
ACTION ITEMS


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AGENCY POLICIES & PROCEDURES
REVISIONS/ ADDITIONS

- Back To Work Policy



	THE AGRICULTURAL AND LABOR PROGRAM, INC. MANAGEMENT ACTION ITEM(S)	
	Action Item No.	Date of Issuance: 04/21/17
	Originating Unit: EXECUTIVE OFFICE	
	Contact Person: Deloris Johnson, CEO	

SUBJECT: BACK TO WORK POLICY AND REPORTING SYSTEM

DATE: April 21, 2017

PURPOSE: To establish and maintain a formal “Back to Work Policy and Reporting System to provide an opportunity for injured workers to return to work as soon as possible after an on-the-job injury. This includes providing transitional work based on the attending physician’s written recommendations and a formal process for reviewing thoroughly, circumstances surrounding the work accident that can be used to prevent and manage future work injuries.

BACKGROUND INFORMATION:

(See attached Program Model for details)

FINANCIAL AND OTHER CONSIDERATIONS:

N/A

ACTION NEEDED:

CEO is recommending Board approval for management to adopt the use of the Summit “Back 2 Work” return to work program model as a framework to develop the agency’s Back to Work Policy, Procedures and reporting system by April 30, 2017.

ACTION NEEDED	BOARD COMMITTEE(S)	BOARD OF DIRECTORS
RECOMMENDATIONS		
APPROVAL		X



Summit's return-to-work program

Information for Employers

What is Back2Work?

It is a program designed to get injured employees back on the job—a vital part of the workers' compensation system. Back2Work will help you plan ahead to offer transitional duty to employees recovering from on-the-job injuries, and it allows you to incorporate your company culture in the process. The goal is to have your employee back to his regular duties sooner than if he had not worked during his recovery, ultimately reducing workers' comp costs for you.

Here are the terms that we use with our Back2Work program:

- Transitional duty**—Temporary work offered to an injured employee before he is fully recovered. It can be modified or alternate work.
- Modified work**—Temporary modifications to the employee's regular job duties to remove or change the elements that exceed current physical abilities.
- Alternate work**—Temporary reassignment of the employee to another position, or different type of work, within current physical abilities.

Why do I need a return-to-work program?

The chance of an injured employee ever returning to work decreases dramatically the longer he is away from the job. Not only does extended absence open up the possibility of litigation, but the cost of hiring and training a replacement for the injured employee affects your bottom line, your workplace and the morale of your employees.

What are the benefits of having a program such as this?

Improves Communication

- Supervisors are in contact with the injured employee.
- You know the status of an employee's injury and recovery.

Boosts Morale

- Employees know that work will be available if they are injured on the job.
- Employees know that their employer cares about their well-being.

Increases Control

- Employees know that you want and need them to come back to work after a workplace injury.
- Work is being done by *your* employees, not by temporary help.
- Length of time out on disability can be shortened.

Decreases Costs

- Wages replace wage-loss payments.
- Medical costs can be reduced.
- Legal costs are less likely.
- Training costs can be decreased.
- Fraudulent claims may be identified sooner.
- Over a period of time, your premium costs could be reduced and your experience modification factor may be improved.

How to Get Started

1. Develop a plan *before* an injury occurs!

- Set up a formal safety program and train your employees. Emphasize the importance of safety to prevent workplace injuries.
- Assess the types of jobs within your company and the physical requirements for each.
- Identify transitional duty jobs that can be made available if an employee is injured, and create job descriptions for each.
- Train supervisors on what to do if an injury occurs.
- Designate a person in your company to do the paperwork and to stay in contact with the injured employee, Summit and the physician.
- Notify your employees about your Back2Work program.
 - Address workers' compensation and return to work during new-hire orientation.
 - Hold regular safety meetings.

2. If an injury occurs—

- Report the injury immediately via our website or by calling **1-800-762-7811**.
- Accompany your employee to obtain initial medical care if possible.
- Talk to your Summit claims adjustor and/or nurse case manager.

3. After an injury occurs—

- Call your employee at regular intervals to check on his progress. It will show that you care.
- Send a "Get well" or "We miss you" card to the employee.
- Talk to your Summit claims adjustor to discuss options for transitional duty.
- Obtain a form or letter from the physician that states your employee's post-injury physical capabilities. Decide on transitional duty and submit the job description form to your Summit claims adjustor.
- Have your injured employee check in with you after each appointment with his physician.
- Provide transitional duty. We recommend that you offer the job in writing and send it to the employee by certified mail.
- Comply with the physical restrictions set by the physician once your employee has returned.
- Celebrate your employee's return to full duty.
- Continue to discuss the prevention of work injuries in safety meetings.

How to Reach Us

Email: Back2Work@summitholdings.com

Customer Service: 1-800-282-7648

24-hour Injury Reporting: 1-800-762-7811



www.summitholdings.com

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Retailers Casualty Insurance Company

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Claim Costs—The Financial Impact



Obvious costs and hidden claim costs that affect your bottom line

Obvious costs

- Medical expenses
- Payroll/Indemnity

Hidden costs

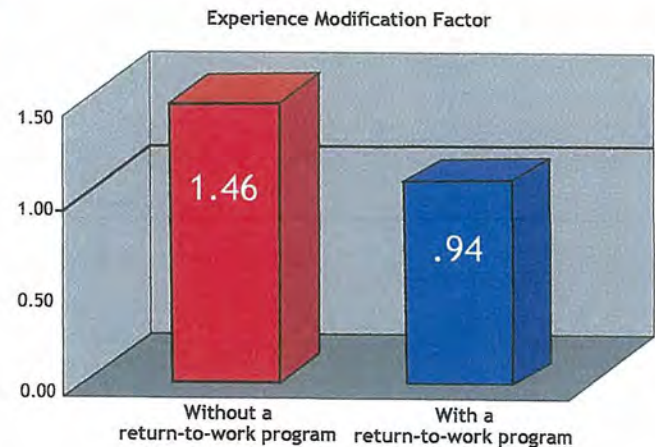
- Replacement employees
- Broken equipment
- Lost work time
- Reduced productivity

Hidden costs are those that you may not see immediately, but they can still have significant impact. Studies show that for every dollar spent on a workers' comp claim (obvious costs), three dollars more are spent on hidden costs.

How claim costs impact your premium

Your premium calculation may include an experience modification factor. Your company's mod is determined by three years' worth of prior claim costs. In other words, you'll be paying for today's claim for the next several years.

Returning injured employees to work will help mitigate the impact of these expenses and may even lower your experience modification factor over time. It's a fact that offering transitional duty to an injured employee can translate into a lower workers' comp premium—and can positively affect your company's bottom line.



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Controlling the Impact of Your Claim Costs

A return-to-work program can help you control your business's workers' comp costs—from reducing bottom-line expenses to increasing positive employee morale. The two biggest financial factors that can be mitigated with Back2Work are indemnity (wage) payments and legal fees.

Indemnity charges are part of claim costs, so they may impact your future premium—and ultimately your bottom line. Remember that injured employees who are back on the job receive normal wages from their employer, not indemnity checks from the comp carrier. What's more, return-to-work programs can sideline potential legal costs because injured employees who are working are less likely to seek out attorneys.

Check out the financial costs of these two actual injury examples both with and without return-to-work programs. Keep in mind that these two examples don't include any legal costs that could increase the final costs even more.



Minor injury

Minor Injury—No Surgery	Without Back2Work	With Back2Work
Medical costs	\$3,377	\$3,377
Indemnity (wages)	\$4,646	\$0
Claim total	\$8,023	\$3,377
Weeks of lost time	20	0

In this example, the injury was minor and did not require surgery. The doctor released the worker to light duty, but the employer did not have a return-to-work program. So, the employer waited until the employee reached maximum medical improvement before allowing him to return. Without a return-to-work program in place, the claim had the additional lost-time expense and the cost difference was significantly higher than it would have been with an effective program.

Surgery required

Serious Injury—Surgery	Without Back2Work	With Back2Work
Medical costs	\$19,425	\$19,425
Indemnity (wages)	\$28,287	\$7,812
Claim total	\$47,712	\$27,237
Weeks of lost time	49	22

In this example, the injury required surgery. Again, the employer did not have a return-to-work program and, therefore, had no guidelines in place for returning the employee to work, even at transitional duty. As a result, the claim accumulated an additional 27 weeks of lost time, increasing the total cost by more than \$20,000.

See page 2 for more information.

What does **Transitional Duty** look like?

Information for employers who have workers' compensation insurance with Summit



What is transitional duty?

Transitional—or light—duty is work designed to comply with physician's restrictions after a work injury. The physician specifies restrictions because the physical demands of the injured worker's regular job would be too much, but the employee can function in some capacity, at home and at work.

Transitional duty is temporary work offered to an injured employee before he has fully recovered. It can be modified or alternate work.

- **Modified work**—Temporary modifications to the employee's regular job duties to remove or change the elements that exceed current physical abilities.
- **Alternate work**—Temporary reassignment of the employee to another position or different type of work within current physical abilities.

At Summit, we call it "transitional" for two reasons. First, because it is a temporary work assignment, which can change as your injured employee progresses back to his full workload. The other reason is because "light duty" has a totally different meaning for a construction worker than it does for someone who works in an office.

Why should I offer transitional duty?

There are many benefits for you and your business when you decide to have a return-to-work program. Offering transitional duty can help to reduce the cost of the workers' comp claim. You also gain more *control* over the management of your work injuries by having your injured worker(s) back on the job. Offering transitional duty also shows that you care about your employees and their work.

How do I design transitional duty?

As you think ahead to what type of work you can offer a particular employee, first determine whether this injured worker can do most or part of his regular job—you can even start them working just a few hours per day. Then identify what can be done to modify their normal work to meet any restrictions outlined by the physician.

Sometimes, injured workers will not be able to work their normal jobs. If that's the case, be sure to focus on tasks rather than a full-time job. And remember to think of things that the injured worker can do; not what they cannot. If modified work isn't an option, it's time to find alternate work.



Transitional duty idea flyers for a variety of industries are available through our Online Business Center or through your loss control consultant.

(continued on back)



When do I offer transitional duty?

As soon as you call in an injury, begin planning transitional duty options for that injured worker. In workers' comp, the treating physician determines an injured employee's work status based on the type of injury and where the injured worker is in the healing process. As soon as the physician releases the patient to work and identifies any restrictions, it's time to offer work (transitional duty)—within those medical restrictions. Like having a hurricane plan, it's better to have procedures in place before you need them—and Summit's free Back2work program can help.

How do I offer transitional duty?

Make certain to offer any transitional duty in writing to the injured worker. You can use our sample Back2work job offer form or letter to notify your employee that you have transitional work ready. This may involve some type of workplace accommodation, but it can usually be done easily—especially if your business has a return-to-work culture.



What happens after I offer transitional duty?

- If all goes as planned, your injured employee will be back on the job and healing while at work.
- You pay the wages to your employee, which can reduce the overall cost of the claim. Contact your adjustor if you have any questions about wage calculations.
- You can remain in close contact with your employee, which will help him through the healing process.
- You'll be able to manage the claim while getting some work done by a trained employee.



Check out transitional duty ideas for a variety of industries by visiting our website at www.summitholdings.com and logging in to the Online Business Center. Plus, several customizable forms and letter templates are also available to you through our Back2work program. As always, if you have any questions or need any help with the forms and recommended processes, your Summit adjustor is available to help you!



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What happens when your answer is "We don't have light duty."

Information for employers who have workers' compensation insurance with Summit

COST OF A CLAIM

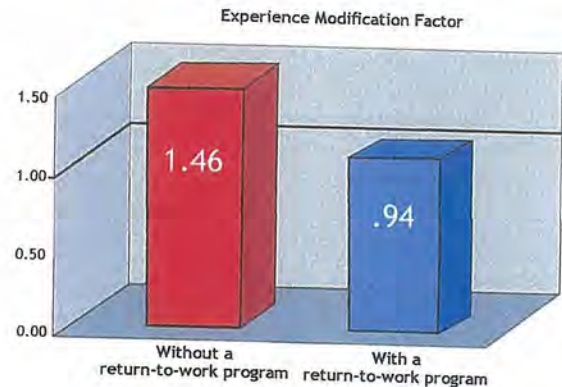


When injuries happen at work, you have many things to think about, and providing light duty might not be at the top of your list. At Summit, we are focused on helping you identify modified or alternate work for the injured employee, and here's why.

Work injuries cost money. Medical costs are more than half of the total cost, but adding indemnity (wages paid while out of work) increases the cost of the claim. If the injured employee feels the need to retain an attorney, the additional legal costs can make the claim grow even larger.

In insurance, the cost of today's claim can also affect what you pay for your workers' comp premium in the future. If you have a mod (experience modification factor), it's a multiplying factor on your premium. The higher the mod, the more you pay. Contact your independent insurance agent or visit our website for more information about mods.

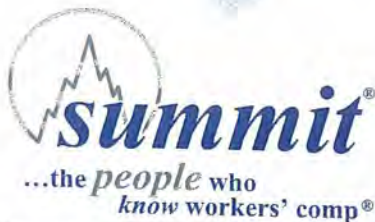
Keep in mind, it's not a one-time increase—today's claim affects your mod for 3 years in the future.



As an employer, the more you know about workers' comp, the more you can do to take care of your employees and manage your costs. Summit's Back2Work program can help you implement your own return-to-work program—and that includes knowing how to offer light (transitional) duty.

Summit is ready to help you. Contact us today!

BACK2work® works!



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If you are
injured on
the job...
we care about
your recovery.



You're an important part of this company.
We need you!

- We will work with you during your time of recovery to accommodate your physical capabilities.
- We can work with your doctor to provide transitional duty for you while you are healing, so you can continue to work.
- Be sure to keep us informed of your capabilities by bringing in your work release form every time you visit your doctor.

Si usted sufre una lesión en el trabajo... nosotros nos preocupamos por su recuperación.



Usted es una parte importante de esta compañía.
¡Nosotros le necesitamos!

- Nosotros trabajaremos con usted durante su período de recuperación para acomodar su capacidad física.
- Podemos trabajar junto con su doctor para proporcionarle trabajo de transición mientras usted está sanando, para que así pueda continuar trabajando.
- Es importante que nos mantenga informados de sus capacidades trayéndonos el formulario de revisión que le da el doctor en cada visita.

**SAMPLE: Employer Letter for Notice of
Transitional Duty to Employee
(Use your company letterhead.)**

You can download this form by logging in to our Online Business Center at www.summitholdings.com.

(Date)

(Employee's Name)
(Employee's Address)
(Employee's City, State, ZIP)

Re: Transitional duty

Dear (Employee name):

Your doctor has released you to return to work, and we have ready for you a transitional-duty position that is medically appropriate and designed to comply with your medical restrictions. You are scheduled to begin work on (return date). Please see (supervisor) at (start time). If you receive this letter after (return date), please contact (supervisor) within 24 hours.

Kentucky employers—omit this paragraph because Kentucky law does not offer this provision:
If your transitional duty earnings are below your average weekly rate prior to your injury, you may be entitled to a wage-loss payment from (return date). Our workers' compensation carrier will follow up with us to determine your exact earnings during this transitional duty assignment.

Please call me if you have any questions about returning to work in this capacity. We're glad to have you back!

Sincerely,

(Sender's name)
(Title)

P.S. Please remember that failure to report to work could affect your entitlement to temporary disability benefits.

SAMPLE: Transitional Job Offer (Print on your company letterhead.)

You can download this form by logging in to our Online Business Center at www.summitholdings.com.

EMPLOYER: This is a sample form that you may want to create for use with your return-to-work program.

Date _____ Employee name _____

Claim number _____ Date of injury _____

Employee address (if mailed)

Dear _____:

Your physician, Dr. _____, has released you for modified work with the following restrictions (or see attached medical form): _____

Your doctor has approved the following transitional position for you. Since the position is transitional, it will be periodically evaluated. This job is _____

We ask that you report for work on (date) _____

Please report to (supervisor) _____ at (time) _____

If you receive this letter after the report-to-work date listed above, you will have 24 hours to contact: _____
_____ at _____

Failure to report to work could affect your entitlement to temporary disability benefits.

We look forward to seeing you and wish you a speedy recovery.

Sincerely,

Employer name, title

Date

To be completed upon return to work

Hours per day/week	Days per week
Duration of job (if known)	Supervisor

You will be receiving \$ _____ per (hour/week/month). If this is less than your regular earnings, you may be entitled to wage loss benefits from your workers' compensation carrier. *(Kentucky employers: This provision is not offered by Kentucky law.)*

I have read and understand the above information.

Employee signature, date

Employer signature, date

Please bring this form with you when you report to work.

Work Injury Tracking Record
You can download this form by logging in to our Online Business Center at www.summitholdings.com.

Employee _____ Claim number _____

Date of accident _____ Day of the week _____

Time of day _____ a.m./p.m. Location _____

Conditions/Circumstances _____

Accident description _____

Witnesses _____

Other employees involved _____

Body part(s) injured _____

Accident investigation complete

Safety committee review complete

Physician's name _____ Medical specialty _____

Physician's phone _____ Fax _____

Medical Appointments *(Attach additional pages if necessary.)*

Doctor/Clinic/Hospital	Date	Work status
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Transitional Duty

Modified/Alternate work *(describe)* _____

Date of offer _____ Date of acceptance _____ Date of return to work _____

Please call your Summit claims adjustor at the appropriate number below with any questions or change in work status, or e-mail back2work@summitholdings.com.



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Job Analysis/Physical Demands

You can download this form by logging in to our Online Business Center at www.summitholdings.com.
To be completed by the employer, then sent to the treating physician.

Employee name _____ Date _____

Job title _____ Claim number _____

Full time Part time Hours/day _____ Hours/week _____

Work setting information (Please check all that apply.) Inside Outside Carpet Concrete Uneven surface Air conditioned

Physical demands of job

Regular Duty Transitional Duty

Indicate the number of hours the employee will be expected to perform the following. Please indicate whether the activity can be performed continuously or intermittently.

Sit 0 1 2 3 4 5 6 7 8 Continuously Intermittently

Stand 0 1 2 3 4 5 6 7 8 Continuously Intermittently

Walk 0 1 2 3 4 5 6 7 8 Continuously Intermittently

Indicate whether or not the employee will be required to:

Climb Yes No Limited. Please specify: _____

Twist/Bend/Stoop Yes No Limited. Please specify: _____

Reach above shoulder level Yes No Limited. Please specify: _____

Operate a motor vehicle Yes No Limited. Please specify: _____

Push/Pull Yes No Limited. Please specify: _____

Fine-finger movements Yes No Limited. Please specify: _____

Indicate the physical demands and frequency for lifting and carrying.

0 – 10 lbs. Never (0%) Occasionally (1% – 35%) Frequently (36% – 66%) Continuously (67% – 100%)

11 – 20 lbs. Never (0%) Occasionally (1% – 35%) Frequently (36% – 66%) Continuously (67% – 100%)

21 – 40 lbs. Never (0%) Occasionally (1% – 35%) Frequently (36% – 66%) Continuously (67% – 100%)

41 – 60 lbs. Never (0%) Occasionally (1% – 35%) Frequently (36% – 66%) Continuously (67% – 100%)

More than 60 lbs. Never (0%) Occasionally (1% – 35%) Frequently (36% – 66%) Continuously (67% – 100%)

Signature of employer _____ Date _____

For the physician

Note to Florida physicians

After you review the information above, please complete the Florida Workers' Compensation Medical Treatment/Status Reporting form (DFS-FS-DWC-25), Section IV, "Functional Limitations and Restrictions." That portion of the form should be used to report work status at each office visit. You may be asked to complete other forms if additional information is needed, but you do not need to complete the information below.

In your opinion, what limits the patient from performing the above-described tasks? _____

Patient is able to return to full-time work effective: _____

Patient is able to return to work effective _____, with the following work restrictions (please indicate duration): _____

I have reviewed the above description of the employment to be offered, and I feel that this job is is not within the patient's physical abilities. (Please fax this form to the Summit office in your region, listed below.)

Physician's signature (no stamp or other facsimile) _____ Date _____



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Policy

ABC Company has a process in place to bring injured workers back to work as soon as possible after an on-the-job injury. This includes providing transitional work based on the treating physician's written recommendations. ABC Company will review the circumstances surrounding the work accident and will use that information to prevent and manage future work injuries.

Procedure

In the event of a workplace injury—

1. The injured worker's immediate supervisor will notify our workers' compensation company of the injury as soon as possible (same day is preferred). Supervisors can report injuries by calling Summit at 1-800-762-7811, 24 hours a day, 7 days a week.
2. The supervisor will then send written notification of the employee's work injury to our internal return-to-work coordinator (same day is preferred).
3. ABC Company's return-to-work coordinator will:
 - Use the Work Injury Tracking Record to complete documentation of the employee's injury and recovery.
 - Maintain contact with the injured employee during the course of his recovery. (This may include telephone calls, written communication and/or personal visits as appropriate.)
 - Cooperate fully with the workers' compensation insurance adjustor.
 - Facilitate clear communication with the employee's treating physician.
4. ABC Company's return-to-work coordinator and the injured employee's supervisor will prepare for the employee to return to work by completing a Job Analysis/Physical Demands form. This form can describe the injured employee's regular job or the transitional work that is available, whichever is applicable. ABC Company's return-to-work coordinator will send the completed form to the workers' comp insurance adjustor.
5. When applicable, ABC Company will offer transitional duty to the injured employee during his recovery, based on the recommendations of the treating physician.
6. ABC Company's return-to-work coordinator will send a transitional job offer form or letter to the injured employee by Certified Mail[®].
7. ABC Company's return-to-work coordinator will notify the workers' compensation company when our injured employee returns to work.
8. After the injured employee has returned to work, ABC Company's return-to-work coordinator will continue to follow up with the employee and physician periodically to assure that the transitional work is within the employee's current physical capabilities.

Employer Certification Process

Certification Checklist

Company name _____ Policy number _____

- Name a return-to-work coordinator to handle all Back2Work processes. Return-to-work coordinator is _____

_____ Name
(____) _____ Phone number
- Prepare a documentation process for when an injury occurs. You will need to have a file for each injured worker to be kept in a locked drawer. You should also have copies of the Work Injury Tracking Record available.
 - Folders/filing system
 - Locked drawer
 - Work Injury Tracking Record
- Using the sample Back2Work policy and procedure as a guide, create a return-to-work policy and procedure for your business. Train supervisors and key staff members on what to do when an injury occurs and the process that follows. Policy and procedure adopted on _____

Date
- Plan ahead for transitional duty. Fill out example Job Analysis/Physical Demands forms for a typical position in your business and a possible transitional duty position that you could offer, if necessary.
 - Example of a typical current position on a Job Analysis/Physical Demands form
 - Example of transitional duty position on a Job Analysis/Physical Demands form
- Draft a template for a job offer letter or form and print it on company letterhead. Keep it on file to use when offering transitional duty to an injured worker.
- Hold a meeting to introduce Back2Work to the rest of your staff. Record those in attendance, distribute the new Back2Work policy and procedure and answer any questions. Back2Work meeting held on _____

Date
- Display Back2Work poster(s) in employee area(s).
- Your company's return-to-work policy and procedure included in new-hire orientation packets as of _____

Date
- Fax this completed form to (863) 665-3546.

If you have any questions, please e-mail back2work@summitholdings.com.

Certification checklist completed by _____; submitted on _____

_____ Name
_____ Date

 Verified by _____ on _____

_____ Summit representative
_____ Date



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SUMMIT LOSS PREVENTION SERVICES

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 PO Box 80439 • Baton Rouge, LA 70898-0439 • 225-926-3264 • 1-800-421-2944 • Fax 225-926-4026

ACCIDENT/INCIDENT REPORTING POLICY
(To Be Distributed)



SPECIAL EVENTS COMMITTEE MEETING

Corporate Office - Lake Alfred

April 21, 2017

7:00 p.m.

AGENDA

I. CALL TO ORDER

- A. Mission Statement
- B. Roll Call
 - Marva Hawkins, Chairperson
 - Patricia Gamble
 - Chester McNorton
 - Glenda Jones
 - Ruby Willix
 - Kimberly Ross
 - Elizabeth Young, Staff Liaison**

II. ITEMS FOR DISCUSSIONS

- Review Annual Picnic Plan/Budget
- Identify Picnic Location
- Review Board Recognition/Appreciation Awards Plan
- Discuss Advisory Councils' Community Services Awards
- Review proposed 50th Year Anniversary Logo
- Review the ALPI Wall of Fame

III. ACTION ITEMS/RECOMMENDATIONS FOR BOARD APPROVAL

- Annual Picnic Plan/Budget
- Picnic Location
- ALPI Wall of Fame Timelines
- Proposed 50th Year Anniversary Logo

IV. ADJOURNMENT

PROPOSED PICNIC LOCATION



PUBLIC FACILITIES RENTAL AGREEMENT

Agreement No: 19398

THIS AGREEMENT made on 3/17/2017 12:20:37PM between the City of Lakeland, Florida, doing business as and hereinafter referred to as the CITY OF LAKELAND on behalf of its PARKS AND RECREATION DEPARTMENT, and AGRICULTURE AND LABOR PROGRAM hereafter referred to as User and represented by PAT GAMBLE, whose address is PO BOX 90942, LAKELAND, FL, 33804, whose telephone number is (863) 838-5111. The term "Agreement" shall be deemed to include any Special Terms and Conditions attached to this agreement; provided they have been initialed by both the PARKS AND RECREATION DEPARTMENT and the user.

WITNESSETH:

The parties hereby agree as follows:

1. For and in consideration of the sum hereinafter specified in paragraph 2, the PARKS AND RECREATION DEPARTMENT grants to the User the use of the following facilities:

Type of Event: Community Picnic

Location	# of Guests	Date and Time			Fee Amount	
LAKE PARKER OSPREY - WEEKEND	250	6/24/17 10:00 am	to	6/24/17 4:00 pm	\$358.47	
Fee Type	Quantity	Rate	Hours	Tax Rate	Sales Tax	Total
BASE RATE	1	\$161.82	6	0.07	\$11.33	\$173.15
HOURLY RATE	1	\$28.00	6	0.00	\$0.00	\$168.00
BASE SURCHARGE	1	\$16.18	6	0.07	\$1.14	\$17.32
TOTAL DUE						\$358.47

User is entitled to enter the Facilities only during the reserved times listed above. User designates PAT GAMBLE as the person to contact at (863) 838-5111. User will contact the Parks and Recreation Department at (863) 834-2280 at least one week in advance of your event with details for set-up. User is not State Tax Exempt.

