

LIHEAP Performance Data Form LIHEAP Performance Measures

Grantee Name FLORIDA	Date	Telephone Number 850-717-8468
Contact Person Jean Amison	Email Address jean.amison@deo.myflorida.com	

The LIHEAP Performance Measurement Section of the LIHEAP Performance Data Form is for use by the 50 states and the District of Columbia. This Federal Report provides data on three required LIHEAP Performance Measures for the reporting period. The Report consists of the following sections: (1) Energy Burden, (2) Prevention of Home Energy Crises, and (3) Restoration of Home Energy. The data will be included in the Department's annual LIHEAP Report to Congress. The data are also used in measuring LIHEAP performance under the Government Performance and Results Act of 1993. As the reported data are aggregated, the information in this report is not considered to be confidential.

V. ENERGY BURDEN TARGETING

	Bill Payment- Assisted Household Main Heating Fuel					
	All Households	Electricity	Natural Gas	Fuel Oil	Propane	Other Fuels
A. Unduplicated Number of LIHEAP Bill Payment-Assisted Households	118,178	118,178	0	0	0	0
B. All Households with 12 Consecutive Months of Bill Data (Main Fuel and Electric)						
1. Unduplicated Number of Households with 12 Consecutive Months of Bill Data (Main Fuel and Electric)	40,235	40,235	0	0	0	0
2. Average Annual Household Income	\$12,729.00	\$12,729.00	\$0.00	\$0.00	\$0.00	\$0.00
3. Average Annual Total LIHEAP Benefit per Household (including Heating, Cooling, Crisis, Supplemental Benefits)	\$306.58	\$306.58	\$0.00	\$0.00	\$0.00	\$0.00
4. Average Annual Main Heating Fuel Bill	\$1,911.00	\$1,911.00	\$0.00	\$0.00	\$0.00	\$0.00
5. Average Annual Electricity Bill	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
6. Average Annual Total Residential Energy Bill	\$1,911.00	\$1,911.00	\$0.00	\$0.00	\$0.00	\$0.00
7. Average Annual Burden Before Receiving LIHEAP	15.01%	15.01%	0.00%	0.00%	0.00%	0.00%
8. Average Annual Burden After Receiving LIHEAP	12.60%	12.60%	0.00%	0.00%	0.00%	0.00%
9. Average Percentage Point Change in Energy Burden	2.41%	2.41%	0.00%	0.00%	0.00%	0.00%
10. Average Percentage Reduction in Energy Burden	16.06%	16.06%	0.00%	0.00%	0.00%	0.00%
C. High Burden Households with 12 Consecutive Months of Bill Data (Main Fuel and Electric)						
1. Unduplicated Number of High Burden Households (Top 25%) with 12 Consecutive Months of Bill Data (Main Fuel and Electric)	10,057	10,057	0	0	0	0
2. Average Annual Household Income for High Burden Households	\$5,029.00	\$5,029.00	\$0.00	\$0.00	\$0.00	\$0.00
3. Average Annual Total LIHEAP Benefit per High Burden Household (including Heating, Cooling, Crisis, Supplemental Benefits)	\$323.00	\$323.00	\$0.00	\$0.00	\$0.00	\$0.00
4. Average Annual Main Heating Fuel Bill for High Burden Households	\$3,243.00	\$3,243.00	\$0.00	\$0.00	\$0.00	\$0.00
5. Average Annual Electricity Bill for High Burden Households	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
6. Average Annual Total Residential Energy Bill for High Burden Households	\$3,243.00	\$3,243.00	\$0.00	\$0.00	\$0.00	\$0.00
7. Average Annual Burden Before Receiving LIHEAP for High Burden Households	64.49%	64.49%	0.00%	0.00%	0.00%	0.00%
8. Average Annual Burden After Receiving	58.06%	58.06%	0.00%	0.00%	0.00%	0.00%

LIHEAP for High Burden Households						
9. Average Percentage Point Change in Energy Burden for High Burden Households	6.42%	6.42%	0.00%	0.00%	0.00%	0.00%
10. Average Percentage Reduction in Energy Burden for High Burden Households	9.96%	9.96%	0.00%	0.00%	0.00%	0.00%
D. Benefit Targeting Index for High Burden Households:	105	105	0	0	0	0
E. Burden Reduction Targeting Index for High Burden Households:	62	62	0	0	0	0

VI. RESTORATION OF HOME ENERGY SERVICE

Energy Source (where LIHEAP benefit was applied)						
A. All Occurrences of LIHEAP Households that Had:	All Occurrences	Electricity	Natural Gas	Fuel Oil	Propane	Other Fuels
1. Energy Service Restored After Disconnection	19,542	19,542	0			
2. Fuel Delivered to Home that Ran Out of Fuel	0			0	0	0
3. Repair/Replacement of Inoperable Home Energy Equipment	0	0	0	0	0	0

VII. PREVENTION OF LOSS OF HOME ENERGY SERVICE

Energy Source (where LIHEAP benefit was applied)						
A. All Occurrences of LIHEAP Households that Had:	All Occurrences	Electricity	Natural Gas	Fuel Oil	Propane	Other Fuels
1. Past Due Notice or Utility Disconnect Notice	73,344	73,344	0			
2. Imminent Risk of Running out of Fuel	0			0	0	0
3. Repair/Replacement of Operable Equipment to Prevent Imminent Home Energy Loss	0	0	0	0	0	0

NOTES: Include any notes below. Please indicate type of LIHEAP assistance and item being referenced.
 Florida's percentage of clients that receive LIHEAP and use gas/fuel oil/propane or other fuel types is below 1%; therefore, Florida collected cost information from electric-only households for FFY 2016.

OPTIONAL MEASURES

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
ADMINISTRATION FOR CHILDREN AND FAMILIES

OMB Clearance No.: 0970-0449
Expiration Date: 10/31/2017

LIHEAP Performance Data Form Optional Measures

Grantee Name FLORIDA	Date	Telephone Number 850-717-8468
Contact Person Jean Amison	Email Address jean.amison@deo.myflorida.com	

The LIHEAP Performance Measurement Section of the LIHEAP Performance Data Form is for use by the 50 states and the District of Columbia. This Federal Report provides data on three required LIHEAP Performance Measures for the reporting period. The Report consists of the following sections: (1) Energy Burden, (2) Prevention of Home Energy Crises, and (3) Restoration of Home Energy. The data will be included in the Department's annual LIHEAP Report to Congress. The data are also used in measuring LIHEAP performance under the Government Performance and Results Act of 1993. As the reported data are aggregated, the information in this report is not considered to be confidential.

V. ENERGY BURDEN TARGETING (OPTIONAL MEASURES)

		Bill Payment- Assisted Household Main Heating Fuel				
A. All Households with 12 Consecutive Months of Bill Data (Main Fuel and Electric)	<i>All Households</i>	Electricity	Natural Gas	Fuel Oil	Propane	Other Fuels
1. Average Annual Electricity Usage	0	0	0	0	0	0
2. Average Annual Main Heating Usage	0	0	0	0	0	0
B. High Burden Households with 12 Consecutive Months of Bill Data (Main Fuel and Electric)						
1. Average Annual Electricity Usage for High Burden	0	0	0	0	0	0
2. Main Heating Usage for High Burden	0	0	0	0	0	0
C. Unduplicated Number of LIHEAP Bill Payment-Assisted Households that Use:						
1. Electricity as Supplemental Heating Fuel	0	0	0	0	0	0
2. Wood as Supplemental Heating Fuel	0	0	0	0	0	0
3. Other Supplemental Heating Fuel	0	0	0	0	0	0
4. Central Air Conditioning	0	0	0	0	0	0
5. Window/Wall A/C (including evaporative cooler)	0	0	0	0	0	0

VI. RESTORATION OF HOME ENERGY SERVICE (OPTIONAL MEASURES)

		Energy Source				
A. Number of All LIHEAP-Assisted Households that Had:	<i>All Households</i>	Electricity	Natural Gas	Fuel Oil	Propane	Other Fuels
Unduplicated Count of Restorations of Home Energy Service	0	0	0	0	0	0

VII. PREVENTION OF LOSS OF HOME ENERGY SERVICE (OPTIONAL MEASURES)

		Energy Source				
A. Number of All LIHEAP-Assisted Households that Had:	<i>All Households</i>	Electricity	Natural Gas	Fuel Oil	Propane	Other Fuels
Unduplicated Count of Preventions of Loss of Home Energy Service	0	0	0	0	0	0

REIMBURSEMENT REPORTS

DOH CHILD CARE FOOD REPORTS

Florida Department of Health

3/27/2017
8:48AM

Child Care Food Program

Child Care Center Claim

S - 501 Region: C RPS: 6 Fiscal Year: 2017 Termination Date: _____

Add'l Doc Required: _____ ADR Reason: _____ Meal Disallowance(s): _____

Legal Name: AGRICULTURAL LABOR PROG. INC. FEIN: 591634148001

D/B/A: AGRICULTURAL LABOR PROG. INC.

Mailing Address: P.O. BOX 3126 WINTER HAVEN, FL 33885

Program Manager: YOUNG, ELIZABETH Phone: (863) 956-3491 Ext: 231

Email: eyoung@alpi.org

Claim Information

Status: Submitted Entered By: 0501

Claim Month/Year: 2/2017 Date Received: 03/27/2017

Revision #: 0

Operating Days: 20 Average Daily Participation: 617

Sites Operated:

PNP: 0 OSHCC: 0 For-Profit: 0 HS: 7 Church: 0 Public: 0 Total: 7

Children Enrolled by Category:

Free 787 Reduced 0 Non-needy 0 Total 787

Meals Claimed:

Breakfast	Morning Snack	Lunch	Afternoon Snack	Supper	Evening Snack
<u>12,333</u>	<u>0</u>	<u>12,333</u>	<u>12,295</u>	<u>0</u>	<u>0</u>

Operating Expenditures	<u>\$67,725.00</u>	Meal Earnings:	<u>\$70,635.41</u>
Administrative Expenditures	<u>\$8,809.00</u>	Cash-In-Lieu:	<u>\$2,836.59</u>
Total Expenditures	<u>\$76,534.00</u>	Total Earnings:	<u>\$73,472.00</u>
Income	<u>\$0.00</u>	Adjustments:	<u>\$0.00</u>
		Total Reimbursement:	<u>\$73,472.00</u>

Florida Department of Health

3/27/2017
8:48AM

Child Care Food Program

Child Care Center Claim

AN: 501 Fiscal Year: 2017 Claim Month/Year: 2/2017 Revision #: 0

Site Num/ Center Num	Site Name	Address	Meal Earnings	Cash-In-Lieu	Total Earnings
23901/23901	ALPI CHILD DEVELOPME	198 NW MARION AVENUE	\$14,221.86	\$570.86	\$14,792.72
23889/23889	ALPI FRANCINA C DUVA	1035 S. 27TH CIRCLE	\$3,449.46	\$138.46	\$3,587.92
23890/23890	ALPI FROSTPROOF CHIL	701 HOPSON RD.	\$6,379.19	\$257.37	\$6,636.56
23899/23899	ALPI GARDEN TERRACE	1110 32ND STREET	\$8,314.23	\$333.73	\$8,647.96
23898/23898	ALPI GEORGE W. TRUIT	1814 NORTH 13TH STREET	\$8,451.75	\$339.25	\$8,791.00
23892/23892	ALPI LINCOLN PARK HE	1400 AVENUE M	\$9,225.30	\$370.30	\$9,595.60
23902/23902	ALPI QUEEN TOWNSEND	2202 AVENUE Q	\$20,593.62	\$826.62	\$21,420.24
			\$70,635.41	\$2,836.59	\$73,472.00

ELC REIMBURSEMENT REPORT

VENDOR # : ALP10
 ALPI FROSTPROOF CHILD DEVELOPMENT CENTER (591634148 2)
 701 HOPSON ROAD
 FROSTPROOF, FL 33843
 (863)635-3396

** GS CENTER SUB ** VOLUNTARY PRE-K (VPK)

Reporting Period: 02/01/2017 - 02/28/2017

Class ID	Child	Eligibility Activity	Care Level	Days Absent	Days Reimbursed	Provider Rate	Gold Seal Rate	Parcent Fee	Gross Reimb.	Gold Seal Cost	Less Fees	Net Rcimb.
=> Child Care For Period: 02/01/2017 - 02/28/2017 <=<												
AF16 AIB-15-1791	BECERRA, ARIANNA I	VOLUNTARY PREK	PR5	0	20	HR Days FEE Hours	.00 4.40	.00 .00	0.00 264.00	0.00 0.00	0.00	0.00 264.00
AF16 350-39-8588	FALCON SALGADO, JOSE L	VOLUNTARY PREK	PR4	5	20	HR Days FEE Hours	.00 4.40	.00 .00	0.00 264.00	0.00 0.00	0.00	0.00 264.00
AF16 849-68-5390	LOPEZ, KAELYNN H	VOLUNTARY PREK	PR5	3	20	HR Days FEE Hours	.00 4.40	.00 .00	0.00 264.00	0.00 0.00	0.00	0.00 264.00
AF16 AXM-15-5276	MORENO-CARROLA, ALLYSON	VOLUNTARY PREK	PR4	1	20	HR Days FEE Hours	.00 4.40	.00 .00	0.00 264.00	0.00 0.00	0.00	0.00 264.00
AF16 161-47-0894	MORRISON, GABRIELLA R	VOLUNTARY PREK	PR4	3	20	HR Days FEE Hours	.00 4.40	.00 .00	0.00 264.00	0.00 0.00	0.00	0.00 264.00
AF16 739-57-2476	PADILLA, AIDAN M	VOLUNTARY PREK	PR5	1	20	HR Days FEE Hours	.00 4.40	.00 .00	0.00 264.00	0.00 0.00	0.00	0.00 264.00
AF16 778-21-8706	QUINTERO, EMMA E	VOLUNTARY PREK	PR4	1	20	HR Days FEE Hours	.00 4.40	.00 .00	0.00 264.00	0.00 0.00	0.00	0.00 264.00
AF16 196-95-5652	VALDEZ, ALEX M	VOLUNTARY PREK	PR5	0	20	HR Days FEE Hours	.00 4.40	.00 .00	0.00 264.00	0.00 0.00	0.00	0.00 264.00

EARLY LEARNING COALITION OF POLK COUNTY
 115 SOUTH MISSOURI AVENUE SUITE 501
 LAKELAND, FL 33815
 Final Provider Reimbursement Report

Vendor # : ALP10
 ALP1 FROSTPROOF CHILD DEVELOPMENT CENTER (591634148 2)
 701 HOPSON ROAD
 FROSTPROOF, FL 33843
 (863)635-3396

** GS CENTER SUB ** VOLUNTARY PRE-K (VPK)

Reporting Period: 02/01/2017 - 02/28/2017

Class ID	Child	Eligibility Activity	Care Level	Days Absent	Days Reimbursed	Provider Rate	Gold Seal Rate	Parent Fee	Gross Reimb.	Gold Seal Cost	Less Fees	Net Reimb.
=> Child Care For Period: 02/01/2017 - 02/28/2017 <==												
Classroom AF16 Totals:												
				14	160	HR Days			0.00	0.00	0.00	0.00
					480	HR Hours			2112.00	0.00		2112.00
TOTALS FOR PERIOD:									2112.00	0.00	0.00	2112.00

EARLY LEARNING COALITION OF POLK COUNTY
115 SOUTH MISSOURI AVENUE SUITE 501
LAKELAND, FL 33815

Final Provider Reimbursement Report

Vendor # : ALP10
ALPI FROSTPROOF CHILD DEVELOPMENT CENTER (591634148 2)
701 HOPSON ROAD
FROSTPROOF, FL 33843
(863)635-3396

** GS CENTER SUB ** VOLUNTARY PRE-K (VPK)

Reporting Period: 02/01/2017 - 02/28/2017

Class ID	Child	Eligibility Activity	Care Level	Days Absent	Days Reimbursed	Provider Rate	Gold Seal Rate	Parent Fee	Gross Reimb.	Gold Seal Cost	Less Fees	Net Reimb.
AF16 350-39-8588	FALCON SALGADO, JOSE L	VOLUNTARY PREK	PR4	0	HR Days Hours	.00 4.40	.00 .00	.00	0.00 -16.50	0.00 0.00	0.00	0.00 -16.50
Classroom AF16 Totals:												
				0	0	HR Days HR Hours		0 Days	0.00 -16.50	0.00 0.00	0.00	0.00 -16.50
TOTALS FOR PERIOD:												
				0	0	0 Days -3.75 Hours		0 Days	-16.50	0.00	0.00	-16.50
ALL PERIODS:												
				14	160 Days 476.25 Hours				2095.50	0.00	0.00	2095.50

⇒ Adjustments For Period: 02/01/2017 - 02/28/2017 <=>

Electronic Payment Notification

Total :

\$2,095.50

Invoice	Description	Discount	Amount
ALP10-VPK-00375	VPK	\$0.00	\$2,095.50

Payee ALPI FROSTPROOF CHILD DEVELOPMENT CENTER
 Vendor ID ALP10
 Account #:

25340
 3/27/2017

VOID

ALPI FROSTPROOF CHILD DEVELOPMENT CENTER
 701 HOPSON RD
 FROSTPROOF, FL 33843

Electronic Payment Notification

Electronic Payment Notification

Total :

\$2,095.50

Invoice	Description	Discount	Amount
ALP10-VPK-00375	VPK	\$0.00	\$2,095.50

Payee ALPI FROSTPROOF CHILD DEVELOPMENT CENTER
 Vendor ID ALP10
 Account #:

25340
 3/27/2017

115 SOUTH MISSOURI AVENUE SUITE 501
 LAKELAND, FL 33815
 Final Provider Reimbursement Report
Rec'd 3/15/17

Vendor #: ALP10
 ALPI FROSTPROOF CHILD DEVELOPMENT CENTER (591634148 2)
 701 HOPSON ROAD
 FROSTPROOF, FL 33843
 (863)635-3396

** GS CENTER SUB ** BG8 ECONOMICALLY DISADVANTAGED (BG8)

Reporting Period: 02/01/2017 - 02/28/2017

Class ID	Child	Eligibility Activity	Care Level	Days Reimbursed	Provider Rate	Gold Seal Rate	Parent Fee	Gross Reimb.	Gold Seal Cost	Less Fees	Net Reimb.
596-53-8789	SALGADO IBARRA, FELIPE	ECONOMICALLY DISADVANTAGE	INF	20 PT Days	14.00	.00	2.40	280.00	0.00	48.00	232.00
500-53-3611	BLAKE, KARSYN L	< 12 MTH TOTALS: ECONOMICALLY DISADVANTAGE	TOD	20 PT Days	12.00	.00	1.60	240.00	0.00	32.00	208.00
AXG-15-0713	GALLEGOS-VALDIV, ADRIANA	ECONOMICALLY DISADVANTAGE	TOD	19 PT Days	12.00	.00	2.00	228.00	0.00	38.00	190.00
699-34-4157	SALGADO IBARRA, CARLOS	ECONOMICALLY DISADVANTAGE	TOD	20 PT Days	12.00	.00	1.20	240.00	0.00	24.00	216.00
867-53-4396	SMITH, SHANELL B	12 TO <14 MTH TOTALS: ECONOMICALLY DISADVANTAGE	2YR	59 PT Days	11.50	.00	4.40	708.00	0.00	94.00	614.00
679-42-0234	MARSTON, ANYLA A	24 TO <36 MTH TOTALS: ECONOMICALLY DISADVANTAGE	PR3	20 FT Days	18.00	3.60	3.20	360.00	72.00	64.00	368.00
304-47-3975	SALGADO IBARRA, BELINDA	ECONOMICALLY DISADVANTAGE	PR3	20 PT Days	11.00	.00	1.20	220.00	0.00	24.00	196.00
158-69-7228	SLOAN, SA'MONNI L	ECONOMICALLY DISADVANTAGE	PR3	20 FT Days	18.00	3.60	2.40	360.00	72.00	48.00	384.00

115 SOUTH MISSOURI AVENUE SUITE 501
 LAKE LAND, FL 33815
 Final Provider Reimbursement Report

Vendor # : ALP10
 ALPI FROSTPROOF CHILD DEVELOPMENT CENTER (591634148 2)
 701 HOPSON ROAD
 FROSTPROOF, FL 33843
 (863)635-3396

** GS CENTER SUB ** BC8 ECONOMICALLY DISADVANTAGED (BG8)

Reporting Period: 02/01/2017 - 02/28/2017

Class ID	Child	Eligibility Activity	Care Level	Days Reimbursed	Provider Rate	Gold Seal Rate	Parent Fee	Gross Reimb.	Gold Seal Cost	Less Fees	Net Reimb.
				40	FT Days			720.00	144.00	112.00	752.00
				20	PT Days			220.00	0.00	24.00	196.00
TOTALS FOR PERIOD:				159 Days				2158.00	144.00	366.00	1936.00

⇒ Child Care For Period: 02/01/2017 - 02/28/2017 ←

EARLY LEARNING COALITION OF ST. LUCIE
 4472 OKEECHOBEE RD.
 FORT PIERCE, FL 34947
 Final Provider Reimbursement Report

Vendor #: 4161
 ALPI QUEEN TOWNSEND HEAD START CENTER II (XXXXXXXX4148 17)
 2202 AVENUE Q
 FORT PIERCE, FL 34950
 (772)429-8889

** LICENSED CENTER SUB ** VOLUNTARY PRE-K (VPK) Reporting Period: 02/01/2017 - 02/28/2017

Class ID	Child	Eligibility Activity	Care Level	Days Absent	Reimbursed	Days Provider	Gold Seal Rate	Parent Fee	Gross Reimb.	Gold Seal Cost	Less Fees	Net Reimb.
=> Adjustments For Period: 02/01/2017 - 02/28/2017 <=<												
G16	XXX-XX-1409	VOLUNTARY PRE-K	PR5	0	HR Days	.00	.00	.00	0.00	0.00	0.00	0.00
	PATE, ARIANA	Adjustment Reason			Hours	4.47	.00	.00	-70.40	0.00	0.00	-70.40
		MONTHLY 80/20 VPK ATTENDANCE ADJUSTMENT										
A16	XXX-XX-1899	VOLUNTARY PRE-K	PR5	0	HR Days	.00	.00	.00	0.00	0.00	0.00	0.00
	PEREZ-NERIA, MIKE	Adjustment Reason			Hours	4.47	.00	.00	-3.35	0.00	0.00	-3.35
		MONTHLY 80/20 VPK ATTENDANCE ADJUSTMENT										
A16	XXX-XX-9728	VOLUNTARY PRE-K	PR5	0	HR Days	.00	.00	.00	0.00	0.00	0.00	0.00
	REGIS, JANEJIA Z	Adjustment Reason			Hours	4.47	.00	.00	-53.64	0.00	0.00	-53.64
		MONTHLY 80/20 VPK ATTENDANCE ADJUSTMENT										
G16	XXX-XX-9974	VOLUNTARY PRE-K	PR5	0	HR Days	.00	.00	.00	0.00	0.00	0.00	0.00
	ROBINSON, SEMAJ J	Adjustment Reason			Hours	4.47	.00	.00	-20.12	0.00	0.00	-20.12
		MONTHLY 80/20 VPK ATTENDANCE ADJUSTMENT										
A16	XXX-XX-8904	VOLUNTARY PRE-K	PR5	0	HR Days	.00	.00	.00	0.00	0.00	0.00	0.00
	SCOTT, QUINTAVIOUS L	Adjustment Reason			Hours	4.47	.00	.00	-137.45	0.00	0.00	-137.45
		MONTHLY 80/20 VPK ATTENDANCE ADJUSTMENT										
F16	XXX-XX-8087	VOLUNTARY PRE-K	PR5	0	HR Days	.00	.00	.00	0.00	0.00	0.00	0.00
	SHY, CHRISTIAN L	Adjustment Reason			Hours	4.47	.00	.00	-3.35	0.00	0.00	-3.35
		MONTHLY 80/20 VPK ATTENDANCE ADJUSTMENT										
F16	XXX-XX-8793	VOLUNTARY PRE-K	PR5	0	HR Days	.00	.00	.00	0.00	0.00	0.00	0.00
	SMITH, CHASITY	Adjustment Reason			Hours	4.47	.00	.00	-154.22	0.00	0.00	-154.22
		MONTHLY 80/20 VPK ATTENDANCE ADJUSTMENT										

EARLY LEARNING COALITION OF ST. LUCIE
 4472 OKEECHOBEE RD.
 FORT PIERCE, FL 34947
 Final Provider Reimbursement Report

Vendor #: 4161
 ALPI QUEEN TOWNSEND HEAD START CENTER II (XXXXXXXX4148 17)
 2202 AVENUE Q
 FORT PIERCE, FL 34950
 (772)429-8889

Reporting Period: 02/01/2017 - 02/28/2017

VOLUNTARY PRE-K (VPK)

** LICENSED CENTER SUB **

Class ID	Child	Eligibility Activity	Care Level	Days Absent	Days Reimbursed	Provider Rate	Gold Seal Rate	Parent Fee	Gross Reimb.	Gold Seal Cost	Less Fees	Net Reimb.
F16	XXX-XX-2127	VOLUNTARY PRE-K	PR5	0	HR Days	.00	.00	.00	0.00	0.00	0.00	0.00
	VARGAS, JEREYMIAS E	Adjustment Reason			Hours	4.47	.00	.00	-137.45	0.00		-137.45
		MONTHLY 80/20 VPK ATTENDANCE ADJUSTMENT										
D16	XXX-XX-3644	VOLUNTARY PRE-K	PR5	0	HR Days	.00	.00	.00	0.00	0.00	0.00	0.00
	WHITE, JERIMIQUE	Adjustment Reason			Hours	4.47	.00	.00	-3.35	0.00		-3.35
		MONTHLY 80/20 VPK ATTENDANCE ADJUSTMENT										
H16	XXX-XX-2149	VOLUNTARY PRE-K	PR5	0	HR Days	.00	.00	.00	0.00	0.00	0.00	0.00
	WILEY, LARRY D	Adjustment Reason			Hours	4.47	.00	.00	-36.88	0.00		-36.88
		MONTHLY 80/20 VPK ATTENDANCE ADJUSTMENT										
C16	XXX-XX-9478	VOLUNTARY PRE-K	PR5	0	HR Days	.00	.00	.00	0.00	0.00	0.00	0.00
	WILLIAMS, BRIANNA T	Adjustment Reason			Hours	4.47	.00	.00	-36.88	0.00		-36.88
		MONTHLY 80/20 VPK ATTENDANCE ADJUSTMENT										
60 TO <72 MTH TOTALS:					0	0	0	0	0.00	0.00	0.00	0.00
TOTALS FOR PERIOD:					0	0 Days	0	0	-1042.63	0.00	0.00	-1042.63
						-323.25 Hours						
ALL PERIODS:					354	2215 Days			28110.69	0.00	0.00	28110.69
						6288.75 Hours						

EARLY LEARNING COALITION OF ST. LUCIE
 4472 OKEECHOBEE RD.
 FORT PIERCE, FL 34947
 Final Provider Reimbursement Report

Reporting Period: 02/01/2017 - 02/28/2017

	Days Absent	Days Reimbursed	Gross Reimb.	Gold Seal Cost	Less Fees	Net Reimb.
VOLUNTARY PRE-K	354	2215 Days	28110.69	0.00	0.00	28110.69
VPK REPORT TOTALS:						

EARLY LEARNING COALITION OF ST. LUCIE
 4472 OKEECHOBEE RD.
 FORT PIERCE, FL 34947
 Final Provider Reimbursement Report

Vendor #: 4154
 ALPILINCOLN PARK HEADSTART (XXXXXX4148 5)
 2202 AVENUE Q
 FORT PIERCE, FL 34950
 (772)464-6061
 ** GS CENTER NON-SUB **

Reporting Period: 02/01/2017 - 02/28/2017

VOLUNTARY PRE-K (VPK)

Class ID	Child	Eligibility Activity	Care Level	Days Absent	Reimbursed	Days Provider Reimbursed	Rate	Gold Seal Rate	Parent Fee	Gross Reimb.	Gold Seal Cost	Less Fees	Net Reimb.
=> Adjustments For Period: 02/01/2017 - 02/28/2017 <==													
A16	XXX-XX-8141	VOLUNTARY PRE-K	PR5	0	HR Days	.00	.00	.00	.00	0.00	0.00	0.00	0.00
	REYES, JORGE	Adjustment Reason			Hours	4.47	.00	.00	.00	-53.64	0.00	0.00	-53.64
		MONTHLY 80/20 VPK ATTENDANCE ADJUSTMENT											
A16	XXX-XX-8144	VOLUNTARY PRE-K	PR5	0	HR Days	.00	.00	.00	.00	0.00	0.00	0.00	0.00
	ROSARIO, DANYELA A	Adjustment Reason			Hours	4.47	.00	.00	.00	-20.12	0.00	0.00	-20.12
		MONTHLY 80/20 VPK ATTENDANCE ADJUSTMENT											
C16	XXX-XX-5941	VOLUNTARY PRE-K	PR5	0	HR Days	.00	.00	.00	.00	0.00	0.00	0.00	0.00
	ROSS, CITRENITY L	Adjustment Reason			Hours	4.47	.00	.00	.00	-20.12	0.00	0.00	-20.12
		MONTHLY 80/20 VPK ATTENDANCE ADJUSTMENT											
B16	XXX-XX-9963	VOLUNTARY PRE-K	PR5	0	HR Days	.00	.00	.00	.00	0.00	0.00	0.00	0.00
	THORNTON, RICKY	Adjustment Reason			Hours	4.47	.00	.00	.00	-20.12	0.00	0.00	-20.12
		MONTHLY 80/20 VPK ATTENDANCE ADJUSTMENT											
A16	XXX-XX-8146	VOLUNTARY PRE-K	PR5	0	HR Days	.00	.00	.00	.00	0.00	0.00	0.00	0.00
	YANEZ, ERIN	Adjustment Reason			Hours	4.47	.00	.00	.00	-3.35	0.00	0.00	-3.35
		MONTHLY 80/20 VPK ATTENDANCE ADJUSTMENT											
60 TO <72 MTH TOTALS:					0	HR Days	0	.00	.00	0.00	0.00	0.00	0.00
					-36.75	HR Hours				-164.27	0.00	0.00	-164.27
TOTALS FOR PERIOD:					0	0 Days	0	.00	.00	-295.03	0.00	0.00	-295.03
						-66 Hours							

EARLY LEARNING COALITION OF ST. LUCIE
 4472 OKEECHOBEE RD.
 FORT PIERCE, FL 34947
 Final Provider Reimbursement Report

Vendor #: 4154
 ALPI LINCOLN PARK HEADSTART (XXXXXX4148 5)
 2202 AVENUE Q
 FORT PIERCE, FL 34950
 (772)464-6061
 ** GS CENTER NON-SUB **

Reporting Period: 02/01/2017 - 02/28/2017

VOLUNTARY PRE-K (VPK)

Class ID	Child	Eligibility Activity	Care Level	Days Absent	Days Reimbursed	Provider Rate	Gold Seal Rate	Parent Fee	Gross Reimb.	Gold Seal Cost	Less Fees	Net Reimb.
ALL PERIODS:												
				144	1007 Days				13208.84	0.00	0.00	13208.84
					2955 Hours							

EARLY LEARNING COALITION OF ST. LUCIE
 4472 OKEECHOBEE RD.
 FORT PIERCE, FL 34947
 Final Provider Reimbursement Report

Report Date: 03/14/2017 01:29:53

Reporting Period: 02/01/2017 - 02/28/2017

	Days Absent	Days Reimbursed	Gross Reimb.	Gold Seal Cost	Less Fees	Net Reimb.
VOLUNTARY PRE-K	144	1007 Days	13208.84	0.00	0.00	13208.84
VPK REPORT TOTALS:						

4472 OKEECHOBEE RD.

FORT PIERCE, FL 34947

Final Provider Reimbursement Report

Vendor # : 4150
 ALPI GEORGE W TRUITT HEADSTART (XXXXXX4148 3)
 2202 AVENUE Q
 FORT PIERCE, FL 34950
 (772)464-4452

** GS CENTER SUB ** VOLUNTARY PRE-K (VPK)

Reporting Period: 02/01/2017 - 02/28/2017

Class ID	Child	Eligibility Activity	Care Level	Days Absent	Reimbursed	Days Provider	Rate	Gold Seal Rate	Parent Fee	Gross Reimb.	Gold Seal Cost	Less Fees	Net Reimb.
=> Adjustments For Period: 02/01/2017 - 02/28/2017 <=>													
B16 XXX-XX-8683	HANKERSON, FRANCIS	VOLUNTARY PRE-K Adjustment Reason MONTHLY 80/20 VPK ATTENDANCE ADJUSTMENT	PR4	0	HR Days Hours	.00 4.47	.00 4.47	.00 0.00	.00 0.00	0.00 -36.88	0.00 0.00	0.00	0.00 -36.88
B16 XXX-XX-0968	LEE, IVYONNA L	VOLUNTARY PRE-K Adjustment Reason MONTHLY 80/20 VPK ATTENDANCE ADJUSTMENT	PR4	0	HR Days Hours	.00 4.47	.00 4.47	.00 0.00	.00 0.00	0.00 -3.35	0.00 0.00	0.00	0.00 -3.35
A16 XXX-XX-4997	RAMIREZ-MARTINE, LUISA M	VOLUNTARY PRE-K Adjustment Reason MONTHLY 80/20 VPK ATTENDANCE ADJUSTMENT	PR4	0	HR Days Hours	.00 4.47	.00 4.47	.00 0.00	.00 0.00	0.00 -3.35	0.00 0.00	0.00	0.00 -3.35
48 TO <60 MTH TOTALS:										0.00	0.00	0.00	0.00
										-9.75	0.00	0.00	-43.58
B16 XXX-XX-0276	ALFORD, DONTRAVIUS T	VOLUNTARY PRE-K Adjustment Reason MONTHLY 80/20 VPK ATTENDANCE ADJUSTMENT	PR5	0	HR Days Hours	.00 4.47	.00 4.47	.00 0.00	.00 0.00	0.00 -70.40	0.00 0.00	0.00	0.00 -70.40
A16 XXX-XX-6095	BRJANVIL, MASON	VOLUNTARY PRE-K Adjustment Reason MONTHLY 80/20 VPK ATTENDANCE ADJUSTMENT	PR5	0	HR Days Hours	.00 4.47	.00 4.47	.00 0.00	.00 0.00	0.00 -3.35	0.00 0.00	0.00	0.00 -3.35
A16 XXX-XX-7226	COOPER, HARMONY	VOLUNTARY PRE-K Adjustment Reason MONTHLY 80/20 VPK ATTENDANCE ADJUSTMENT	PR5	0	HR Days Hours	.00 4.47	.00 4.47	.00 0.00	.00 0.00	0.00 -36.88	0.00 0.00	0.00	0.00 -36.88

4472 OKEECHOBEE RD.

FORT PIERCE, FL 34947

Final Provider Reimbursement Report

Vendor #: 4150
 ALPI GEORGE W TRUITT HEADSTART (XXXXXX4148 3)
 2202 AVENUE Q
 FORT PIERCE, FL 34950
 (772)464-4452

** GS CENTER SUB ** VOLUNTARY PRE-K (VPK)

Reporting Period: 02/01/2017 - 02/28/2017

Class ID	Child	Eligibility Activity	Care Level	Days Absent	Reimbursed	Days Provider Reimbursed	Rate	Gold Seal Rate	Parent Fee	Gross Reimb.	Gold Seal Cost	Less Fees	Net Reimb.
=> Adjustments For Period: 02/01/2017 - 02/28/2017 <=>													
B16	XXX-XX-7287	VOLUNTARY PRE-K	PR5	0	HR Days	.00	.00	.00	.00	0.00	0.00	0.00	0.00
	EVERETT, JALEIAH	Adjustment Reason			Hours	4.47	.00	.00	.00	-36.88	0.00	0.00	-36.88
		MONTHLY 80/20 VPK ATTENDANCE ADJUSTMENT		-8.25									
A16	XXX-XX-0937	VOLUNTARY PRE-K	PR5	0	HR Days	.00	.00	.00	.00	0.00	0.00	0.00	0.00
	GRIFFIN, ANTHONY J	Adjustment Reason			Hours	4.47	.00	.00	.00	-36.88	0.00	0.00	-36.88
		MONTHLY 80/20 VPK ATTENDANCE ADJUSTMENT		-8.25									
A16	XXX-XX-2160	VOLUNTARY PRE-K	PR5	0	HR Days	.00	.00	.00	.00	0.00	0.00	0.00	0.00
	HARRIS, ZENARIA	Adjustment Reason			Hours	4.47	.00	.00	.00	-36.88	0.00	0.00	-36.88
		MONTHLY 80/20 VPK ATTENDANCE ADJUSTMENT		-8.25									
60 TO <72 MTH TOTALS:					0	0	HR Days			0.00	0.00	0.00	0.00
					-49.5	HR Hours				-221.27	0.00		-221.27
TOTALS FOR PERIOD:					0	0	Days			-264.85	0.00	0.00	-264.85
					-59.25	Hours							
ALL PERIODS:					85	589	Days			7633.64	0.00	0.00	7633.64
						1707.75	Hours						

EARLY LEARNING COALITION OF ST. LUCIE
 4472 OKEECHOBEE RD.
 FORT PIERCE, FL 34947
 Final Provider Reimbursement Report

Report Date: 03/14/2017 01:06:46

Reporting Period: 02/01/2017 - 02/28/2017

	Days Absent	Days Reimbursed	Gross Reimb.	Gold Seal Cost	Less Fees	Net Reimb.
VOLUNTARY PRE-K	85	589 Days	7633.64	0.00	0.00	7633.64
VPK REPORT TOTALS:						

4472 OKEECHOBEE RD.
FORT PIERCE, FL 34947

Final Provider Reimbursement Report

Vendor #: 4149
ALPI GARDEN TERRACE HEADSTART (XXXXXX4148 2)
2202 AVENUE Q
FORT PIERCE, FL 34950
(772)468-0300

** GS CENTER NON-SUB ** VOLUNTARY PRE-K (VPK)

Reporting Period: 02/01/2017 - 02/28/2017

Class ID	Child	Eligibility Activity	Care Level	Days Absent	Reimbursed	Days Provider	Rate	Gold Seal Rate	Parent Fee	Gross Reimb.	Gold Seal Cost	Less Fees	Net Reimb.
=> Adjustments For Period: 02/01/2017 - 02/28/2017 <=>													
B16	XXX-XX-1056	VOLUNTARY PRE-K											
	WILLIAMS, TRISTAN I	Adjustment Reason	PR4	0	HR Days	.00	.00	.00	.00	0.00	0.00	0.00	0.00
		MONTHLY 80/20 VPK ATTENDANCE ADJUSTMENT			Hours	4.47	.00	.00	.00	-36.88	0.00	0.00	-36.88
48 TO <60 MTH TOTALS:													
				0	HR Days					0.00	0.00	0.00	0.00
					HR Hours					-328.56	0.00	0.00	-328.56
D16	XXX-XX-2701	VOLUNTARY PRE-K											
	BOSTON, MESSIAH L	Adjustment Reason	PR5	0	HR Days	.00	.00	.00	.00	0.00	0.00	0.00	0.00
		MONTHLY 80/20 VPK ATTENDANCE ADJUSTMENT			Hours	4.47	.00	.00	.00	-36.88	0.00	0.00	-36.88
B16	XXX-XX-2849	VOLUNTARY PRE-K											
	COLLIER, JAYVIAN L	Adjustment Reason	PR5	0	HR Days	.00	.00	.00	.00	0.00	0.00	0.00	0.00
		MONTHLY 80/20 VPK ATTENDANCE ADJUSTMENT			Hours	4.47	.00	.00	.00	-70.40	0.00	0.00	-70.40
B16	XXX-XX-1406	VOLUNTARY PRE-K											
	JENKINS, KENAYSLA M	Adjustment Reason	PR5	0	HR Days	.00	.00	.00	.00	0.00	0.00	0.00	0.00
		MONTHLY 80/20 VPK ATTENDANCE ADJUSTMENT			Hours	4.47	.00	.00	.00	-53.64	0.00	0.00	-53.64
C16	XXX-XX-8051	VOLUNTARY PRE-K											
	JENKINS, SHANYLA V	Adjustment Reason	PR5	0	HR Days	.00	.00	.00	.00	0.00	0.00	0.00	0.00
		MONTHLY 80/20 VPK ATTENDANCE ADJUSTMENT			Hours	4.47	.00	.00	.00	-36.88	0.00	0.00	-36.88
B16	XXX-XX-4441	VOLUNTARY PRE-K											
	MATTHEWS, BRAXTON O	Adjustment Reason	PR5	0	HR Days	.00	.00	.00	.00	0.00	0.00	0.00	0.00
		MONTHLY 80/20 VPK ATTENDANCE ADJUSTMENT			Hours	4.47	.00	.00	.00	-20.12	0.00	0.00	-20.12

EARLY LEARNING COALITION OF ST. LUCIE
 4472 OKEECHOBEE RD.
 FORT PIERCE, FL 34947
 Final Provider Reimbursement Report