Strictly Enforced (Refundable Fee)

User will forfeit refundable deposit if all guests and items are not removed from building by contracted time, damage to facility occurs, and any other term and/or conditions of the contract are violated. *[Signature]* initial

2. The User agrees to pay the CITY OF LAKELAND as rent for the facilities the amount of \$358.47 (Rent: \$346.00 + Sales Tax: \$12.47), plus a Refundable Fee (if applicable) in the amount of \$0.00. After execution of this agreement by User, all copies must be returned to LAKE MIRROR COMPLEX RESERVATION OFFICE with a payment of \$358.47 to be paid on or before 05/16/2017. In addition, a Refundable Fee of \$0.00 is due on or before 05/16/2017.

User's failure to pay any of the amounts set forth above in full by the date when due shall result in a cancellation of this agreement.

- 3. For this contract the insurance requirement is waived.
- 4. Alcoholic beverages may be sold: No Consumed: No
- 5. This contract was revised on 3/31/2017.

Only if MAILING a payment, MAIL to:

City of Lakeland / Parks & Rec Admin
228 S Massachusetts Avenue, Lakeland FL, 33801-5086

User:

City of Lakeland, Parks and Recreation Department:

By: *[Signature]*

By: _____

ADDITIONAL TERMS AND CONDITIONS

ALCOHOLIC BEVERAGES MAY ONLY BE CONSUMED WITHIN THE CONFINES OF THE PAVILION.

Be sure to have this contract in your possession when you arrive at the Park. In the event you find your tables are occupied show this contract as proof of your reservation.

Sound, amplified or not, must be kept within the confines of the facility or park section.

Do not remove the tables from the pavilion, they must remain inside.

The use of inflatables fun houses is by permit only. Not all vendors are approved to set up on city property. please call 834-2280 for full details

TENTS and other such items to be secured to the ground with buckets of sand or concrete STAKES OR SPIKES are not allowed

USER'S SIGNATURE ON THIS AGREEMENT AFFIRMS THAT HE/SHE HAS READ, UNDERSTANDS, AND WILL COMPLY WITH THE TERMS AND CONDITIONS SET FORTH ABOVE AS WELL AS ANY TERMS AND CONDITIONS ATTACHED HERETO. FAILURE TO COMPLY MAY RESULT IN IMMEDIATE TERMINATION OF YOUR EVENT WITH NO REFUND.

Only if MAILING a payment, MAIL to:

City of Lakeland / Parks & Rec Admin
228 S Massachusetts Avenue, Lakeland FL, 33801-5086

User:

City of Lakeland, Parks and Recreation Department:

By: 

By: _____

TERMS AND CONDITIONS

The parties agree that the following terms and conditions shall apply:

1. In the event of a default by User in the performance of any of the terms and conditions of this Agreement (other than damage in or to the Facilities rented hereunder), the CITY OF LAKELAND on behalf of its PARKS AND RECREATION DEPARTMENT may terminate this Agreement. Any deposit paid to CITY OF LAKELAND on behalf of its PARKS AND RECREATION DEPARTMENT shall be retained by CITY OF LAKELAND on behalf of its PARKS AND RECREATION DEPARTMENT and shall be considered as payment of mutually agreed to liquidated damages for the default, and not as a penalty. In the event the default by User consists of damage in or to the Facilities rented hereunder, the CITY OF LAKELAND on behalf of its PARKS AND RECREATION DEPARTMENT may immediately terminate User's event (if ongoing), retain the damage deposit and if the amount of damages exceeds the deposit, User shall be fully liable for the excess amount which shall be payable upon demand by the CITY OF LAKELAND on behalf of its PARKS AND RECREATION DEPARTMENT. All sums due and owing to CITY OF LAKELAND on behalf of its PARKS AND RECREATION DEPARTMENT under this Agreement, will

2. To the fullest extent permitted by law, User shall defend, indemnify and hold harmless the City of Lakeland, its officers, directors, agents, representatives, employees, attorneys and independent contractors from and against (i) any and all claims (including negligence) of any persons (including, without limitation, User's employees, invitees, customers, attendees, suppliers and shippers) arising out of or resulting from User's Event, the use or occupancy of the Facilities by User, the conduct of User's business or any activity, work or thing done, permitted or suffered in or about the Facilities or elsewhere; (ii) any breach or default in the performance of any obligation on User's part to be performed under the terms of this Agreement; (iii) User's violation of any law, rule, regulation, statute or ordinance, including without limitation, any copyright trademark, intellectual property, health and safety violations; and (iv) any and all costs, attorney's fees, court costs, expenses and liabilities actually incurred by any such person in the defense of any such claim or any action or proceeding brought thereon, including costs of appeal, settlement or defense. If any action or proceeding is brought against the City of Lakeland or any such other person by reason of any such claim, User, upon notice from the City of Lakeland, shall defend the same at User's sole expense using counsel reasonably satisfactory to the City of Lakeland, and the City of Lakeland shall cooperate with User in such defense. User, as a material part of the consideration of the City of Lakeland, hereby assumes all risk of damage to property of User or injury to persons in or about the Facilities arising from any cause indemnifiable by User hereunder and User hereby waives all claims in respect thereof against the City of Lakeland.

3. Miscellaneous: A. User may not assign this Agreement, or any rights or any monies due or to become due hereunder without the prior, written consent of CITY OF LAKELAND on behalf of its PARKS AND RECREATION DEPARTMENT. B. Any delay or failure of either party in the performance of its required obligations hereunder shall be excused if and to the extent caused by acts of God: Fire; Flood; windstorm; explosion; riot; war; sabotage; strikes; court injunction or order; federal and/or state law or regulation; order by any regulatory agency; or cause or causes beyond the reasonable control of the party affected; provided that prompt notice of such delay is given by such party to the other and each of the parties hereunto shall be diligent in attempting to remove such cause or causes. C. This Agreement is made and shall be interpreted, construed, governed, and enforced in accordance with the laws of the State of Florida. Venue shall be Polk County, Florida, or the United States District Court in and for the Middle District of Florida, Tampa, Division. E. In the event any portion or part of this Agreement is deemed invalid, against public policy, void, or otherwise unenforceable by a court of law, the validity and enforceability of the remaining parts thereof shall otherwise be fully enforceable. F. Waiver by either party of any terms, condition, provision, or breach of this Agreement shall not be considered a waiver of that term, condition, provision, or breach in the future. G. No waiver, consent, or modification of any of the provisions of this Agreement shall be binding unless in writing and signed by a duly authorized representative of each party hereto. H. Nothing in this Agreement shall be construed to give any rights or benefits to anyone other than the City of Lakeland and User. I. This Agreement, including the fully executed Addendums or other documents attached hereto, constitute the entire agreement between CITY OF LAKELAND on behalf of its PARKS AND RECREATION DEPARTMENT and the User with respect to the matters set forth herein and all previous representations relative thereto, either written or oral, are hereby annulled and superseded. J. User shall be responsible for obtaining all licenses, permits, and authorizations necessary for User's Event, including, without limitation, such licensing agreements from performing rights licensing organizations for any music User anticipates using during its Event. K. The City of Lakeland's aggregate liability hereunder shall not exceed the amount of any rental fee due hereunder. The City of Lakeland shall not be responsible for any indirect, special, or consequential damages, whether arising, by tort, contract, or any other theory or liability. L. The User hereby acknowledges having read CITY OF LAKELAND on behalf of its PARKS AND RECREATION DEPARTMENT's Guidelines, Rules and Regulations (the "Guidelines"), which have previously been provided to User and agrees to adhere thereto. User's failure to follow the Guidelines shall be a

Only if MAILING a payment, MAIL to:

City of Lakeland / Parks & Rec Admin
228 S Massachusetts Avenue, Lakeland FL, 33801-5086

User:

City of Lakeland, Parks and Recreation Department.

By:



By:



Contract Receipts
LAKE MIRROR COMPLEX

Customer: AGRICULTURE AND LABOR PROGRAM
PO BOX 90942,
LAKELAND, FL 33804
(863) 838-5111

Tuesday, April 11, 2017
Contract No: 19398

Description: Community Picnic

Charges & Deposits

Location	Booking Date	Total
LAKE PARKER OSPREY - WEEKEND	6/24/2017 10:00:00AM - 6/24/2017 4:00:00PM	\$358.47
Total Fees		\$346.00
Sales Tax		\$12.47
Damage Deposits		\$0.00
Police Service		\$0.00
		\$358.47
Total Payable		\$358.47

Payments

PaymentDate	PaymentType	Reference#	Notes	Amount
No payments have been made to date.				
Total Payments				\$0.00

Payment Details

AccountDesc	Total

Balance Due \$358.47

Reminders

Initial Deposit Due: 5/16/2017
Damage Deposit Due: 5/16/2017
Balance Due: 5/16/2017



PROPOSED
50TH YEAR ANNIVERSARY LOGO





50
ANNIVERSARY

The Agricultural and Labor Program, Inc.
1968 - 2018



PROGRAM PLANNING COMMITTEE MEETING

Corporate Office - Lake Alfred

April 21, 2017

7:00 p.m.

AGENDA

I. CALL TO ORDER

A. Mission Statement

B. Roll Call

Vernon McQueen, Chair

Chester McNorton

Samuel Thomas

Corey Williams

Annie Robinson

Al Miller, Aletta Stroder, Myrna Rodriguez/Staff Liaisons

II. ITEMS FOR DISCUSSIONS

- Review Y-T-D Grant Reports (See Tab 2)
 - Performance
 - Reimbursement
 - In-Kind Match
- Review Head Start/EHS 2016-2017 Self-Assessment Results and QIP
 - Head Start/EHS Mid-Year Child Outcomes Report
- Review Head Start/EHS 2017-2018 Program Goals and Objectives
- Review ATEC Performance Status
- Review community target areas to be served by Head Start/EHS in 2017-2018
- Review Head Start/EHS Community Resource Plan
- Review Head Start/EHS 2017-2018 Selection Criteria Scale
- 2017/2018 HS/EHS Grant Application
- 2017-2018 DOE/EA Grant Application
- 2017-2018 LIHEAP Budget
- Review programs' quarterly monitoring reports
 - Senior Connection 2016 Monitoring Report

III. ACTION ITEMS/RECOMMENDATIONS FOR BOARD APPROVAL

- Head Start/EHS 2017-2018 Selection Criteria Scale
- Head Start/EHS 2016-2017 Self-Assessment Results and QIP
- 2017/2018 HS/EHS Grant Application
- 2017-2018 DOE/EA Grant Application
- 2017-2018 LIHEAP Budget

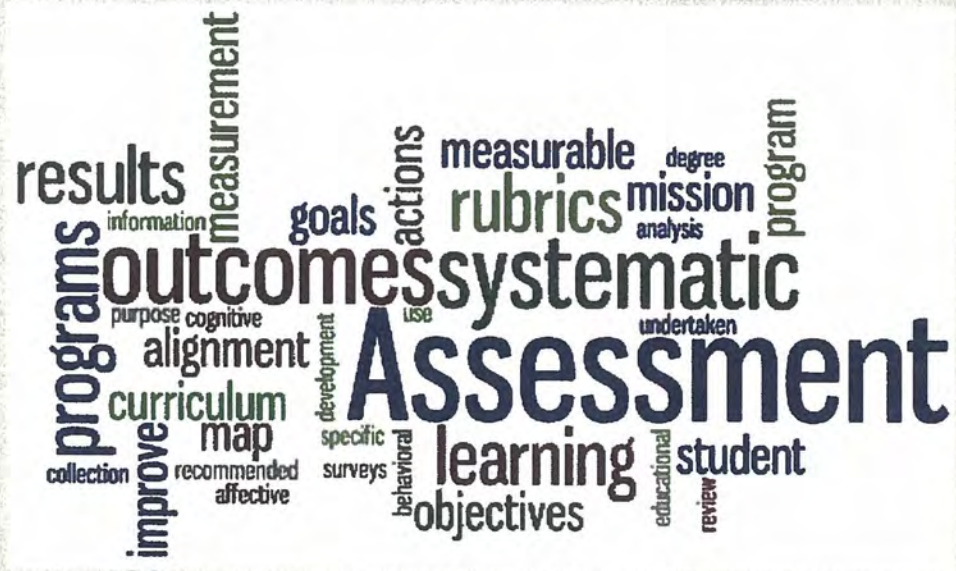
IV. ADJOURNMENT

HS/EHS 2016/2017
SELF-ASSESSMENT RESULTS & QIP

THE AGRICULTURAL AND LABOR PROGRAM, INC.
HEAD START AND EARLY HEAD START

2017

PROGRAM SELF-ASSESSMENT



INTRODUCTION

The Agricultural and Labor Program, Inc. (ALPI) conducted an Program Self-Assessment in accordance with the requirements of the Head Start/Early Head Start Performance Standards Section 1304.51(i), and Section 1302.102 (b)(2) of the new Head Start Performance Standards issued on November 7, 2017. The purpose was to evaluate the progress being made toward accomplishing its goals and objectives, and to the extent of which Head Start/Early Head Start programs are meeting the requirements as prescribed in the Performance Standards and Head Start Act.

As part of the Program Self-Assessment, program's goals and objectives for Head Start and Early Head Start are established taking into consideration ALPI's Strategic Plan, the requirements outlined in the Head Start Performance Standards, the Head Start Reauthorization Act as amended December 12, 2007, State and local requirements for child care and school readiness programs. This process allows management to engage in a comprehensive program planning to establish and maintain a progress of ongoing monitoring and continuous improvement for achieving the program goals and objectives that ensure child safety and delivery of effective, high-quality program services.

The Program Self-Assessment provides ALPI with information for:

- Evaluating the effectiveness of its systems in facilitating compliance with required standards; early in the program year to make changes in accordance with ALPI's Program Operational Policies and Procedures;
- Determining if the rate of progress being made by children is adequate for them to be ready for school by the end of the program year based on the agency's School Readiness Plan;
- Identifying objectives scheduled for accomplishment during the current program year; and make changes in accordance with ALPI's Program Operational Policies and Procedures;
- Confirming that the program has met "time sensitive" requirements outlined in standards and regulations;
- Allowing sufficient time during the current program year for modification to its management and service delivery systems and plans, and the reallocation of resources to ensure that every participant in the program receives maximum benefit.

The Program Self-Assessment is a process of ongoing monitoring and continuous improvement throughout the year; however, a comprehensive emphasis is placed in the mid-year phase of the self-assessment which is led by the agency's management staff as part of the agency's 'on-going' management oversight activities beginning in November 2016 and ending in February 2017.

The mid-year Program Self-Assessment was initiated during the Board of Director's Retreat that was held on November 18-20, 2016. During the Board of Director's Retreat, 12 months period of ongoing monitoring documentation was collected for review and evaluation. The focus of this review and evaluation was based on results rather than the process. The Board evaluated results and benchmarks based on program goals and objectives as part of the agency goals, objectives and benchmarks.

The program's mid-year self-assessment represents a comprehensive review of the ongoing flow of compliance oversight and corrections that is a part of ALPI's system of ongoing oversight that ensures effective implementation of the program's performance standards, laws, and regulations throughout the program year. This process allows ALPI to correct quality and compliance issues immediately, work with the Board of Directors and the Policy Council to address issues, and implement procedures that prevent recurrence of previous quality and compliance issues. Also, this allows uncovering deficits and potential weaknesses and to problem solve for effective solutions without any interruption of ongoing services.

The final activities of the mid-year Program Self-Assessment were facilitated by Management Staff during the week of February 21-23, 2017 for the purpose of allowing all participants to share their findings and to develop improvement plans as indicated by those findings.

The methodology used to collect information for the purpose of determining the program effectiveness of ALPI's management systems in facilitating the accomplishment of the program's goals and objectives, and compliance with Head Start/Early Head Start program regulations, state and agency policies through the following include but are not limited to:

- Review and analysis of student performance i.e., Teaching Strategies GOLD ongoing assessment, Voluntary Pre-K Assessment's results and Head Start Child Outcomes Reports were conducted to determine status of School Readiness
- Review of comprehensive services tracking system and services rendered to children to include children with disabilities
- Review of services rendered to families as part of the family and community engagement
- Review of compliance reports to include federal, state and local regulations
- Site observations of health and safety practices
- Site observations of child/teacher interactions
- Review of eligibility, recruitment, selection, enrollment and attendance policies and procedures
- Review of children's files
- Review staff professional development practices and review of training and technical assistance plan.

Various instruments were used for the Program Self-Assessment; to include the following:

- Office of Head Start Monitoring Protocols
- ALPI's Monitoring Forms to include Mentoring/Coaching Observation and Center-Based Classroom
- New Performance Standards
- Program Operational Policies and Procedures
- School Readiness Plan

SUMMARY REPORT

PROGRAM GOVERNANCE

Governing Bodies:

The Board of Director's Retreat was held on November 18-20, 2016. The Board of Director's Retreat, was presented with 12 months period of ongoing monitoring for review and evaluation. The Board evaluated results and benchmarks based on program goals and objectives as part of the agency goals, objectives and benchmarks. The participants included: Board of Director's, Policy Council, Advisory Councils, and ALPI's Senior Management Staff. These reviews evaluated the Program's Performance Outcomes to include but are not limited to:

- ALPI's Strategic Plan Outcomes
- Head Start and Early Head Start Program Information Report (PIR)
- 2016 Program Annual Self-Assessment Results and Improvement Plan
- Child Outcomes for Head Start/Early Head Start, VPK, and Child Care
- Teaching Staff Professional Plan Status
- Teaching Staff Credentials Status
- Head Start/Early Head Start Program Goals and Objectives
- Head Start/Early Head Start Service Delivery Target Areas Status
- 12 Months of Monitoring Reports to include: Department of Children and Families Licensing Office, Early Learning Coalitions, Fire Marshall Districts, Child Care Food Program, etc.

- 12 Months of Federal Review results
- Funding Applications for Head Start/Early Head Start Services

No findings were reported.

Service Delivery:

During December 2016 through February 2017, the Management Staff conducted a comprehensive file review to evaluate program progress in delivering services to the children and families. ALPI's comprehensive review of Service Delivery is designed to provide adequate time for a detailed review of services delivered to children and families, and ensure the implementation of the Agency's Policies and Procedures. Based on the results, it was determined and validated those services to children and families were on target based on the program's benchmarks in accordance with the old and new Performance Standards, and Head Start Act.

No findings were reported.

PROGRAM STRUCTURE

ALPI operates a Head Start and Early Head Start Center-based options based on the community assessment data. The program delivers full services as described in the old and new Performance Standards. Classroom ratios are in accordance with the federal and state teacher/child ratios and group sizes. Based on the onsite observations it was confirmed that both class size and teacher-child ratio meet the federal and state licensing requirements.

No findings were reported.

Weakness:

- One classroom was observed to have a caregiver in charge of five children (toddlers) as the other caregiver took 3 children to the bathroom, breaking ratio (at the Sunrise Country Preschool).

EDUCATION AND CHILD DEVELOPMENT PROGRAM SERVICES

Child Screening and Assessment:

Aggregation of Data - The information gathered included the results of the program's ongoing assessment (Teaching Strategies), Voluntary Pre-K Assessment results, and CLASS federal review results, the program's School Readiness Plan and Goals and Objectives. The program's documentation/reports demonstrated that the program continues to lead early childhood with a strong and clear focus on all aspects of healthy development, to include the physical, cognitive, social and emotional development, all of which are essential to children getting ready for school. The Self-Assessment Team conducted a comparative analysis of performance on the CLASS and other indicators to measure teaching practices and school readiness. It was determined that the program has an effective recordkeeping and tracking system to monitor children's ongoing progress to evaluate results and develop improvement strategies.

No findings were reported.

Weaknesses:

- Accuracy of data input.
- Mid-Year reports showed children with documented IEPs in one classroom were found exceeding expectations questioning the validity of the assessment administration (at the Lincoln Park Center).
- During classroom observations some teachers were basing instruction on the content of the assessment rather than a rich curriculum (at the Lincoln Park Center).

Teaching and Learning Environment:

During classroom observations, there was evidence that all site locations provided and promoted a safe and healthy setting for children to have a high quality learning environment where parents are welcome to participate in their child's daily learning activities. It was evident that classroom curriculum and lesson planning are in accordance with the program's School Readiness plan which promotes the three major frameworks of school readiness for parents and families, infants/toddlers, and preschoolers.

No findings were reported.

Weaknesses:

- In some classrooms there was an absence of rich language practices including a lack of open-ended questions and higher vocabulary (at the George W. Truitt, Jumpstart Child Development, Frostproof Child Development and Loving Care Child Development Centers).
- In one EHS classroom, an infant was awake but not attended to in a crib; the caregiver was performing a managerial task rather than focusing on responsive care of the child (at the Frostproof Child Development Center).
- In one EHS classroom the teaching team did not perform in tandem or display cohesiveness in managing classroom activities to include supervision of children (at the George W. Truitt Center).

HEALTH PROGRAM SERVICES**Child Health Status and Care:**

Access to Health and Dental Care - Based on the information gathered indicated that the program's approach to determining individual child health status is collaborative with parents and resulting in determinations being made shortly after enrollment and in all instances within the period required under program regulations. When children are not up-to-date on a schedule of primary and preventive health care including dental, the program staff in collaboration with community partners effectively at facilitate parental support in bringing them up-to-date, creating access to treatment and follow-up services.

Screening and Referrals- Based on the information reviewed the screenings are conducted timely (within 45/90 days) with referrals being made initially internally to Service Area Experts who after review make referrals to appropriate partners for re-screening and follow-up to include observations in the classroom by an appropriate professional when indicated necessary. All re-screenings and follow-ups by professionals are provided only after the need is discussed with parents and their written consent is obtained. The program has a collaborative agreement with both the LEA and the Part C providers within the services areas; these collaborations assist the program with timely referrals, effective responses and appropriate support in meeting the needs of children with identified disabilities.

No findings were reported.

Weaknesses:

- A child was not up to date on health records (immunizations) (at the Sunrise Country Preschool Center).
- In one classroom the use of passive screen time was observed as children watched a movie on a cell phone (at the Sunrise Country Preschool Center).
- Timely follow-up on screenings was not evident in one of the classroom (at the Frostproof Child Development, Learning Tree Academy and Jumpstart Child Development Centers).

Safety Practices:

Based on the onsite visits and observations the physical environments at all locations are safe, clean, inviting and free of hazards. The agency has in place procedures that facilitate regular inspections of the play areas, and centers are made secure and access to outside hazards is prevented by security fencing.

Noncompliance: 1302.47 (1)(iv) Designed to prevent child injury and free from hazards, including choking, strangulation, electrical, and drowning hazards posed by appliances and all other safety hazards.

- Outlet cover was missing in one classroom (corrected onsite) (at the Sunrise Country Preschool Center).

Weaknesses:

- In one classroom visual prompts for First Aid and CPR were not visible (at the Child Development and Family Services Center).
- In one classroom some chairs were not found to be correctly maintained (at the Lincoln Park Center).
- In one classroom active supervision practices in the form of zoning was not being carried out (at the George W. Truitt Center and Learning Tree Academy).

Healthy Practices:

Based on onsite observations the sanitation and hygiene procedures and practices are consistent with the requirements of Head Start and Early Head Start requirements. The observations further confirmed that the program's nutritional services are responsive to the diverse population served, and meet the needs and feeding requirements of individual children.

No findings were reported.

Weakness:

- In one classroom there were some concerns about the practice and frequency of hand washing (at the Learning Tree Academy)

FAMILY AND COMMUNITY ENGAGEMENT PROGRAM SERVICES**Family Engagement:**

Based on the review of parent's information, the program's procedures for relationship building with parents begins with initial contact during recruitment that included assistance completing applications, being active listeners, being responsive and truthful with parents. Once enrolled, a Family Service Workers are assigned to groups of parents with whom they are responsible for building collaborative working relationship that lead to family and child needs being met. Family partnership agreements are established with each parent participating in the program and support is provided to parents that supports their accomplishment of objectives and the accomplishment of family goals. Parents are linked to community services/resources that meet their needs.

Documentation further shows the program's responsive to the needs of families whose first language is not English and published parent information is produced in English and in the languages of families participating in the program.

No findings were reported.

Parent-Child Relationships:

Documentation reviewed substantiate that staff are actively engaged in promoting positive parent-child relationships. The program provides opportunities for parents to express, share and discuss their child's development and education through parent/teacher conferences, home visits or as needed. Parents are provided with workshops that support their parenting skills and support the parent-child relationship. Monthly, parents receive learning activities that support their children's education at home to increase bonding and improve their relationship with their child.

No findings were reported.

Parents as Their Child's Educators:

The program's procedures confirmed that during the school year the staff conducts at least two home visits and at least two parent-teacher conferences. Furthermore, the procedure states that the information to be discussed includes their child's ongoing assessment, child's individual goals, and activities that parents could engage with their children that would support the child's accomplishment of those goals. Parents are provided with weekly lesson plans/learning home activities to promote their engagement in their young child's development and learning. The evidence presented demonstrated an effective ongoing communication to parents providing them with results of the ongoing assessments and the progress children are making toward the school readiness expectation.

No findings were reported.

Parents in Transitions:

Based on the review of procedures and timelines for transition activities the program meets the requirements of the Head Start/Early Head Start program and subsequently to public school.

No findings were reported.

Community Partnerships and Coordination:

The program has excellent collaborative relationships with numerous community organizations that engage in supporting ALPI in the accomplishment of program goals and objectives, and offer or provide resources responsive to the needs of children and their families participating in the program. The collaborators include but are not limited to LEA, Early Steps Part C, Healthy Start, Healthy Families, Local School Districts, Dental Clinic HANDS, Keiser University, DCF Child Protective Services and others.

No findings were reported.

SERVICES TO PREGNANT WOMEN

Pregnant Women - The program's service to pregnant women effectively links them to both pre and post-natal services. Additionally, the program facilitates an initial home visit following delivery within two weeks of being informed that a participating pregnant woman has delivered and access to any required intervention services are immediately facilitated. The program is in partnership with several community agencies such as Healthy Start and Healthy Families to render the necessary services to the pregnant women enrolled in the program.

No findings were reported.