Vendor #: 4149
 ALPI GARDEN TERRACE HEADSTART (XXXXXX4148 2)
 2202 AVENUE Q
 FORT PIERCE, FL 34950
 (772)468-0300

** GS CENTER NON-SUB ** VOLUNTARY PRE-K (VPK)

Reporting Period: 02/01/2017 - 02/28/2017

Class ID	Child	Eligibility Activity	Care Level	Days Absent	Reimbursed	Days Provider Reimbursed	Rate	Gold Seal Rate	Parent Fee	Gross Reimb.	Gold Seal Cost	Less Fees	Net Reimb.
⇒ Adjustments For Period: 02/01/2017 - 02/28/2017 <=>													
D16	XXX-XX-4842	VOLUNTARY PRE-K	PR5	0	HR Days	.00	.00	.00	.00	0.00	0.00	0.00	0.00
	PATTERSON, GARIAN B	Adjustment Reason											
		MONTHLY 80/20 VPK ATTENDANCE ADJUSTMENT		-4.5	Hours	4.47	.00	.00	.00	-20.12	0.00	0.00	-20.12
B16	XXX-XX-1976	VOLUNTARY PRE-K	PR5	0	HR Days	.00	.00	.00	.00	0.00	0.00	0.00	0.00
	PAUL, DEMETRIUS	Adjustment Reason											
		MONTHLY 80/20 VPK ATTENDANCE ADJUSTMENT		-7.5	Hours	4.47	.00	.00	.00	-3.35	0.00	0.00	-3.35
B16	XXX-XX-4758	VOLUNTARY PRE-K	PR5	0	HR Days	.00	.00	.00	.00	0.00	0.00	0.00	0.00
	PEAK, AMANI S	Adjustment Reason											
		MONTHLY 80/20 VPK ATTENDANCE ADJUSTMENT		-8.25	Hours	4.47	.00	.00	.00	-36.88	0.00	0.00	-36.88
D16	XXX-XX-4593	VOLUNTARY PRE-K	PR5	0	HR Days	.00	.00	.00	.00	0.00	0.00	0.00	0.00
	SMITH, JA'VONTAE R	Adjustment Reason											
		MONTHLY 80/20 VPK ATTENDANCE ADJUSTMENT		-4.5	Hours	4.47	.00	.00	.00	-20.12	0.00	0.00	-20.12
60 TO <72 MTH TOTALS:					0	HR Days	0			0.00	0.00	0.00	0.00
TOTALS FOR PERIOD:					-66.75	HR Hours				-298.39	0.00		-298.39
					0	0 Days				-626.95	0.00		-626.95
						-140.25 Hours							
ALL PERIODS:					168	1045 Days				13386.50	0.00	0.00	13386.50
						2994.75 Hours							

EARLY LEARNING COALITION OF ST. LUCIE
 4472 OKEECHOBEE RD.
 FORT PIERCE, FL 34947
 Final Provider Reimbursement Report

Report Date: 03/14/2017 12:53:51

Reporting Period: 02/01/2017 - 02/28/2017

	Days Absent	Days Reimbursed	Gross Reimb.	Gold Seal Cost	Less Fees	Net Reimb.
VOLUNTARY PRE-K	168	1045 Days	13386.50	0.00	0.00	13386.50
VPK REPORT TOTALS:						

4472 OKBEOBEE RD.
FORT PIERCE, FL 34947

Final Provider Reimbursement Report

Vendor # : 4158
ALPI FRANCINA DUVAL HEAD START (XXXXXXXX4148 7)
2202 AVENUE Q
FT. PIERCE, FL 34950
(772)461-0398

** GS CENTER NON-SUB ** VOLUNTARY PRE-K (VPK)

Reporting Period: 02/01/2017 - 02/28/2017

Class ID	Child	Eligibility Activity	Care Level	Days Absent	Reimbursed	Days Provider Reimbursed	Rate	Gold Seal Rate	Parent Fee	Gross Reimb.	Gold Seal Cost	Less Fees	Net Reimb.
=> Adjustments For Period: 02/01/2017 - 02/28/2017 <=>													
A16 XXX-XX-8761	BRICKLES JACKSO, JASMINE	VOLUNTARY PRE-K Adjustment Reason MONTHLY 80/20 VPK ATTENDANCE ADJUSTMENT	PR5	0	HR Days Hours	.00 4.47	.00 .00	.00 .00	.00	0.00	0.00	0.00	0.00
A16 XXX-XX-5935	BRICKLES-JACKSO, JORDAN	VOLUNTARY PRE-K Adjustment Reason MONTHLY 80/20 VPK ATTENDANCE ADJUSTMENT	PR5	0	HR Days Hours	.00 4.47	.00 .00	.00 .00	.00	0.00	0.00	0.00	-20.12
B16 XXX-XX-5956	DAVIS, JORDAN D	VOLUNTARY PRE-K Adjustment Reason MONTHLY 80/20 VPK ATTENDANCE ADJUSTMENT	PR5	0	HR Days Hours	.00 4.47	.00 .00	.00 .00	.00	0.00	0.00	0.00	0.00
A16 XXX-XX-8762	NEAL, JERMAINE	VOLUNTARY PRE-K Adjustment Reason MONTHLY 80/20 VPK ATTENDANCE ADJUSTMENT	PR5	0	HR Days Hours	.00 4.47	.00 .00	.00 .00	.00	0.00	0.00	0.00	-120.69
A16 XXX-XX-2620	NEWMAN, JIBRON	VOLUNTARY PRE-K Adjustment Reason MONTHLY 80/20 VPK ATTENDANCE ADJUSTMENT	PR5	0	HR Days Hours	.00 4.47	.00 .00	.00 .00	.00	0.00	0.00	0.00	-36.88
A16 XXX-XX-0352	PEREZ-SOTO, ERICHELL O	VOLUNTARY PRE-K Adjustment Reason MONTHLY 80/20 VPK ATTENDANCE ADJUSTMENT	PR5	0	HR Days Hours	.00 4.47	.00 .00	.00 .00	.00	0.00	0.00	0.00	-70.40
A16 XXX-XX-1410	PORTER JR, TEVIN R	VOLUNTARY PRE-K Adjustment Reason MONTHLY 80/20 VPK ATTENDANCE ADJUSTMENT	PR5	0	HR Days Hours	.00 4.47	.00 .00	.00 .00	.00	0.00	0.00	0.00	0.00
													-20.12
													-36.88
													-70.40
													-20.12
													-36.88

EARLY LEARNING COALITION OF ST. LUCIE
 4472 OKEECHOBEE RD.
 FORT PIERCE, FL 34947
 Final Provider Reimbursement Report

Vendor #: 4158
 ALPI FRANCINA DUVAL HEAD START (XXXXXX4148 7)
 2202 AVENUE Q
 FT. PIERCE, FL 34950
 (772)461-0398

** GS CENTER NON-SUB ** VOLUNTARY PRE-K (VPK)

Reporting Period: 02/01/2017 - 02/28/2017

Class ID	Child	Eligibility Activity	Care Level	Days Absent	Days Reimbursed	Provider Rate	Gold Seal Rate	Parent Fee	Gross Reimb.	Gold Seal Cost	Less Fees	Net Reimb.
=> Adjustments For Period: 02/01/2017 - 02/28/2017 <==												
		60 TO <72 MTH	TOTALS:	0	0	HR Days	0	0.00	0.00	0.00	0.00	0.00
				-78	HR Hours			-348.68	-348.68			-348.68
		TOTALS FOR PERIOD:		0	0 Days			-596.77	-596.77	0.00	0.00	-596.77
					-133.5 Hours							
		ALL PERIODS:		110	551 Days			6792.14	6792.14	0.00	0.00	6792.14
					1519.5 Hours							

EARLY LEARNING COALITION OF ST. LUCIE
 4472 OKEECHOBEE RD.
 FORT PIERCE, FL 34947
 Final Provider Reimbursement Report

Report Date: 03/14/2017 12:51:49

Reporting Period: 02/01/2017 - 02/28/2017

	Days Absent	Days Reimbursed	Gross Reimb.	Gold Seal Cost	Less Fees	Net Reimb.
VOLUNTARY PRE-K	110	551 Days	6792.14	0.00	0.00	6792.14
VPK REPORT TOTALS:						

EARLY LEARNING COALITION OF ST. LUCIE
 4472 OKEECHOBEE RD.
 FORT PIERCE, FL 34947
 Final Provider Reimbursement Report

Vendor #: 4181
 ALPI CHILD DEV FAMILY SVCS CTR (XXXXXX4148 16)
 2202 AVENUE Q
 FORT PIERCE, FL 34950
 (772)879-4944

** LICENSED CENTER SUB ** VOLUNTARY PRE-K (VPK)

Reporting Period: 02/01/2017 - 02/28/2017

Class ID	Child	Eligibility Activity	Care Level	Days Absent	Reimbursed	Days Provider Reimbursed	Rate	Gold Seal Rate	Parent Fee	Gross Reimb.	Gold Seal Cost	Less Fees	Net Reimb.
=> Adjustments For Period: 02/01/2017 - 02/28/2017 <=>													
E16	XXX-XX-8004	VOLUNTARY PRE-K	PR5	0	HR Days	.00	.00	.00	.00	0.00	0.00	0.00	0.00
	MCLEAN, ANISA	Adjustment Reason			Hours	4.47	.00	.00	.00	-3.35	0.00	0.00	-3.35
		MONTHLY 80/20 VPK ATTENDANCE ADJUSTMENT											
F16	XXX-XX-9551	VOLUNTARY PRE-K	PR5	0	HR Days	.00	.00	.00	.00	0.00	0.00	0.00	0.00
	MEIKLE, TRISTAN E	Adjustment Reason			Hours	4.47	.00	.00	.00	-154.22	0.00	0.00	-154.22
		MONTHLY 80/20 VPK ATTENDANCE ADJUSTMENT											
C16	XXX-XX-1898	VOLUNTARY PRE-K	PR5	0	HR Days	.00	.00	.00	.00	0.00	0.00	0.00	0.00
	PAUL, A'LAYSHIA	Adjustment Reason			Hours	4.47	.00	.00	.00	-53.64	0.00	0.00	-53.64
		MONTHLY 80/20 VPK ATTENDANCE ADJUSTMENT											
C16	XXX-XX-8143	VOLUNTARY PRE-K	PR5	0	HR Days	.00	.00	.00	.00	0.00	0.00	0.00	0.00
	ROBINSON, ILJIA R	Adjustment Reason			Hours	4.47	.00	.00	.00	-3.35	0.00	0.00	-3.35
		MONTHLY 80/20 VPK ATTENDANCE ADJUSTMENT											
E16	XXX-XX-8007	VOLUNTARY PRE-K	PR5	0	HR Days	.00	.00	.00	.00	0.00	0.00	0.00	0.00
	SHALABI, AISHA	Adjustment Reason			Hours	4.47	.00	.00	.00	-20.12	0.00	0.00	-20.12
		MONTHLY 80/20 VPK ATTENDANCE ADJUSTMENT											
C16	XXX-XX-8826	VOLUNTARY PRE-K	PR5	0	HR Days	.00	.00	.00	.00	0.00	0.00	0.00	0.00
	STREET, CARLOS	Adjustment Reason			Hours	4.47	.00	.00	.00	-3.35	0.00	0.00	-3.35
		MONTHLY 80/20 VPK ATTENDANCE ADJUSTMENT											
A16	XXX-XX-8225	VOLUNTARY PRE-K	PR5	0	HR Days	.00	.00	.00	.00	0.00	0.00	0.00	0.00
	VALOY, CRISTOFFER	Adjustment Reason			Hours	4.47	.00	.00	.00	-3.35	0.00	0.00	-3.35
		MONTHLY 80/20 VPK ATTENDANCE ADJUSTMENT											

EARLY LEARNING COALITION OF ST. LUCIE
 4472 OKEECHOBEE RD.
 FORT PIERCE, FL 34947
 Final Provider Reimbursement Report

Vendor #: 4181
 ALPI CHILD DEV FAMILY SVCS CTR (XXXXXX4148 16)
 2202 AVENUE Q
 FORT PIERCE, FL 34950
 (772)879-4944

** LICENSED CENTER SUB ** VOLUNTARY PRE-K (VPK)

Reporting Period: 02/01/2017 - 02/28/2017

Class ID	Child	Eligibility Activity	Care Level	Days Absent	Reimbursed	Days Provider Reimbursed	Rate	Gold Seal Rate	Parent Fee	Gross Reimb.	Gold Seal Cost	Less Fees	Net Reimb.
F16	XXX-XX-4832	VOLUNTARY PRE-K	PR5	0	HR Days	.00	.00	.00	.00	0.00	0.00	0.00	0.00
	WILLIAMS, JAYVIONNI	Adjustment Reason			Hours	4.47	.00			-20.12	0.00		-20.12
	M	MONTHLY 80/20 VPK ATTENDANCE ADJUSTMENT		-4.5									
60 TO <72 MTH TOTALS:													
				0	0 HR Days					0.00	0.00	0.00	0.00
				-176.25	-176.25 HR Hours					-787.85	0.00		-787.85
TOTALS FOR PERIOD:													
				0	0 Days					-1562.30	0.00	0.00	-1562.30
					-349.5 Hours								
ALL PERIODS:													
				313	1881 Days					23661.91	0.00	0.00	23661.91
					5293.5 Hours								

EARLY LEARNING COALITION OF ST. LUCIE
 4472 OKEECHOBEE RD.
 FORT PIERCE, FL 34947
 Final Provider Reimbursement Report

Reporting Period: 02/01/2017 - 02/28/2017

	Days Absent	Days Reimbursed	Gross Reimb.	Gold Seal Cost	Less Fees	Net Reimb.
VOLUNTARY PRE-K	313	1881 Days	23661.91	0.00	0.00	23661.91
VPK REPORT TOTALS:						

EARLY LEARNING COALITION OF ST. LUCIE
 4472 OKEECHOBEE RD.
 FORT PIERCE, FL 34947
 Final Provider Reimbursement Report

Vendor # : 4150
 ALPI GEORGE W TRUITT HEADSTART (XXXXXX4148 3)
 2202 AVENUE Q
 FORT PIERCE, FL 34950
 (772)464-4452

BILLING GROUP 8 (BG8)

** GS CENTER SUB **

Reporting Period: 02/01/2017 - 02/28/2017

Class ID	Child	Eligibility Activity	Care Level	Days Reimbursed	Provider Rate	Gold Seal Rate	Parent Fee	Gross Reimb.	Gold Seal Cost	Less Fees	Net Reimb.	
=> Child Care For Period: 02/01/2017 - 02/28/2017 <=>												
XXX-XX-1684	RICKS, ERIYONNA J	ECONOMICALLY DISADVANTAGE	PR3	12 PT Days	13.50	.00	1.65	162.00	0.00	19.80	142.20	
			PR3	6 PT Days	13.50	.00	1.65	81.00	0.00	9.90	71.10	
XXX-XX-1854	SINGLETON JR, DARNELL L	ECONOMICALLY DISADVANTAGE	PR3	1 FT Days	20.00	3.60	1.65	20.00	3.60	1.65	21.95	
			PR3	10 PT Days	13.50	.00	1.65	135.00	0.00	16.50	118.50	
		36 TO <48 MTH	TOTALS:	1 FT Days				20.00	3.60	1.65	21.95	
				28 PT Days				378.00	0.00	46.20	331.80	
XXX-XX-1854	SINGLETON JR, DARNELL L	ECONOMICALLY DISADVANTAGE	PR4	2 PT Days	12.75	.00	1.65	25.50	0.00	3.30	22.20	
		Care Level Change	PR4	1 FT Days	18.00	3.24	3.30	18.00	3.24	3.30	17.94	
		Fee Change	PR4	6 PT Days	12.75	.00	1.65	76.50	0.00	9.90	66.60	
		Fee Change		1 FT Days				18.00	3.24	3.30	17.94	
				8 PT Days				102.00	0.00	13.20	88.80	
		48 TO <60 MTH	TOTALS:	38 Days				518.00	6.84	64.35	460.49	
		TOTALS FOR PERIOD:										

LIHEAP FINANCIAL STATUS REPORT

Agency : Agricultural and Labor Program, Inc.
 Program : Low Income Home Energy Assistance Program (LIHEAP)
 Contract # : 16EA-0F-07-63-08-001

**Low Income Home Energy Assistance Program (LIHEAP)
 FINANCIAL STATUS REPORT**

Reporting Period:	12 2016-12 2016	Invoice #:	16EA00110
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LIHEAP FUNDS				
BUDGET CATEGORIES	Budget Allocation (A)	Current Month (B)	Total To Date (C)	Unexpended Balance (D) (A-C)
REVENUE AND FUNDING				
1. LIHEAP FUNDS (No Leveraging Funds)	\$4,258,448.00	\$269,388.16	\$2,965,970.96	\$1,292,477.04
GRANTEE ADMINISTRATIVE EXPENSE				
2. Salaries including Fringe, Rent, Utilities, Travel, Other (Total cannot exceed 8% of Line 1)	\$314,432.00	(\$4,308.74)	\$271,048.63	\$43,383.37
GRANTEE OUTREACH EXPENSE				
3. Salaries including Fringe, Rent, Utilities, Travel, Other (Cannot Exceed 15% of Line 1 minus Line 2)	\$639,122.00	\$53,030.82	\$508,175.00	\$130,947.00
DIRECT CLIENT ASSISTANCE				
4. Home Energy Assistance Payments (Must be at least 25% of Line 1)	\$1,064,612.00	\$98,279.57	\$1,034,219.72	\$30,392.28
5. Crisis Benefits Payments	\$2,155,113.00	\$122,386.51	\$1,152,527.61	\$1,002,585.39
6. Weather Related/Supply Shortage (Must be at least 2% of Line 1)	\$85,169.00	\$0.00	\$0.00	\$85,169.00
7. SUBTOTAL (Lines 4-6)	\$3,304,894.00	\$220,666.08	\$2,186,747.33	\$1,118,146.67
GRANTEE LEVERAGING EXPENSE				
8. Home Energy Assistance	\$0.00	\$0.00	\$0.00	\$0.00
9. Crisis Assistance	\$0.00	\$0.00	\$0.00	\$0.00
10. SUBTOTAL (Line 8 + 9)	\$0.00	\$0.00	\$0.00	\$0.00
11. GRAND TOTAL ALL EXPENSES (Line 2 + 3 + 7 + 10)	\$4,258,448.00	\$269,388.16	\$2,965,970.96	\$1,292,477.04

CASH POSITION

1. Total grant funds received from DEO Y-T-D	\$2,971,545.77
2. Interest Income Received to Date	\$0.00
3. Program Income Received to Date	\$0.00
4. Amount of Reimbursement Requested (not to exceed undisbursed balance)	\$269,388.16

I certify that I am authorized to sign financial reports and the information provided herein is true and accurate to the best of my knowledge.

Name (Please Type):	Deloris Johnson	Title :	Chief Exec. Officer	Signature		Date :	1/17/2017
Current Authority	\$4,258,448.00	Type of Assistance		NUMBER OF HOUSEHOLDS			
Year-to-Date Disbursed	\$2,971,545.77			Approved Workplan	Served with these Funds	Served to Date	
Available Authority	\$1,286,902.23	Summer Home Energy	1700	0	2402		
Payment Number		Winter Home Energy	1701	314	901		
Payment Amount		Summer Crisis	3141	0	2268		
Approved		Winter Crisis	3142	357	1299		
Date		Weather Related	258	0	0		
		TOTALS :	9942	671	6870		

Recipient hereby certifies that it has been open and operating during its normal business hours for the month of December, as described in Attachment F, Warranties and Representations, of the FY2016 LIHEAP Agreement.

Deloris Johnson
Printed Name

Signature

1/17/2017
Date

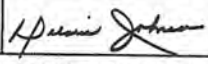
Agency : Agricultural and Labor Program, Inc.

Program : Low Income Home Energy Assistance Program (LIHEAP)

Contract # : 16EA-0F-07-63-08-001

Low Income Home Energy Assistance Program (LIHEAP)

FINANCIAL STATUS REPORT

Reporting Period:	1 2017-1 2017	Invoice #:	16EA00111				
LIHEAP FUNDS							
BUDGET CATEGORIES	Budget Allocation (A)	Current Month (B)	Total To Date (C)	Unexpended Balance (D) (A-C)			
REVENUE AND FUNDING							
1. LIHEAP FUNDS (No Leveraging Funds)	\$4,258,448.00	\$213,581.68	\$3,179,552.64	\$1,078,895.36			
GRANTEE ADMINISTRATIVE EXPENSE							
2. Salaries including Fringe, Rent, Utilities, Travel, Other (Total cannot exceed 8% of Line 1)	\$314,432.00	\$18,564.70	\$289,613.33	\$24,818.67			
GRANTEE OUTREACH EXPENSE							
3. Salaries including Fringe, Rent, Utilities, Travel, Other (Cannot Exceed 15% of Line 1 minus Line 2)	\$639,122.00	\$70,952.54	\$579,127.54	\$59,994.46			
DIRECT CLIENT ASSISTANCE							
4. Home Energy Assistance Payments (Must be at least 25% of Line 1)	\$1,064,612.00	\$21,980.66	\$1,056,200.38	\$8,411.62			
5. Crisis Benefits Payments	\$2,155,113.00	\$102,083.78	\$1,254,611.39	\$900,501.61			
6. Weather Related/Supply Shortage (Must be at least 2% of Line 1)	\$85,169.00	\$0.00	\$0.00	\$85,169.00			
7. SUBTOTAL (Lines 4-6)	\$3,304,894.00	\$124,064.44	\$2,310,811.77	\$994,082.23			
GRANTEE LEVERAGING EXPENSE							
8. Home Energy Assistance	\$0.00	\$0.00	\$0.00	\$0.00			
9. Crisis Assistance	\$0.00	\$0.00	\$0.00	\$0.00			
10. SUBTOTAL (Line 8 + 9)	\$0.00	\$0.00	\$0.00	\$0.00			
11. GRAND TOTAL ALL EXPENSES (Line 2 + 3 + 7 + 10)	\$4,258,448.00	\$213,581.68	\$3,179,552.64	\$1,078,895.36			
CASH POSITION							
1. Total grant funds received from DEO Y-T-D				\$3,240,933.93			
2. Interest Income Received to Date				\$0.00			
3. Program Income Received to Date				\$0.00			
4. Amount of Reimbursement Requested (not to exceed undisbursed balance)				\$213,581.68			
I certify that I am authorized to sign financial reports and the information provided herein is true and accurate to the best of my knowledge.							
Name (Please Type) :	Deloris Johnson	Title :	Chief Exec. Officer	Signature		Date :	2/16/2017
Current Authority	\$4,258,448.00	Type of Assistance		NUMBER OF HOUSEHOLDS			
Year-to-Date Disbursed	\$3,240,933.93			Approved Workplan	Served with these Funds	Served to Date	
Available Authority	\$1,017,514.07	Summer Home Energy	1700	0	2402		
Payment Number		Winter Home Energy	1701	70	971		
Payment Amount		Summer Crisis	3141	0	2268		
Approved		Winter Crisis	3142	325	1624		
Date		Weather Related	258	0	0		
		TOTALS :	9942	395	7265		

Recipient hereby certifies that it has been open and operating during its normal business hours for the month of

January

, as described in Attachment F, Warranties and Representations, of the FY2017 LIHEAP Agreement.

Deloris Johnson

Printed Name



Signature

2/16/2017

Date

Agency : Agricultural and Labor Program, Inc.
 Program : Low Income Home Energy Assistance Program (LIHEAP)
 Contract # : 16EA-0F-07-63-08-001

**Low Income Home Energy Assistance Program (LIHEAP)
 FINANCIAL STATUS REPORT**

Reporting Period:	2 2017-2 2017	Invoice #:	16EA00112	
LIHEAP FUNDS				
BUDGET CATEGORIES	Budget Allocation (A)	Current Month (B)	Total To Date (C)	Unexpended Balance (D) (A-C)
REVENUE AND FUNDING				
1. LIHEAP FUNDS (No Leveraging Funds)	\$4,374,828.00	\$259,826.80	\$3,439,379.44	\$935,448.56
GRANTEE ADMINISTRATIVE EXPENSE				
2. Salaries including Fringe, Rent, Utilities, Travel, Other (Total cannot exceed 8% of Line 1)	\$371,860.00	\$30,596.86	\$320,210.19	\$51,649.81
GRANTEE OUTREACH EXPENSE				
3. Salaries including Fringe, Rent, Utilities, Travel, Other (Cannot Exceed 15% of Line 1 minus Line 2)	\$600,445.00	\$21,317.46	\$600,445.00	\$0.00
DIRECT CLIENT ASSISTANCE				
4. Home Energy Assistance Payments (Must be at least 25% of Line 1)	\$1,847,410.00	\$119,449.91	\$1,175,650.29	\$671,759.71
5. Crisis Benefits Payments	\$1,555,113.00	\$88,462.57	\$1,343,073.96	\$212,039.04
6. Weather Related/Supply Shortage (Must be at least 2% of Line 1)	\$0.00	\$0.00	\$0.00	\$0.00
7. SUBTOTAL (Lines 4-6)	\$3,402,523.00	\$207,912.48	\$2,518,724.25	\$883,798.75
GRANTEE LEVERAGING EXPENSE				
8. Home Energy Assistance	\$0.00	\$0.00	\$0.00	\$0.00
9. Crisis Assistance	\$0.00	\$0.00	\$0.00	\$0.00
10. SUBTOTAL (Line 8 + 9)	\$0.00	\$0.00	\$0.00	\$0.00
11. GRAND TOTAL ALL EXPENSES (Line 2 + 3 + 7 + 10)	\$4,374,828.00	\$259,826.80	\$3,439,379.44	\$935,448.56

CASH POSITION

1. Total grant funds received from DEO Y-T-D	\$3,454,515.61
2. Interest Income Received to Date	\$0.00
3. Program Income Received to Date	\$0.00
4. Amount of Reimbursement Requested (not to exceed undisbursed balance)	\$259,826.80

I certify that I am authorized to sign financial reports and the information provided herein is true and accurate to the best of my knowledge.

Name (Please Type) : Deloris Johnson	Title : Chief Exec. Officer	Signature	Date : 3/17/2017		
Current Authority	\$4,374,828.00	Type of Assistance	NUMBER OF HOUSEHOLDS		
Year-to-Date Disbursed	\$3,454,515.61		Approved Workplan	Served with these Funds	Served to Date
Available Authority	\$920,312.39	Summer Home Energy	2403	0	2402
Payment Number		Winter Home Energy	3499	348	1319
Payment Amount		Summer Crisis	3017	0	2268
Approved		Winter Crisis	1517	282	1906
Date		Weather Related	0	0	0
		TOTALS :	10436	630	7895

Recipient hereby certifies that it has been open and operating during its normal business hours for the month of February, as described in Attachment F, Warranties and Representations, of the FY2017 LIHEAP Agreement.

Deloris Johnson
Printed Name

Deloris Johnson
Signature

3/17/2017
Date

FLORIDA NON-PROFIT HOUSING

**THE AGRICULTURAL AND LABOR PROGRAM, INC.
EXPENSE REPORT TO FLORIDA NON-PROFIT HOUSING**

MONTHLY REQUEST

DATE SUBMITTED: 9-Jan-17
FOR THE MONTH OF: December, 2016

AMOUNT OF THIS REQUEST \$ \$1,478.47

	BUDGET LINE ITEM	APPROVED BUDGET	CUM. COST PRIOR PERIOD	ACTUAL COST THIS PERIOD	CUM. COST TO DATE	BAL. OF BUDGET
500	Salaries	\$1,600.00	\$548.00	\$89.57	\$637.57	\$962.43
505	Fringes	\$400.00	\$141.64	\$7.20	\$148.84	\$251.16
52000	Workmen's Comp.	\$38.56	\$12.36	\$1.98	\$14.34	\$24.22
57810	Housing Assist. Payment	\$24,000.00	\$15,413.91	\$1,355.81	\$16,769.72	\$7,230.28
52300	Travel	\$97.44	\$0.00	\$0.00	\$0.00	\$97.44
990	Sub-Total	\$26,136.00	\$16,115.91	\$1,454.56	\$17,570.47	\$8,565.53
597	Indirect	\$264.00	\$102.79	\$23.91	\$126.70	\$137.30
	Total Cost	\$26,400.00	\$16,218.70	\$1,478.47	\$17,697.17	\$8,702.83


SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL

9-Jan-17
DATE

Deloris Johnson, Chief Executive Officer
TYPED OR PRINTED NAME & TITLE

**THE AGRICULTURAL AND LABOR PROGRAM, INC.
EXPENSE REPORT TO FLORIDA NON-PROFIT HOUSING**

MONTHLY REQUEST

DATE SUBMITTED: 8-Mar-17
FOR THE MONTH OF: January/February, 2017

AMOUNT OF THIS REQUEST \$ \$3,852.07

	BUDGET LINE ITEM	APPROVED BUDGET	CUM. COST PRIOR PERIOD	ACTUAL COST THIS PERIOD	CUM. COST TO DATE	BAL. OF BUDGET
500	Salaries	\$1,600.00	\$637.57	\$239.46	\$877.03	\$722.97
505	Fringes	\$400.00	\$148.84	\$81.91	\$230.75	\$169.25
52000	Workmen's Comp.	\$38.56	\$14.34	\$4.88	\$19.22	\$19.34
57810	Housing Assist. Payment	\$24,000.00	\$16,769.72	\$3,467.00	\$20,236.72	\$3,763.28
52300	Travel	\$97.44	\$0.00	\$0.00	\$0.00	\$97.44
990	Sub-Total	\$26,136.00	\$17,570.47	\$3,793.25	\$21,363.72	\$4,772.28
597	Indirect	\$264.00	\$126.70	\$58.82	\$185.52	\$78.48
	Total Cost	\$26,400.00	\$17,697.17	\$3,852.07	\$21,549.24	\$4,850.76


SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL

8-Mar-17
DATE

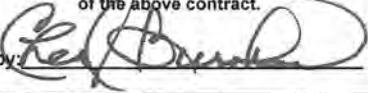
Deloris Johnson, Chief Executive Officer
TYPED OR PRINTED NAME & TITLE

EHEAP FINANCIAL STATUS REPORT

**REQUEST FOR PAYMENT
EMERGENCY HOME ENERGY ASSISTANCE PROGRAM**

CONTRACTOR NAME, ADDRESS, PHONE# and FEID# THE AGRICULTURAL AND LABOR PROGRAM, INC 300 LYNCHBURG ROAD LAKE ALFRED, FL 33850-2576 (863) 956-3491 FEID # 59-1634148	TYPE OF REPORT : Advance Request _____ Reimbursement Request <u> X </u>	This Request Period <u> 12/01/2016 - 12/31/2016 </u> PSA # <u> 6 </u> Report # <u> 9 </u> Contract # <u> EH-16/17 - ALPI </u> Contract Period <u> 04/01/2016 - 03/31/2017 </u>
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CERTIFICATION: I hereby certify that this request to the best of my knowledge to be complete and correct and conforms with the terms of the above contract.

Prepared by:  Date: 1/4/17 Approved by:  Date: 1/6/17

PART A: BUDGET SUMMARY	ADMINISTRATION SERVICES	OUTREACH SERVICES	CRISIS SERVICES	WEATHER RELATED	ADMINISTRATION WEATHER RELATED	TOTAL
1. Approved Contract Amount	\$1,378.00	\$16,877.00	\$90,119.00	\$2,500.00	\$0.00	\$110,874.00
2. Previous Funds Received for Contract Period	\$1,062.09	\$12,202.47	\$54,955.62	\$0.00	\$0.00	\$68,220.18
3. Contract Balance (line 1 minus line 2)	\$315.91	\$4,674.53	\$35,163.38	\$2,500.00	\$0.00	\$42,653.82
4. Previous Funds Requested and Not Received for Contract Period	\$150.94	\$1,654.47	\$6,290.81	\$0.00	\$0.00	\$8,096.22
5. Contract Balance (line 3 minus line 4)	\$164.97	\$3,020.06	\$28,872.57	\$2,500.00	\$0.00	\$34,557.60

PART B: CONTRACT FUNDS REQUEST	ADMINISTRATION SERVICES	OUTREACH SERVICES	CRISIS SERVICES	WEATHER RELATED	ADMINISTRATION WEATHER RELATED	TOTAL
1. Anticipated Cash Needs (1st - 2nd month, Attach Justification)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2. Net Expenditures For Month (DOEA Form 105P, Part B, Line 6)	\$77.93	\$1,120.23	\$4,368.03	\$0.00	\$0.00	\$5,566.19
3. TOTAL	\$77.93	\$1,120.23	\$4,368.03	\$0.00	\$0.00	\$5,566.19

PART C: NET FUNDS REQUESTED	ADMINISTRATION SERVICES	OUTREACH SERVICES	CRISIS SERVICES	WEATHER RELATED	ADMINISTRATION WEATHER RELATED	TOTAL
1. Less Advance Applied	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2. TOTAL FUNDS REQUESTED (Part B, Line 3 minus Part C, Line 1)	\$77.93	\$1,120.23	\$4,368.03	\$0.00	\$0.00	\$5,566.19

PART D: SERVICE INFORMATION

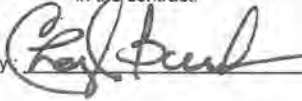

Number of individuals (units) served with crisis energy assistance during the report month: _____ 16

Certification statement: Contractor hereby certifies that it has been open and operating during its normal business hours for the reporting month, as described in the Statement of Work section, of the EHEAP contract.

**RECEIPTS AND EXPENDITURE REPORT
EMERGENCY HOME ENERGY ASSISTANCE PROGRAM**

PROVIDER NAME, ADDRESS, PHONE# AND FEID# THE AGRICULTURAL AND LABOR PROGRAM, INC 300 LYNCHBURG ROAD LAKE ALFRED, FL 33850-2576 (863) 956-3491 FEID # 59-1634148	Program Funding Source : EHEAP (Emergency Home Energy Assistance for the Elderly Program)	THIS REPORT PERIOD FROM: 12/01/2016 TO: 12/31/2016 CONTRACT PERIOD: 4/1/2016 3/31/2017 CONTRACT # EH-16/17-ALPI REPORT # 9 PSA# 6
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CERTIFICATION : I certify to the best of my knowledge and belief that this report is complete and all outlays herein are for purposes set forth in the contract.

Prepared by:  Date: 1/6/17 Approved by:  Date: 1/6/17

PART A : BUDGETED INCOME/ RECEIPTS	1. Approved Budget	2. Actual Receipts For This Report	3. Total Receipts Year to Date	4. Percent of Approved Budget
1. Agreement Amount	\$110,874.00	\$68,220.18	\$68,220.18	61.53%
2. Interest on Agreement Funds	\$0.00	\$0.00	\$0.00	0.00%
3. TOTAL AGREEMENT AMOUNT	\$110,874.00	\$68,220.18	\$68,220.18	61.53%
PART B : EXPENDITURES	1. Approved Budget	2. Expenditures For This Report	3. Expenditures Year to Date	4. Percent of Approved Budget
1. Administration	\$1,378.00	\$77.93	\$1,290.96	93.68%
2. Outreach	\$16,877.00	\$1,120.23	\$14,977.17	88.74%
3. Crisis Services	\$90,119.00	\$ 4,368.03	\$ 65,614.46	72.81%
4. Weather Related Services	\$2,500.00	\$0.00	\$0.00	0.00%
5. Weather Related Administration	\$0.00	\$0.00	\$0.00	0.00%
6. TOTAL EXPENDITURES	\$110,874.00	\$5,566.19	\$81,882.59	73.85%

EHEAP EXPENDITURE SUMMARY

Provider: ALPI

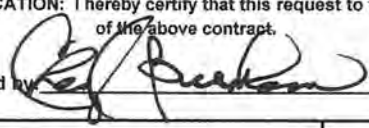
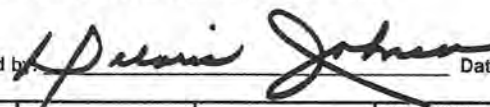
Report Period: 12/1/2016 - 12/31/2016

Budget Category	Line Item	Description	Ck #, D.D., EFT	Amount
Administration	50000	SALARIES		\$ 58.49
	50500	FRINGE BENEFITS		\$ 0.86
	52000	DIRECT FRINGE W/C		\$ 1.25
	52300	TRAVEL		\$ -
	53800	POSTAGE		\$ -
	59700	INDIRECT		\$ 17.33
		TOTAL ADMINISTRATION		\$ 77.93
Outreach	50000	SALARIES		\$ 633.92
	50500	FRINGE BENEFITS		\$ 63.58
	52000	DIRECT FRINGE W/C		\$ 14.19
	52300	TRAVEL		\$ -
	52900	PRINTING		\$ 72.88
	53000	OFFICE SUPPLIES		\$ 81.41
	53500	UTILITIES		\$ 30.26
	53600	TELEPHONE		\$ 17.89
	53700	DATA COMMUNICATIONS		\$ 27.22
	53800	POSTAGE		\$ 15.25
	59700	INDIRECT		\$ 163.63
		TOTAL OUTREACH		\$ 1,120.23

**REQUEST FOR PAYMENT
EMERGENCY HOME ENERGY ASSISTANCE PROGRAM**

CONTRACTOR NAME, ADDRESS, PHONE# and FEID# THE AGRICULTURAL AND LABOR PROGRAM, INC 300 LYNCHBURG ROAD LAKE ALFRED, FL 33850-2576 (863) 956-3491 FEID # 59-1634148	TYPE OF REPORT : Advance Request _____ Reimbursement Request <u> X </u>	This Request Period <u> 1/01/2017 - 1/31/2017 </u> PSA # <u> 6 </u> Report # <u> 10 </u> Contract # <u> EH-16/17 - ALPI </u> Contract Period <u> 04/01/2016 - 03/31/2017 </u>
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CERTIFICATION: I hereby certify that this request to the best of my knowledge to be complete and correct and conforms with the terms of the above contract.

Prepared by:  Date: 2/3/17 Approved by:  Date: 2/6/17

PART A: BUDGET SUMMARY	ADMINISTRATION SERVICES	OUTREACH SERVICES	CRISIS SERVICES	WEATHER RELATED	ADMINISTRATION WEATHER RELATED	TOTAL
1. Approved Contract Amount	\$1,378.00	\$16,877.00	\$90,119.00	\$2,500.00	\$0.00	\$110,874.00
2. Previous Funds Received for Contract Period	\$1,213.03	\$13,856.94	\$61,246.43	\$0.00	\$0.00	\$76,316.40
3. Contract Balance (line 1 minus line 2)	\$164.97	\$3,020.06	\$28,872.57	\$2,500.00	\$0.00	\$34,557.60
4. Previous Funds Requested and Not Received for Contract Period	\$77.93	\$1,120.23	\$4,368.03	\$0.00	\$0.00	\$5,566.19
5. Contract Balance (line 3 minus line 4)	\$87.04	\$1,899.83	\$24,504.54	\$2,500.00	\$0.00	\$28,991.41

PART B: CONTRACT FUNDS REQUEST	ADMINISTRATION SERVICES	OUTREACH SERVICES	CRISIS SERVICES	WEATHER RELATED	ADMINISTRATION WEATHER RELATED	TOTAL
1. Anticipated Cash Needs (1st - 2nd month, Attach Justification)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2. Net Expenditures For Month (DOEA Form 105P, Part B, Line 6)	\$87.04	\$1,536.96	\$9,615.96	\$0.00	\$0.00	\$11,239.96
3. TOTAL	\$87.04	\$1,536.96	\$9,615.96	\$0.00	\$0.00	\$11,239.96

PART C: NET FUNDS REQUESTED	ADMINISTRATION SERVICES	OUTREACH SERVICES	CRISIS SERVICES	WEATHER RELATED	ADMINISTRATION WEATHER RELATED	TOTAL
1. Less Advance Applied	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2. TOTAL FUNDS REQUESTED (Part B, Line 3 minus Part C, Line 1)	\$87.04	\$1,536.96	\$9,615.96	\$0.00	\$0.00	\$11,239.96

PART D: SERVICE INFORMATION

Number of individuals (units) served with crisis energy assistance during the report month: 37

Certification statement: Contractor hereby certifies that it has been open and operating during its normal business hours for the reporting month, as described in the Statement of Work section, of the EHEAP contract.

**RECEIPTS AND EXPENDITURE REPORT
EMERGENCY HOME ENERGY ASSISTANCE PROGRAM**

PROVIDER NAME, ADDRESS, PHONE# AND FEID# THE AGRICULTURAL AND LABOR PROGRAM, INC 300 LYNCHBURG ROAD LAKE ALFRED, FL 33850-2576 (863) 956-3491 FEID # 59-1634148	Program Funding Source : EHEAP (Emergency Home Energy Assistance for the Elderly Program)	THIS REPORT PERIOD FROM: 1/01/2017 TO: 1/31/2017 CONTRACT PERIOD: 4/1/2016 3/31/2017 CONTRACT # EH-16/17-ALPI REPORT # 10 PSA# 6
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CERTIFICATION: I certify to the best of my knowledge and belief that this report is complete and all outlays herein are for purposes set forth in the contract.