PROGRAM MANAGEMENT AND QUALITY IMPROVEMENT

Management Systems:

ALPI has extensive management systems that are very effective in the areas of planning, communication, reporting with leadership and governing bodies, staff supervision, and facilitating timely initiation of service delivery activities that result in timely accomplishment of content area objectives and delivery of required Head Start/Early Head Services to children and their families. There are numerous mechanisms of “on-going” monitoring that includes the conduct of site monitoring by Service Area Experts and Program Operations Directors that result in the effective tracking/monitoring of service delivery. Results of findings are shared with Center-Based Management staff and with the division Deputy Director and subsequently shared with the Policy Council, Chief Executive Officer and Board of Directors.

No findings were reported.

Ongoing Monitoring:

The program has an effective system for monitoring its management, operations and delivery of services. During this five-year grant's cycle, the program was monitored by various sources to include external and internal sources resulting in 100% compliance with Head Start Performance Standards, Child Care Standards, and local laws and requirements. The following information was review and evaluated during the Program Self-Assessment:

Federal – The Administration for Children and Families (ACF) conducted three federal reviews which resulted in 100% compliance. These federal reviews were as follows:

- From 1/12-15/2016 the Environmental Health and Safety federal review was conducted. The initial Overview of Findings Report indicated that based on the information gathered there were two non-compliances in the area of Staffing and Supervision. The areas of non-compliances were corrected and a 100% compliance letter was later received.
- From 4/4-7/2016 the Comprehensive Services and School Readiness federal review was conducted. The Overview of Findings indicated that based on the information gathered, no areas of noncompliance were found.
- From 5/9-13/2016 the CLASS federal review was conducted. The Results from CLASS Observations showed an improvement in all of the areas measured by the CLASS Pre-K tool in accordance with the last federal review. The results are: Emotional Support 6.0602; Classroom Organization 5.7716; and Instructional Support 3.0988.
- From 1/23-24/2017 the ERSEA (Eligibility, Recruitment, Selection, Enrollment, and Attendance) federal review was conducted. The Overview of Findings indicated that based on the information gathered, no areas of noncompliance were found.

State – As part of the Quality Rating and Improvement Systems, the Early Learning Coalition and Department of Child and Families Licensing monitoring reports revealed for the program to be in 100% compliance with the state early education, health and safety, staff credentialing, etc.

Local - Other monitoring to include local Fire Districts, Child Care Food Program, etc., revealed the program to be in 100% compliance throughout the year.

Internal – The internal monitoring reports from Service Area Experts, Center-Based Service Delivery Managers, etc., revealed that there were no areas of noncompliance.

No findings were reported.

Transportation:

Based on review of information, the vehicle maintenance inspection procedures are in place that provide for scheduled maintenance, pre and post operation inspections, rules are in place to ensure that routes do not start unless the vehicle is appropriately staffed with a certified driver and appropriate monitor. Operator and monitor orientations are extensive and include training on vehicle operation, driver and monitor roles and responsibilities, passenger loading and unloading, transition of children at centers to center staff, release of children to designated persons only, and bus inspections following the completion of routes to and from centers, emergency procedures and the completion of required paperwork/reports. Bus vehicles are equipped with child restraining systems and a child security system that over rides bus operation if that system is not engaged. The system ensures that proper inspection of the passenger area of the vehicle is performed.

No findings were reported.

**2017 PROGRAM SELF ASSESSMENT
IMPROVEMENT PLAN**

Area of Weakness:

- One classroom was observed to have a caregiver in charge of five children (toddlers) as the other caregiver took 3 children to the bathroom, breaking ratio (at the Sunrise Country Preschool).

Desired Outcome: Maintain teacher/child ratio at all times.

Activity	Person Responsible	Completion Date	Documentation	Status
1. Review and assess daily schedule with the classroom staff.	Education Team Center Manager	2/23/2017	Monitoring Report	Completed
2. Provide training and/or technical assistance in relation to transitions and ratio requirements to include program's policies and procedures to selected classroom staff.	Education Team Health Team	2/23-3/15/2017	Agenda & Sign In Sheets	In progress
3. Develop and/or update strategies that provide ways to prevent breaking classroom ratio.	Education Team Center Manager	3/1/2017	Strategies Mentor Activities Report	In progress
4. Implement strategies and provide immediate feedback to education team for continued improvement.	Center Manager Classroom Staff	3/2-6/30/2017	Mentor Activities Reports	In progress
5. Monitor implementation and provide feedback to classroom staff for continued improvement.	Education Team Health Team	3/2-6/30/2017	Monitoring Reports	In progress
6. Monitor in accordance with the program's policies and procedures and performance standards for program compliance.	Education Team Health Team	3/2-6/30/2017	Monitoring Reports	In progress
7. Monitor and evaluate progress.	Education Team Health Team Program Operations Directors	3/2-6/30/2017	Monitoring Reports	In progress

Area of Weaknesses:

- Accuracy of data input.
- Mid-Year reports showed children with documented IEPs in one classroom were found exceeding expectations questioning the validity of the assessment administration (at the Lincoln Park Center).
- During classroom observations some teachers were basing instruction on the content of the assessment rather than a rich curriculum (at the Lincoln Park Center).

Desired Outcome: Maintain a process for using data to identify staff needs for continuous improvements related to teaching practices and professional development.

Activity	Person Responsible	Completion Date	Documentation	Status
1. Review and analyze the child assessment data used for the program self-assessment such as Teaching Strategies, VPK Assessments, School Readiness Plan and CLASS results, etc., with the center-based management to identify program/center needs.	Education Team Health Team Center Manager	2/24-3/15/2017	Policies & Procedures	In progress
2. Based on the review findings, develop a list of strategies to share, coach/mentor and train selected classroom staff to improve data.	Education Team Health Team	3/1/2017	Mentor Activities Reports	In progress
3. Implement strategies and provide immediate feedback to the education team for continued improvement.	Classroom Staff Center Manager	3/1/2017	Observations	In progress
4. Monitor child assessment data to evaluate improvement/progress and provide feedback to teaching staff for continued improvement in accordance with the program's school readiness plan and performance standards for program compliance.	Education Team	3/2-6/30/2017	Monitoring Reports	In progress
5. Prepare child assessment data reports in accordance with the school readiness plan.	Education Team	3/2-6/30/2017	Monitoring Reports	In progress
6. Monitor and evaluate progress.	Education Team Program Operations Directors	3/2-6/30/2017	Monitoring Reports	In progress

Area of Weaknesses:

- In some classrooms there was lack of open-ended questions and higher vocabulary (at the George W. Truitt, Jumpstart Child Development, Frostproof Child Development and Loving Care Child Development Centers).
- In one EHS classroom, an infant was awake but not attended to in a crib; the caregiver was performing a managerial task rather than focusing on responsive care of the child (at the Frostproof Child Development Center).
- In one EHS classroom the teaching team did not perform in tandem or display cohesiveness in managing classroom activities to include supervision of children and transition (at the George W. Truitt Center).

Desired Outcome: Maintain a high-quality education and child development program that provides responsive care and effective teaching practices.

Activity	Person Responsible	Completion Date	Documentation	Status
1. Review program's policies and procedures to include the School Readiness Plan, HS Early Learning Outcomes Framework (<i>Birth to Five</i>), Performance Standards, and Caring for Our Children to identify areas that may need improvement.	Education Team Health Team	2/24-3/15/2017	Policies & Procedures	In progress
2. Based on the review, develop strategies to share, coach/mentor and train selected classroom staff.	Education Team Health Team	3/1/2017	Mentor Activities Reports	In progress
3. Implement strategies and provide immediate feedback to the education team for continued improvement.	Classroom Staff Center Manager	3/1/2017	Observations	In progress
4. Monitor and evaluate improvement/progress and provide feedback to teaching staff for continued improvement in accordance with the program's School Readiness Plan and performance standards for program compliance.	Education Team Health Team Center Manager	3/2-6/30/2017	Monitoring Reports	In progress
5. Based on the monitoring and evaluation of progress develop additional strategies which may include training for continues improvement.	Education Team Health Team	3/2-6/30/2017	Monitoring Reports	In progress
6. Monitor and evaluate progress.	Education Team Health Team Program Operations Directors	3/2-6/30/2017	Monitoring Reports	In progress

Area of Weaknesses:

- A child was not up to date on health records (immunizations) (at the Sunrise Country Preschool Center).
- In one classroom the use of passive screen time was observed as children watched a movie on a cell phone (at the Sunrise Country Preschool Center).
- Timely follow-up on screenings was not evident in one of the classrooms (at the Frostproof Child Development, Learning Tree Academy and Jumpstart Child Development Centers).

Desired Outcome: Maintain a high-quality health services program that supports each child's growth and school readiness.

Activity	Person Responsible	Completion Date	Documentation	Status
1. Review and assess weaknesses for immediate correction.	Center Manager Classroom Staff	2/23-25/2017	Children Files	Completed
2. Based on the review develop and/or update policies and procedures in relation to health requirements, follow up, and appropriate teaching practices in accordance with the federal and state laws and regulations.	Health Team Education Team	2/24-3/15/2017	Procedures	In progress
3. Review and provide technical assistance to selected staff on the developed/updated policies and procedures to ensure program compliance.	Health Team Education Team	2/24-3/15/2017	Procedures Agenda & Sign-Sheets	In progress
4. Implement developed/updated policies and procedures.	Classroom Staff Center Manager	2/24/2017	Observations	In progress
5. Monitor and evaluate improvement/progress and provide feedback to teaching staff for continued improvement in accordance with the program's policies and procedures and performance standards for program compliance.	Health Team Education Team	3/21-6/30/2017	Monitoring Reports	In progress
6. Monitor and evaluate progress.	Health Team Education Team Program Operations Directors	3/21-6/30/2017	Monitoring Reports	In progress

Area of Weaknesses:

- In one classroom visual prompts for First Aid and CPR were not visible (at the Child Development and Family Services Center).
- In one classroom some chairs were not found to be correctly maintained (at the Lincoln Park Center).
- In one classroom active supervision practices in the form of zoning was not being carried out (at the George W. Truitt Center and Learning Tree Academy).
- In one classroom there was concerns about the practice and frequency of hand washing (at the Learning Tree Academy)

Desired Outcome: Maintain a high-quality health services program that supports each child's growth and school readiness.

Activity	Person Responsible	Completion Date	Documentation	Status
1. Review and assess weaknesses for immediate correction.	Classroom Staff Center Manager	2/23/2017	Monitoring Reports	Completed
2. Review and update policies and procedures in accordance with the Performance Standards and Caring for Our Children's Basic Health and Safety.	Health Team Education Team	2/24-3/15/2017	Procedures	In progress
3. Provide technical assistance and training to the staff on the developed/updated policies and procedures to ensure compliance and best practices are carried out at all times.	Health Team Education Team	2/24-3/15/2017	Procedures Agenda & Sign-Sheets	In progress
4. Implement developed/updated policies and procedures.	Classroom Staff Center Manager	2/24/2017	Observations	In progress
5. Monitor and evaluate improvement/progress and provide feedback to teaching staff for continued improvement in accordance with the program's policies and procedures and performance standards for program compliance.	Health Team Education Team	3/21-6/30/2017	Monitoring Reports	In progress
6. Monitor and evaluate progress.	Health Team Education Team Program Operations Directors	3/21-6/30/2017	Monitoring Reports	In progress

Noncompliance: 1302.47 (1)(iv) Designed to prevent child injury and free from hazards, including choking, strangulation, electrical, and drowning hazards posed by appliances and all other safety hazards.

- Outlet cover was missing in one classroom (corrected onsite) (at the Sunrise Country Preschool Center).

Desired Outcome: Maintain a safe environment free of safety hazards.

Activity	Person Responsible	Completion Date	Documentation	Status
1. Review and assess noncompliance for immediate correction. (Corrected, with technical assistance provided).	Classroom Staff Center Manager	2/23/2017	Monitoring Report	Completed
2. Review and update policies and procedures in accordance with the Performance Standards and Caring for Our Children's Basic Health and Safety.	Health Team Education Team	2/24-3/15/2017	Procedures	In progress
3. Provide technical assistance and training to the staff on the developed/updated policies and procedures to ensure compliance and best practices are carried out at all times.	Health Team Education Team	2/24-3/15/2017	Agenda & Sign-Sheets	In progress
4. Monitor in accordance with the program's policies and procedures and performance standards for program compliance.	Health Team Education Team	3/21-6/30/2017	Monitoring Reports	In progress
5. Monitor and evaluate progress.	Health Team Education Team Program Operations Directors	3/21-6/30/2017	Monitoring Reports	In progress

PROGRAM SELF-ASSESSMENT PARTICIPANTS

Elizabeth Young, Deputy Director
Myrna Rodriguez, Program Operations Director
Aletta Stroder, Program Operations Director
Alisa Thornton, Early Childhood Development and Education Services Manager
Amanda Proulx, Early Childhood Education Coordinator
Cynthia Paull, Early Childhood Education Coordinator
Iris Rivera, Health Services Manager
Toni Jones, Health Services Manager
Bessie Armstrong, Quality Assurance/Contract Compliance
LaTonya Robinson, Mental Health/Disabilities Specialist
Donita Brunson, Family and Community Partnerships Manager
Anna Williams, Family Support Services Coordinator
Tychus Doe, Policy Council Member
Haydian Allen, Policy Council Member
Karen Bailey, Community Partner/Policy Council



2016/2017

MID-YEAR CHILD OUTCOMES REPORT





HEAD START/ EARLY HEAD START CHILD OUTCOMES MID YEAR REPORT

Preliminary
2016-2017



ANALYSIS OF CHILD OUTCOMES DATA SUMMARY

In accordance with the Agricultural and Labor Program, Inc. Head Start/Early Head Start Program School Readiness Plan; the program continued to collect data for the 2016-2017 Child Outcomes establishing a Mid-Year Report. The data collected has been reviewed and analyzed and used as part of the continuous improvement of the "Teaching Quality".

Data collected included: Teaching Strategies GOLD Ongoing Assessment and VPK Assessment AP 2. The data collected has been shared with parents via Home Visits, Parent/Teacher conference, etc.

As part of our continuing improvement, the Education Management Team developed strategies to work closely with Center Staff to include the Child Development Services Managers and Teaching Teams to enhance classroom interactions and promote positive outcomes and the ultimate school readiness of all children and their families.

ALPI's Education Management Team in conjunction with the center staff implemented the following improvement strategies based on the analysis and comparison of the baseline assessment results. These strategies included the following:

- Staff will continue to provide children and their families with on-going support to identify individual strengths and needs to meet their goals
- Teaching staff will help children develop problem solving skills through various questioning techniques (open-ended; i.e. how, why)
- Teaching staff will have informal conversations to promote the development of a variety of advanced vocabulary through talking with peers and adults throughout the day
- Teaching staff will encourage the children to communicate both verbally and non-verbally; words and gestures, to share information, experiences, feelings, needs, or opinions
- Teaching staff will foster positive productive relationships among children that initiate more complex forms of interactions utilizing expressive and receptive language
- Teaching staff will encourage parents/guardians to work closely with their children on the Parent Child Engagement to Promote School Readiness Activities that are sent home monthly
- Teaching staff will encourage parents to verbally communicate with their children at home through back and forth looping conversations, and reading activities
- Teaching staff will promote the use of advanced language skills prior to, during, and after reading; instill curiosity; and provide successful rich feedback loops
- Teaching staff will review GOLD online reports on a monthly basis to determine areas in need of improvement
- Teaching staff will identify areas in need of individualization and develop peer tutoring partners and mentor coaching accordingly
- Management staff will ensure that parents receive training and supplemental materials in the areas of math, literacy, science, and physical health practices to build connections in children
- Management staff will secure an Annual Refresher/Overview of CLASS Training
- Management staff will ensure that staff have access to resources such as NCQTL In-Service Suites

- Management staff will provide the Pre observation verbal and written feedback utilizing the CLASS Observation Feedback Form
- Management staff will provide CLASS Strategies Cards to post in classrooms
- Management staff will provide support to establish specific goals for improvement through continuous coaching and mentoring
- Management staff in conjunction teaching staff will develop the CLASS Plan of Action Strategies for improvement
- Management staff will ensure that selected staff receive the Introduction of CLASS – Online 2 hours course
- Management staff will ensure that selected staff receive the MMCI Training

Teaching Strategies GOLD Background

Teaching Strategies GOLD is an authentic, observational assessment for children birth through kindergarten. The assessment system blends ongoing, authentic, observational assessment for all areas of development and learning with intentional, focused, performance-assessment tasks for selected predictors of school success in various areas. Teaching Strategies GOLD assessment system measures the knowledge, skills, and behaviors that are most predictive of school success. The tool has 38 objectives, including 2 objectives related to English Language Acquisition. The first 4 areas of child development and learning are:

- Social-Emotional
- Physical
- Language
- Cognitive

The content learning is organized into the following 5 areas:

- Literacy
- Mathematics
- Science & Technology
- Social Studies
- The Arts

The 10th area is English Language Acquisition.

When implementing the assessment system, staff follows a systematic cycle: Teaching Strategies GOLD Assessment Cycle. Each part of the cycle requires the staff to undertake a different task:

1. Observe and collect facts through observation and documentation.
2. Analyze and respond to children by considering their skills in relation to specific objectives and scaffolding their learning.

3. Evaluate by comparing a child's skills and behaviors to research-based indicators of development and learning.
4. Summarize, plan, and communicate; making use of the collected information to plan experiences and share with others.

Color Band Progressions:

Red: Birth to 1 Year

Orange: 1 to 2 Year

Yellow: 2 to 3 Year

Green: Preschool 3

Blue: Preschool 4

Purple: Kindergarten

Focus Group

During the Spring of 2015 the Education Team lead a Focus Group to aide in the planning of the implementation of the Teaching Strategies GOLD Assessment tool. 10 participants (3 Caregivers & 7 Teachers) over a 30 day period had the opportunity to explore the Teaching Strategies GOLD assessment system through inputting observations on a minimum of 5 students. During the Focus group meetings participants had the opportunity to share their experiences along with compare Teaching Strategies GOLD with Galileo. The Focus Group also identified the types of resources and support that would be needed to implement the new assessment system. The participants identified the following as pro's/opportunities for the agency as a whole:

- The assessment system has an alignment with the Head Start Early Learning Outcomes Framework and the Florida Early Learning and Developmental Standards
- When leveling the children there are various time saving features available
- The color bands aid in identifying where to start when leveling objectives
- Easier to track student progress through the various report options
- Over 800 activities are available and linked to the objectives and dimensions
- Easier to understand what the assessment system is asking the teacher to identify
- Specific examples are under the dimensions to scaffold development
- It's a new and improved technological tool that is up to date
- The "Widely Held Expectation" report will aid in identifying which student's need additional support in specific areas; the reports overall make it easier to track student progress from when they start the program to when they leave the program
- Will help build stringer bonds and positive relationships with the families by focusing on what the students are able to do and their next steps in development
- The system is user friendly and easy to navigate
- Inter-Related Reliability ensures the person entering the data on the students is doing so appropriately
- Aligns with the New VPK Assessment requirements

Pre & Post VPK Assessment requirements:

Section 1002.67(3), Florida Statutes mandates pre- and post- assessment in VPK

Rule 6A-1.09433 F.A.C. identifies the instruments to be used and training requirements

-VPK Assessment

-Teaching Strategies GOLD

Rule 6M-8.260 F.A.C. outlines reporting requirements, ELC responsibilities, and non-compliances

(To find current statutes: <http://www.leg.state.fl.us> for Rules www.flrules.org)

6A-1.09433 Voluntary Prekindergarten Pre- and Post-Assessments. www.flrules.org

(1) Pre- and Post-Assessments.

(a) Every private or public Voluntary Prekindergarten Education (VPK) Program provider must implement the pre- and post-assessments approved by the State Board of Education.

(b) The pre- and post-assessments approved by the State Board of Education include both a progress monitoring tool, known as the Florida VPK Assessment, and an observational instrument, known as Teaching Strategies Gold.

(c) Information explaining how to obtain access to these assessments is set forth in Rule 6M-8.620, F.A.C.

(2) Qualified assessors. The pre- and post-assessments shall be administered by individuals, consistent with the assessment publisher's instructions, who are employed by a private VPK provider or school district and meet the following requirements:

(a) Assessors must participate in professional development training designed to ensure the proper administration of the approved pre- and post-assessments and that is:

1. Available through the Office of Early Learning (OEL) by OEL personnel or OEL trained individuals;
2. Web-based training, if available; or
3. Training by means of a DVD, if available; and

(b) Assessors must meet the minimum qualifications to be a VPK instructor during the school-year program, as set forth in Sections 1002.55 or 1002.63, 1002.73(2)(d), F.S., regardless of the program (summer or school-year).

Rulemaking Authority 1001.02(2)(n), 1002.67(3), 1002.73(2)(d) FS. Law Implemented 1002.67(3), 1002.73(2)(d) FS. History—New 4-1-15.

Teaching Staff will Implement the following to improve Teaching Strategies GOLD:

Social-Emotional

- Respond positively and firmly when a child's behavior is challenging. To help a child change his or her behavior, observe systematically, talk with others who know the child, develop a plan of
- Talk with children about their feelings during routine activities. For example, you might say "I know you're unhappy having your diaper changed now, but soon I'll be done and you can play. Here's a ball to hold."

Physical

- Create a protected space for young infants to explore movement safely while lying on their stomachs and backs.
- Use traveling movements to transition children from one activity to another. Invite children to walk slowly, quickly, sideways, or backwards.

Language Development

- Learn as much as you can about the communication styles of the families in the program.
- Build on the child's language. Rephrase what the child says and then add more.

Cognitive

- Use gestures and language to draw attention to particular features of objects and people.
- Give children enough time to think and make connections before expecting an answer.

Literacy

- Sing the alphabet song. Sing each letter slowly so children can hear each letter. Point to each letter on a large alphabet chart as you sing.
- Provide specific opportunities to write outdoors. For example, write letters in the dirt or sand with fingers or small sticks or write on the sidewalk with chalk or water. Encourage older preschoolers and kindergarten children to make meaningful signs to use during outdoor activities, e.g., "STOP" or "detour" for a puddle of water.

Mathematics

- Encourage children to use measuring tools in their own ways during measurement activities and during dramatic play. Model the conventional use of measuring tools during class activities. Explain tools and methods as you engage in real measurement activities. Use measurement vocabulary to describe the process.
- Call attention to patterns in the environment. For example, you might say, "Magnus, you have a pattern in your shirt: blue stripe, red stripe; blue stripe, red stripe; blue stripe, red stripe..." or "Sai, you made a pattern with your blocks: up, down; up, down; up, down;..."

VPK Staff will implement the Following Strategies:

- Staff will explore and utilize the VPK Teacher Toolkit online to plan and implement various activities
- Staff will share the VPK Resources with parents during Parent Monthly Meeting
- Staff will implement an additional small group/individual tutoring activity in the afternoon targeting areas children are "Not Meeting Expectation"

Scaled Scores Ranges of Widely Held Expectations in the “Comparative Report”

In *Teaching Strategies GOLD*®, children’s knowledge, skills, and behaviors are scored for each objective or dimension. The data a teacher enters into the online tool is used to generate raw scores. For the raw scores to be compared, they need to be on a uniform scale. By generating comparative data—or scaled scores—this uniform scale enables users to compare skill levels across areas and better understand the whole child.

The “Comparative Report” uses a uniform scale that presents scores on a scale of 200–800 for each area of development and learning. To read the charts below, the Green bar means the top of the widely held expectations scale, the Red bar is actual program data or widely held expectations met, and the Blue bar means the bottom of the widely held expectations range. Using these scaled scores enables administrators to compare a group of children’s scores across areas and determine which areas need additional attention. Below are the scaled scores for each age or class/grade for the social–emotional, physical, language, cognitive, literacy, and mathematics areas:

Social–Emotional Development and Learning

Age or Class/Grade	Colored Band	Range of Widely Held Expectations
Birth–1 year	Red	272–387
1–2 years	Orange	387–494
2–3 years	Yellow	458–546
Preschool 3	Green	516–614
Pre-K 4	Blue	589–690
Kindergarten	Purple	653–795

Physical Development and Learning

Age or Class/Grade	Colored Band	Range of Widely Held Expectations
Birth–1 year	Red	278–389
1–2 years	Orange	399–466
2–3 years	Yellow	455–543
Preschool 3	Green	512–617
Pre-K 4	Blue	578–698
Kindergarten	Purple	646–729

Language Development and Learning and Spanish-Language Development and Learning

Age or Class/Grade	Colored Band	Range of Widely Held Expectations
Birth–1 year	Red	312–410
1–2 years	Orange	410–492
2–3 years	Yellow	469–554
Preschool 3	Green	524–639
Pre-K 4	Blue	580–721
Kindergarten	Purple	675–800

Cognitive Development and Learning

Age or Class/Grade	Colored Band	Range of Widely Held Expectations
Birth–1 year	Red	313–377
1–2 years	Orange	377–465
2–3 years	Yellow	453–540
Preschool 3	Green	519–634
Pre-K 4	Blue	591–738
Kindergarten	Purple	679–800

Literacy Development and Learning

Age or Class/Grade	Colored Band	Range of Widely Held Expectations
Birth–1 year	Red	200–375
1–2 years	Orange	408–444
2–3 years	Yellow	470–530
Preschool 3	Green	530–610
Pre-K 4	Blue	572–705
Kindergarten	Purple	644–798

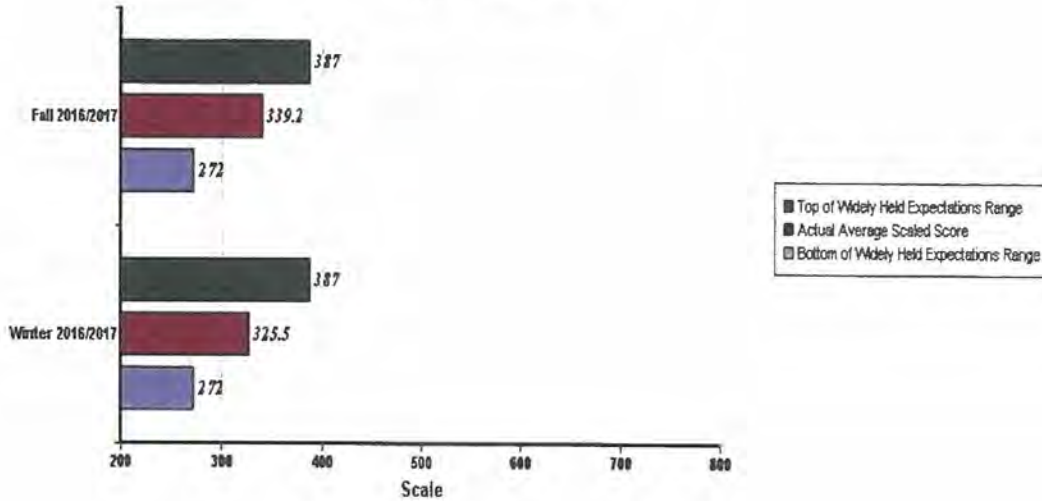
Mathematics Development and Learning

Age or Class/Grade	Colored Band	Range of Widely Held Expectations
Birth–1 year	Red	200–200
1–2 years	Orange	441–491
2–3 years	Yellow	483–557
Preschool 3	Green	545–621
Pre-K 4	Blue	615–712
Kindergarten	Purple	691–800

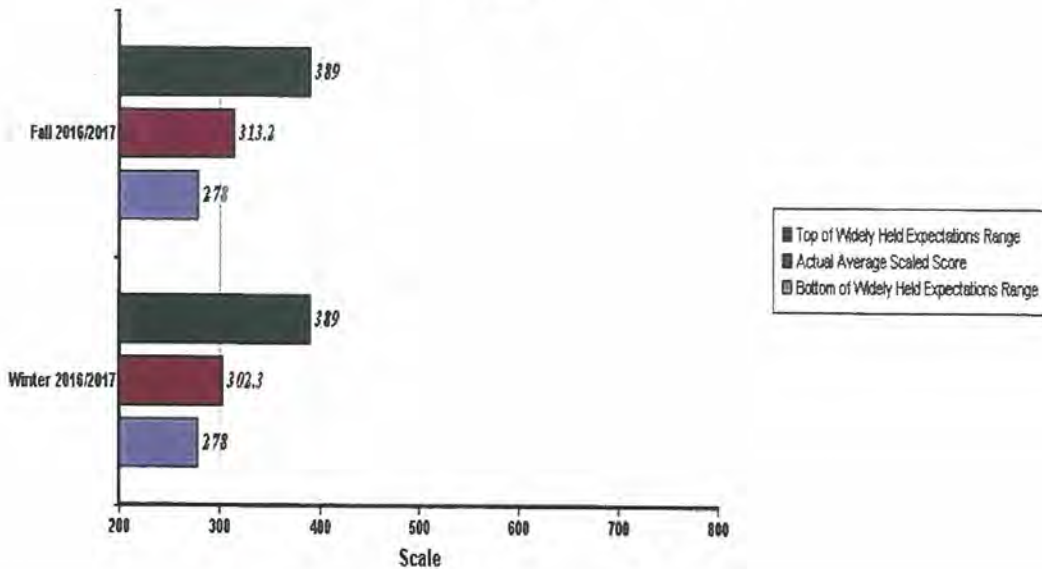
Teaching Strategies GOLD® Comparative Report

Areas of Development: All Areas
 Compare to: Widely Held Expectations
 Checkpoint Periods: Winter 2016/2017, Fall 2016/2017
 Checkpoint Types: Finalized Checkpoint ratings
 Widely Held Expectations for: Birth to 1 year (Red)
 Children to Compare: All Children with Ratings in Any Checkpoint Period

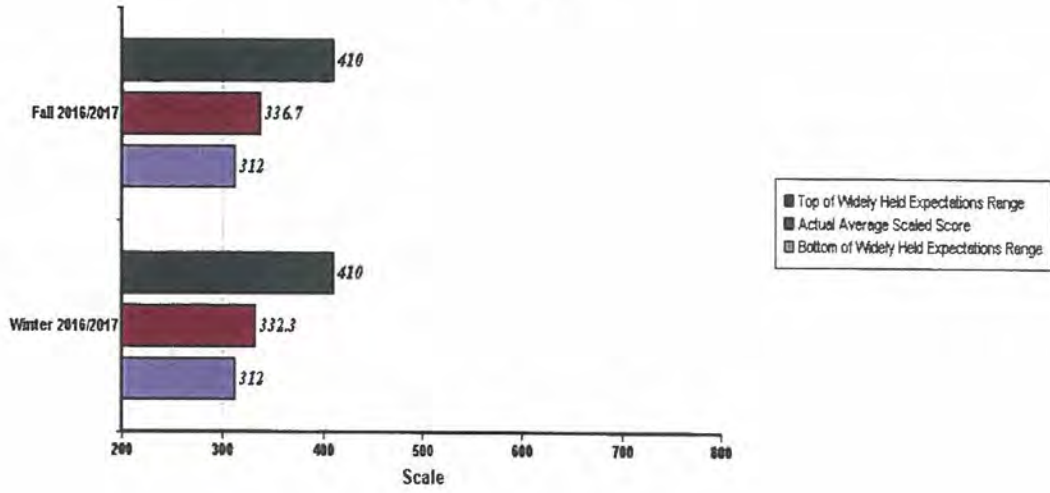
Social-Emotional



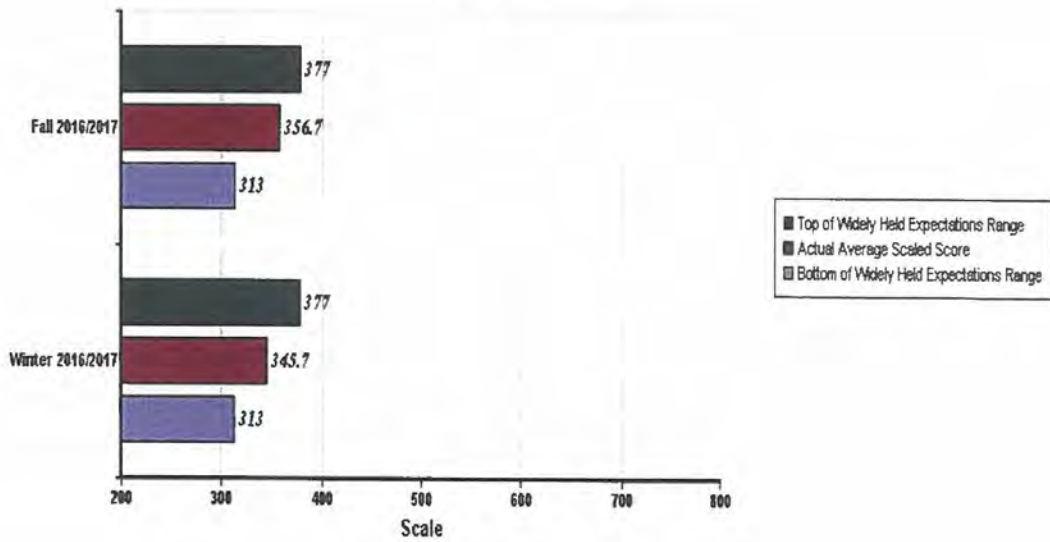
Physical



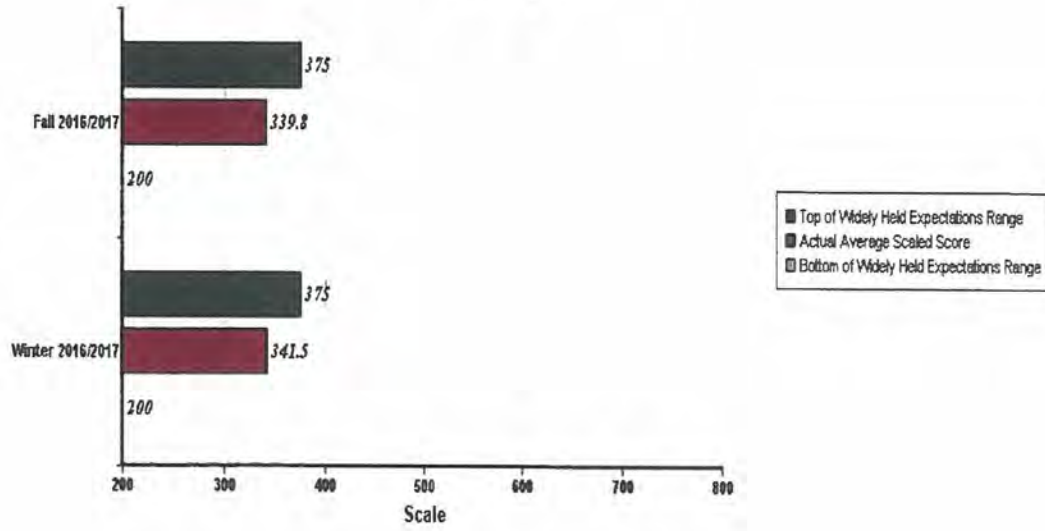
Language



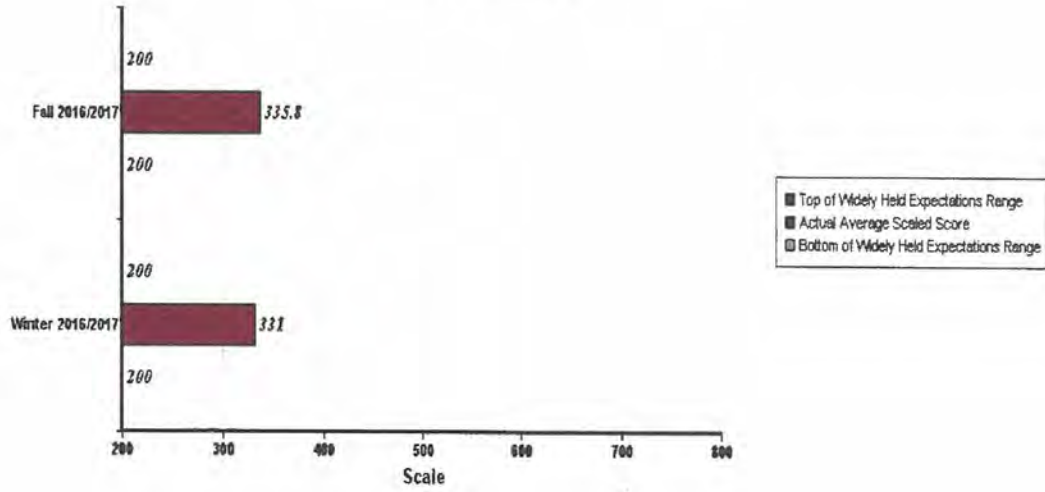
Cognitive



Literacy



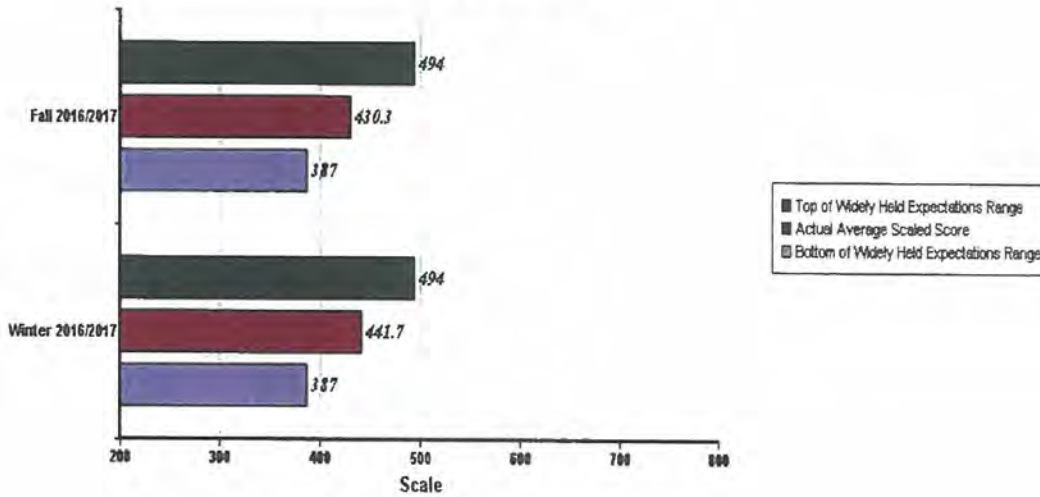
Mathematics



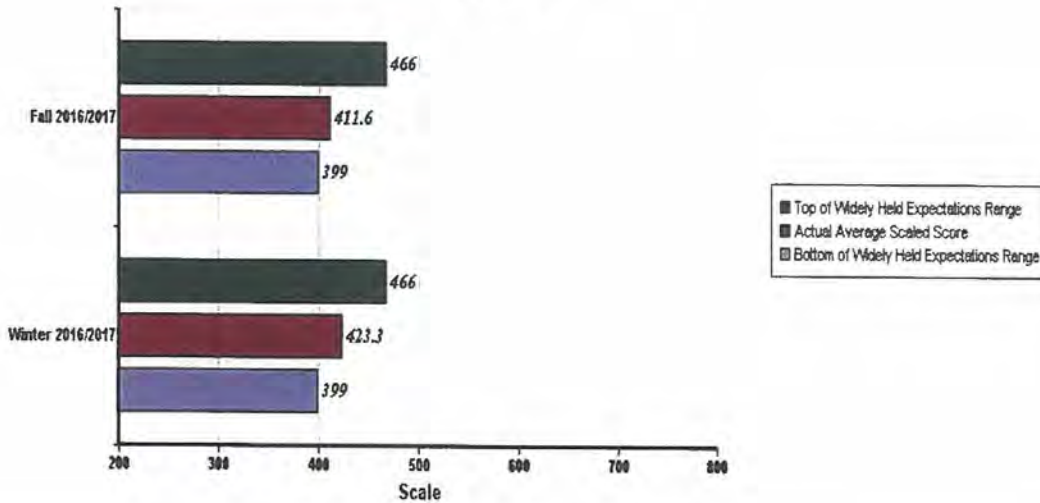
Teaching Strategies GOLD® Comparative Report

Areas of Development: All Areas
 Compare to: Widely Held Expectations
 Checkpoint Periods: Winter 2016/2017, Fall 2016/2017
 Checkpoint Types: Finalized Checkpoint ratings
 Widely Held Expectations for: 1 to 2 years (Orange)
 Children to Compare: All Children with Ratings in Any Checkpoint Period

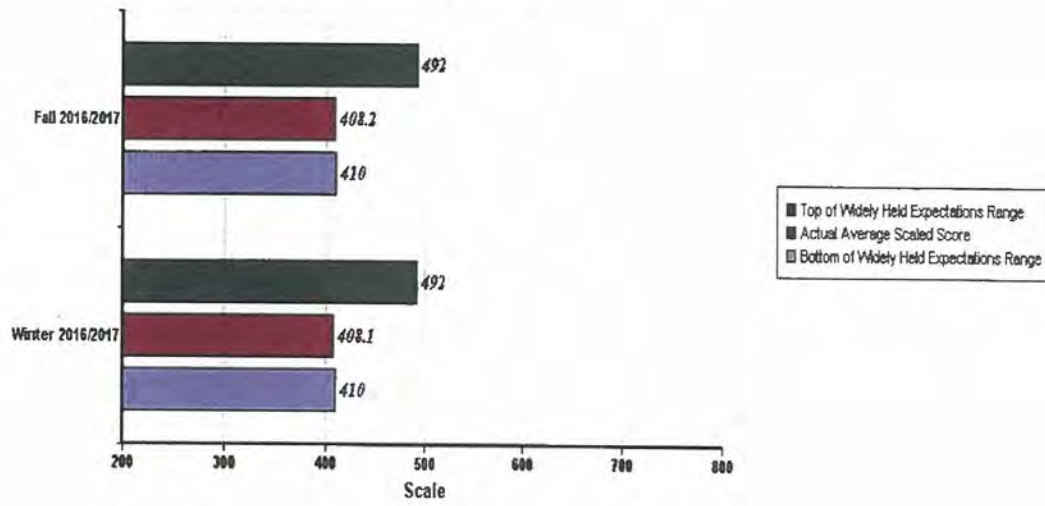
Social-Emotional



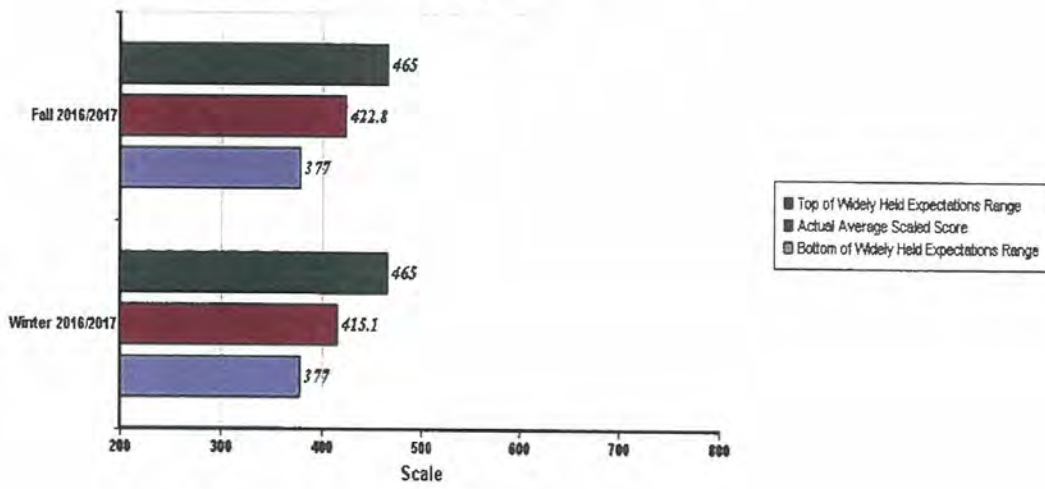
Physical



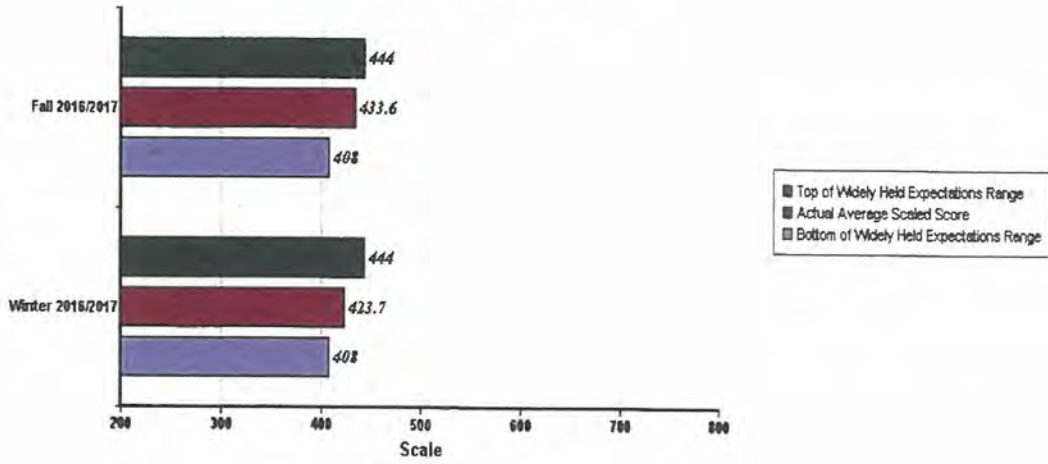
Language



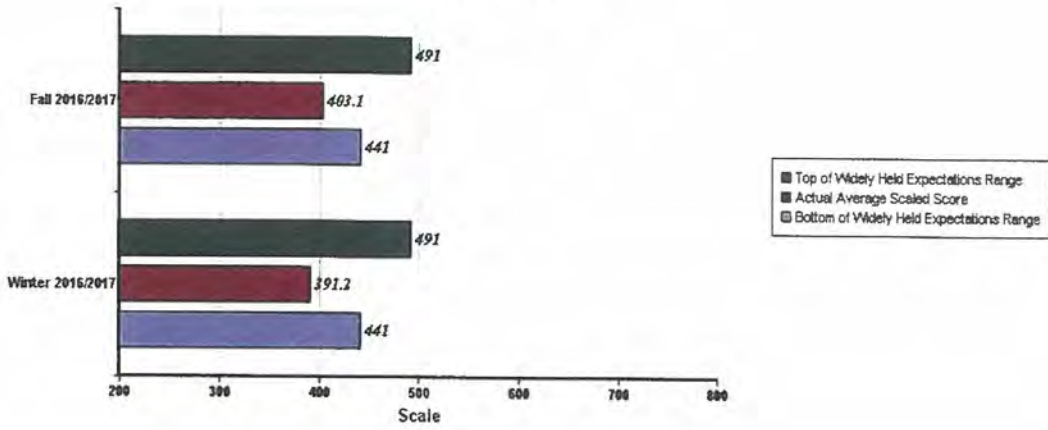
Cognitive



Literacy



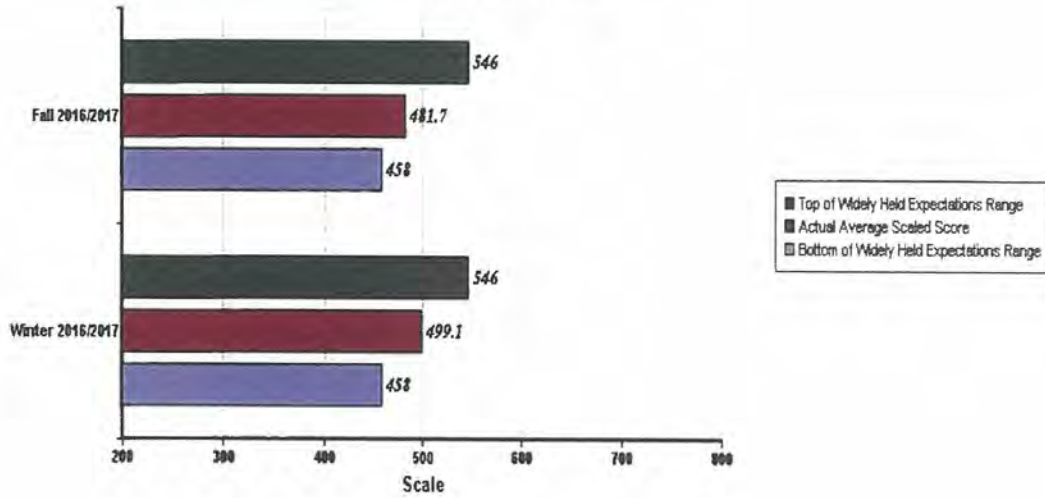
Mathematics



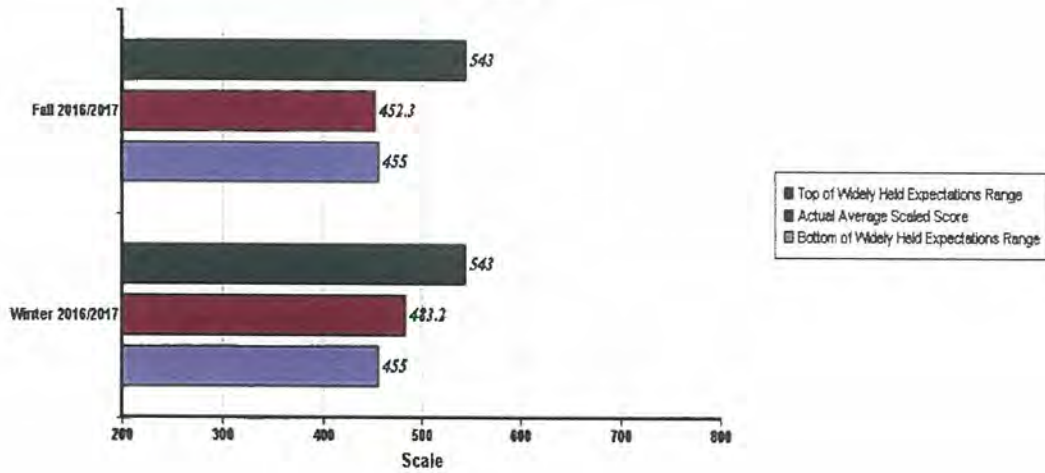
Teaching Strategies GOLD® Comparative Report

Areas of Development: All Areas
 Compare to: Widely Held Expectations
 Checkpoint Periods: Winter 2016/2017, Fall 2016/2017
 Checkpoint Types: Finalized Checkpoint ratings
 Widely Held Expectations for: 2 to 3 years (Yellow)
 Children to Compare: All Children with Ratings in Any Checkpoint Period