Prepared by:  Date: 2/3/17 Approved by:  Date: 2/6/17

PART A : BUDGETED INCOME/ RECEIPTS	1. Approved Budget	2. Actual Receipts For This Report	3. Total Receipts Year to Date	4. Percent of Approved Budget
1. Agreement Amount	\$110,874.00	\$76,316.40	\$76,316.40	68.83%
2. Interest on Agreement Funds	\$0.00	\$0.00	\$0.00	0.00%
3. TOTAL AGREEMENT AMOUNT	\$110,874.00	\$76,316.40	\$76,316.40	68.83%

PART B : EXPENDITURES	1. Approved Budget	2. Expenditures For This Report	3. Expenditures Year to Date	4. Percent of Approved Budget
1. Administration	\$1,378.00	\$87.04	\$1,378.00	100.00%
2. Outreach	\$16,877.00	\$1,536.96	\$16,514.13	97.85%
3. Crisis Services	\$90,119.00	\$ 9,615.96	\$ 75,230.42	83.48%
4. Weather Related Services	\$2,500.00	\$0.00	\$0.00	0.00%
5. Weather Related Administration	\$0.00	\$0.00	\$0.00	0.00%
6. TOTAL EXPENDITURES	\$110,874.00	\$11,239.96	\$93,122.55	83.99%

EHEAP EXPENDITURE SUMMARY

Provider: ALPI

Report Period: 1/1/2017 - 1/31/2017

Budget Category	Line Item	Description	Ck #, D.D., EFT	Amount
Administration	50000	SALARIES		\$ 45.26
	50500	FRINGE BENEFITS		\$ 19.57
	52000	DIRECT FRINGE W/C		\$ 0.81
	52300	TRAVEL		\$ -
	53800	POSTAGE		\$ -
	59700	INDIRECT		\$ 21.40
TOTAL ADMINISTRATION				\$ 87.04
Outreach	50000	SALARIES		\$ 743.93
	50500	FRINGE BENEFITS		\$ 243.47
	52000	DIRECT FRINGE W/C		\$ 16.96
	52300	TRAVEL		\$ -
	52900	PRINTING		\$ 11.92
	53000	OFFICE SUPPLIES		\$ 4.57
	53500	UTILITIES		\$ 55.51
	53600	TELEPHONE		\$ 174.89
	53700	DATA COMMUNICATIONS		\$ 53.14
	53800	POSTAGE		\$ 6.81
59700	INDIRECT		\$ 225.76	
TOTAL OUTREACH				\$ 1,536.96

**REQUEST FOR PAYMENT
EMERGENCY HOME ENERGY ASSISTANCE PROGRAM**

CONTRACTOR NAME, ADDRESS, PHONE# and FEID# THE AGRICULTURAL AND LABOR PROGRAM, INC 300 LYNCHBURG ROAD LAKE ALFRED, FL 33850-2576 (863) 956-3491 FEID # 99-1634148	TYPE OF REPORT : Advance Request _____ Reimbursement Request <u> X </u>	This Request Period <u> 2/01/2017 - 2/28/2017 </u> PSA # <u> 6 </u> Report # <u> 11 </u> Contract # <u> EH-16/17 - ALPI </u> Contract Period <u> 04/01/2016 - 03/31/2017 </u>
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CERTIFICATION: I hereby certify that this request to the best of my knowledge to be complete and correct and conforma with the terms of the above contract.

Prepared by: [Signature] Date: 3/7/17 Approved by: [Signature] Date: 3-7-17

PART A: BUDGET SUMMARY	ADMINISTRATION SERVICES	OUTREACH SERVICES	CRISIS SERVICES	WEATHER RELATED	ADMINISTRATION WEATHER RELATED	TOTAL
1. Approved Contract Amount	\$1,978.00	\$16,877.00	\$90,119.00	\$2,500.00	\$0.00	\$110,874.00
2. Previous Funds Received for Contract Period	\$1,290.96	\$14,977.17	\$66,614.46	\$0.00	\$0.00	\$81,882.59
3. Contract Balance (line 1 minus line 2)	\$687.04	\$1,899.83	\$24,504.54	\$2,500.00	\$0.00	\$28,991.41
4. Previous Funds Requested and Not Received for Contract Period	\$687.04	\$1,536.96	\$9,615.96	\$0.00	\$0.00	\$11,239.96
5. Contract Balance (line 3 minus line 4)	\$0.00	\$362.87	\$14,888.58	\$2,500.00	\$0.00	\$17,751.46
PART B: CONTRACT FUNDS REQUEST						
1. Anticipated Cash Needs (1st - 2nd month, Attach Justification)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2. Net Expenditures For Month (DOEA Form 105P, Part B, Line 6)	\$0.00	\$362.87	\$6,780.98	\$0.00	\$0.00	\$7,143.85
3. TOTAL	\$0.00	\$362.87	\$6,780.98	\$0.00	\$0.00	\$7,143.85
PART C: NET FUNDS REQUESTED						
1. Less Advance Applied	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2. TOTAL FUNDS REQUESTED (Part B, Line 3 minus Part C, Line 1)	\$0.00	\$362.87	\$6,780.98	\$0.00	\$0.00	\$7,143.85

PART D: SERVICE INFORMATION

Number of Individuals (units) served with crisis energy assistance during the report month: _____

27

Certification statement: Contractor hereby certifies that it has been open and operating during its normal business hours for the reporting month, as described in the Statement of Work section, of the EHEAP contract.

RECEIPTS AND EXPENDITURE REPORT EMERGENCY HOME ENERGY ASSISTANCE PROGRAM

PROVIDER NAME, ADDRESS, PHONE# AND FEID# THE AGRICULTURAL AND LABOR PROGRAM, INC 300 LYNCHBURG ROAD LAKE ALFRED, FL 33850-2576 (863) 956-3491 FEID # 59-1634148	Program Funding Source EHEAP (Emergency Home Energy Assistance for the Elderly Program)	THIS REPORT PERIOD FROM: 2/01/2017 TO: 2/28/2017 CONTRACT PERIOD: 4/1/2016 3/31/2017 CONTRACT # EH-16/17-ALPI REPORT # 11 PSA# 6
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CERTIFICATION: I certify to the best of my knowledge and belief that this report is complete and all outlays herein are for purposes set forth in the contract.

Prepared by: *[Signature]* Date: 3/7/17 Approved by: *[Signature]* Date: 3-17-17

PART A : BUDGETED INCOME/ RECEIPTS	1. Approved Budget	2. Actual Receipts For This Report	3. Total Receipts Year to Date	4. Percent of Approved Budget
1. Agreement Amount	\$110,874.00	\$81,882.59	\$81,882.59	73.85%
2. Interest on Agreement Funds	\$0.00	\$0.00	\$0.00	0.00%
3 TOTAL AGREEMENT AMOUNT	\$110,874.00	\$81,882.59	\$81,882.59	73.85%

PART B : EXPENDITURES	1. Approved Budget	2. Expenditures For This Report	3. Expenditures Year to Date	4. Percent of Approved Budget
1. Administration	\$1,378.00	\$0.00	\$1,378.00	100.00%
2. Outreach	\$16,877.00	\$362.87	\$16,877.00	100.00%
3. Crisis Services	\$90,119.00	\$ 6,780.98	\$ 82,011.40	91.00%
4. Weather Related Services	\$2,500.00	\$0.00	\$0.00	0.00%
5. Weather Related Administration	\$0.00	\$0.00	\$0.00	0.00%
6. TOTAL EXPENDITURES	\$110,874.00	\$7,143.85	\$100,266.40	90.43%

EHEAP EXPENDITURE SUMMARY

Provider: ALPI

Report Period: 2/1/2017 - 2/28/2017

Budget Category	Line Item	Description	Ck #, D.D., EFT	Amount
Administration	50000	SALARIES		\$ -
	50500	FRINGE BENEFITS		\$ -
	52000	DIRECT FRINGE W/C		\$ -
	52300	TRAVEL		\$ -
	53800	POSTAGE		\$ -
	59700	INDIRECT		\$ -
			TOTAL ADMINISTRATION	\$ -
Outreach	50000	SALARIES		\$ 84.41
	50500	FRINGE BENEFITS		\$ -
	52000	DIRECT FRINGE W/C		\$ -
	52300	TRAVEL		\$ -
	52900	PRINTING		\$ -
	53000	OFFICE SUPPLIES		\$ -
	53500	UTILITIES		\$ 46.58
	53600	TELEPHONE		\$ 12.17
	53700	DATA COMMUNICATIONS		\$ 92.54
	53800	POSTAGE		\$ 60.07
	59700	INDIRECT		\$ 67.10
			TOTAL OUTREACH	\$ 362.87

CSBG FINANCIAL STATUS REPORT


Agency : Agricultural and Labor Program, Inc.

Program : Community Services Block Grant Program (CSBG)

Contract # : 17SB-0D-07-63-08-101

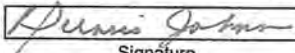
Community Services Block Grant Program (CSBG)

MONTHLY FINANCIAL STATUS REPORT

Reporting Period:	December 2016-December 2016	Invoice #:	17SB1011	
TOTAL EXPENDITURES				
BUDGET CATEGORIES	Budget Allocation (A)	Current Month (B)	Total To Date (C)	Unexpended Balance (D) (A-C)
1. CSBG Grant Funds	\$1,665,391.69	\$78,785.72	\$78,785.72	\$1,586,605.97
2. Cash Match	\$0.00	\$0.00	\$0.00	\$0.00
3. In-Kind Match	\$0.00	\$0.00	\$0.00	\$0.00
4. Total Match (Line 2 + Line 3)	\$0.00	\$0.00	\$0.00	\$0.00
5. Total Funds (Line 1 + Line 4)	\$1,665,391.69	\$78,785.72	\$78,785.72	\$1,586,605.97
CSBG FUNDS ONLY BELOW THIS LINE (No Match Funds)				
ADMINISTRATIVE EXPENSES				
6. Recipient Administrative Expenses (Salaries, Rent, Utilities, Travel, Other)	\$248,844.49	\$13,707.61	\$13,707.61	\$235,136.88
7. Sub-Recipient Administrative Expenses (Salaries, Rent, Utilities, Travel, Other)	\$0.00	\$0.00	\$0.00	\$0.00
8. Total Administrative Expenses (Line 6 + Line 7)	\$248,844.49	\$13,707.61	\$13,707.61	\$235,136.88
9. Administrative Expense Percentage (Line 8 divided by Line 1)	14.94	Cannot Exceed 15% of CSBG Allocation		
Program Expenses				
10. Recipient Direct Client Assistance Expenses	\$786,827.72	\$19,476.11	\$19,476.11	\$767,351.61
11. Recipient Other Program Expenses (Salaries, Rent Utilities, Travel, Other)	\$584,719.48	\$35,895.58	\$35,895.58	\$548,823.90
12. Subtotal Recipient Program Expenses (Line 10 + Line 11)	\$1,371,547.20	\$55,371.69	\$55,371.69	\$1,316,175.51
13. Sub-Recipient Direct Client Assistance Expense	\$45,000.00	\$9,706.42	\$9,706.42	\$35,293.58
14. Sub-Recipient Other Program Expenses (Salaries, Rent, Utilities, Travel, Other)	\$0.00	\$0.00	\$0.00	\$0.00
15. Subtotal Sub-Recipient Program Expenses (Line 13 + Line 14)	\$45,000.00	\$9,706.42	\$9,706.42	\$35,293.58
16. Total Program Expense (Line 12 + Line 15)	\$1,416,547.20	\$65,078.11	\$65,078.11	\$1,351,469.09
17. Secondary Admin. Expense	\$0.00	\$0.00	\$0.00	\$0.00
18. Grand Total Expense (Line 8 + Line 16 + Line 17)	\$1,665,391.69	\$78,785.72	\$78,785.72	\$1,586,605.97
CASH POSITION				
1. Total grant funds received from DEO Y-T-D				\$107,491.31
2. Interest Income Received to Date				\$0.00
3. Program Income Received to Date				\$0.00
4. Amount of Reimbursement Requested (not to exceed undisbursed balance)				\$78,785.72
I certify that I am authorized to sign financial reports and the information provided herein is true and accurate to the best of my knowledge.				
Name (Please Type) :	Title :	Date :		
Deloris Johnson	Chief Executive Officer	2/24/2017		
Signature 				
Current Authority	\$518,336.69	Totals	Achieved This Month	Total Year to Date
Year-to-Date Disbursed	\$173,777.99	CSBG Dollars	\$78,785.72	\$78,785.72
Available Authority	\$344,558.70	Expended This Month		
Payment Number		# of Individuals Assisted with CSBG Dollars this Month	116	116
Payment Amount		# of Individuals Achieving Outcome in NPI 1.1 A-D	4	4
Approved				
Date				

Recipient hereby certifies that it has been open and operating during its normal business hours for the month of December, as described in Attachment F, Warranties and Representations, of the FY2016 CSBG Agreement.

Deloris Johnson
Printed Name


Signature

2/24/2017
Date

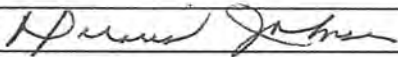
Agency : Agricultural and Labor Program, Inc.

Program : Community Services Block Grant Program (CSBG)

Contract # : 17SB-0D-07-63-08-101

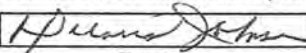
Community Services Block Grant Program (CSBG)

MONTHLY FINANCIAL STATUS REPORT

Reporting Period:	January 2017-January 2017	Invoice #:	17SB1012	
TOTAL EXPENDITURES				
BUDGET CATEGORIES	Budget Allocation (A)	Current Month (B)	Total To Date (C)	Unexpended Balance (D) (A-C)
1. CSBG Grant Funds	\$1,665,391.69	\$123,002.25	\$201,787.97	\$1,463,603.72
2. Cash Match	\$0.00	\$0.00	\$0.00	\$0.00
3. In-Kind Match	\$0.00	\$0.00	\$0.00	\$0.00
4. Total Match (Line 2 + Line 3)	\$0.00	\$0.00	\$0.00	\$0.00
5. Total Funds (Line 1 + Line 4)	\$1,665,391.69	\$123,002.25	\$201,787.97	\$1,463,603.72
CSBG FUNDS ONLY BELOW THIS LINE (No Match Funds)				
ADMINISTRATIVE EXPENSES				
6. Recipient Administrative Expenses (Salaries, Rent, Utilities, Travel, Other)	\$248,844.49	\$28,489.68	\$42,197.29	\$206,647.20
7. Sub-Recipient Administrative Expenses (Salaries, Rent, Utilities, Travel, Other)	\$0.00	\$0.00	\$0.00	\$0.00
8. Total Administrative Expenses (Line 6 + Line 7)	\$248,844.49	\$28,489.68	\$42,197.29	\$206,647.20
9. Administrative Expense Percentage (Line 8 divided by Line 1)	14.94	Cannot Exceed 15% of CSBG Allocation		
Program Expenses				
10. Recipient Direct Client Assistance Expenses	\$786,827.72	\$48,994.06	\$68,470.17	\$718,357.55
11. Recipient Other Program Expenses (Salaries, Rent Utilities, Travel, Other)	\$584,719.48	\$42,247.51	\$78,143.09	\$506,576.39
12. Subtotal Recipient Program Expenses (Line 10 + Line 11)	\$1,371,547.20	\$91,241.57	\$146,613.26	\$1,224,933.94
13. Sub-Recipient Direct Client Assistance Expense	\$45,000.00	\$3,271.00	\$12,977.42	\$32,022.58
14. Sub-Recipient Other Program Expenses (Salaries, Rent, Utilities, Travel, Other)	\$0.00	\$0.00	\$0.00	\$0.00
15. Subtotal Sub-Recipient Program Expenses (Line 13 + Line 14)	\$45,000.00	\$3,271.00	\$12,977.42	\$32,022.58
16. Total Program Expense (Line 12 + Line 15)	\$1,416,547.20	\$94,512.57	\$159,590.68	\$1,256,956.52
17. Secondary Admin. Expense	\$0.00	\$0.00	\$0.00	\$0.00
18. Grand Total Expense (Line 8 + Line 16 + Line 17)	\$1,665,391.69	\$123,002.25	\$201,787.97	\$1,463,603.72
CASH POSITION				
1. Total grant funds received from DEO Y-T-D				\$0.00
2. Interest Income Received to Date				\$0.00
3. Program Income Received to Date				\$0.00
4. Amount of Reimbursement Requested (not to exceed undisbursed balance)				\$123,002.25
I certify that I am authorized to sign financial reports and the information provided herein is true and accurate to the best of my knowledge.				
Name (Please Type) :	Title :	Date :		
Deloris Johnson	Chief Executive Officer	3/9/2017		
Signature 				
Current Authority	\$518,336.69	Totals	Achieved This Month	Total Year to Date
Year-to-Date Disbursed	\$252,563.71	CSBG Dollars	\$123,002.25	\$201,787.97
Available Authority	\$265,772.98	Expended This Month		
Payment Number		# of Individuals Assisted with CSBG Dollars this Month	147	263
Payment Amount				
Approved		# of Individuals Achieving Outcome in NPI 1.1 A-D	1	5
Date				

Recipient hereby certifies that it has been open and operating during its normal business hours for the month of January, as described in Attachment F, Warranties and Representations, of the FY2017 CSBG Agreement.

Deloris Johnson
Printed Name


Signature

3/9/2017
Date

Agency : Agricultural and Labor Program, Inc.

Version 4.0

Program : Community Services Block Grant Program (CSBG)

Community Services Block Grant Program (CSBG)

Contract #: 17SB-0D-07-63-08-101

MONTHLY FINANCIAL STATUS REPORT

Reporting Period:	February 2017-February 2017	Invoice #:	17SB1013
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BUDGET CATEGORIES	TOTAL EXPENDITURES			
	Budget Allocation (A)	Current Month (B)	Total To Date (C)	Unexpended Balance (D) (A-C)
1. CSBG Grant Funds	\$1,665,391.69	\$82,430.83	\$284,218.80	\$1,381,172.89
2. Cash Match	\$0.00	\$0.00	\$0.00	\$0.00
3. In-Kind Match	\$0.00	\$0.00	\$0.00	\$0.00
4. Total Match (Line 2 + Line 3)	\$0.00	\$0.00	\$0.00	\$0.00
5. Total Funds (Line 1 + Line 4)	\$1,665,391.69	\$82,430.83	\$284,218.80	\$1,381,172.89

CSBG FUNDS ONLY BELOW THIS LINE (No Match Funds)

ADMINISTRATIVE EXPENSES				
6. Recipient Administrative Expenses (Salaries, Rent, Utilities, Travel, Other)	\$248,844.49	\$15,890.39	\$58,087.68	\$190,756.81
7. Sub-Recipient Administrative Expenses (Salaries, Rent, Utilities, Travel, Other)	\$0.00	\$0.00	\$0.00	\$0.00
8. Total Administrative Expenses (Line 6 + Line 7)	\$248,844.49	\$15,890.39	\$58,087.68	\$190,756.81
9. Administrative Expense Percentage (Line 8 divided by Line 1)	14.94	Cannot Exceed 15% of CSBG Allocation		

Program Expenses				
10. Recipient Direct Client Assistance Expenses	\$786,827.72	\$28,308.49	\$96,778.66	\$690,049.06
11. Recipient Other Program Expenses (Salaries, Rent Utilities, Travel, Other)	\$584,719.48	\$36,631.95	\$114,775.04	\$469,944.44
12. Subtotal Recipient Program Expenses (Line 10 + Line 11)	\$1,371,547.20	\$64,940.44	\$211,553.70	\$1,159,993.50
13. Sub-Recipient Direct Client Assistance Expense	\$45,000.00	\$1,600.00	\$14,577.42	\$30,422.58
14. Sub-Recipient Other Program Expenses (Salaries, Rent, Utilities, Travel, Other)	\$0.00	\$0.00	\$0.00	\$0.00
15. Subtotal Sub-Recipient Program Expenses (Line 13 + Line 14)	\$45,000.00	\$1,600.00	\$14,577.42	\$30,422.58
16. Total Program Expense (Line 12 + Line 15)	\$1,416,547.20	\$66,540.44	\$226,131.12	\$1,190,416.08
17. Secondary Admin. Expense	\$0.00	\$0.00	\$0.00	\$0.00
18. Grand Total Expense (Line 8 + Line 16 + Line 17)	\$1,665,391.69	\$82,430.83	\$284,218.80	\$1,381,172.89

CASH POSITION	
1. Total grant funds received from DEO Y-T-D	\$0.00
2. Interest Income Received to Date	\$0.00
3. Program Income Received to Date	\$0.00
4. Amount of Reimbursement Requested (not to exceed undisbursed balance)	\$82,430.83

I certify that I am authorized to sign financial reports and the information provided herein is true and accurate to the best of my knowledge.

Name (Please Type):	Title:	Date:
Deloris Johnson	Chief Executive Officer	3/15/2017

Signature	
Current Authority	\$518,336.69
Year-to-Date Disbursed	\$375,565.98
Available Authority	\$142,770.73
Payment Number	
Payment Amount	
Approved	
Date	

Recipient hereby certifies that it has been open and operating during its normal business hours for the month of February as described in Attachment F, Warranties and Representations, of the FY2017 CSBG Agreement.

Deloris Johnson
Printed Name

Signature

3/15/2017
Date

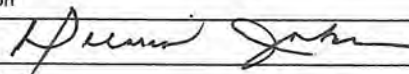
Agency : Agricultural and Labor Program, Inc.