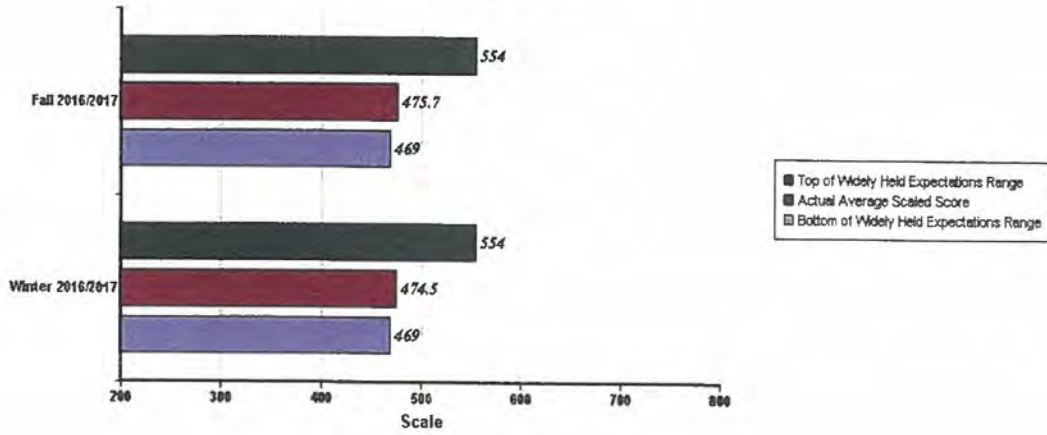
Social-Emotional



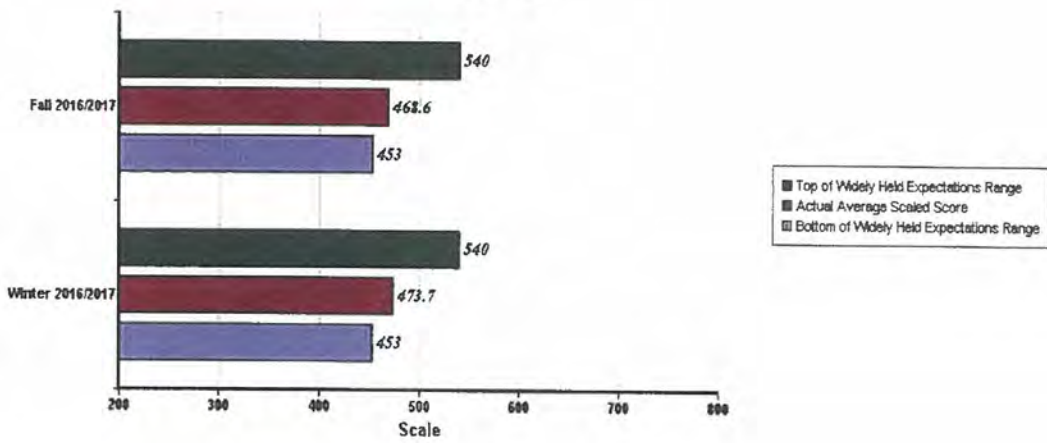
Physical



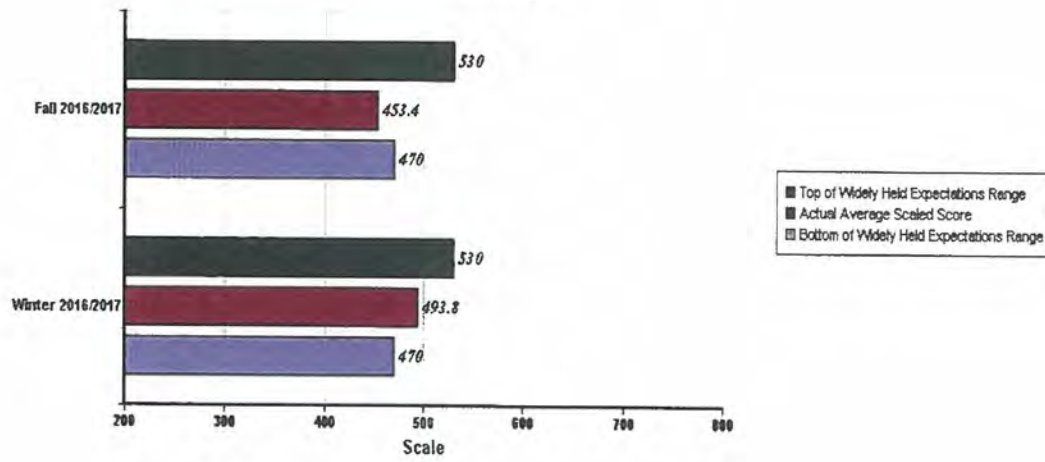
Language



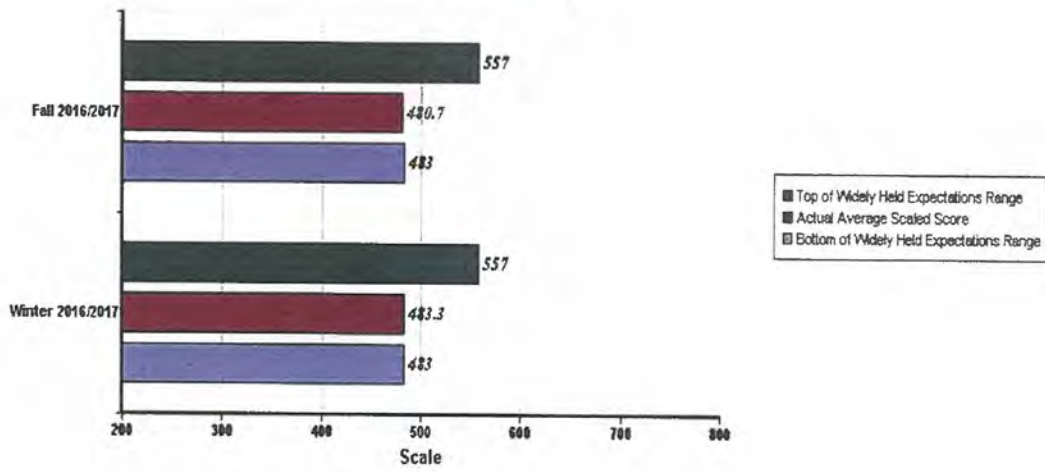
Cognitive



Literacy



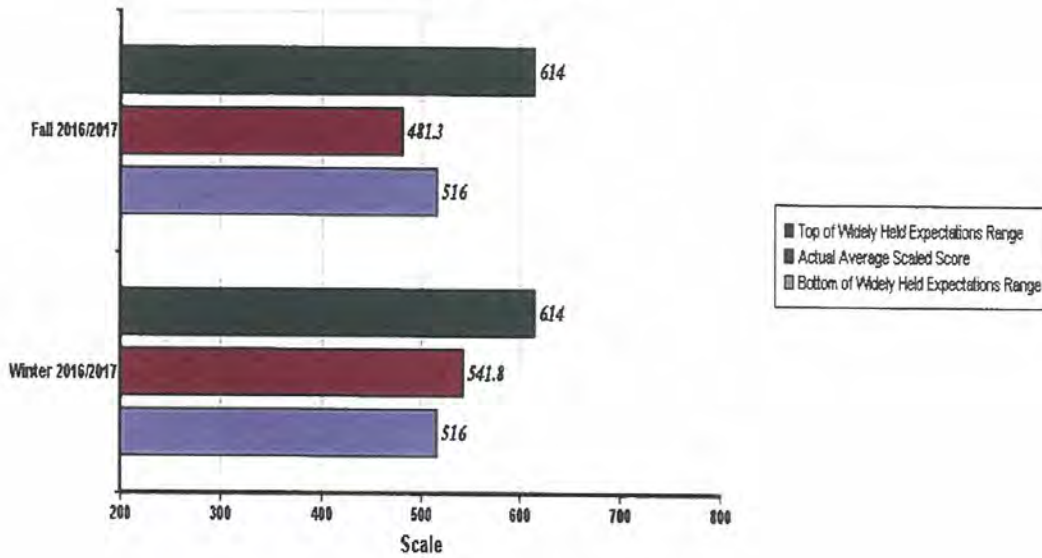
Mathematics



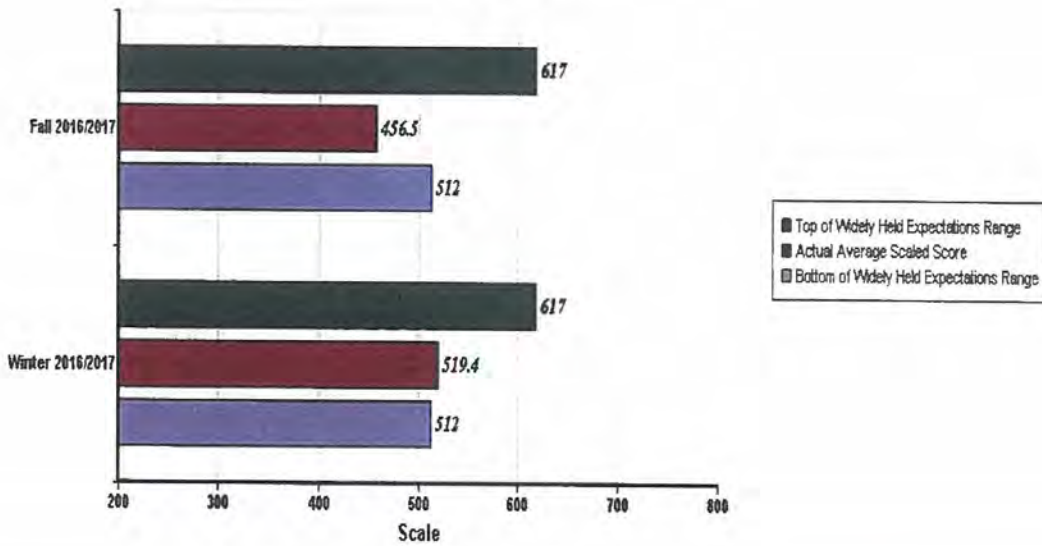
Teaching Strategies GOLD® Comparative Report

Areas of Development: All Areas
 Compare to: Widely Held Expectations
 Checkpoint Periods: Winter 2016/2017, Fall 2016/2017
 Checkpoint Types: Finalized Checkpoint ratings
 Widely Held Expectations for: Preschool 3 class/grade (Green)
 Children to Compare: All Children with Ratings in Any Checkpoint Period

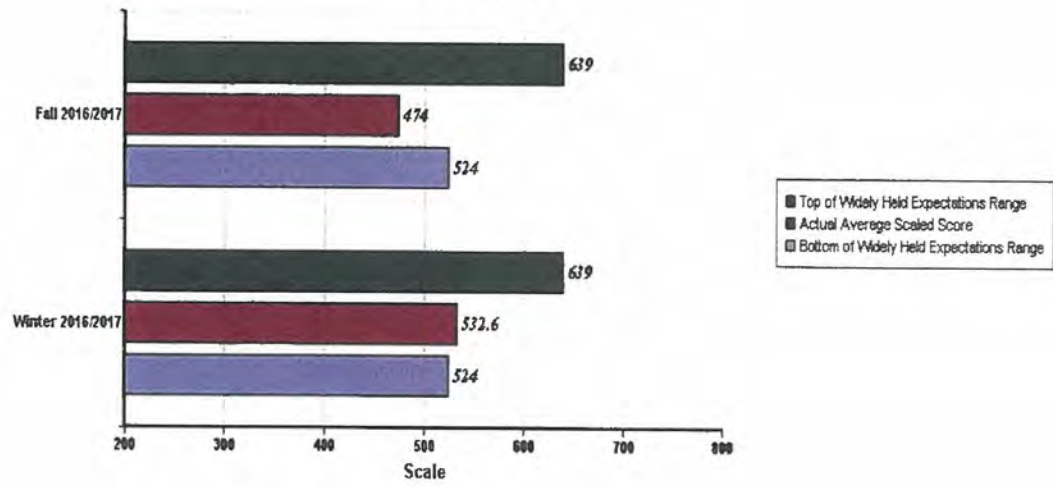
Social-Emotional



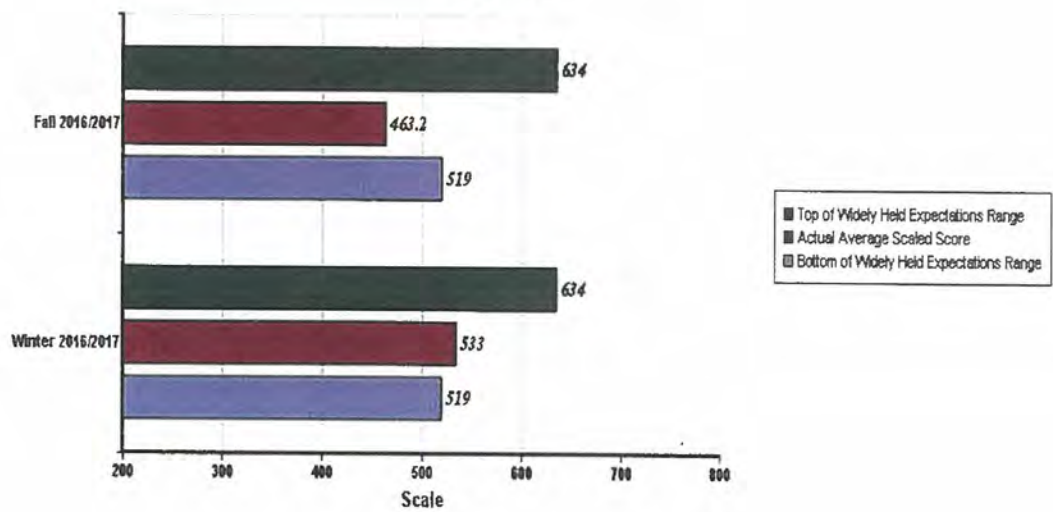
Physical



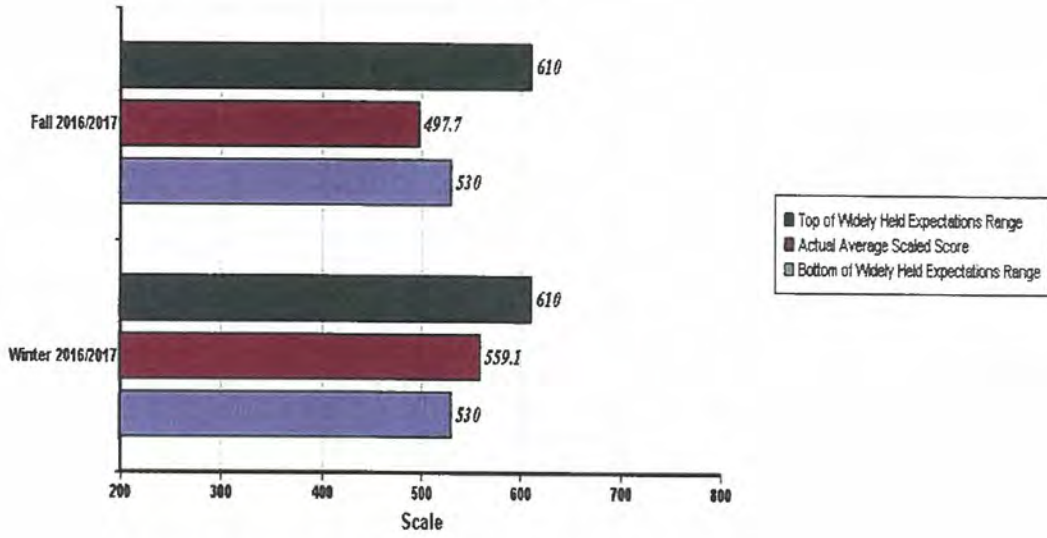
Language



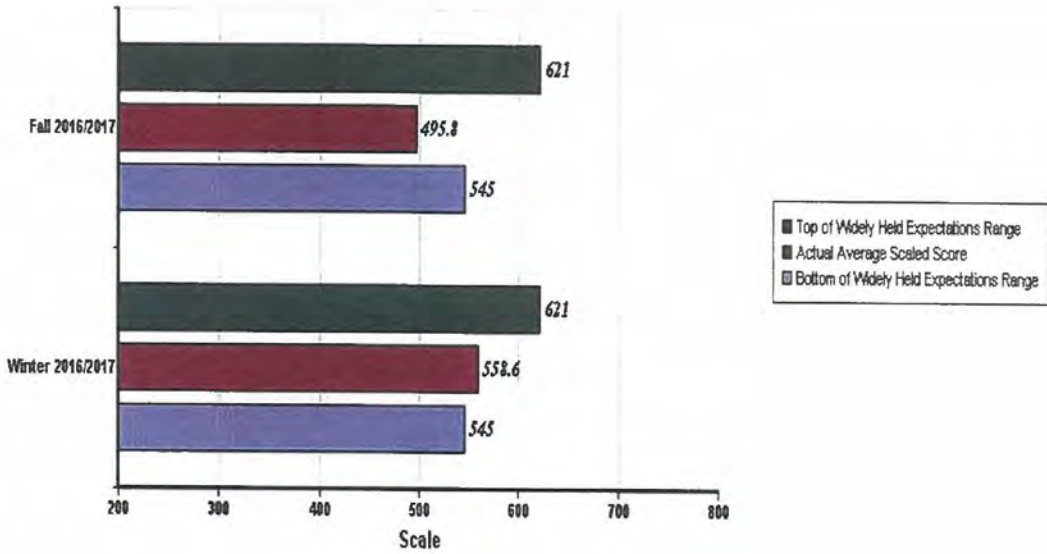
Cognitive



Literacy



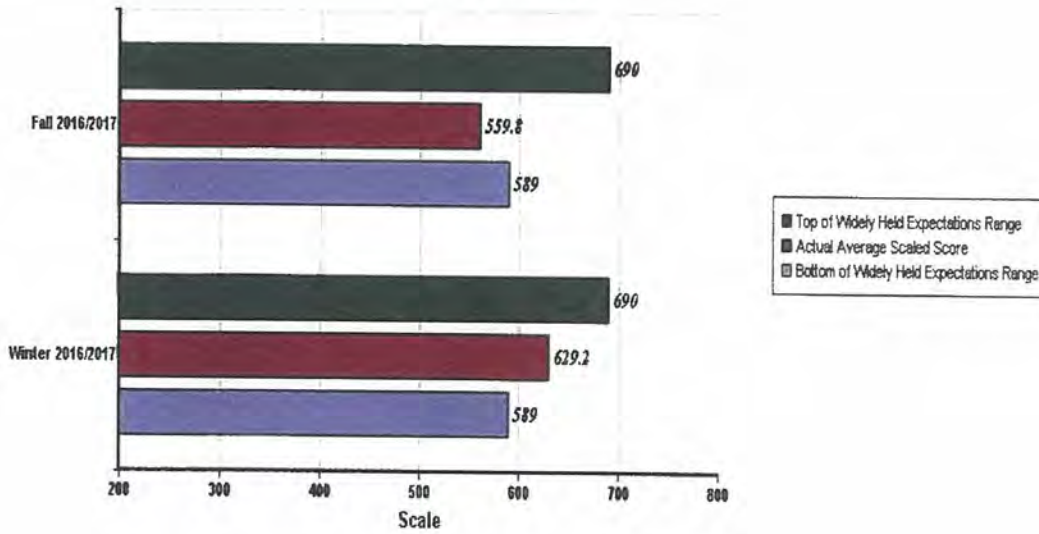
Mathematics



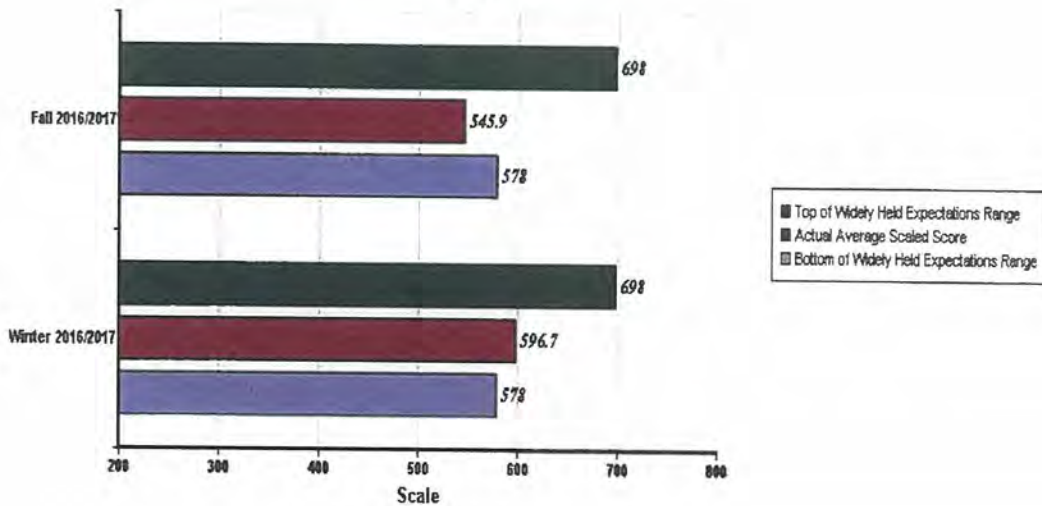
Teaching Strategies GOLD® Comparative Report

Areas of Development: All Areas
 Compare to: Widely Held Expectations
 Checkpoint Periods: Winter 2016/2017, Fall 2016/2017
 Checkpoint Types: Finalized Checkpoint ratings
 Widely Held Expectations for: Pre-K 4 class/grade (Blue)
 Children to Compare: All Children with Ratings in Any Checkpoint Period

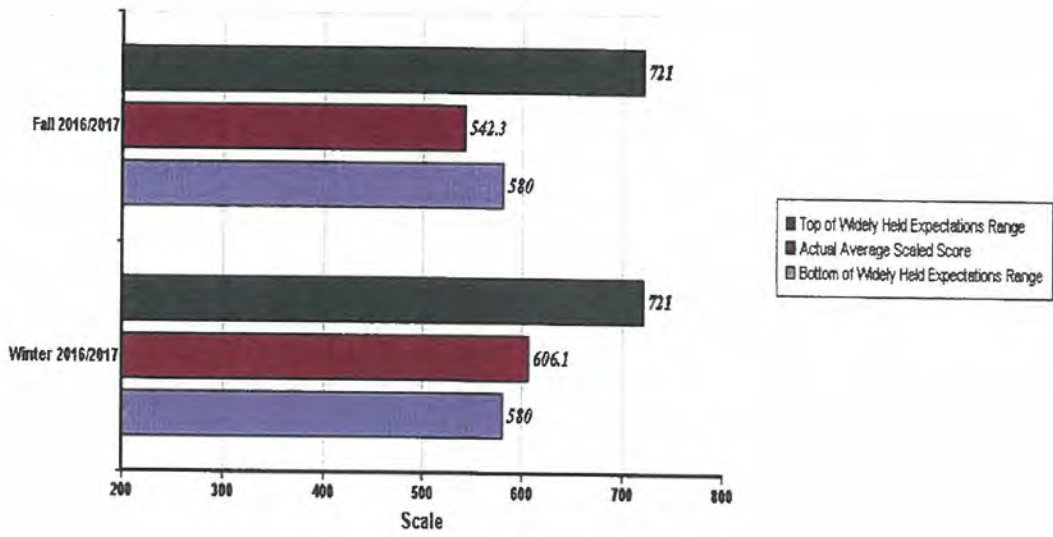
Social-Emotional



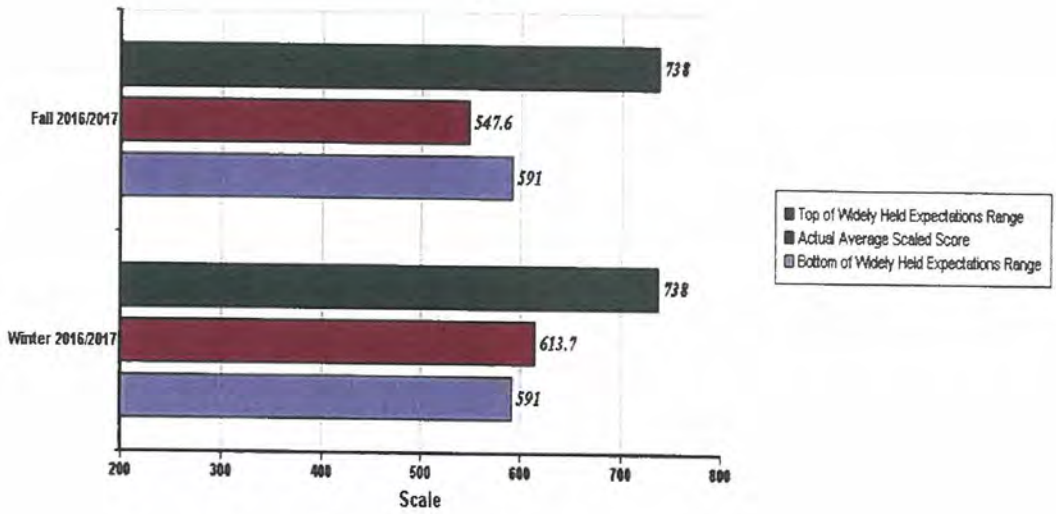
Physical



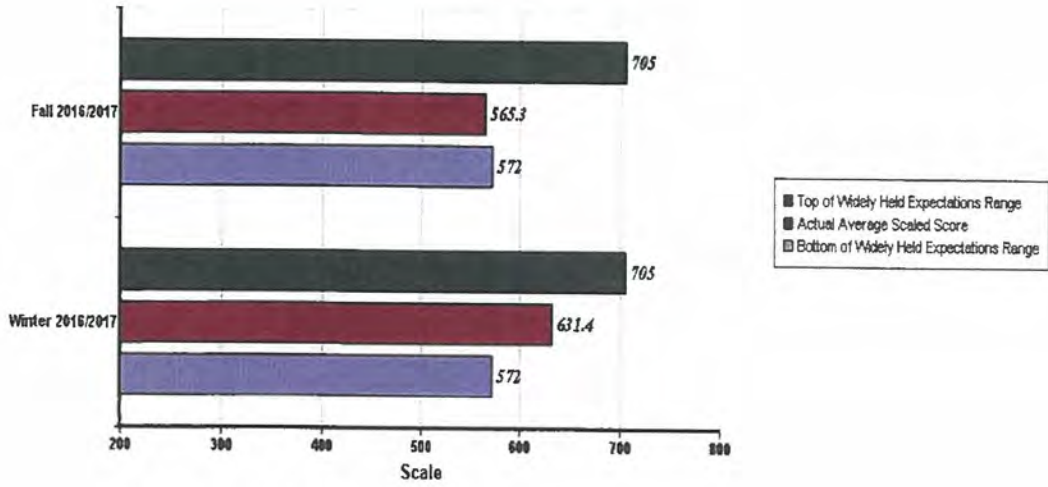
Language



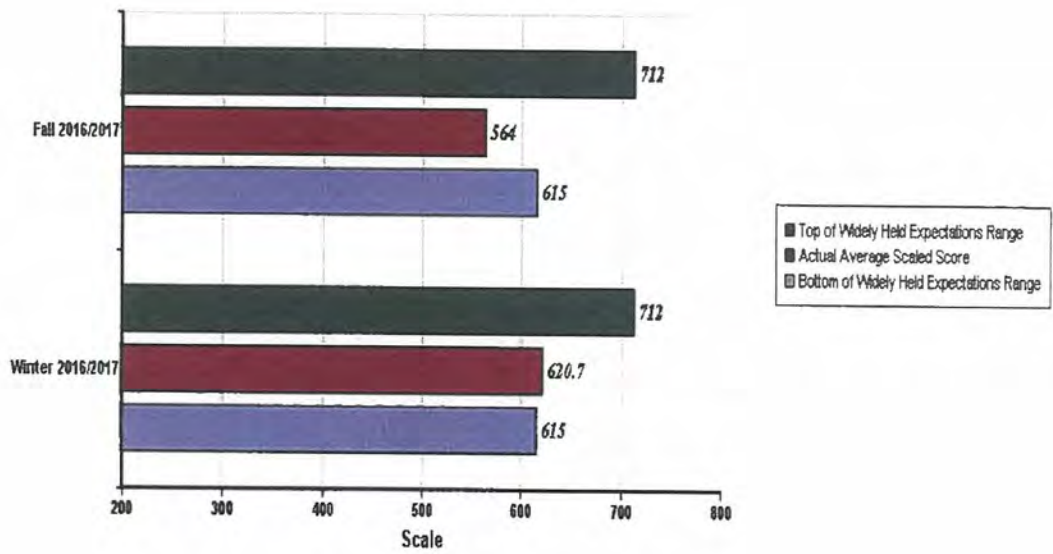
Cognitive



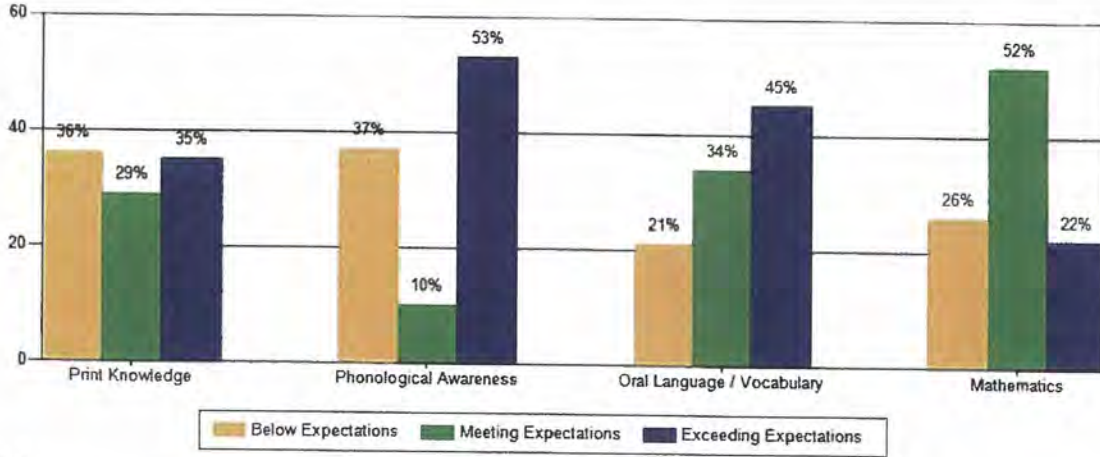
Literacy



Mathematics



Assessment Period : Assessment Period - 2
 Program Year and Type : 2016-17 School-Year
 VPK Center : ALPI CHILD DEV FAMILY SVCS CTR

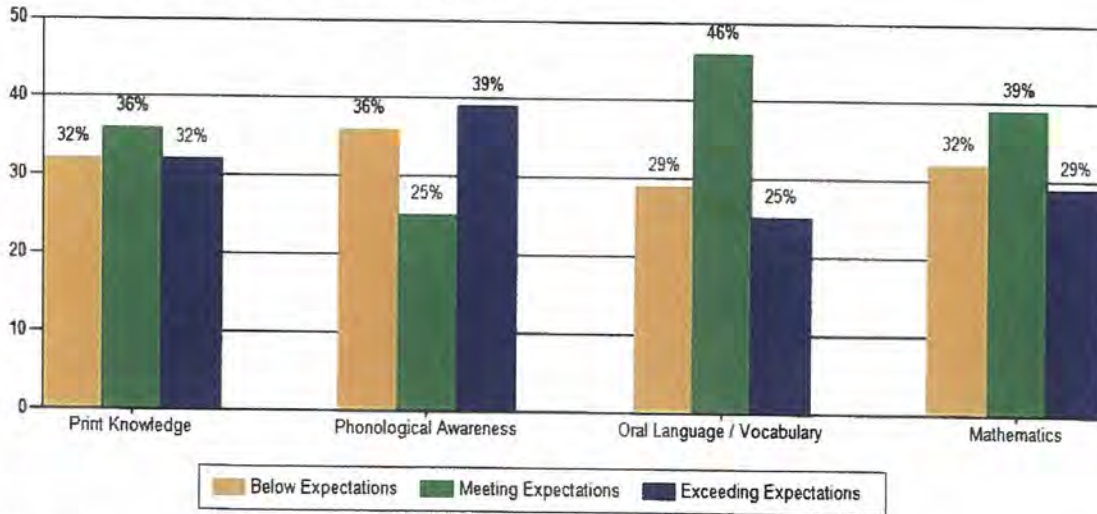


LEGEND

EE (Exceeding Expectations) it is likely the child will score "Ready" for kindergarten on the Florida Kindergarten Readiness Screener (FLKRS)
ME (Meeting Expectations) it is likely the child will score "Ready" for kindergarten on the Florida Kindergarten Readiness Screener (FLKRS)
BE (Below Expectations) it is likely the child will NOT score "Ready" for kindergarten on the Florida Kindergarten Readiness Screener (FLKRS)

% Due to rounding, percentages displayed may not equal 100%

Assessment Period : Assessment Period - 2
 Program Year and Type : 2016-17 School-Year
 VPK Center : ALPI FRANCINA DUVAL HEAD START

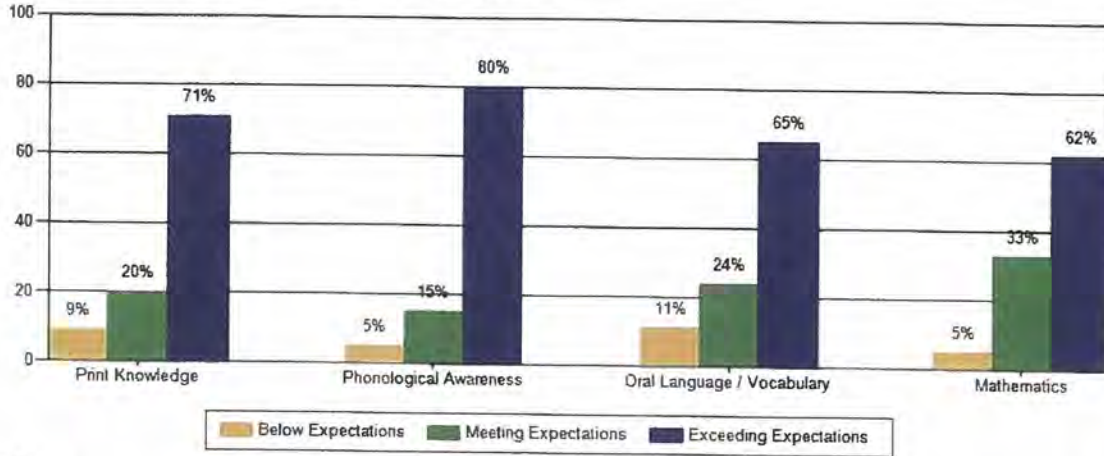


LEGEND

EE (Exceeding Expectations) it is likely the child will score "Ready" for kindergarten on the Florida Kindergarten Readiness Screener (FLKRS)
ME (Meeting Expectations) it is likely the child will score "Ready" for kindergarten on the Florida Kindergarten Readiness Screener (FLKRS)
BE (Below Expectations) it is likely the child will NOT score "Ready" for kindergarten on the Florida Kindergarten Readiness Screener (FLKRS)

% Due to rounding, percentages displayed may not equal

Assessment Period : Assessment Period - 2
Program Year and Type : 2016-17 School-Year
VPK Center : ALPI GARDEN TERRACE HEADSTART

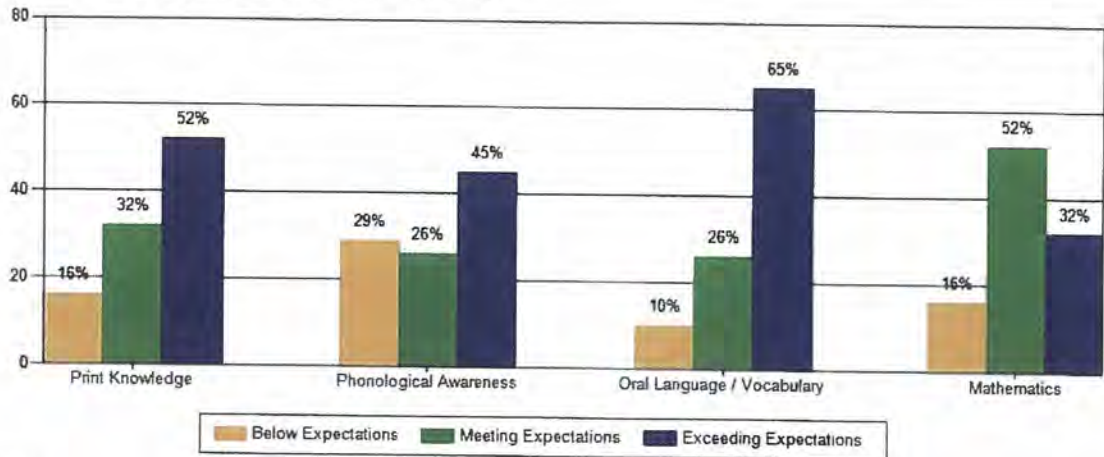


LEGEND

EE (Exceeding Expectations) it is likely the child will score "Ready" for kindergarten on the Florida Kindergarten Readiness Screener (FLKRS)
ME (Meeting Expectations) it is likely the child will score "Ready" for kindergarten on the Florida Kindergarten Readiness Screener (FLKRS)
BE (Below Expectations) it is likely the child will NOT score "Ready" for kindergarten on the Florida Kindergarten Readiness Screener (FLKRS)

% Due to rounding, percentages displayed may not equal 100%

Assessment Period : Assessment Period - 2
Program Year and Type : 2016-17 School-Year
VPK Center : ALPI GEORGE W TRUITT HEADSTART

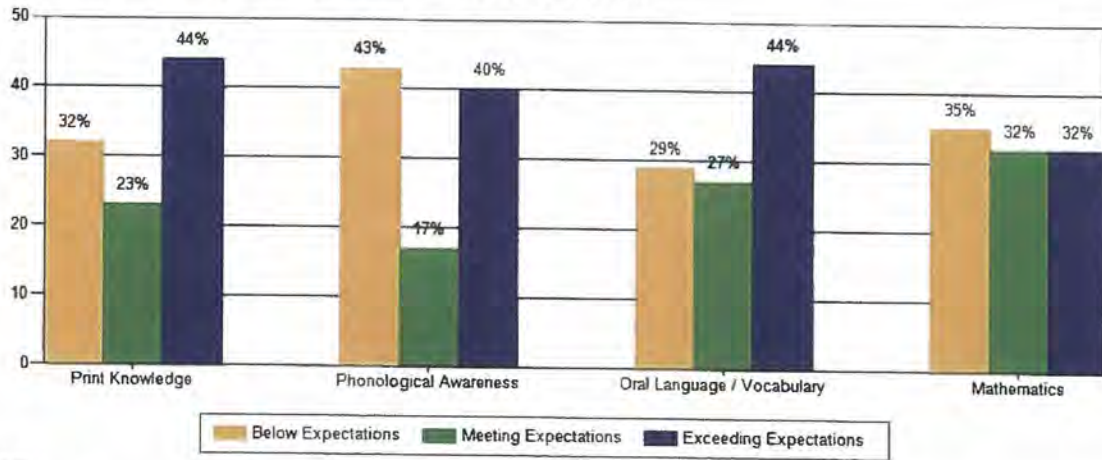


LEGEND

EE (Exceeding Expectations) it is likely the child will score "Ready" for kindergarten on the Florida Kindergarten Readiness Screener (FLKRS)
ME (Meeting Expectations) it is likely the child will score "Ready" for kindergarten on the Florida Kindergarten Readiness Screener (FLKRS)
BE (Below Expectations) it is likely the child will NOT score "Ready" for kindergarten on the Florida Kindergarten Readiness Screener (FLKRS)

% Due to rounding, percentages displayed may not equal 100%

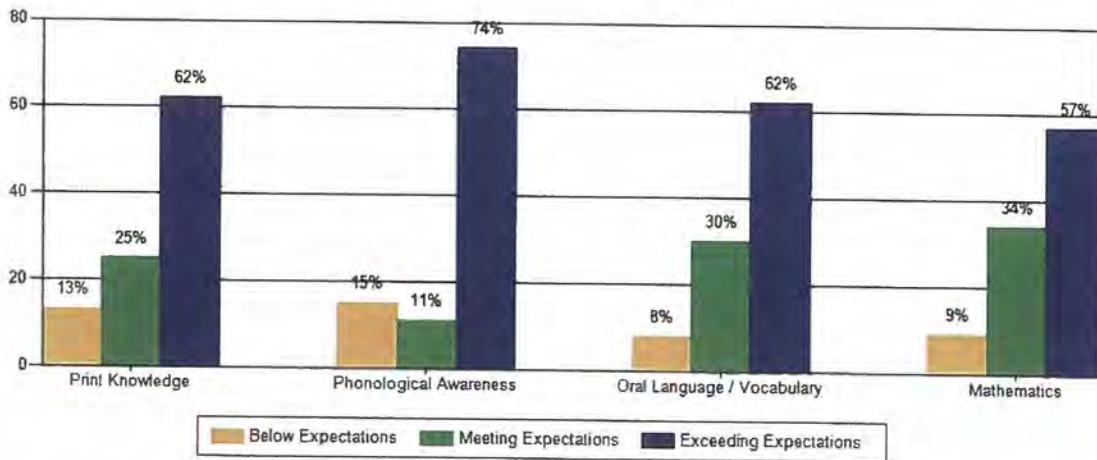
Assessment Period : Assessment Period - 2
Program Year and Type : 2016-17 School-Year
VPK Center : ALPI QUEEN TOWNSEND HEAD START CENTER II



LEGEND

EE (Exceeding Expectations) it is likely the child will score "Ready" for kindergarten on the Florida Kindergarten Readiness Screener (FLKRS)
ME (Meeting Expectations) it is likely the child will score "Ready" for kindergarten on the Florida Kindergarten Readiness Screener (FLKRS)
BE (Below Expectations) it is likely the child will NOT score "Ready" for kindergarten on the Florida Kindergarten Readiness Screener (FLKRS)
 % Due to rounding, percentages displayed may not equal 100%

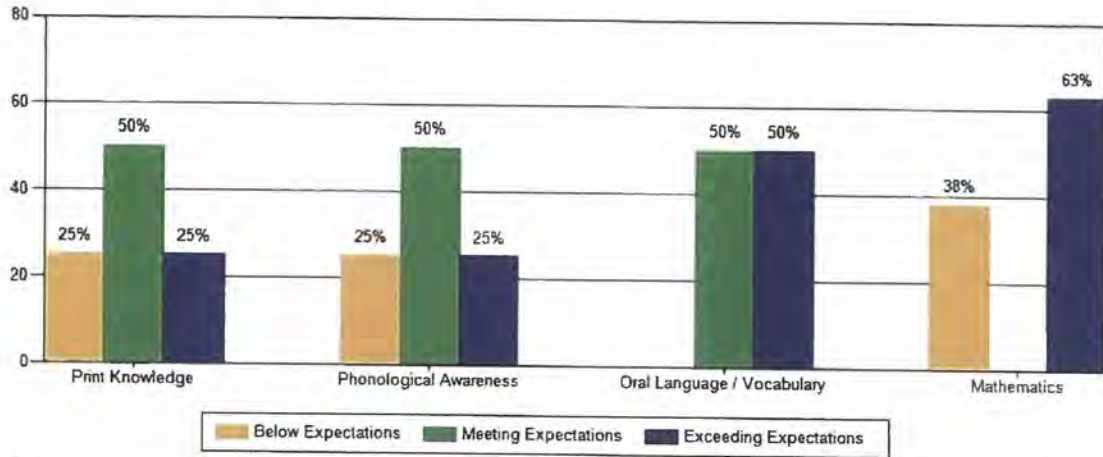
Assessment Period : Assessment Period - 2
Program Year and Type : 2016-17 School-Year
VPK Center : ALPI LINCOLN PARK HEAD START



LEGEND

EE (Exceeding Expectations) it is likely the child will score "Ready" for kindergarten on the Florida Kindergarten Readiness Screener (FLKRS)
ME (Meeting Expectations) it is likely the child will score "Ready" for kindergarten on the Florida Kindergarten Readiness Screener (FLKRS)
BE (Below Expectations) it is likely the child will NOT score "Ready" for kindergarten on the Florida Kindergarten Readiness Screener (FLKRS)
 % Due to rounding, percentages displayed may not equal 100%

Assessment Period : Assessment Period - 2
Program Year and Type : 2016-17 School-Year
VPK Center : FROSTPROOF CHILD DEVELOPMENT CENTER



LEGEND

EE (Exceeding Expectations) it is likely the child will score "Ready" for kindergarten on the Florida Kindergarten Readiness Screener (FLKRS)

ME (Meeting Expectations) it is likely the child will score "Ready" for kindergarten on the Florida Kindergarten Readiness Screener (FLKRS)

BE (Below Expectations) it is likely the child will NOT score "Ready" for kindergarten on the Florida Kindergarten Readiness Screener (FLKRS)

% Due to rounding, percentages displayed may not equal 100%



HS/EHS 2017-2018
PROGRAM GOALS & OBJECTIVES



Head Start/EHS 2017-2018 Program Goals and Objectives

SECTION I. PROGRAM DESIGN AND APPROACH TO SERVICE DELIVERY

Goal I – To provide Birth to Five Program to low-income children and their families.

- 1) The program continues to provide a birth to five continuum approach of high-quality early care and education for all children enrolled in the program. ALPI has enrolled and maintained 100% funded enrollment which included pregnant women, infants, toddlers and preschool children, to include 10% of children with disabling conditions;
- 2) The program continues to operate center-based program options with full-day - full year comprehensive services that meet the needs of low-income working families based on the annual updates of community assessment data and updated Head Start Performance Standards; and
- 3) The program continues the partnership with the state funding agency to enhance and extend services to low-income working families. Additionally, the program continues combining funding with other resources to include State VPK and State subsidized child care of the private sector.

Goal II - Provide high-quality early education services that promote the physical health, social, and emotional development, approaches to learning, language and literacy, cognitive development and general knowledge of young children during the year.

- 1) The program demonstrated to be in 100% compliance during the Comprehensive Services and School Readiness Federal Review of the Head Start and Early Head Start Programs. Evaluated areas included: school readiness goal, curriculum, ongoing assessment, health and developmental tracking, transition of children, etc.;
- 2) The program continues to provide developmentally appropriate activities to promote creativity self-esteem, language development, cognitive skills, math awareness, approaches to learning and scientific discovery;
- 3) The program continue to provide a strong foundation for children's school readiness by the start of kindergarten, building throughout their Head Start and Early Head Start experience;
- 4) The program continues to collaborate with the public school system providing a seamless approach to school readiness for children ages 3 to grade 3;
- 5) The program continues to support transitional planning to families which ensures that each pregnant woman and child experiences a smooth transitions into Early Head Start, from Early Head Start to Head Start, and from Head Start to kindergarten; and
- 6) The program continues to provide services in a culturally and linguistically responsive manner to support the home language and cultural environment of the child; as well as providing early learning setting for children to grow and develop in a warm, nurturing and inclusive environment.

Goal III – In partnership with local and state agencies that serve pregnant women, identify health problems of pregnant women that cause or increase the likelihood of miscarriage, prenatal death, malformation, low birth weight, mental retardation and/or compromised health in the forthcoming pregnancy and infant.

- 1) The program continues to collaborate with Healthy Start and Healthy Families agency to provide ongoing assistance to pregnant women in accessing quality comprehensive and timely prenatal and postpartum services;
- 2) The program continues to provide prenatal education of fetal development; nutritional counseling; food assistance, oral health, mental health, substance abuse prevention and treatment information and assistance to eligible pregnant women and other family members;
- 3) The program continues to provide information on the benefits of breast-feeding to all enrolled pregnant and nursing mothers and make arrangements for nursing mothers who choose to breast-feed at the center, etc.; and
- 4) The program continues to provide a comprehensive transition program from mother of newborn to a center-based setting.

Goal IV – Support parents, mothers, fathers, and guardians in their role as primary care givers and educators of their children.

- 1) The program continues to recognize and assist families as the child's first teacher;
- 2) The program continues to provide opportunities for family members to be involved in program activities such as: Literacy Week, Reading Day with Dad/Mom, Parent/Teacher Conferences, Home Visits, etc.
- 3) The program continues to maintain a sound communication support system with parents to keep them informed about their child's education, routine, activities, and behaviors through parent/teacher conferences, screenings and assessment results, referrals, etc.;
- 4) The program continues to provide ongoing opportunities for parents to be a part of the decision-making process serving in the Policy Council, Advisory Councils and Parent Committees;
- 5) The program continues to provide parent education that supports ongoing healthy parent and child relationships, including specific strategies that strengthen father engagement.

Goal V - Strengthen community supports for families.

- 1) The program continues to maintain ongoing collaboration partnerships with community organizations through joint agreements and contracts to maximize services to children and their families and to facilitate an effective community support system to meet their needs; such as: LEA, Early Steps, Healthy Start, Healthy Families, Mental Health Providers, etc.
- 2) The program continues to expand community collaborations to ensure that parents of children with disabilities, in foster care, and those experiencing homelessness have access to services, resources and collaborative support.

Goal VI – Expand and maintain partnerships with local health care providers who assist in the identification of medical homes and provide a source of ongoing care for enrollees.

1. The program continues to maintain collaborative partnerships with Health Departments, Colleges and Universities for all enrolled children to receive health, mental health, nutritional and oral screenings, and services, as well as follow-up evaluation and treatment;
2. The program continues to provide services that meet the needs of children with disabilities and their families;
3. The program continues to provide comprehensive health and mental health services for all enrolled children and pregnant women, including helping the family to identify and access a medical home to insure ongoing care.

Goal VII – Work with service providers to develop highly trained, skilled, adequately compensated program staff.

- 1) The program continues to maintain ongoing collaboration with early education/school readiness agencies and the public school to provide and maintain a community-wide Professional Development System that support early education staff training needs.
- 2) The program continues to recruit, train, and supervise high-quality staff to ensure warm and continuous relationships stimulating positive interaction between caregivers and children which are crucial to learning and development;

The program continues to monitor professional development plans and training opportunities for each staff member to ensure that each person maintains qualifications for the position, and updates annually

ATEC
PERFORMANCE STATUS

ALP Technical Education Center (ATEC)**PERFORMANCE SUMMARY**

Basic Performance: Between July 1, 2016 and March 31, 2017, ALP Technical Education Center (ATEC) has provided training/educational services to seven (7) students. All seven (7) students were enrolled into ATEC's Certified Nurse Assistant (CNA) preparation class, not the academic class. Through March 2017, ATEC should realize revenues of approximately \$2,100 with expenses of \$1,052 for a total profit of \$1,048. Additionally, a Home Health Aide (HHA) Class is tentatively scheduled to start in May. If scheduled ATEC will realize additional revenues of \$3,030 at a minimum, with approximately \$2,000 in expenses for a net profit of \$1,030 for the HHA class.

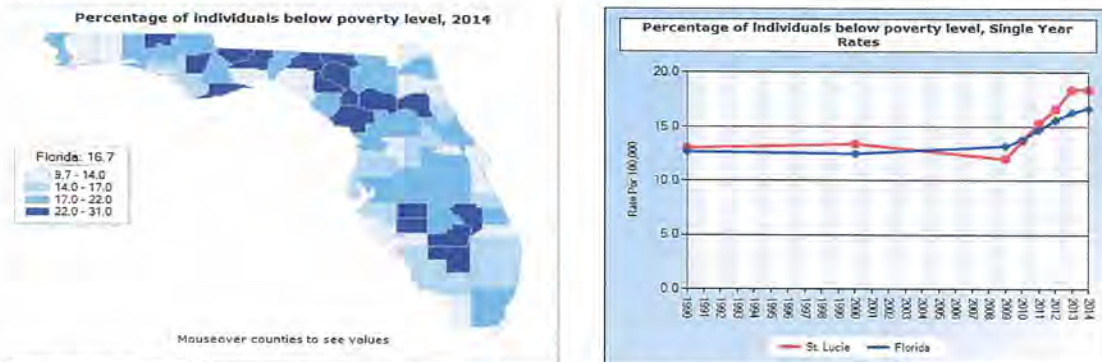
Additional Information: When ATEC's application was renewed in March 2017, ATEC maintained its license for Home Health Aide (HHA) only. This was due to little or no demand, in the previous two (2) to three (3) years, for Phlebotomy and Certified Nurse Assistant (CNA) education; however, a slight market demand for Nursing Assistants and a person's ability to challenge the certification exam, ATEC is focusing on the provision of CNA Preparation classes. This allows a lower cost alternative to the classes previously offered by ATEC. Additionally, as potential students express a desire for HHA training and the ability to pay for the training, ATEC develops a Home Health Aide Class, with the next class tentatively scheduled to commence the first week of May.

HS/EHS COMMUNITY TARGET AREAS

Community Target Areas to be Served by Head Start/Early Head Start in 2017-2018

The program will continue to recruit in the areas identified in the initial application; these areas were identified in ALPI's 2014 Community Assessment and Census data as the areas with the highest concentration of poverty where the most vulnerable children and families reside. ALPI Head Start/Early Head Start Program target areas are those considered to be the highest concentrated poverty areas in St. Lucie and Polk Counties. ALPI's program recruitment meets the needs of the children and the families to include low-income working families. The program will continue to serve the areas where the neediest families have been identified, ensuring that the neediest, such as those experiencing homelessness, or who are in foster care, benefit from the program.

St. Lucie County; the following represents the annual community assessment data collected that reflects the areas served in St. Lucie County. According to FloridaCHARTS.com the population of St. Lucie County is estimated to have been 287,366 in 2014 with 18.4% of the population living below the poverty level and 62.8% of families with a single female head of household and children under age 5 (per U.S. Census Bureau). The primary industries for St. Lucie County are: agriculture (non-citrus), citrus, construction, manufacturing and other service related employment. These industries pay on the lower end of the wage scale because of their seasonal nature. St. Lucie County's poverty exceeds that of the state level at 16.70% and all of the U.S., at 15.40%. Additionally, 32.4% of St. Lucie County families with children under age 5 are living below poverty level, which is higher than the state level of 26.9%. Furthermore, the Florida Department of Children and Families, Office on Homeless, indicates there are an estimated 1096 homeless families in St. Lucie County. The following charts illustrate poverty levels in St. Lucie County vs. the State of Florida:



FloridaCHARTS.com is provided by the Florida Department of Health, Division of Public Health Statistics & Performance Management

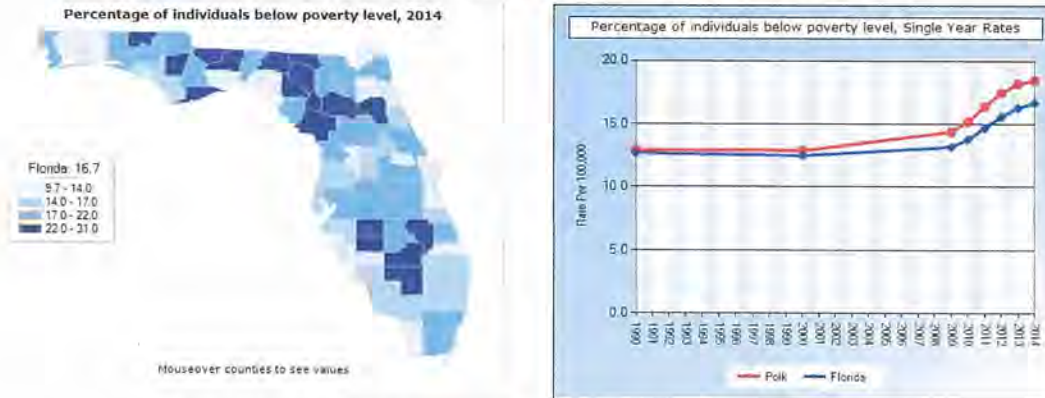
The City of Fort Pierce, one of the two cities currently served, contains three of its highest poverty concentrated zip codes included in our proposal; the percentage of population below poverty levels is as follows: 34950: 17,739 or 50.64%; 34947: 10,443 or 50.31%; and, 34946: 6,746 or 24.80%. The total population is estimated to have been 44,484 in 2015, an increase of 6.96% since 2010 Census. According to the US Census Bureau, the city has a total area of 20.8 miles. The estimated makeup of the population is 45.3% White, 40.9% African American, 21.6% Hispanic or Latino, 0.9% Asian, 0.6% Native American, and 0.1% Pacific Islander. Population by age is estimated at; 36.4% under age 25, 25-44 (27.5%), 45-64 (24.1%), and 64-over (15.2%). There were 15,170 households, of which 32.9% had children under the age of 18 residing with them, 37.3% were married couples living together, 19.6% had a female household with no husband present, and 37.9% were non-families. 32.5% of all households were made up of individual families and 11.7% had someone living alone who was 65 years of age or older. The average household size was 2.73 and the average family size was 3.50. According to the Fort Pierce, FL Census Data – City Facts; Fort Pierce, FL poverty is 35.9%, higher than the national average.