Program : Community Services Block Grant Program (CSBG)

Contract # : 17SB-0D-07-63-08-101

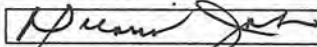
Community Services Block Grant Program (CSBG)

MONTHLY FINANCIAL STATUS REPORT

Reporting Period:	March 2017-March 2017	Invoice #:	17SB1014	
TOTAL EXPENDITURES				
BUDGET CATEGORIES	Budget Allocation (A)	Current Month (B)	Total To Date (C)	Unexpended Balance (D) (A-C)
1. CSBG Grant Funds	\$1,665,391.69	\$108,407.31	\$392,626.11	\$1,272,765.58
2. Cash Match	\$0.00	\$0.00	\$0.00	\$0.00
3. In-Kind Match	\$0.00	\$0.00	\$0.00	\$0.00
4. Total Match (Line 2 + Line 3)	\$0.00	\$0.00	\$0.00	\$0.00
5. Total Funds (Line 1 + Line 4)	\$1,665,391.69	\$108,407.31	\$392,626.11	\$1,272,765.58
CSBG FUNDS ONLY BELOW THIS LINE (No Match Funds)				
ADMINISTRATIVE EXPENSES				
6. Recipient Administrative Expenses (Salaries, Rent, Utilities, Travel, Other)	\$248,844.49	\$21,965.34	\$80,053.02	\$168,791.47
7. Sub-Recipient Administrative Expenses (Salaries, Rent, Utilities, Travel, Other)	\$0.00	\$0.00	\$0.00	\$0.00
8. Total Administrative Expenses (Line 6 + Line 7)	\$248,844.49	\$21,965.34	\$80,053.02	\$168,791.47
9. Administrative Expense Percentage (Line 8 divided by Line 1)	14.94	Cannot Exceed 15% of CSBG Allocation		
Program Expenses				
10. Recipient Direct Client Assistance Expenses	\$786,827.72	\$41,815.16	\$138,593.82	\$648,233.90
11. Recipient Other Program Expenses (Salaries, Rent Utilities, Travel, Other)	\$584,719.48	\$42,426.81	\$157,201.85	\$427,517.63
12. Subtotal Recipient Program Expenses (Line 10 + Line 11)	\$1,371,547.20	\$84,241.97	\$295,795.67	\$1,075,751.53
13. Sub-Recipient Direct Client Assistance Expense	\$45,000.00	\$2,200.00	\$16,777.42	\$28,222.58
14. Sub-Recipient Other Program Expenses (Salaries, Rent, Utilities, Travel, Other)	\$0.00	\$0.00	\$0.00	\$0.00
15. Subtotal Sub-Recipient Program Expenses (Line 13 + Line 14)	\$45,000.00	\$2,200.00	\$16,777.42	\$28,222.58
16. Total Program Expense (Line 12 + Line 15)	\$1,416,547.20	\$86,441.97	\$312,573.09	\$1,103,974.11
17. Secondary Admin. Expense	\$0.00	\$0.00	\$0.00	\$0.00
18. Grand Total Expense (Line 8 + Line 16 + Line 17)	\$1,665,391.69	\$108,407.31	\$392,626.11	\$1,272,765.58
CASH POSITION				
1. Total grant funds received from DEO Y-T-D				\$457,996.79
2. Interest Income Received to Date				\$0.00
3. Program Income Received to Date				\$0.00
4. Amount of Reimbursement Requested (not to exceed undisbursed balance)				\$108,407.31
I certify that I am authorized to sign financial reports and the information provided herein is true and accurate to the best of my knowledge.				
Name (Please Type) :	Title :	Date :		
Deloris Johnson	Chief Executive Officer	4/12/2017		
Signature 				
Current Authority	\$518,336.69	Totals	Achieved This Month	Total Year to Date
Year-to-Date Disbursed	\$457,996.79	CSBG Dollars Expended This Month	\$108,407.31	\$392,626.11
Available Authority	\$60,339.90	# of Individuals Assisted with CSBG Dollars this Month	81	431
Payment Number		# of Individuals Achieving Outcome in NPI 1.1 A-D	1	7
Payment Amount				
Approved				
Date				

Recipient hereby certifies that it has been open and operating during its normal business hours for the month of March, as described in Attachment F, Warranties and Representations, of the FY2017 CSBG Agreement.

Deloris Johnson
Printed Name


Signature

4/12/2017
Date

DOE FINANCIAL REPORT

(A) District/Agency Name: ALPI-EA
 (B) Project Name: FCDP
 (C) Effective Approval Date: 7/1/2016
 (D) Termination Date: 6/30/2017
 (E) Total Project Funds: \$ 60,000.00

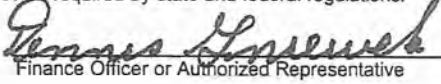
FLORIDA DEPARTMENT OF EDUCATION
PROJECT DISBURSEMENT REPORT - JANUARY 2017
 Workforce Innovation and Opportunity Act, Title I, Section 167
 Migrant and Seasonal Farmworkers

(F) Agency Number: 755
 (G) Grant Number: 4057B
 (H) Project Code: 7CFE1
 (I) Contact Person Name:
 Dennis Gniewek
 (J) Phone:
 (863) 956-3491

Interim Report Final Report
 (INSTRUCTIONS ON PAGE 3)

(1) Function Code	(2) Object Code	(3) Description of Disbursement	(4) Budget Amount	(5) Total Disbursements As of 1/31/17	(6) Obligations	(7) Unobligated Balance	(8) Current Disbursement Reported
ADMINISTRATION							
	59700	INDIRECT COSTS	\$ 2,857.00	\$ 1,170.02		\$ 1,686.98	\$ 326.00
		DIRECT COSTS	\$ -				
(9) TOTAL ADMINISTRATIVE COST			\$ 2,857.00	\$ 1,170.02	\$ -	\$ 1,686.98	\$ 326.00
STAFF COSTS							
	50000	Salaries	\$ 17,969.00	\$ 9,599.79		\$ 8,369.21	\$ 1,547.51
	50500	Fringe Benefits	\$ 4,492.00	\$ 2,434.23		\$ 2,057.77	\$ 450.36
	52000	Worker's Compensation	\$ 408.00	\$ 215.78		\$ 192.22	\$ 35.88
	52300	Travel	\$ 1,424.00	\$ 842.17		\$ 581.83	
			\$ -	\$ -		\$ -	
			\$ -	\$ -		\$ -	
			\$ -	\$ -		\$ -	
(10) TOTAL STAFF COSTS			\$ 24,293.00	\$ 13,091.97	\$ -	\$ 11,201.03	\$ 2,033.75
RELATED ASSISTANCE (For Clients Only)							
	57810	Emergency Assistance	\$ 31,200.00	\$ 9,773.36		\$ 21,426.64	\$ 4,390.62
			\$ -	\$ -		\$ -	
			\$ -	\$ -		\$ -	
			\$ -	\$ -		\$ -	
			\$ -	\$ -		\$ -	
			\$ -	\$ -		\$ -	
(11) TOTAL RELATED ASSISTANCE			\$ 31,200.00	\$ 9,773.36	\$ -	\$ 21,426.64	\$ 4,390.62
OTHER PROGRAM COSTS							
	52100	Professional Services	\$ 400.00	\$ -		\$ 400.00	
	52900	Printing	\$ 200.00	\$ 113.20		\$ 86.80	\$ 35.98
	53000	Office Supplies	\$ 395.00	\$ 57.72		\$ 337.28	\$ (9.80)
	53500	Utilities	\$ 255.00	\$ 255.00		\$ (0.00)	\$ 89.29
	53800	Postage	\$ 200.00	\$ 109.20		\$ 90.80	\$ (19.84)
	55000	In-Service Training	\$ 200.00	\$ -		\$ 200.00	
			\$ -	\$ -		\$ -	
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(12) TOTAL OTHER PROGRAM COSTS			\$ 1,650.00	\$ 535.12	\$ -	\$ 1,114.88	\$ 95.63
(13) TOTAL COSTS			\$ 60,000.00	\$ 24,570.47	\$ -	\$ 35,429.53	\$ 6,846.00
(14) FEDERAL PROGRAM INCOME							
(15) FEDERAL PROGRAM INCOME (COMMENTS)							
(16) CERTIFICATION (COMPLETE ON LAST PAGE ONLY)							

I hereby certify that I have reviewed this disbursement report and that all items shown above are in accordance with applicable laws and regulations and have been classified properly according to this district's/agency's current chart of accounts. All records necessary to substantiate these items are available for review by the state and federal monitoring staff. I further certify that as a disbursement report, all disbursements; were obligated after the project approval date and prior to the termination date; have not been reported previously; and were not used for matching funds on this or any special project. Further, all inventory items included have been entered properly on the inventory records required by state and federal regulations.

 2-13-17
 Finance Officer or Authorized Representative Date

DOE Audited By: _____
 Use Date: ___/___/___

Monthly Cost Summary

The Agricultural And Labor Program, Inc.

Run Date: 02/10/2017

Run Time: 5:16:06 pm

Page 1 of 1

Project 36317 16/17 DOE Emergency Assistance

Project Period: 7/1/2016 - 6/30/2017

Ending Period: 01/31/17

507217 16/17 DOE Emergency Assistance

Code	Employee Name	Hours	Amount
1396	Diaz, Yaritza	12.90	239.94
1272	Gaytan, Robert	36.00	624.24
Direct Labor			864.18

Expenses

Date	Ty	Bat	Vendor	Doc#	GL	Description	Amount	Additional Information
1/31/2017	GJ	2953	WC Distribution	14208	52000	Direct Fringe - Workers C	35.88	
						Subtotal	35.88	
1/1/2017	VR	8656	Republic Services #654188687	189549	53500	Utilities	5.16	Corp/Acct#3-0654-1024971
1/25/2017	VR	8718	TAMPA ELECTRIC C	189549	53500	Utilities	6.62	Corp/Old Acct#1628-005997
1/30/2017	VR	8718	Duke Energy	189548	53500	Utilities	0.33	LVP
						Subtotal	12.11	
1/5/2017	VR	8682	TAMPA ELECTRIC C	189036	57810	Emergency Assistance	100.00	Mitzi Velazquez ino: Velazqu
1/9/2017	VR	8682	580 Oak Haven LLC	189035	57810	Emergency Assistance	100.00	DOE/Jessica Yanes ino: Mar
1/23/2017	VR	8704	City of Bartow	189376	57810	Emergency Assistance	40.62	FNPB-DOE/ Griselda G Gar
1/31/2017	GJ	2917	Jan DOE RacTrac Gas	14055	57810	Emergency Assistance	1,850.00	
1/31/2017	GJ	2917	Jan DOE Marathon Ga	14054	57810	Emergency Assistance	750.00	
						Subtotal	2,840.62	
						Direct Costs	2,888.61	
						Allocated Costs		
			50000	Leave Allocation			682.96	
			50500	Fringe Benefits			390.76	
						Total Allocation	1,073.72	
						Element Revenues	0.00	
						Element Expenses	4,826.51	
						Element Balance	-4,826.51	
						Project Revenues	0.00	
						Project Expenses	4,826.51	
						Project Balance	-4,826.51	

(A) District/Agency Name: ALPI-EA
 (B) Project Name: FCDP
 (C) Effective Approval Date: 7/1/2016
 (D) Termination Date: 6/30/2017
 (E) Total Project Funds: \$ 60,000.00

FLORIDA DEPARTMENT OF EDUCATION
PROJECT DISBURSEMENT REPORT - FEBRUARY 2017
 Workforce Innovation and Opportunity Act, Title I, Section 167
 Migrant and Seasonal Farmworkers

Interim Report Final Report
 (INSTRUCTIONS ON PAGE 3)

(F) Agency Number: 755
 (G) Grant Number: 4057B
 (H) Project Code: 7CFE1
 (I) Contact Person Name:
 Dennis Gniewek
 (J) Phone:
 (863) 956-3491

(1) Function Code	(2) Object Code	(3) Description of Disbursement	(4) Budget Amount	(5) Total Disbursements As of 2/28/17	(6) Obligations	(7) Unobligated Balance	(8) Current Disbursement Reported
ADMINISTRATION							
	59700	INDIRECT COSTS	\$ 2,857.00	\$ 1,599.97		\$ 1,257.03	\$ 429.95
		DIRECT COSTS	\$ -				
(9) TOTAL ADMINISTRATIVE COST			\$ 2,857.00	\$ 1,599.97	\$ -	\$ 1,257.03	\$ 429.95
STAFF COSTS							
	50000	Salaries	\$ 17,969.00	\$ 11,289.43		\$ 6,679.57	\$ 1,689.64
	50500	Fringe Benefits	\$ 4,492.00	\$ 3,002.65		\$ 1,489.35	\$ 568.42
	52000	Worker's Compensation	\$ 408.00	\$ 257.31		\$ 150.69	\$ 41.53
	52300	Travel	\$ 1,424.00	\$ 842.17		\$ 581.83	
			\$ -	\$ -		\$ -	
			\$ -	\$ -		\$ -	
(10) TOTAL STAFF COSTS			\$ 24,293.00	\$ 15,391.56	\$ -	\$ 8,901.44	\$ 2,298.69
RELATED ASSISTANCE (For Clients Only)							
	57810	Emergency Assistance	\$ 31,200.00	\$ 18,023.36		\$ 15,176.64	\$ 6,250.00
			\$ -	\$ -		\$ -	
			\$ -	\$ -		\$ -	
			\$ -	\$ -		\$ -	
			\$ -	\$ -		\$ -	
(11) TOTAL RELATED ASSISTANCE			\$ 31,200.00	\$ 18,023.36	\$ -	\$ 15,176.64	\$ 6,250.00
OTHER PROGRAM COSTS							
	52100	Professional Services	\$ 400.00	\$ -		\$ 400.00	
	52900	Printing	\$ 200.00	\$ 200.00		\$ -	\$ 86.80
	53000	Office Supplies	\$ 395.00	\$ 57.72		\$ 337.28	
	53500	Utilities	\$ 255.00	\$ 212.60		\$ 42.40	\$ (42.40)
	53800	Postage	\$ 200.00	\$ 114.20		\$ 85.80	\$ 5.00
	55000	In-Service Training	\$ 200.00	\$ -		\$ 200.00	
			\$ -	\$ -		\$ -	
			\$ -	\$ -		\$ -	
			\$ -	\$ -		\$ -	
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			\$ -	\$ -		\$ -	
(12) TOTAL OTHER PROGRAM COSTS			\$ 1,850.00	\$ 584.62	\$ -	\$ 1,065.48	\$ 49.40
(13) TOTAL COSTS			\$ 60,000.00	\$ 33,998.41	\$ -	\$ 28,480.98	\$ 9,828.94
(14) FEDERAL PROGRAM INCOME							
(15) FEDERAL PROGRAM INCOME (COMMENTS)							
(16) CERTIFICATION (COMPLETE ON LAST PAGE ONLY)							

I hereby certify that I have reviewed this disbursement report and that all items shown above are in accordance with applicable laws and regulations and have been classified properly according to this district's/agency's current chart of accounts. All records necessary to substantiate these items are available for review by the state and federal monitoring staff. I further certify that as a disbursement report, all disbursements; were obligated after the project approval date and prior to the termination date; have not been reported previously; and were not used for matching funds on this or any special project. Further, all inventory items included have been entered properly on the inventory records required by state and federal regulations.

Finance Officer or Authorized Representative 3-17-17
 Date

DOE Audited By: _____
 Use Date: ____/____/____

Monthly Cost Summary

The Agricultural And Labor Program, Inc.

Run Date: 03/13/2017

Project 36317 16/17 DOE Emergency Assistance

Run Time: 5:41:13 PM

Project Period: 7/1/2016 - 6/30/2017

Page 1 of 1

Ending Period: 02/28/17

507217		16/17 DOE Emergency Assistance		Hours	Amount
Code	Employee Name				
1396	Diaz, Yaritza			13.60	260.40
1272	Gaytan, Robert			48.00	832.32
				Direct Labor	1,092.72

Expenses

Date	Ty	Bat	Vendor	Doc#	GL	Description	Amount	Additional Information
2/28/2017	GJ	2987	WC Distribution	14314	52000	Direct Fringe - Workers C	27.20	
							Subtotal	27.20
2/22/2017	VR	8774	PHOENIX GRAPHICS	190390	52900	Printing	6.53	Winter Newsletter
2/24/2017	VR	8804	Xerox Corporation	190831	52900	Printing	26.87	X700D/Ser#MAV-773588/Corp/Cust #710298472
							Subtotal	33.40
2/1/2017	VR	8712	Stanley Convergent Security	189462	53500	Utilities	1.16	Corp/Acct#111123 023336
2/1/2017	VR	8712	Republic Services #654	189463	53500	Utilities	5.26	Acct#3-0654-1024971
2/23/2017	VR	8793	TAMPA ELECTRIC CO.	190667	53500	Utilities	6.97	Corp
2/28/2017	VR	8793	Duke Energy	190666	53500	Utilities	0.34	LVP
							Subtotal	13.73
2/28/2017	VR	8784	Race Trac Petroleum, Inc	190573	53800	Postage	5.00	DOE Gas Cards
							Subtotal	5.00
2/28/2017	VR	8784	Race Trac Petroleum, Inc	190573	57810	Emergency Assistance	5,000.00	DOE Gas Cards
							Subtotal	5,000.00
							Direct Costs	5,079.33
							Allocated Costs	
							50000 Leave Allocation	100.49
							50500 Fringe Benefits	364.50
							Total Allocation	464.99
							Element Revenues	0.00
							Element Expenses	6,637.04
							Element Balance	-6,637.04
							Project Revenues	0.00
							Project Expenses	6,637.04
							Project Balance	-6,637.04

HUD HOUSING COUNSELING REPORT

Quarterly Grant Budget Report

Agency Name:

The Agricultural & Labor Program, Inc.

October 1, 2016 - December 31, 2016

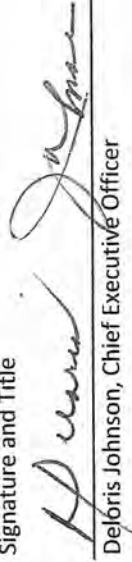
Contract #HC160421073

Prepared by:

Al Miller

Expense Category	HUD Share	Applicant Match	Other HUD Funds	Othe Fed Share	State Share	Local/Tribal Share	Other	Program Income	Total	Cumulative
Salaries	1,628.23								1,628.23	3,778.83
Fringe Benefits	426.37								426.37	1,027.95
Travel									-	-
Rent									-	-
Training									-	872.97
Supplies									-	-
Other									-	-
- Printing									-	-
- Direct Client Service									-	-
Subtotal of Direct Costs	2,054.60								2,054.60	5,679.75
Indirect Costs	346.24								346.24	731.27
Grand Total	2,400.84								2,400.84	6,411.02

Signature and Title


DeLoris Johnson, Chief Executive Officer

Date

3/10/17

E-RATE REIMBURSEMENT



RECEIVED APR 13 2017

Schools and Libraries Division



Form 472 (BEAR) Notification Letter

April 7, 2017

Jacqueline Means
Comcast Business Communications
1701 JFK Blvd
Philadelphia, PA 19103

Re: Invoice Number - as assigned by USAC: 2556909
Service Provider Identification Number: 143003990
Reimbursement Form Number: COMCAST Jul2016-Mar2017
Billed Entity Number: 16045101

Crespo Maria
THE AGRICULTURAL AND LABOR PROGRAM, INC.
300 LYNCHBURG ROAD
LAKE AFRED, FL 33850

Preferred Mode of Contact: E-mail at gotechgirl@gmail.com
Total Amount of Reimbursement Approved for Payment: \$5910.57

This letter is your notification that the Schools and Libraries Division (SLD) of the Universal Service Administrative Company (USAC) has processed an FCC Form 472, "Billed Entity Applicant Reimbursement (BEAR)" Form from the above named applicant listing you as the service provider. USAC has committed to reimburse the discounted portion of the cost of eligible services provided to eligible entities pursuant to one or more FCC Forms 471, "Description of Services Ordered and Certification Form".

In certain instances, a line may not have been paid. Review the BEAR Letter Applicant Reimbursement Report (Report) following this letter for the reason(s) this may have occurred. For more information about lines that have not been paid, see the explanation of Invoice Error Codes in Step 9 on our website. Work with the applicant (your customer) to correct any errors. Once corrected, your customer may submit a new BEAR using the BEAR Online tool from the Apply Online area or Required Forms section of our website to request reimbursement for any unpaid lines.

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 - Applicant name and service provider name, if different from appellant,

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30 Lanidex Plaza West, PO Box 685, Parsippany, NJ 07054-0685
Visit us online at: www.usac.org/sl



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Schools and Libraries Division



Form 472 (BEAR) Notification Letter

April 7, 2017

Stacey Wallop
Verizon Wireless (Cellco Partnership)
One Verizon Way
Basking Ridge, NJ 07920

Re: Invoice Number - as assigned by USAC: 2556910
Service Provider Identification Number: 143000677
Reimbursement Form Number: VERWIRE Jul2016-Mar2017
Billed Entity Number: 16045101

Crespo Maria
THE AGRICULTURAL AND LABOR PROGRAM, INC.
300 LYNCHBURG ROAD
LAKE AFRED, FL 33850

Preferred Mode of Contact: E-mail at gotechygirl@gmail.com
Total Amount of Reimbursement Approved for Payment: \$2658.60

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Schools and Libraries Division

Form 472 (BEAR) Notification Letter

April 7, 2017

Jennifer Oleniak
Frontier Florida LLC
100 CTE Drive
Dallas, PA 18612

Re: Invoice Number - as assigned by USAC: 2556908
Service Provider Identification Number: 143001435
Reimbursement Form Number: FRONTIER Jul2016-Mar2017
Billed Entity Number: 16045101

Crespo Maria
THE AGRICULTURAL AND LABOR PROGRAM, INC.
300 LYNCHBURG ROAD
LAKE AFRID, FL 33850

Preferred Mode of Contact: E-mail at gotechgirl@gmail.com
Total Amount of Reimbursement Approved for Payment: \$4813.60

This letter is your notification that the Schools and Libraries Division (SLD) of the Universal Service Administrative Company (USAC) has processed an FCC Form 472, "Billed Entity Applicant Reimbursement (BEAR)" Form from the above named applicant listing you as the service provider. USAC has committed to reimburse the discounted portion of the cost of eligible services provided to eligible entities pursuant to one or more FCC Forms 471, "Description of Services Ordered and Certification Form".

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Form 472 (BEAR) Notification Letter

April 7, 2017

Itanya Montgomery
BellSouth Telecommunications, LLC
444 Michigan Avenue
Floor 2
Detroit, MI 48226

Re: Invoice Number - as assigned by USAC: 2556907
Service Provider Identification Number: 143004824
Reimbursement Form Number: ATT Jul2016-Mar2017
Billed Entity Number: 16045101

Crespo Maria
THE AGRICULTURAL AND LABOR PROGRAM, INC.
300 LYNCHBURG ROAD
LAKE AFRED, FL 33850

Preferred Mode of Contact: E-mail at gotechygirl@gmail.com
Total Amount of Reimbursement Approved for Payment: \$46287.83

This letter is your notification that the Schools and Libraries Division (SLD) of the Universal Service Administrative Company (USAC) has processed an FCC Form 472, "Billed Entity Applicant Reimbursement (BEAR)" Form from the above named applicant listing you as the service provider. USAC has committed to reimburse the discounted portion of the cost of eligible services provided to eligible entities pursuant to one or more FCC Forms 471, "Description of Services Ordered and Certification Form".

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Form 472 (BEAR) Notification Letter

April 7, 2017

Donald Landin
Fort Pierce Utilities Authority
206 S. 6th St.
Fort Pierce, FL 34950

Re: Invoice Number - as assigned by USAC: 2556911
Service Provider Identification Number: 143024173
Reimbursement Form Number: FPUA Jul2016-Mar2017
Billed Entity Number: 16045101

Crespo Maria
THE AGRICULTURAL AND LABOR PROGRAM, INC.
300 LYNCHBURG ROAD
LAKE AFRED, FL 33850

Preferred Mode of Contact: E-mail at gotechgirl@gmail.com
Total Amount of Reimbursement Approved for Payment: \$3428.24

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Schools and Libraries Division



Form 472 (BEAR) Notification Letter

April 7, 2017

Matthew Pickens
Bright House Networks, LLC
4145 S Falkenburg Rd
Suite 7
Saint Petersburg, FL 33578

Re: Invoice Number - as assigned by USAC: 2556912
Service Provider Identification Number: 143016611
Reimbursement Form Number: BHN voice Jul2016-Mar2017
Billed Entity Number: 16045101

Crespo Maria
THE AGRICULTURAL AND LABOR PROGRAM, INC.
300 LYNCHBURG ROAD
LAKE AFRED, FL 33850

Preferred Mode of Contact: E-mail at gotechygirl@gmail.com
Total Amount of Reimbursement Approved for Payment: \$967.50

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Form 472 (BEAR) Notification Letter

April 7, 2017

Matthew Pickens
Bright House Networks, LLC
4145 S Falkenburg Rd
Suite 7
Saint Petersburg, FL 33578

Re: Invoice Number - as assigned by USAC: 2556913
Service Provider Identification Number: 143016611
Reimbursement Form Number: BHN data Jul2016-Mar2017
Billed Entity Number: 16045101

Crespo Maria
THE AGRICULTURAL AND LABOR PROGRAM, INC.
300 LYNCHBURG ROAD
LAKE AFRED, FL 33850

Preferred Mode of Contact: E-mail at gotechygirl@gmail.com
Total Amount of Reimbursement Approved for Payment: \$7046.60

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OTHER REPORTS

ADVISORY COUNCILS' REPORTS



COUNCIL/COMMITTEE MEETING REPORT FORM

INSTRUCTIONS: Complete and submit to the Board Secretary after reporting to the full Board.

Central Region Advisory Council

March 8, 2017

COUNCIL/COMMITTEE

DATE

Type of Report

- Reporting/Updating
 Recommending Board Action
 Recommending Policy Changes

Brief Statement of Council's Issue/Area Reporting:

- I. **CALL TO ORDER:** The Meeting was called to order @ 5:50 p.m. by Chairperson Glenda Jones.
- II. **MISSION STATEMENT**
- III. **ROLL CALL:** See Attendance Roster and Sign-In Sheet
- IV. **SECRETARY'S REPORT:** Correction to minutes; January Annual Meeting: Johnnie McNair, Helen Rowe, Annie Larkin were present
- V. **BOARD REPRESENTATIVE REPORT – Ruby Willix reporting:**
 - Shared Governance Orientation Overview
 - Central Region Advisory Council Meeting Dates – 3/8; 5/10; 8/9; and 10/7 (Annual Meeting- Location TBA)
 - Head Start – Dollar Per Child (requested support from the CRAC)
- VI. **NEW BUSINESS**
 - **Proposed Meeting Calendar:** (CRAC) March 8, May 10, August 9, October 7
 - **2017 Committees' Assignments**

Scholarship	Special Events	Membership	Gov't Affairs	Nominating	Comm Relations
Ruby Willix (C) Margaree Simon Helen Rowe Annie Larkins Josephine Howard Patricia Gamble	Johnnie McNair (C) Glenda Jones Hollis Jackson Dorothy Spencer Margaree Simon Patricia Gamble Earnestine Davis Doris Parker	Annie Larkins (C) Glenda Jones Dorothy Spencer Hollis Jackson Elizabeth Scaife	Josephine Howard (C) Glenda Jones Earnestine Davis Doris Parker	Jacqueline Rentz (C) Louvenia Crumity Earnestine Davis Josephine Howard Johnnie McNair Doris Parker	Elizabeth Scaife (C) Helen Rowe Louvenia Crumity Clora Dubose

- **Community Relations Committee**
The Council approved that a "Love Offering" will be donated to the immediate family of the deceased.
- **2017 CRAC Proposed Tasks & Timelines**
The date for the Annual Picnic is June 24, 2017.
The Arabell Wiggins Scholarship Application due date is July 3, 2017.
- VII. **OTHER BUSINESS – Benevolent Community/Conference Representative**
 - **LIHEAP ENERGY FAIRS**
 - ✓ March 27, 2017 – Sebring Boys & Girls Club
 - ✓ March 28, 2017 – Bartow Carver Recreation Center – serving all of Polk County, volunteers requested to distribute flyers in churches and communities
 - **Proposed 2017 Community Involvement Activities**
 - ✓ Florence Villa CDC- April 27, 2017: Johnnie McNair, Annie Larkin, Josephine Howard
 - ✓ Winter Haven, Haines City NAACP at Lake Ashton, \$50.00 with John Lewis
 - ✓ Girl's Inc. Luncheon, May 12, 2017: Johnnie McNair, Helen Rowe, Louvenia Crumity & Margaree Simon
 - ✓ FACA Conference – May 9-12 in Jacksonville, FL: Ruby Willix
 - **Arabell Wiggins Scholarship**
Collected \$180.00 for scholarship fund
- VIII. **ADJOURNMENT**
The meeting adjourned at 6:58 p.m.

Brief Background information and possible impact of issue/area (i.e.: Why is it an issue? Will funding, staff utilization, services and/or facility changes be necessary?) N/A

Recommendation for Board Action, if any (State in the form of a motion(s) to be acted upon by the full Board). Attach brief summary of request. N/A



The Agricultural and Labor Program, Inc.
2016-2017 CRAC Attendance Roster
 (Scheduled Meetings: October, March, May, August)

Council Member	Oct 2016 Annual Corporate Membership Meeting	Jan 2017 Agency's 49 th Annual Mtg (optional)	Feb Agency's Shared Gov. Orientation	Mar	May	Aug	Sept Special Events Planning Meeting (TBD)
Louvenia Crumity	P	E	A	P			
Earnestine Davis	E	E	P	P			
Clora Dubose	P	E	P	P			
Patricia Gamble	P	P	P	P			
Josephine Howard	E	P	E	P			
Hollis Jackson	P	E	P	A			
Glenda Jones	P	P	P	P			
Annie Larkins	P	P	P	P			
Johnnie McNair	E	P	P	P			
Doris Parker	P	E	P	P			
Jacqueline Rentz	E	E	A	A			
Helen Rowe	P	P	A	P			
Patricia Salary	p	E	A	A			
Elizabeth Scaife	P	E	P	P			
Margaree Simon	P	E	P	P			
Dorothy Spencer	P	E	P	P			
Lydia Thomas	P	RESIGNED					
Ruby Willix	E	P	P	p			
Total Present	13	7	12	14			

P = Present

E = Excused

A = Absent



THE AGRICULTURAL AND LABOR PROGRAM, INC.
CRAC MEETING
MARCH 8, 2017
SIGN-IN SHEET

NAME	ADDRESS	TELEPHONE	SIGNATURE
Glenda Jones, Chairperson	P.O. Box 4044, Winter Haven, FL	Wk: 863/294-5860	<i>Glenda Jones</i>
Josephine Howard, Secretary	2711 Orchid Drive, Haines City, FL	Hm: 863/422-0875; Cell: 863/221-2644	<i>Josephine Howard</i>
Dorothy Spencer, Treasurer	602 N. Brunnell Parkway, Lakeland, FL	Hm: 863/688-1906	<i>Dorothy Spencer</i>
Louvenia Crumity	101 Avenue V. N.W., Winter Haven, FL	Hm: 863/293-2981	<i>Louvenia Crumity</i>
Ernestine Davis	3079 Buckeye Point Drive, Winter Haven, FL	Hm: 863/268-6011	<i>Ernestine Davis</i>
Clora Dubose	315 Avenue P, N.E., Winter Haven, FL	Hm: 863/294-4630	<i>Clora Dubose</i>
Patricia Gamble	P.O. Box 90942, Lakeland, FL	Wk: 863/284-4245; Cell: 863/838-5111	<i>Pat Gamble</i>
Hollis Jackson	2414 Mary Jewett Circle, N.E., Winter Haven, FL	Hm: 863/294-7514	<i>Excused</i>
Annie Larkins	P.O. Box 3311; Winter Haven, FL	Hm: 863/294-1493	<i>Annie Larkins</i>
Johnnie McNair	2872 Barton Place, Bartow, FL	Hm: 863/533-8230; Cell: 863/860-6151	<i>Johnnie McNair</i>
Doris Parker	187 Rebecca Drive; Winter Haven, FL	Hm: 863/875-8765	<i>Doris Parker</i>
Jacqueline Rentz	1004 Wildwood East, Lakeland, FL	Hm: 863/665-3131	<i>Excused</i>
Helen Rowe	1400 Old Bartow/Eagle Lake Rd #4113, Bartow, FL	Cell: 863/595-6501	<i>Helen Rowe</i>
Patricia Salary	2301 S. Swan Court, NE, Winter Haven, FL	Hm: 863/294-3337; Cell: 863/514-7403	<i>Excused</i>
Elizabeth Scaife	2462 6th Street, N.E., Winter Haven	Hm: 863/294-6522	<i>Elizabeth Scaife</i>
Margaree B. Simon	1030 West Tee Circle, Bartow, FL	Hm: 863/533-7872; Cell: 863/512-2453	<i>Margaree B. Simon</i>
Ruby Willix	2876 Dudley Drive; Bartow, FL	Hm: 863/537-6292; Cell: 863/207-1822	<i>Ruby Willix</i>



COUNCIL/COMMITTEE MEETING REPORT FORM

INSTRUCTIONS: Complete and submit to the Board Secretary after reporting to the full Board.

Eastern Region Advisory
COUNCIL/COMMITTEE

March 20, 2017
DATE

**Members Present/Absent: Attach Meeting Attendance Roster
Type of Report**

- Reporting/Updating
 Recommending Board Action
 Recommending Policy Changes

Brief Statement of Committee's Issue/Area Reporting:

The ERAC met to discuss the upcoming events for this year including the ERAC 2016 Timelines. Items discussed included membership, fundraising activities, annual meeting, and scholarship for the four counties.

Brief Background information and possible impact of issue/area (i.e.: Why is it an issue? Will funding, staff utilization, services and/or facility changes be necessary?)

- Approved the minutes of August 15, 2016 meeting and October 15, 2016 Annual meeting.
- Approved the Treasurer Report with a current balance of \$546.70.
- Motion to accept a new member, Dr. Donna Mills, to the Council by Marjorie Gaskin, 2nd by Margaret Porter, approved by Council.
- Reviewed the ERAC Scholarship Start-up including passing out packets updates and letters. Changed noted in the amount for each page for \$100.00, half page for \$50.00, a quarter of page for \$25.00, and Business cards for \$15.00. This change will ensure the increased scholarship award of \$1,000.00 each. Monthly fundraising activities will resume after getting approval from the ALPI Board of Directors on the 4th Saturday in April 2017.
- Approved the representative (Mercedes Connelly Estime, Gena Spivey as alternate) to attend the FACA meeting beginning May 9 through May 12, 2017 to be held in Jacksonville, Florida.
- Discussed the Proclamation and the timeliness of notifying each entity. Will request that ALPI main office mail out the proclamations by the first week of March to each prospective Commission.
- Selected Betty Bradwell to pick up Proclamation from the City of Fort Pierce.
- Margaret Porter agreed to chair ERAC Annual meeting with Debra Williams serving as co-chair.
- Due to excessive absence, it was moved by Marjorie Gaskin, 2nd by Gena Spivey to remove Fannie Moore from the Council, approved. A letter thanking her for her service will be sent by our Liaison.
- Letters were sent to prospective members and will be followed up by our Liaison, Christine Samuel.
- Donations collected for a Dollar per child was raised and turned over to Christine Samuel.
- William Holt brought the Council up to date on what was happening at the Board level.
- The following monies were collected for the scholarship fund: Constance Griffin - \$5.00 and Katherine Sims - \$20.00 for a total of \$25.00 to be reported at the next Board meeting.
- Motion to approve the food vendor, C J's Chicken and Ribs, for ERAC annual meeting in October 2016 by Marjorie Gaskin, 2nd by Constance Griffin, approved by Council.
- Motion to adjourn by Constance Griffin, 2nd by Marjorie Gaskin, meeting adjourned at 7:45 p.m.

**Recommendation for Board Action, if any (State in the form of a motion(s) to be acted upon by the full Board).
Attach brief summary of request.**

1. Approve fundraising activities to include fish fry and yard sales.
2. Request that Proclamations for Community Action week to be mailed to each Commission in the perspective cities by the first week of March annual.

Marjorie B. Gaskin

Marjorie B. Gaskin, Council Secretary



The Agricultural and Labor Program, Inc.
ERAC Meeting Sign-In

Date: March 20, 2017

Council Member	Mailing Address	Phone Number	Email Address	Signature
Bradwell, Betty	2905 Kingsley Dr Ft. Pierce, FL 34946	772-882-2676	bjbradwell52@gmail.com	<i>Betty Bradwell</i>
Byrd, Bobby	795 Bencreek Dr. Ft. Pierce, FL 34947	W-772-221-2300 C-772-215-8259	bobbyb_5876@gmail.com	<i>Bobby Byrd</i>
Cooper, Frances	2606 Atlantic Ave. Ft. Pierce, FL 34947	H-772-464-2868 C-772-353-8554	clarkecf960@bellsouth.net	<i>Frances Cooper</i>
Estime-Connelly, Mercadez	5220 Pinetree Dr. Ft. Pierce, FL 34982	H-772-742-8197 C-772-882-1062	sweet.mercadez@yahoo.com	<i>Mercadez Estime-Connelly</i>
Gaskin, Marjorie	1511 N 21 st St. Ft. Pierce, FL 34950	H-772-464-0243 C-772-940-9365 C-772-475-3194	mbraskin2@gmail.com	<i>Marjorie Gaskin</i>
Griffin, Constance	3500 Ave. S Ft. Pierce, FL 34947	H-772-467-8872 C-772-882-1552	constance.griff@flhealth.gov cvgriffin62@gmail.com	<i>Constance Griffin</i>
Holt, William	4129 57 th Ave. Vero Bch, FL 32967	H-772-562-8377 C-772-538-4280	1946holt@gmail.com	<i>William Holt</i>
Jules, Ann	P.O. Box 1084 Ft. Pierce, FL 34950	C-772-708-8828	angelalules66@hotmail.com	<i>Ann Jules</i>
Mills, Donna	1330 SW Briarwood Dr PSL, FL 34986	H-772-336-7311 C-772-267-7364 W-772-429-3914	donna.mills@stlucieschools.org	<i>Donna Mills</i>
Moore, Fannie	P.O. Box 1004 Port Salerno, FL 34992	W-772-209-2093		<i>Fannie Moore</i>
Porter, Margaret	1905 N 41 st St. Ft. Pierce, FL 34947	H-772-461-6422 C-772-332-2007	porter.margaret@ymail.com	<i>Margaret Porter</i>
Richardson, Beverly	3400 Ave S Ft. Pierce, FL 34950	H-772-595-0616 C-772-801-4268	beverlyrichardson772@gmail.com	<i>Beverly Richardson</i>
Sims, Katherine	5809 NW Gillespie Ave PSL, FL 34986	C-772-985-5791		<i>Katherine Sims</i>
Spivey, Gena	2310 SE Shelter Dr. PSL, FL 34952	H-772-398-0656 C-772-360-8840	genaspivey@att.net	<i>Gena Spivey</i>
Wilder, Tiffany	318 N 13 th St Ft. Pierce, FL 34950	C-772-882-0163	twbeauty23@gmail.com	<i>Tiffany Wilder</i>
Williams, Debra	513 N 15 th St Ft. Pierce, FL 34950	H-772-460-9896 C-772-519-8017	dmmwjbw58@gmail.com	<i>Debra Williams</i>

ADVISORY COUNCIL/COMMITTEE MEETING REPORT FORM



INSTRUCTIONS : Complete and submit to the Board Secretary after reporting to the full Board.

Northern Region Advisory Council

March 13, 2017

Members Present/Absent: Attach Meeting Attendance Roster

Date of Report

Type of Report

- Reporting/Updating
 Recommending Board Action
 Recommending Policy Changes

Brief Statement of Committee's Issue/Area Reporting:

- ✓ First meeting of the NRAC for program operation year 2017.
- ✓ Report on the ALPI 2016 Annual Meeting.
- ✓ Discussed Scholarship Awards – Award will be for the 2016-2017 school year. The council voted that Crooms Academy will receive the next scholarship of \$500.
- ✓ Minutes of October meeting / Annual Report approval.

Brief Background information and possible impact of issue/area (i.e.: Why is it an issue? Will funding, staff utilization, services and/or facility changes be necessary?)

- ✓ The Northern Region Advisory Council will meet in May at the ATEC building in DeLand.

Recommendation for Board Action, if any (State in the form of a motion(s) to be acted upon by the full Board). Attach brief summary of request.

- ✓ No action items at this time.



NORTHERN REGION ADVISORY COUNCIL

2016-2017 Attendance Roster (Scheduled Meetings: October, March, May, August)

Name	Oct 2016	Feb 2017 Shared Governance Orientation	Mar 2017	May 2017	Aug 2017
Donald Tillman	P	P	P		
Yvonne Grey	A	A	E		
Constance Anderson	P	P	P		
Charles Harris, Jr.	P	A	P		
Marva Hawkins	P	P	P		
Evelyn Seabrook	P	P	P		
Shelia Dixon	P	A	P		
Dorothy Curry	P	A	A		
David Rucker	P	P	P		
Chester McNorton	P	P	E		
Nereida Jackson	P	A	A		
Patty McCollister	A	A	A		
Leona Nater	A	A	A		
Patricia H. James	P	A	A		
Ivett Melendez	A	A	A		
Lloyd Thompson	A	A	A		
Total Present	11	6	7		

P = Present

E = Excused

A = Absent

█ = No Meeting Held



COUNCIL/COMMITTEE MEETING REPORT FORM

INSTRUCTIONS: Complete and submit to the Board Secretary after reporting to the full Board.

The Southern Region Advisory Council

COUNCIL/COMMITTEE

March 21, 2017

DATE

Members Present/Absent: *See Attach Meeting Attendance Roster*

Type of Report

- Reporting/Updating
- Recommending Board Action
- Recommending Policy Changes

Brief Statement of Committee's Issue/Area Reporting:

- The '2017' Southern Region Advisory Council's Meeting Calendar was reviewed and approved.
- The '2017' Tasks and Timelines was reviewed and approved.
- The '2017' SRAC Membership Roster was reviewed and applicable changes were noted.
- The '2017' Shared Governance Orientation Manuals was distributed to members not in attendance at the Orientation on February 25, 2017.
- Seigler, Sims and Wade, scholarship revisions were reviewed with the Council by the Chair, Annette Jones. The noted revisions were approved by the SRAC.
- The SRAC approved to increase the scholarship donation from \$40.00 to \$50.00. \$200.00 was donated at the Council Meeting. *'2017' Scholarship donations to date are: \$626.00.*
- LakeView Park Community Playground Project was discussed with the SRAC. Information was distributed and reviewed by Consultant, Levonia Wynn. Need/assessment Surveys were completed and returned to Ms. Wynn for review at a later meeting date to be scheduled with the Lakeview Park Homeowners Association. SRAC Chair, Terry Wellington will coordinate meeting date with Ms. Wynn.
- The Florida Association of Community Action (FACA) Conference will be attended by SRAC representative, Barbara Grace. *Date: May 9th – 12th, 2017* in Jacksonville, FL.
- The Florence Villa Community Development Corporation (FV CDC) Annual Banquet is scheduled for April 27, 2017 at Lake Ashton in Winter Haven. *It was properly motioned and seconded to approve of the following SRAC members to attend: Terry Wellington, Annette Jones and Barbara Grace.*
- LIHEAP (Low Income Home Energy Assistance Program) will host an ENERGY FAIR in Highlands County on March 27, 2017 at the Boys and Girls Club. Council members are encouraged to assist.