In the City of Port St. Lucie, the total population is estimated to have been 179,413 in 2015, an increase of 8% since 2010 Census. According to the US Census Bureau, the city has a total area of 40.5 miles. The estimated makeup of the population was 61.6% White, 21.6% Hispanic or Latino, 16.3% African American, 18.4% Native American, 2% Asian, and 0.1% Pacific Islander. Population by age is estimated at 32% under age 25, 25-44 (25%), 45-64 (26.7%), and 64-over (15.6%).

St. Lucie County has shown growth of approximately 5% since 2008; and, the primary contributing factor is recognized as the estimated 10,160 child births. *Towncharts.com* reveals in its *Fort Pierce Florida Mothers and Babies Charts* that over the last 12 months, the rate of women aged 15 to 50 years old who have given birth is 7.1% percent, the 2nd highest in the area. St. Lucie County has one of the largest percentages of unwed mothers, with 56% of those to giving birth while living below poverty level.

Polk County; the following represents the annual community assessment data collected which reflects the areas serve in Polk County According to *Floridacharts.com* Polk County's poverty rate is higher than the State of Florida at 16.7% and all of the U.S. at 15.4%; with 35% of those Polk County residents residing with children under age (4). Currently, in the state of Florida 32% of the children ages birth to four live in poverty. Among Polk County families, 536 are identified as being homeless.

Poverty Level in Polk County vs. State of Florida



FloridaCHARTS.com is provided by the Florida Department of Health,
Division of Public Health Statistics & Performance Management

Polk County Ledger (June 26, 2014) and the decennial census of Polk County show that Polk County has grown more rapidly than the entire State of Florida in the first three years of this decade. The county's growth rate is approximately 27.57% since 2000, which is higher than the average state rate of 21.14% and national rate of 11.61%. Per *Polk County 2015 Community Health Assessment* it is projected that by the year 2030 the county's population will increase an additional 25%, to reach an estimated 772,196 which include Lake Wales and Frostproof, Florida.

The primary contributing factor for the growth rate in Polk County from 2010-2015 was due to an estimated 36,736 child births. In 2013 alone there were approximately 7,013 child births in Polk County; 12.9% of those births were females ages 15-19; and 18.8% of those infants had received late or no prenatal care. As Per *Towncharts.com* Florida Mothers and Babies Charts in 2015 women ages in the targeted area 15-50 ranked 3rd in the state for child births, resulting in a 5.8% increase. Experts predict that by 2030 Polk County will experience an 11.6% increase of the population infants and toddlers which will result in an additional 11,000 children. Polk County had the 2nd largest percentage of unwed mothers at 57.4% who gave birth while living below the poverty level, second to Hardee County at 78%, according to U.S. Census Bureau demographics released December 2015. Unwed mothers of Polk County make up 43% of those who gave birth while living below the poverty level,

with 23% receiving public assistance; of those, 28% had less than a high school diploma and 21% have less than a high school education.

Selection Criteria, the program has revised the Selection Criteria in accordance with the new Performance Standards which weights the priority based on the neediest families including family income, homelessness, foster care, child's age, special education or early intervention, etc. The program will continue to provide Head Start services to 691 preschool children and Early Head Start services to 64 infants, toddlers and pregnant women in St. Lucie County and provide Early Head Start services to 76 infants, toddlers and pregnant women in Polk County.

COMMUNITY RESOURCE PLAN

**ALPI HEAD START/EARLY HEAD START
OPERATIONAL POLICIES AND PROCEDURES
FAMILY AND COMMUNITY ENGAGEMENT PROGRAM SERVICES**

SUBJECT ACCESSING COMMUNITY SERVICES AND RESOURCES

RELATES TO CFR#: § 1302.53

PERFORMANCE OBJECTIVE: Families participating in ALPI's programs access community services and resources, and participate in community activities in which they are interested that contribute to their improved quality of life.

POLICY:

Head Start/Early Head Start staff will work collaboratively with all participating parents and/or legal guardians to determine family resource, support needs, and interest.

ALPI Head Start shall identify community agencies that provide services and/or resources responsive to the identified needs of families.

Educational, mental health, counseling, and other appropriate activities will be sponsored to include opportunities for parents to participate in or to receive information on issues that place families at risk, such as substance abuse, health issues, child abuse/neglect, and domestic violence as well as opportunities for continuing education and employment training and other employment services through formal and informal networks in the community.

A signed statement of parents' receipt of the Resource Directory as well as the Parent Handbook must be obtained and placed in child's cumulative file in the Family Services Area.

A copy of the Directory and Handbook will be available at each Head Start/Early Head Start Center.

All referrals/follow-ups must be documented on the Client Service Record and placed in the child's cumulative file. **(See referral procedure for follow up and forms to be used).**

OPERATIONAL PROCEDURES:

- I. Following the enrollment process during which a Family Assessment Profile completed, the Family Services Workers will submit the questionnaires to the Child Development Services Managers who will facilitate the summarization of the information and submit a report to the Family Support Services Coordinators for requested training.

2. The Child Development Services Managers, using the assessments, will establish a master list of the resources, support needs, and the interest areas identified by parents.
3. Upon completion of the list, the Child Development Services Manager will identify agencies, organizations, and activities being sponsored in the community that are responsive to the identified resource and support needs and parent interest.
4. A Directory will be provided to each Family Services Worker as a resource guide to ensure that parents can receive the needed information requested.
5. Parents will be provided with a copy of a condensed directory and /or the Children's Almanac as their resource directory included in their Parent Handbooks. Parents will be provided training on the use of the directories.
6. Staff will assist those parents who request assistance or for whom it was determined would need assistance during the interviews to access and learn how to identify and participate in community activities, secure community services, continuing education, and employment training. The assistance includes some of the following ways, but not limited to:
 - Invite representatives from various community agencies to speak with individual families and at committee meetings.
 - Assist in locating services, translators, in the family's preferred language.
 - Form partnerships with other community agencies to assist families to gain access to services and resources.
 - Becoming a formal training or work site for welfare-to-work programs.
 - Providing information and referrals to education and training programs.
7. If additional assistance is needed the Program Operations Director will request technical assistance from the Family and Community Partnerships Manager.

IMPLEMENTATION RESPONSIBILITY: Child Development Services Manager, Family Support Services Coordinators.



2017-2018 SELECTION CRITERIA SCALE



Agricultural and Labor Program, Inc.

2017-2018 SELECTION CRITERIA SCALE

Child's Name: _____ EHS _____
 HS _____

ELIGIBILITY TYPE	Mark all that Apply
Homeless (as defined by McKinney-Vento Act)	120
Foster Child	120
Public Assistance (TANF/SSI)	120
Below or at the HHS poverty guidelines	120
INCOME	POINTS
Income is between 100% - 130% of the HHS poverty guidelines	45
Income is over 130% of the HHS poverty guidelines	35
AGE (By Compulsory School Age) – Head Start	
Age 4 by September 1, 2017	85
Age 3 by September 1, 2017	75
AGE (By Compulsory School Age) – Early Head Start	
Birth to 36 months	85
OTHER FACTORS	
Single, Working Parent	45
Transition from Early Head Start	20
Sibling currently enrolled in program	15
Legal Guardianship	10
Teen Parent (At time of application)	5
DISABILITY (Must be Documented)	
Documented disability, diagnosed with IEP from LEA- (HS)	95
Referred by Part C- Disability IFSP- (EHS)	95

Total _____

Staff Signature: _____ Date: _____

Verified: _____

2017/2018

HS/EHS GRANT APPLICATION

OMB Number: 4040-0004
Expiration Date: 8/31/2016

Application for Federal Assistance SF-424

* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		* 2. Type of Application: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision		* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>
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* 3. Date Received: 03/27/2017	4. Applicant Identifier: 04CH4739
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5a. Federal Entity Identifier: N/A	5b. Federal Award Identifier: 04CH4739
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State Use Only:

6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>
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8. APPLICANT INFORMATION:

* a. Legal Name: AGRICULTURAL & LABOR PROGRAM INC, THE	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 591634148	* c. Organizational DUNS: 040210163

d. Address:

* Street1:	300 Lynchburg Rd
Street2:	<input type="text"/>
* City:	Lake Alfred
County/Parish:	Polk County
* State:	FL: Florida
Province:	<input type="text"/>
* Country:	USA: UNITED STATES
* Zip / Postal Code:	33850-2576

e. Organizational Unit:

Department Name: Head Start	Division Name: ACF
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f. Name and contact information of person to be contacted on matters involving this application:

Prefix: Mrs.	* First Name: Elizabeth
Middle Name: <input type="text"/>	
* Last Name: Young	
Suffix: <input type="text"/>	
Title: Head Start/Early Head Start Director	

Organizational Affiliation: <input type="text"/>

* Telephone Number: (863) 956-3491 x215	Fax Number: (863) 956-3357
---	----------------------------

* Email: eyoung@alpi.org

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Application for Federal Assistance SF-424

*** 9. Type of Applicant 1: Select Applicant Type:**

Other (specify) _____

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*** Other (specify):**

Non-Profit Community Action _____

*** 10. Name of Federal Agency:**

ACF-Head Start _____

11. Catalog of Federal Domestic Assistance Number:

93.600 _____

CFDA Title:

Head Start _____

*** 12. Funding Opportunity Number:**

eGrants-N/A _____

*** Title:**

N/A _____

13. Competition Identification Number:

Not Applicable _____

Title:

Not Applicable _____

14. Areas Affected by Project (Cities, Counties, States, etc.):

*** 15. Descriptive Title of Applicant's Project:**

Head Start and Early Head Start _____

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

* a. Start Date: * b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="7,414,082"/>
* b. Applicant	<input type="text" value="1,853,521"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text" value="0"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="9,267,603"/>

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- a. This application was made available to the State under the Executive Order 12372 Process for review on
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)

Yes No

If "Yes", provide explanation and attach

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

 ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title: * Telephone Number: Fax Number: * Email: * Signature of Authorized Representative: * Date Signed:

OMB Number: 4040-0006
 Expiration Date: 06/30/2014

BUDGET INFORMATION - Non-Construction Programs

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. Head Start: Program Operations	93.600	\$	\$	\$ 5,269,155	\$ 1,332,073	\$ 6,601,228
2. Head Start: TTA	93.600			59,136	0	59,136
3. Early Head Start: Program Operations	93.600			2,036,422	521,448	2,557,870
4. Early Head Start: TTA	93.600			49,369	0	49,369
5. Totals		\$	\$	\$ 7,414,082	\$ 1,853,521	\$ 9,267,603

Standard Form 424A (Rev. 7-97)
 Prescribed by OMB (Circular A-102) Page 1

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SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1) Head Start: Program Operations	(2) Head Start: TTA	(3) Early Head Start: Program Operations	(4) Early Head Start: TTA	
a. Personnel	\$ 3,091,596	\$ 0	\$ 1,076,201	\$ 0	\$ 4,167,797
b. Fringe Benefits	843,078	0	293,480	0	1,136,558
c. Travel	10,000	0	10,000	0	20,000
d. Equipment	0	0	0	0	0
e. Supplies	46,200	0	31,000	0	77,200
f. Contractual	69,656	59,136	245,124	49,369	423,285
g. Construction	0	0	0	0	0
h. Other	698,512	0	203,044	0	901,556
i. Total Direct Charges (sum of 6a-6h)	4,759,042	59,136	1,858,849	49,369	6,726,396
j. Indirect Charges	510,113	0	177,573	0	687,686
k. TOTALS (sum of 6i and 6j)	\$ 5,269,155	\$ 59,136	\$ 2,036,422	\$ 49,369	\$ 7,414,082
7. Program Income	\$	\$	\$	\$	\$

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SECTION C - NON-FEDERAL RESOURCES				
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS
8. Head Start: Program Operations	\$ 1,332,073	\$	\$	\$ 1,332,073
9. Head Start: TTA				0
10. Early Head Start: Program Operations	521,448			521,448
11. Early Head Start: TTA				0
12. TOTAL (sum of lines 8-11)	\$ 1,853,521	\$ 0	\$ 0	\$ 1,853,521

SECTION D - FORECASTED CASH NEEDS					
	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	\$ 7,414,082	\$ 1,590,000	\$ 2,025,000	\$ 2,225,000	\$ 1,574,082
14. Non-Federal	\$ 1,853,521	\$ 308,921	\$ 540,610	\$ 540,610	\$ 463,380
15. TOTAL (sum of lines 13 and 14)	\$ 9,267,603	\$ 1,898,921	\$ 2,565,610	\$ 2,765,610	\$ 2,037,462

SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT				
(a) Grant Program	FUTURE FUNDING PERIODS (YEARS)			
	(b) First	(c) Second	(d) Third	(e) Fourth
16.	\$	\$	\$	\$
17.				
18.				
19.				
20. TOTAL (sum of lines 16 - 19)	\$	\$	\$	\$

SECTION F - OTHER BUDGET INFORMATION	
21. Direct Charges:	Early Head Start: \$1,908,218.00 Head Start: \$4,818
22. Indirect Charges:	Early Head Start: \$177,573.00 Head Start: \$510,113
23. Remarks:	

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2017/2018

DOE/EA GRANT APPLICATION

FLORIDA DEPARTMENT OF EDUCATION

Project Application

Please return to: Florida Department of Education Office of Grants Management Room 332 Turlington Building 325 West Gaines Street Tallahassee, Florida 32399-0400 Telephone: (850) 245-0496	A) Program Name: Migrant and Seasonal Farmworkers Program WIOA Section 167 Statewide Emergency Assistance Discretionary/Continuation Fiscal Year 2017-2018 TAPS NUMBER: 18B002	DOE USE ONLY Date Received Project Number (DOE Assigned) 755-4056B-6CFE1
B) Name and Address of Eligible Applicant: The Agricultural and Labor Program, Incorporated (ALPI)		
C) Total Funds Requested: <div style="text-align: center; font-size: 1.2em;">\$60,000.00</div> <hr style="width: 20%; margin: auto;"/> <div style="text-align: center; font-weight: bold;">DOE USE ONLY</div> Total Approved Project: \$	D) Applicant Contact & Business Information	
	Contact Name: Deloris Johnson, Chief Executive Officer Fiscal Contact Name: Dennis Gniewek, Finance Director	Telephone Numbers: (863) 956-3491, Ext. 206 (863) 956-3491, Ext. 210
	Mailing Address: PO Box 3126 Winter Haven, FL 33885	E-mail Addresses: DJohnson@alpi.org DGniewek@alpi.org
	Physical/Facility Address: 300 Lynchburg Rd. Lake Alfred, FL 33850	DUNS number: 040210163 FEIN number: 59-1634148
CERTIFICATION I, <u>Deloris Johnson, Chief Executive Officer</u> (Please Type Name) as the official who is authorized to legally bind the agency/organization, do hereby certify to the best of my knowledge and belief that all the information and attachments submitted in this application are true, complete and accurate, for the purposes, and objectives, set forth in the RFA or RFP and are consistent with the statement of general assurances and specific programmatic assurances for this project. I am aware that any false, fictitious or fraudulent information or the omission of any material fact may subject me to criminal, or administrative penalties for the false statement, false claims or otherwise. Furthermore, all applicable statutes, regulations, and procedures; administrative and programmatic requirements; and procedures for fiscal control and maintenance of records will be implemented to ensure proper accountability for the expenditure of funds on this project. All records necessary to substantiate these requirements will be available for review by appropriate state and federal staff. I further certify that all expenditures will be obligated on or after the effective date and prior to the termination date of the project. Disbursements will be reported only as appropriate to this project, and will not be used for matching funds on this or any special project, where prohibited.		
Further, I understand that it is the responsibility of the agency head to obtain from its governing body the authorization for the submission of this application.		
E) Signature of Agency Head	Chief Executive Officer Title	<div style="text-align: right;"> <u>4/3/17</u> Date </div>

The Agricultural and Labor Program, Incorporated
Workforce Innovation and Opportunity Act, Section 167

2. DOE 101S, Budget Narrative Form

FLORIDA DEPARTMENT OF EDUCATION BUDGET NARRATIVE FORM

A) Name of Eligible Recipient/Fiscal Agent:

The Agricultural and Labor Program, Incorporated (ALPI)

B) DOE Assigned Project Number:

755-4056B-6CFE1

C) TAPS Number:

18B002

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
FUNCTION	OBJECT	ACCOUNT TITLE AND NARRATIVE	FTE POSITIO N	AMOUNT	% ALLOCATED to this PROJECT	ALLOWABLE DOE USE ONLY	REASONABLE DOE USE ONLY	NECESSARY DOE USE ONLY
	50000	Salaries: Providing emergency assistance Client Services Specialist II (\$39,458 per year x 10%) - Based on 40 hr week.	0.10	\$3,946	100%			
		Client Services Specialist I (\$29,436 per annually x 40%) - based on 32 hr week.	0.40	\$11,774	100%			
	50500	Fringe Benefits: including, but not limited to, FICA, Retirement, Health Insurance at an estimated 24% of annual salary		\$3,773	100%			
	52000	Worker's Compensation: Based on current rate of 2.41% of annual salary		\$379	100%			
	52100	Professional Services: including, but not limited to, IT Support; Audit; Temporary staffings; and other support services		\$1,000	100%			
	52300	Travel: Coordinator's Conference (1 staff at estimated \$500)		\$500	100%			
		Local travel (estimated 2,500 miles at \$.445 per mile)		\$1,112	100%			
	52900	Printing: Applications, flyers and other forms needed for service delivery		\$750	100%			
	53000	Office Supplies: Pens, pencils, file folders, etc.		\$908	100%			
	53500	Utilities: Shared costs for phone services		\$1,000	100%			
	53800	Postage: General postage for client and program correspondence		\$500	100%			

	55000	Training: Staff annual training conference (1 staff attending)		\$500	100%		
	57810	Emergency Assistance: Payments to vendors on behalf of clients		\$31,000	100%		
	59700	Indirect: Based on 5% of total costs		\$2,858	100%		
D) TOTAL				\$60,000			

DOE 101S- Print version - Page 1 of 2
September 2011

DOE USE ONLY (Program)

I certify that the cost for each line item budget category has been evaluated and determined to be allowable, reasonable and necessary as required by Section 216.3475, Florida Statutes. Documentation is on file evidencing the methodology used and the conclusions reached.

Printed Name: _____

Signature: _____

Title: _____

Date: _____

DOE USE ONLY (Grants Management)

I certify that the cost for each line item budget category has been evaluated and determined to be allowable as required by Section 216.3475, Florida Statutes. Documentation is on file evidencing the methodology used and the conclusions reached.

Printed Name: _____

Signature: _____

Title: _____

Date: _____

DOE 101S- Print version - Page 2 of 2
September 2011

The Agricultural and Labor Program, Incorporated
Workforce Innovation and Opportunity Act, Section 167

3. DOE 599, Project Disbursement Form

(A) District / Agency Name _____
 (B) Project Name _____
 (C) Effective Approval Date _____
 (D) Termination Date _____
 (E) Total Project Funds \$60,000

**FLORIDA DEPARTMENT OF EDUCATION
 PROJECT DISBURSEMENT REPORT**
 Workforce Investment Act, Title I, Section 167
 Migrant and Seasonal Farmworkers
 Interim Report Final Report
 (INSTRUCTIONS ON REVERSE)

(F) Agency Number _____
 (G) Grant Number _____
 (H) Project Code _____
 (I) Contact Person _____
 (J) Phone (____) _____

(1) Function Code	(2) Object Code	(3) Description of Disbursement	(4) Budget Amount	(5) Total Disbursements As of / /	(6) Obligations	(7) Unobligated Balance	(8) Current Disbursement Reported
ADMINISTRATION							
		INDIRECT COSTS - DOE APPROVED RATE	\$2,858				
		DIRECT COSTS					
(9) TOTAL ADMINISTRATIVE COST							

STAFF COSTS							
		IN-COUNTY TRAVEL	\$2,112				
		OTHER PURCHASED SERVICES (OPS)					
		OUT-OF-COUNTY TRAVEL					
		PROFESSIONAL SERVICES	\$1,000				
		STAFF BENEFITS	\$3,773				
		STAFF SALARIES	\$15,720				
(10) TOTAL STAFF COSTS							

RELATED ASSISTANCE (For Clients Only):							
		ALLOWANCES - DIRECT PAYMENT					
		COUNSELING - VENDOR					
		EMERGENCY ASSISTANCE - VENDOR	\$31,000				
		FAMILY CARE - CHILD CARE - VENDOR					
		HEALTH CARE - VENDOR					
		HOUSING - VENDOR - VENDOR					
		RENTAL / SETTLEMENT - VENDOR					
		TRANSLATION - VENDOR					
		TRANSPORTATION - VENDOR					
		TRANSPORTATION - AGENCY PROVIDED					
(11) TOTAL RELATED ASSISTANCE							

OTHER PROGRAM COSTS							
		BACKGROUND CHECKS (CLIENTS ONLY)					
		BACKGROUND CHECKS (STAFF ONLY)					
		EQUIPMENT OVER \$500					
		EQUIPMENT UNDER \$500					
		GRAPHICS					
		INSTRUCTIONAL SUPPLIES					

(1) Function Code	(2) Object Code	(3) Description of Disbursement	(4) Budget Amount	(5) Total Disbursements As of / /	(6) Obligations	(7) Unobligated Balance	(8) Current Disbursement Reported
OTHER PROGRAM COSTS CONT'D							
		INSURANCE FOR CLIENTS					
		INTERNET					
		LEASE COST OF COPY MACHINES					
		MAINTENANCE					
		MAINTENANCE COST FOR EQUIPMENT					
		ON-THE-JOB TRAINING WAGES					
		POSTAGE	\$600				
		PRINTING AND COPYING	\$750				
		RECRUITMENT MATERIAL					
		REGISTRATION FEES (STAFF)					
		REPAIR COST OF EQUIPMENT					
		SOFTWARE					
		SPACE LEASE / RENT					
		SUBSCRIPTION TO NEWSLINES					
		SUPPLIES AND CONSUMABLES (CLIENTS)					
		SUPPLIES AND CONSUMABLES (STAFF)	\$908				
		TELEPHONES					
		TESTING FEES					
		TEXTBOOKS AND WORKBOOKS					
		TUITION FEES (CLIENTS)					
		TUITION FEES (STAFF)					
		WORK EXPERIENCE WAGES	\$379				
		WORKMAN'S COMPENSATION					
		Utilities	\$1,000				
(12) TOTAL OTHER PROGRAM COST							
(13) TOTAL COSTS							
(14) FEDERAL PROGRAM INCOME							
(15) FEDERAL PROGRAM INCOME FOOTNOTE							

(16) CERTIFICATION: (Complete on last page only)

By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the project award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. I further certify that all records necessary to substantiate these items are available for review by state and federal monitoring staff. 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. All inventory items included have been entered properly on the inventory records required by Florida Statutes.

DOE 599 Report Number _____ Certified Correct *Shirley Lawrence* Date 3/31/17
 Rev 06/15 Page ___ of ___ Finance Officer or Authorized Representative

DOE USE Audited by: _____
 Date: ___/___/___

The Agricultural and Labor Program, Incorporated
Workforce Innovation and Opportunity Act, Section 167

5. NARRATIVE COMPONENTS

The Agricultural and Labor Program, Incorporated

Workforce Innovation and Opportunity Act - Emergency Assistance Program

Application Narrative

Section 1: Project Abstract/Summary - The Agricultural and Labor Program, Incorporated (ALPI) has long been a provider of Social Service Programs statewide. ALPI was initially established 50 years ago to assist farmworkers and their families. Through the Farmworker Career Development Office (FCDO), ALPI is able to offer Emergency Assistance (EA) services on in counties reporting large farmworker populations. ALPI staff works closely with the Farmworker Career Development Office (FCDO) local providers to deliver EA services to their students on an as needed basis. Additionally, ALPI staff travel to local communities with a farmworker population for the delivery of EA services when and where needed. This includes farmworker housing developments and community centers as well as other community-based organizations.

The farmworker EA program provides assistance to farmworkers in the areas of rent, utilities, gas, food, and unexpected educational expenses. In addition to FCDO, ALPI is the EA Provider for Florida Non-Profit Housing (FNPH), another farmworker centered program. ALPI is also the Community Action Agency for four (4) counties; the Low Income Home Energy Assistance Provider (LIHEAP) for seven (7) counties; and the Emergency Home Energy Assistance Program (EHEAP) provider for one (1) County. ALPI's diversity of funding enables it to meet the immediate needs of farmworkers through a variety of funding sources; oftentimes, resulting in no need to FCDO assistance to serve a farmworker family.