Brief Background information and possible impact of issue/area (i.e.: Why is it an issue? Will funding, staff utilization, services and/or facility changes be necessary?)

- NA

Recommendation for Board Action, if any (State in the form of a motion(s) to be acted upon by the full Board). Attach brief summary of request.

- NA

The Agricultural and Labor Program, Inc.
2016-2017 SRAC Attendance Roster
(Scheduled Meetings: October, March, May, August)

Name	October 2016 Annual Meeting	March 2017	May 2017	August 2017
John Ash	P	P		
Katie Clarke	P	P		
Noemi R. Cruz	P	E		
Minister Kelly Paul Galati	P	P		
Ruth Gay	P	P		
Barbara Grace	P	P		
Rosa Hampton	P	E		
LaVita Holmes	P	P		
Annette Jones	P	P		
N'Kosi Jones	A	P		
Bernice Lopez	P	P		
Emma Malcolm	P	E		
Tracy Maloy	P	P		
Pamela Moxley	A	E		
Lester Roberts	P	E		
Annie Robinson	P	E		
Kimberly Ross	P	P		
Beverly Sloan	P	E		
Terry Wellington	P	P		
Total Present	17	11		

P = Present

E = Excused

A = Absent



THE AGRICULTURAL AND LABOR PROGRAM, INC.
SOUTHERN REGION ADVISORY COUNCIL
 March 21, 2017
 SIGN-IN SHEET

NAME	ADDRESS	TELEPHONE	SIGNATURE
Terry Wellington	247 Hopson Road Frost proof, FL 33843	Cell: 863.257.1950	<i>Terry Wellington</i>
Kimberly R. Ross	P.O. Box 1214 Clewiston, FL 33440	Cell: 863.233.6500	
Annie Robinson	748 Hunt Street Lake Wales, 33853	Hm: 863.676.4008	
Noemi Cruz	P.O. Box 292 Frost proof, FL 33843	Cell: 863.285.8210 Work: 863.232.8899 Hm: 863.635.1686; Cell: 561.441.3562	
John Ash	13 7 th Street S.W. Ft. Meade, FL 33841	Hm: 863.712.3099; Cell: 863.285.8569	<i>John Ash</i>
Katie Clarke	37 Banneker Lane Frost proof, FL 33843	Hm: 863.635.4928; Cell: 863.605.1330	<i>Katie Clarke</i>
Minister Kelly Paul Galati	P.O. Box 1221 Frost proof, FL 33843	Hm: 863.605.0403; Cell: 863.635.4500	<i>Kelly Galati</i>
Ruth A. Gay	P.O. Box 691 Frost Proof, FL 33843	Hm: 863.837.8827	<i>Ruth A. Gay</i>
Barbara Grace	905 Entrance Rd. Avon Park, FL 33825	Hm: 863.524.4627; Cell: 305.562.4425	<i>Barbara Grace</i>
Rosa Hampton	506 Palmetto Ave. Frost proof, FL 33843	Hm: 863.738.0121	
La Vita A. Holmes	901 Florida Avenue Clewiston, FL 33440	Hm: 863.228.2076; Cell: 863.983.9900	<i>La Vita A. Holmes</i>
Annette Jones	2940 Buckingham Rd. Avon Park, FL 33825	Hm: 863.452.6883; Cell: 863.443.0269	
N'kosi Jones	P.O. Box 1053 Bartow, FL 33831	Hm: 850.207.2808	<i>N'kosi Jones</i>
Bernice Lopez	P.O. Box 884 Frostproof, FL 33884	Hm: 863.528.6527	<i>Bernice Lopez</i>
Emma Malcolm	P.O. Box 723 Frost Proof, FL 33843	Cell: 863.528.6847	
Tracy Maloy	2959 W. Gordon Road Frostproof, FL 33825	Hm: 863.257.2412	<i>Tracy Maloy</i>
Pamela Moxley	2000 Rhodes Rd. N. Haines City, FL 33844	Hm: 863.852.3012	
Lester Roberts	1002 S. Waldron Avenue Avon Park, FL 33825	Cell: 863.585.6131 Work: 863.439.0864 Hm: 863.257.4164	
Beverly Sloan	453 Hopson Rd. Frostproof, FL 33843	Hm: 863.546.6114	

HS/EHS POLICY COUNCIL REPORT



COUNCIL/COMMITTEE MEETING REPORT FORM

INSTRUCTIONS: Complete and submit to the Board Secretary after reporting to the full Board.

Policy Council
COUNCIL/COMMITTEE

March 2, 2017
DATE

Members Present/Absent: Attach Meeting Attendance Roster

Type of Report

- Reporting/Updating
 Recommending Board Action
 Recommending Policy Changes

Brief Statement of Committee's Issue/Area Reporting:

- ✓ The Policy Council meeting was conducted on February 15, 2017. The items presented for review, discussion and approval include but are not limited to the following:
- Meeting minutes
 - Program progress monthly reports
 - Human Resources reports
 - Program financial reports
 - 2017-2018 Head Start and Early Head Start Grant Application Funding
 - Parent committee reports
 - 2017-2018 Selection Criteria for Head Start and Early Head Start
 - ACF Letter regarding the ERSEA Federal Review

Brief Background information and possible impact of issue/area (i.e.: Why is it an issue? Will funding, staff utilization, services and/or facility changes be necessary?)
Not at this time.

Recommendation for Board Action, if any (State in the form of a motion(s) to be acted upon by the full Board). Attach brief summary of request.
Not at this time.

Agricultural and Labor Program, Inc.
Head Start/Early Head Start Policy Council Meeting
ALPI Administrative Office
2202 Avenue Q, Fort Pierce, FL 34950
February 15, 2017

MINUTES

1. CALL TO ORDER

Corey Breon Williams, Policy Council Chairperson called the meeting to order at 12:43 p.m.

2. ROLL CALL

Tychus Doe, Policy Council Secretary conducted the roll call. Members present: Danielle Parrish, Corey Breon Williams, Haydian Allen, Jasmine Pritchett, Tychus Doe, and Melissa Boatwright.

Community Representative present: Josephine Howard, Karen Bailey, Donna Gibson and Dr. Patricia Smith.

A quorum was established.

Staff present: Elizabeth Young, Myrna Rodriguez and Aletta Stroder.

3. MISSION STATEMENT

Tychus Doe, Policy Council Vice-Chairperson read the Mission Statement.

4. AWARD PRESENTATION

- PNC Award - Corey Breon Williams presented ALPI's Corporate Award to Dee L. Coe, PNC VP Branch Manager for their Grow Up Great Program. In addition, Ms. Coe presented a \$3,000 check to the Garden Terrace Head Start Center for completing the Grow Up Great Program.
- Policy Council Volunteer Award – Corey Breon Williams presented the Policy Council Volunteer Award to Mercadez Estime-Connelly former PC Chairperson.

5. SECRETARY'S REPORT

Corey Breon Williams asked if there were any questions to the minutes from the meeting on January 18, 2017. No questions or corrections were made.

Donna Gibson made a motion to approve the Secretary's Report as presented. Tychus Doe seconded. Motion carried.

6. POLICY COUNCIL COMMITTEES

Personnel/Grievance Committee: Elizabeth Young presented and distributed the Human Resources List of new hires and termination for review, discussion and

approval. The Human Resources listing of new hires included: 1 Teacher, 1 Teacher Assistant, 1 Caregiver, 1 Caregiver Substitute, and 1 Transportation Coordinator. The information such as names, qualifications, date of hire, background clearance dates, etc. was read. Terminations included: 1 Teacher and 1 Bus Driver.

Tychus Doe made a motion to approve the Policy Council Human Resources Listing as presented. Dr. Patricia Smith seconded. Motion carried. (The original Human Resources Listing is on file with the minutes).

Grants/Fiscal Committee: Myrna Rodriguez presented the Financial Reports that included the Program Financial Report, Child Care Food Reimbursement, Non-Federal Share and the SunTrust Sunshine Account. Additionally, Ms. Rodriguez presented the 2017-2018 Head Start/Early Head Start Grant Application funding for Head Start \$5,328,291.00 to serve 691 pre-school age children and for Early Head Start \$2,085,791.00 to serve 140 infants, toddlers and pregnant women.

Dr. Patricia Smith made a motion to approve the Financial Reports and the 2017-2018 Head Start/Early Head Start Grant Application funding as presented. Tychus Doe seconded. Motion carried.

7. REPORTS

Head Start/Early Head Start of St. Lucie County: Myrna Rodriguez reported. Ms. Rodriguez asked if there were any questions regarding the enclosed Head Start/Early Head Start reports. No questions were asked.

Head Start/Early Head Start of Polk County: Aletta Stroder reported. Ms. Stroder asked if there were any questions regarding the enclosed Early Head Start reports. No questions were asked.

Board of Directors: Corey Breon Williams reported on ALPI's Annual Corporate Meeting and luncheon held on January 21, 2017 in Orlando, Florida.

Haydian Allen made a motion to approve the reports as presented. Donna Gibson seconded. Motion carried.

8. PARENT COMMITTEE REPORTS

Corey Breon Williams asked if there were any questions regarding the enclosed Parent Committee Reports. Reports were enclosed as part of the monthly package. No questions were asked.

Karen Bailey made a motion to approve the reports as presented. Josephine Howard seconded. Motion carried.

9. OLD BUSINESS

Elizabeth Young presented and distributed the letter received from the Administration for Children and Families regarding the ERSEA Federal Review conducted on January 23-24, 2017. Ms. Young indicated that the letter states that there were no findings and/or non-compliances. Ms. Young congratulated the staff on a job well done.

In addition, Myrna Rodriguez reminded the Policy Council members of the upcoming Program Annual Self-Assessment scheduled for February 21-23, 2017. Ms. Rodriguez re-emphasized the importance of their participation.

Myrna Rodriguez presented the 2017-2018 Selection Criteria for the Head Start and Early Head Start Program for review, input and approval. Ms. Rodriguez indicated that the criteria was updated based of the new 2017 Federal Poverty Guidelines.

Josephine Howard made a motion to approve the 2017-2018 Selection Criteria for the Head Start and Early Head Start Program as presented. Tychus Doe seconded. Motion carried.

10. NEW BUSINESS

None at this time.

11. ADJOURNMENT

Donna Gibson made a motion to approve to adjourn the meeting. Dr. Patricia Smith seconded. Motion Carried. The meeting was adjourned at 1:15 p.m.




Policy Council Chairperson

**AGRICULTURAL AND LABOR PROGRAM, INC.
2016-2017 POLICY COUNCIL MONTHLY MEETING ATTENDANCE**

CENTER	NAME	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT
Lincoln Park Head Start	Brittney Thomas	P	A	p	A	A							
Lincoln Park Head Start	Zulma Park					A							
Garden Terrace Head Start	Jasmin Pritchett	P	P	P	P	P							
Garden Terrace Head Start	Nijona Patterson	P	P	P	P	A							
Queen Townsend HSC II	Cynthia Penton	A	P	A	A	A							
Queen Townsend HSC II	Raquel Garcia	A	A	P	A	A							
Child Development & Family Services	Corey Breon Williams	P	P	P	P	P							
Child Development & Family Services	Haydian Allen	P	P	P	P	P							
Francina Duval Head Start	Danielle Parrish	P	E	P	P	P							
George W. Truitt Family Services	Satorial Calhoun			P	P	A							
George W. Truitt Family Services	Tychus Doe	P	P	P	P	P							
Frostproof Child Development	Juan Rushing	P	P	E	P	A							
EHS Contracted Site St. Lucie	Jasmin Canion	A	A	A	P	A							
HS Contracted Site St. Lucie	Melissa Boatwright	A	P	A	A	P							
Community Representative	TBA												
Community Representative	Karen Bailey	P	E	A	P	P							
Community Representative	Donna Gibson	P	P	E	P	P							
Community Representative	Dr. Patricia Smith	A	E	P	P	P							
Board Representative	Josephine Howard	P	P	P	P	P							
<i>Total Representatives Present:</i>		11	9	11	13	10							

CENTER	NAME	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT
ALTERNATES													
Lincoln Park Head Start	Toni Morgan												
Lincoln Park Head Start	Nicole Sikes												
Garden Terrace Head Start	Kim Kleekey		P										
Garden Terrace Head Start	Rhonda Boston												
Queen Townsend HSC II	Magnolia Washington												
Queen Townsend HSC II	Rosahda Porter												
Child Development & Family Services	Marisa Paige Knyshka												
Child Development & Family Services	Jacqueline Castaneda	P											
Francina Duval Head Start	Antonia Jackson	P	P										
George W. Truitt Family Services	Sharee Harris												
George W. Truitt Family Services	TBA												
Frostproof Child Development	Byrana Barnett	P											
EHS Contracted Site St. Lucie	Guilene Timothies												
HS Contracted Site St. Lucie	Viola Strowbridge-Lloyd			P									
		4	3	1									

P - PRESENT E - EXCUSE A - ABSENT  NO MEETING

March 15, 2017

No Policy Council meeting was conducted due to lack of attendance.

MULTIPLE WORKSITE REPORT

Multiple Worksite Report

Summary of your account on the web - Apr 11, 2017

UI Account Number: 0020435850

State: Florida

Legal Name: THE AGRICULTURAL AND LABOR PROGRAM

Quarter ending: Quarter ending March 31, 2017

Worksite	Description	Jan	Feb	Mar	Quarterly Wages
THE AGRICULTURAL AND LABOR PROGRAM 1814 N 13TH ST FORT PIERCE 34950	GEORGE W. TRUITT FAMILY SERVICES	21	22	22	152,087
THE AGRICULTURAL AND LABOR PROGRAM 701 HOPSON ROAD FROSTPROOF 33843	FROSTPROOF CDC	22	24	25	196,342
THE AGRICULTURAL AND LABOR PROGRAM 300 LYNCHBURG RD LAKE ALFRED 33850	ALPI CORPORATE OFFICE	37	37	40	432,780
THE AGRICULTURAL AND LABOR PROGRAM 1110 N 32ND STREET FORT PIERCE 34947	GARDEN TERRACE HEAD START	16	16	16	113,319
THE AGRICULTURAL AND LABOR PROGRAM 1400 AVENUE M FORT PIERCE 34950	LINCOLN PARK HEAD START	17	17	17	123,898
THE AGRICULTURAL AND LABOR PROGRAM 1035 S 27TH CIRCLE FORT PIERCE 34950	FRANCINA DUVAL HEAD START	7	7	7	63,244
THE AGRICULTURAL AND LABOR PROGRAM 1031 S DELANEY AVE AVON PARK 33825	AVON PARK	1	1	1	10,639
THE AGRICULTURAL AND LABOR PROGRAM 1326 E INTL SPEEDWAY BLVD #6 DELAND 32724	PROJECT ACHIEVE	2	2	2	14,005
THE AGRICULTURAL AND LABOR PROGRAM 1405 N 27TH STREET FORT PIERCE 34947	COMPUTER ASSISTED TUTORIAL	0	0	0	0
THE AGRICULTURAL AND LABOR PROGRAM 198 MARION AVE NW PORT SAINT LUCIE 34983	MS CHILD DEV/ FAM SVCS CENTER	25	25	24	186,951
THE AGRICULTURAL AND LABOR PROGRAM 2202 AVENUE Q FORT PIERCE 34947	QUEEN TOWNSEND II	60	61	59	497,384
Total of all Worksites		208	212	213	1,790,649

Summary of your Account on the Web

We have received the data that you submitted. You may wish to print this page for your records.

Legal Name :
 THE AGRICULTURAL AND LABOR PROGRAM
UI Account Number :
 0020435850
State :
 Florida

**You have completed entering data for 1 of 1 accounts.
 Enter data for another UI Account:**

Worksite	Quarter ending March 31, 2017			
	Number of Employees			Quarterly Wages
	Jan	Feb	Mar	
THE AGRICULTURAL AND LABOR PROGRAM 1814 N 13TH ST FORT PIERCE, FL 34950 GEORGE W. TRUITT FAMILY SERVICES	21	22	22	\$152,087.00
THE AGRICULTURAL AND LABOR PROGRAM 701 HOPSON ROAD FROSTPROOF, FL 33843 FROSTPROOF CDC	22	24	25	\$196,342.00
THE AGRICULTURAL AND LABOR PROGRAM 300 LYNCHBURG RD LAKE ALFRED, FL 33850 ALPI CORPORATE OFFICE	37	37	40	\$432,780.00
THE AGRICULTURAL AND LABOR PROGRAM 1110 N 32ND STREET FORT PIERCE, FL 34947	16	16	16	\$113,319.00

GARDEN TERRACE HEAD START

THE AGRICULTURAL AND LABOR PROGRAM

1400 AVENUE M
FORT PIERCE, FL
34950
LINCOLN PARK HEAD START

Jan	Feb	Mar	
17	17	17	\$123,898.00

THE AGRICULTURAL AND LABOR PROGRAM

1035 S 27TH CIRCLE
FORT PIERCE, FL
34950
FRANCINA DUVAL HEAD START

Jan	Feb	Mar	
7	7	7	\$63,244.00

THE AGRICULTURAL AND LABOR PROGRAM

1031 S DELANEY AVE
AVON PARK, FL
33825
AVON PARK

Jan	Feb	Mar	
1	1	1	\$10,639.00

THE AGRICULTURAL AND LABOR PROGRAM

1326 E INTL SPEEDWAY BLVD #6
DELAND, FL
32724
PROJECT ACHIEVE

Jan	Feb	Mar	
2	2	2	\$14,005.00

THE AGRICULTURAL AND LABOR PROGRAM

1405 N 27TH STREET
FORT PIERCE, FL
34947
COMPUTER ASSISTED TUTORIAL

Jan	Feb	Mar	
0	0	0	\$0.00

THE AGRICULTURAL AND LABOR PROGRAM

198 MARION AVE NW
PORT SAINT LUCIE, FL
34983

MS CHILD DEV/ FAM SVCS CENTER

Jan	Feb	Mar	
25	25	24	\$186,951.00

THE AGRICULTURAL AND LABOR PROGRAM

2202 AVENUE Q
 FORT PIERCE, FL
 34947
 QUEEN TOWNSEND II

Jan	Feb	Mar	
60	61	59	\$497,384.00

Total of all Worksites :	208	212	213	\$1,790,649.00
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**You have completed entering data for 1 of 1 accounts.
 Enter data for another UI Account:**

If you have questions or comments, please send e-mail to: mwr.helpdesk@bls.gov

Version: 5.1.1

If you have questions or concerns about your data, please contact:

Florida Department of Economic Opportunity
 Bureau of Labor Market Statistics
 107 East Madison St, MSC G-020
 Tallahassee, FL 32399-4111
 PH: (800) 672-4664 or PH: (850) 245-7228, FAX: (850) 245-7202

BOARD ANNUAL FUNDRAISING REPORT

**THE AGRICULTURAL AND LABOR PROGRAM, INC
2017 BOARD OF DIRECTORS**

	Assessed	Contributed To Date	Balance Due
Katie Clark	1,000.00	130.00	870.00
Dorothy Curry	1,000.00	-	1,000.00
Kim Johnson	1,000.00	-	1,000.00
Kimberly Ross	1,000.00	-	1,000.00
Marjorie Gaskin	1,000.00	210.00	790.00
Marva Hawkins	1,000.00	1,000.00	-
William Holt	1,000.00	520.00	480.00
Josephine Howard	1,000.00	710.00	290.00
Pat Gamble	1,000.00	-	1,000.00
TBA	1,000.00	-	1,000.00
Glenda Jones	1,000.00	105.00	895.00
Chester McNorton	1,000.00	500.00	500.00
Vernon McQueen	1,000.00	9,445.00	(8,445.00)
Lester Roberts	1,000.00	535.00	465.00
Stacy Campbell-Domineck	1,000.00	-	1,000.00
David Walker	1,000.00	-	1,000.00
Annie Robinson	1,000.00	-	1,000.00
Ruby Willix	1,000.00	175.00	825.00
Corey Williams	1,000.00	-	1,000.00
LaVita Holmes	1,000.00	500.00	500.00
Samuel Thomas	1,000.00	-	1,000.00
Total	21,000.00	13,830.00	7,170.00

If you should have any questions please see individual detail sheets or call Dennis Gniewek.