Section 2: Project Need - The Florida Department of Economic Opportunity (DEO), in its "State of Florida Consolidated Plan Federal Fiscal Years 2011-2015" reports that agriculture is the second largest industry in Florida. "Integral to the success

The Agricultural and Labor Program, Incorporated

Workforce Innovation and Opportunity Act - Emergency Assistance Program

Application Narrative

of the industry is the farmworker population responsible for harvesting a large share of the state's ... products." According to DEO, an estimated 114,846 farmworkers work around the state on an annual basis.

The Southern Poverty Law Center (SPLC) has previously stated that "*Farmworkers are among the most hidden workers in the United States ...*" Many of the general needs of the public, at the State and National levels, are also the general needs of farmworkers. SPLC further reports that farmworkers "*... suffer chronic abuse for the pittance they earn ... when they are paid, the pay stubs often don't reflect the wages they are owed. Hurt or sick ... they don't have paid sick time ... when these seasonal workers are between jobs they don't receive unemployment compensation. The lack of pay for a day, a week or even a month can be devastating for their families.*" Such trends are expected to continue into the future thereby creating a major need for emergency assistance services such as those offered by ALPI, with funding from the FCDO.

ALPI conducts a periodic statewide community needs assessment of its clients and their communities. In its most recent survey, conducted by the Florida Survey Research Center at the University of Florida, more than 2,000 surveys were sent to present and former clients as well as local community leaders. This included farmworkers and the communities where they live. The survey identified the top ten unmet needs. Those needs are, in order of priority:

1. Home-ownership Programs (37.4%)
2. Adult Health Insurance (31.4%)
3. Financial/Credit Counseling (28.2%)
4. Employment/Job Placement Services (23.2%)

The Agricultural and Labor Program, Incorporated

Workforce Innovation and Opportunity Act - Emergency Assistance Program

Application Narrative

5. Legal Services (19.4%)
6. Job Training (18.2%)
7. Continuing/Post High School Education (14.8%)
8. **Emergency Assistance (14.1%)**
9. High School Degree/GED (7.8%)
10. Literacy/Reading Programs (7.1%)

As can be seen, 14.1% of the respondents identified "Emergency Assistance" as one of their top ten needs. The addressing of that need, by ALPI, makes its emergency assistance project a major contributor towards assisting farmworkers and their families in meeting their most pressing needs.

The actual number of farmworkers in Florida is hard to ascertain; however, according to the National Center for Farmworker Health, Inc., (ref: Farmworker Health Factsheet, September 2012) approximately 52% were parents supporting children within the household. Additionally, 23% of the farmworker families were reported to be at, or below, the National Poverty Level. More than 25% of the farmworkers reported being underemployed because of working less than 35 hours per week. Limited opportunities to receive a livable wage has resulted in a farmworker's income being used to maintain minimal housing and other basic needs manifesting the need for emergency assistance.

Over the last few years, ALPI has worked closely with the FCDO office in Tampa as well as its projects around the state to expand accessibility to the program. This has resulted in a decidedly higher number of Projects referring eligible clients to ALPI for assistance with food, gas, text books, etc.

Section 3: Project Design and Implementation -

The Agricultural and Labor Program, Incorporated

Workforce Innovation and Opportunity Act - Emergency Assistance Program

Application Narrative

a. Objectives and Timelines – ALPI provides EA services through one of two means. The first means used on an ongoing basis is for ALPI to work indirectly with the FCDO training providers around the state to address the farmworker students' and families' needs for emergency assistance. Additionally, a limited number of services are provided to farmworkers through direct contact by ALPI employees.

Annually, ALPI provides EA services to between 300 and 400 farmworkers in fifteen (15) or more counties. Fourteen (14) of the counties receiving services report a Migrant and Seasonal Farmworker population of 2,000 to over 30,000 ("Shifting Landscapes", 2002, Florida Association of Community Health Centers, Inc.).

As farmworkers contact ALPI, directly or indirectly, ALPI addresses their needs for emergency assistance through a quick response. When a farmworker is identified as needing emergency assistance, ALPI is able to initially address those needs within 1-2 days. Such a rapid response may even involve staff traveling to locations or receiving applications from FCDO service providers, when necessary.

Once a farmworker has provided sufficient documentation of his/her eligibility for services, ALPI is able to submit commitments to the appropriate vendor. Those commitments usually result in an immediate resolution of the problem. Based on the proposed funding and leveraging of services, ALPI should be able to maintain the current service level of 300 clients in the new funding year.

b. Assessing Participant Need for Emergency Assistance – Between 50 and 75% of ALPI's farmworker clients, applying for emergency assistance, are sent indirectly to ALPI through other FCDO Projects. Once ALPI staff make an initial

The Agricultural and Labor Program, Incorporated

Workforce Innovation and Opportunity Act - Emergency Assistance Program

Application Narrative

determination of eligibility, they may talk to the farmworker about the urgency of his/her need and the amount necessary to alleviate any immediate crisis. For a farmworker to receive Emergency assistance, he/she must be able to demonstrate an immediate need. This is usually through receipt, by the farmworker, from the landlord that his/her rent is past due for rental assistance or a statement from the local utility provider that he/she is facing potential cutoff notice or an arrearage. In the event a farmworker is not in immediate crisis, he/she may be referred to other agencies for receipt of services. Additionally, all applicants for services are briefly assessed with regards to other needs and referred to the appropriate agency to help meet the identified needs such as GED, training, basic education, etc.

c. Emergency Assistance Services – Emergency Assistance services may be provided for any number of situations. Primarily, ALPI receives requests for assistance with rent or electric bills; however, clients in need of food and/or gas may also be given a gift card from a local provider of groceries or gas such as Publix or Marathon, respectively. The gift card provides the farmworker with a quick and easy means of receiving much needed service.

Although most of the emergency assistance services provided under this program are related to rent, utilities, or food, ALPI is able to provide assistance with other immediate needs. This may include the purchase of books for a farmworker family member in school, payment of tuition, or purchase of uniforms, if required to allow the family member to actively participate in the educational process.

The Agricultural and Labor Program, Incorporated

Workforce Innovation and Opportunity Act - Emergency Assistance Program

Application Narrative

d. Collaboration with Local Agency Resources - ALPI has established non-financial partnerships with different agencies around the state and continues to develop such partnerships on an ongoing basis in areas where needed. Such partnerships include, but are not limited to, the numerous training agencies funded by FCDO; local agencies; the CSBG programs; and, the local workforce. These agencies are used for service delivery sites as well as major referral sources. Following is a listing of some of the local agencies that ALPI has worked with in the delivery of Emergency Assistance:

Agency Name: Collier County Housing Authority
Contact Person: Angelo Aponte
Email: n/a
Address: 1800 Farmworker Way, Immokalee
Phone Number: (239) 657-3649
Types of Services: Emergency assistance service location and referrals
Timeline for Services: Ongoing
Total Funding: This agency does not receive funding from ALPI

Agency Name: Farmworker Ministry, Inc.
Contact Person: Catalina Mondragon
Email: n/a
Address: 318 W. Bridgers Ave., Auburndale
Phone Number: (863) 967-9583
Types of Services: Emergency assistance service location and referrals
Timeline for Services: Ongoing
Total Funding: This agency does not receive funding from ALPI

Agency Name: Goodwill Ministries
Contact Person: Mercedes Maturana
Email: n/a
Address: 969 W. Sugarland Hwy., Clewiston
Phone Number: (863) 983-2774
Types of Services: Emergency assistance service location and referrals
Timeline for Services: Ongoing
Total Funding: This agency does not receive funding from ALPI

Agency Name: Ben Hill Griffin Jr. Elementary School
Contact Person: Mary Lou Perez
Email: Marylou.perez@polk-fl.net

The Agricultural and Labor Program, Incorporated

Workforce Innovation and Opportunity Act - Emergency Assistance Program

Application Narrative

Address: 510 McCloud Rd., Frostproof
Phone Number: (863) 636-7828
Types of Services: Emergency assistance service location and referrals
Timeline for Services: Ongoing
Total Funding: This agency does not receive funding from ALPI

Agency Name: RCMA Mulberry
Contact Person: Jennifer Villarreal
Email: n/a
Address: 4441 Academy Dr., Mulberry
Phone Number: (863) 425-9246
Types of Services: Emergency assistance service location and referrals
Timeline for Services: Ongoing
Total Funding: This agency does not receive funding from ALPI

Agency Name: CareerSource Heartland
Contact Person: Lylia Hernandez
Email: lhernandez@hwib.org
Address: 5901 US Hwy. 27 South, Sebring
Phone Number: (813) 659-2288
Types of Services: Emergency assistance service location and referrals
Timeline for Services: Ongoing
Total Funding: This agency does not receive funding from ALPI

Agency Name: Title I/Migrant Home-School Liaison
Contact Person: Emma Jaquez
Email: n/a
Address: Lake Wales
Phone Number: (863) 679-4264
Types of Services: Referrals
Timeline for Services: Ongoing
Total Funding: This agency does not receive funding from ALPI

Agency Name: Title I/Migrant Advocate
Contact Person: Miriam Nickerson
Email: miram.nickerson@polk-fl.net
Address: Fort Meade
Phone Number: (863) 285-1142
Types of Services: Referrals
Timeline for Services: Ongoing
Total Funding: This agency does not receive funding from ALPI

Agency Name: Title I/Migrant Home-School Liaison
Contact Person: Eileen Colon

The Agricultural and Labor Program, Incorporated

Workforce Innovation and Opportunity Act - Emergency Assistance Program

Application Narrative

Email:	eileen.colon@polk-fl.net
Address:	Wahneta
Phone Number:	(239) 657-3649
Types of Services:	Referrals
Timeline for Services:	Ongoing
Total Funding:	This agency does not receive funding from ALPI
Agency Name:	COFFO
Contact Person:	Maria Adame
Email:	mcadame@coffo.org
Address:	214 S. 1 st St., Immokalee
Phone Number:	(239) 657-7272
Types of Services:	Emergency assistance service location and referrals
Timeline for Services:	Ongoing
Total Funding:	This agency does not receive funding from ALPI

During 2017 – 2018, ALPI will attempt to expand its services through other community organizations and agencies around the state that will allow ALPI to better meet the needs of farmworkers in their communities.

e. Emergency Assistance Advisory Council – Historically, ALPI has always relied on the feedback and guidance of its clients. When initially established, ALPI created four (4) regional advisory councils to provide that guidance. The advisory councils are still actively involved in the delivery of services through membership on the ALPI Board of Directors. Information provided by the councils as well as the Board of Directors have been critical to ALPI's delivery of services on an organization-wide basis.

With this in mind, ALPI will move towards the establishment of an Emergency Assistance Advisory Council to assist in the identification of service needs for its farmworker clients around the state. The council will be modeled after the ATEC Advisory Council that was initially established to meet the requirements of ALPI's former

The Agricultural and Labor Program, Incorporated

Workforce Innovation and Opportunity Act - Emergency Assistance Program

Application Narrative

training grant. As required, ALPI will actively recruit members of the various FCDO projects to participate in the council with the intent of recruiting a minimum of three (3) projects or designated representatives from the projects. ALPI will also recruit members of its regional advisory councils. Additionally, ALPI will attempt recruitment of recipients of farmworker training to participate since such individuals would have a clear understanding of the needs of the farmworker community.

Recruitment will begin upon notification of award, by the FCDO office, of the Statewide Emergency Assistance Grant. Initially, all current FCDO Projects will be contacted via email with a follow-up phone call to discuss their involvement in the Advisory Council. The Council will be scheduled to meet quarterly and all meetings will be accessible by teleconference to members in outlying regions.

f. Evidence of Capability – ALPI has been providing emergency assistance to farmworkers for more than twenty-five (25) years and other assistance to farmworkers since its creation by the Minute Maid Division of Coca-Cola years ago. Although Coca-Cola is no longer an active participant of ALPI, ALPI is proud of its history and tradition of serving farmworkers and has developed a strong understanding of the needs of farmworkers around the State. Additionally, ALPI is the Community Action Agency (CAA) for four (4) counties and is able to focus on the development of Family Self-Sufficiency Programs and emergency assistance that can alleviate an immediate crisis for farmworkers and their family members. As a CAA, ALPI is able to address, not only the emergency needs of farmworkers but training needs in the areas where ALPI is the designated CAA.

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Workforce Innovation and Opportunity Act - Emergency Assistance Program

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Many of the ALPI staff that plan the programs and deliver the services have more than ten (10) years each in the provision of social services to low income families and/or farmworkers. Along with her experience in farmworker services, the staff member responsible for the direct delivery of services under the EA program is bilingual thus allowing for a much broader range of recruitment of clients.

In addition to its CAA designation, ALPI is the Low Income Home Energy Assistance Program (LIHEAP) Provider for seven (7) counties with farmworker populations. These counties are: Collier; Glades; Highlands; Hendry; Martin; Polk; and, St. Lucie. As the LIHEAP Provider, ALPI is able to leverage other resources to assist farmworkers in these counties with meeting their basic emergencies at a limited cost to the FCDO.

Through its LIHEAP and Community Services Block Grant (CSBG) relationships with energy providers (i.e.: TECO, Progress Energy, etc.), ALPI has established a system whereby the energy provider will activate and/or resume services to a client solely upon receipt of a faxed commitment from ALPI. This expedites the provision of emergency services and allows for a prompt resolution with regards to energy assistance, for farmworkers.

As can be seen in the following table, between July 1, 2013 and January 31, 2017, a total of 1,706 units of services were provided to farmworkers. This was based on a combination of DOE/EA funding as well as Florida Non-Profit Housing (FNPH).

The Agricultural and Labor Program, Incorporated

Workforce Innovation and Opportunity Act - Emergency Assistance Program

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Emergency Assistance, Units of Service by County (July 1, 2013 through January 31, 2017)

County	2013-2014	2014-2015	2015-2016	2016- 2017	TOTAL
Charlotte	0	1	0	0	1
Collier	52	39	71	5	167
Dade	1	22	17	0	40
DeSoto	2	8	12	0	22
Gadsden	14	25	0	0	39
Glades	0	0	2	0	2
Hardee	0	40	26	0	66
Hendry	21	21	16	3	79
Highlands	25	20	31	3	79
Hillsborough	70	58	95	0	223
Indian River	0	0	2	0	2
Jackson	2	0	0	0	2
Lake	0	7	21	1	29
Lee	0	1	2	0	3
Okeechobee	0	0	2	0	2
Orange	4	17	15	2	38
Osceola	0	1	1	0	2
Palm Beach	7	10	26	7	50
Pasco	6	4	0	0	10
Polk	222	185	167	62	636
Putnam	0	7	16	0	23
Seminole	0	4	0	0	4
St. Lucie	3	4	14	0	21
Sumter	0	2	0	0	2
Volusia	6	46	57	68	177
TOTAL	435	522	596	151	1,706

Section 4: Evaluation

ALPI's success in the delivery of emergency assistance is measured through several means. The Management Information System (MIS) is critical to tracking the progress of the participant through the Project; however, although all records are entered onto the MIS, EA Staff maintains a separate tracking system for measuring the overall

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Workforce Innovation and Opportunity Act - Emergency Assistance Program

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progress towards quarterly and annual goals. Periodic reports are prepared and information is provided at monthly staff meetings. All expenditures are reviewed by Senior Management as well as ALPI's Financial Department staff to assure the proper expenditure of funds.

When a client applies for EA services, a DOE application is completed and entered into the database to track the results of those services. Additionally, a file is established and maintained for each client. The file contains all paperwork and documentation needed to prove eligibility and to document the type(s) of service received through the program. The file is maintained at the local office with copies submitted to FCDO, when requested. Most EA clients received assistance through FCDO and Florida Non-Profit Housing (FNPH). Applications paid, in-part, through FNPH are also thoroughly reviewed by FNPH to assure compliance with the eligibility requirements of the program.

All applications for services are reviewed by ALPI staff prior to the delivery of those services. Applications are reviewed at ALPI's Central Office where the Department Director conducts a desktop review for completeness and correct eligibility determination. Once the application is accepted, it is entered into a comprehensive Case Management system which collects basic demographic information and tracks a client's progress. A service history is also maintained in the client's file and accessible when needed

Quarterly reports are provided to the Program Planning Committee which is a standing committee of the ALPI Board of Directors for its review and comments.

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Application Narrative

Performance reports are also provided to the full Board of Directors through ALPI's Annual Strategic Plan Report which is also posted on ALPI's website.

Section 5: General Education Provisions Act (GEPA)

Section 427 of the General Education Provisions Act (GEPA) requires each applicant for funds to include a description of the steps it has taken to ensure equitable access to, and participation in, Federally-assisted programs. This has resulted in the identification, by ALPI, of six barriers to participation. In addition to the Strategic Imperatives, ALPI continues to assist farmworkers in overcoming such barriers.

Barriers that may impede equitable access and participation to the Farmworkers Jobs and Education Program includes: gender; race, national origin; color, disability; and/or age. Another area of impact is literacy. ALPI's experience has shown that literacy activities are critical to the success of farmworkers. ALPI, through staff assistance and referrals, is able to assist individuals with limited English proficiency in overcoming barriers. This is accomplished through the distribution of outreach materials and public media in dual languages and bilingual staff.

Section 6: Support for Reading/Strategic Imperatives

Just Read Florida – In the EA program, ALPI supports the reading initiative by referring farmworkers receiving EA services to other programs whenever possible. Through its various partnership and collaborations, ALPI is able to refer participants to local sites where they can work on improving their reading and comprehension as well

The Agricultural and Labor Program, Incorporated

Workforce Innovation and Opportunity Act - Emergency Assistance Program

Application Narrative

as pursuing a GED or vocational training. If it appears that a farmworker could benefit from ALPI's Family Self-Sufficiency Program (FSSP) under CSBG, he/she will be referred for review and evaluation. Of course this is only available in Polk, Highlands, Hendry, and Glades counties.

Strategic Imperatives – The Strategic Imperatives, now referred to as "Next Generation PreK-20 Education Strategic Plan" are focused on general academics in private/public schools. As stated above, Emergency Assistance services address the Strategic Imperatives through referrals. Clients applying for EA services are provided referrals, as appropriate, to employment and training opportunities through local providers; local Workforce; and, local FCDO projects. This also includes intradepartmental referrals within ALPI to the Community Services Block Grant (CSBG) Program as well as the ALPI training program at ATEC.

Section 7: Dissemination Plan

A key component to the success of the Emergency Assistance Program, and meeting the requirements of the FCDO, is the ability to disseminate information to the local community and farmworkers in particular. Outreach is designed to include all agencies that can provide direct or indirect services to meet the needs of ALPI's participants. Recruitment includes proactively reaching out to farmworkers and their families in the immediate and surrounding areas including local Career Centers and One-Stop locations. Through these efforts, the community becomes aware of the services available through ALPI.

The Agricultural and Labor Program, Incorporated

Workforce Innovation and Opportunity Act - Emergency Assistance Program

Application Narrative

As a particular area is targeted for EA services, ALPI provides eligibility information to local farmworker agencies and local community leaders. When necessary, press releases are sent to the local media. Additionally, ALPI has created a website specifically for advertising all of its projects. Whenever possible, ALPI uses the Florida Department of Children and Families (DCF) ACCESS System to recruit farmworkers also.

ALPI utilizes all available resources that result in cost-effective/efficient information dissemination. This dissemination process includes working closely with many of ALPI's partners. Staff continues to make the farmworker communities aware of emergency assistance and the requirements for receipt of such services.

Along with the regular means of dissemination outlined above, annually, ALPI sends a copy of the eligibility requirements and an application package to all FCDO providers in Florida. This is followed up with a phone call to the same provider advising of the program.

Section 8: Budget Narrative

ALPI has included a Budget Detail in a separate section of this proposal. The bulk of ALPI's proposed services are labor intensive and require the partial assistance of a two (2) regular ALPI employee as well as supervisory oversight and support. The employees work directly with the clients in addressing the needs of that client and his/her family through emergency assistance; whereas, the supervisor directly oversees the employees as well as the coordination of the Emergency Assistance programs with ALPI's LIHEAP Program.

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Workforce Innovation and Opportunity Act - Emergency Assistance Program

Application Narrative

Based on the total allocation of \$60,000, ALPI is allocating \$31,200 (52%) to direct client services via vendor payments. This is in accordance with the terms and conditions of the grant. Additionally, other funds such as FNPH; LIHEAP; and CSBG will be used to supplement FCDO thereby allowing ALPI to better meet the needs of farmworkers and their families. The balance of the allocation will be used to offset sixty percent (60%) of the two employees directly delivering services. Other funds will be allocated for travel costs; and, basic operational costs. All eligible farmworkers will receive, while available, approximately \$75 to \$150 in support from the FCDO emergency assistance program and another \$150 to \$200 through Florida Nonprofit Housing funds or other sources, whenever possible. These amounts may be supplemented through ALPI's LIHEAP and CSBG Programs when appropriate. All operational costs will be based on a pro-rata amount so that the Emergency Assistance program is not the sole financial support for the program.

2017 – 2018 LIHEAP BUDGET

The Agricultural & Labor Program, Inc.

Budget Worksheet - 2017-2018 Grant
DEO #17EA-0F-07-63-08-001

Date: 04-07-17 _____

Grant: Low Income Home Energy Assistance Grant Period: 04/01/2017 - 03/31/2018

Element: Consolidated Budget Element Number: 36218

GL Code Description Current Budget Increase Decrease Amended Budget

Current as of 04/07/17 at 3:30 pm

Revenue

GL Code	Description	Current Budget	Increase	Decrease	Amended Budget
					\$ -
					\$ -
					\$ -
					\$ -
	Totals	\$ -	\$ -	\$ -	\$ -

Expenses

50000	Salaries	\$ 449,916.00	\$ -	\$ -	\$ 449,916.00
50500	Fringe benefits	\$ 107,980.00	\$ -	\$ -	\$ 107,980.00
52000	Direct Workers Comp	\$ 10,843.00	\$ -	\$ -	\$ 10,843.00
52100	Professional Services	\$ 18,000.00	\$ -	\$ -	\$ 18,000.00
52300	Local In-State Travel	\$ 12,000.00	\$ -	\$ -	\$ 12,000.00
52400	Out of State Travel	\$ -	\$ -	\$ -	\$ -
52500	Board Expenses	\$ -	\$ -	\$ -	\$ -
52600	Advisory Council Expenses	\$ -	\$ -	\$ -	\$ -
52700	Employee & Board Relations	\$ 1,450.00	\$ -	\$ -	\$ 1,450.00
52800	Community Relations	\$ 1,525.00	\$ -	\$ -	\$ 1,525.00
52900	Printing	\$ 7,500.00	\$ -	\$ -	\$ 7,500.00
53000	Office Supplies	\$ 8,505.00	\$ -	\$ -	\$ 8,505.00
53100	Program Supplies	\$ -	\$ -	\$ -	\$ -
53200	Non-food Supplies	\$ -	\$ -	\$ -	\$ -
53300	Food Costs	\$ -	\$ -	\$ -	\$ -
53400	Lease/Rent - Facilities	\$ 16,200.00	\$ -	\$ -	\$ 16,200.00
53500	Utilities	\$ 13,500.00	\$ -	\$ -	\$ 13,500.00
53600	Telephone	\$ 31,488.00	\$ -	\$ -	\$ 31,488.00
53700	Data Communications	\$ 35,400.00	\$ -	\$ -	\$ 35,400.00
53800	Postage	\$ 6,200.00	\$ -	\$ -	\$ 6,200.00
53900	Dues & Subscriptions	\$ 2,500.00	\$ -	\$ -	\$ 2,500.00
54000	Insurance - Automobile	\$ -	\$ -	\$ -	\$ -
54010	Insurance - Liability	\$ 5,492.00	\$ -	\$ -	\$ 5,492.00
54020	Insurance - Property/Building/ Contents	\$ 7,091.00	\$ -	\$ -	\$ 7,091.00
54030	Insurance - Child Accident	\$ -	\$ -	\$ -	\$ -
54040	Insurance - Bonding	\$ 5,000.00	\$ -	\$ -	\$ 5,000.00
54600	Licenses and Fees	\$ -	\$ -	\$ -	\$ -
54700	Advertising	\$ -	\$ -	\$ -	\$ -

The Agricultural & Labor Program, Inc.

Budget Worksheet - 2017-2018 Grant
DEO #17EA-0F-07-63-08-001

Date: 04-07-17 _____

Grant: Low Income Home Energy Assistance Grant Period: 04/01/2017 - 03/31/2018

Element: Consolidated Budget Element Number: 36218

GL Code Description Current Budget Increase Decrease Amended Budget

Current as of 04/07/17 at 3:30 pm

55000	In-Service Training	\$ 8,000.00	\$ -	\$ -	\$ 8,000.00
55100	Registration Fees	\$ -	\$ -	\$ -	\$ -
55200	Parent Activities	\$ -	\$ -	\$ -	\$ -
55300	Field Trips	\$ -	\$ -	\$ -	\$ -
55400	Subcontractor Expense	\$ -	\$ -	\$ -	\$ -
55410	Sub Recipient Direct Services	\$ 27,000.00	\$ -	\$ -	\$ 27,000.00
55420	Sub Recipient Other Services	\$ -	\$ -	\$ -	\$ -
55500	Building Maintenance & Supplies	\$ 30,189.00	\$ -	\$ -	\$ 30,189.00
55600	Vehicle Operation and Maintenance	\$ -	\$ -	\$ -	\$ -
55700	Bldg Renovation/Leasehold Improvements	\$ -	\$ -	\$ -	\$ -
55800	Equipment Purchase	\$ -	\$ -	\$ -	\$ -
55810	Equipment <\$5,000	\$ -	\$ -	\$ -	\$ -
55900	Equipment <1000	\$ -	\$ -	\$ -	\$ -
56400	Interest Expense	\$ -	\$ -	\$ -	\$ -
56500	Other Expense	\$ -	\$ -	\$ -	\$ -
56600	In-Kind Expense	\$ -	\$ -	\$ -	\$ -
56610	In-Kind Volunteer Expense	\$ -	\$ -	\$ -	\$ -
56800	Depreciation - Building	\$ -	\$ -	\$ -	\$ -
56810	Depreciation - Furniture	\$ -	\$ -	\$ -	\$ -
56820	Depreciation - Equipment	\$ -	\$ -	\$ -	\$ -
57800	Work Experience	\$ -	\$ -	\$ -	\$ -
57810	Emergency Assistance	\$ -	\$ -	\$ -	\$ -
57820	Other Expense	\$ -	\$ -	\$ -	\$ -
58000	Liheap Leveraging	\$ -	\$ -	\$ -	\$ -
58010	Home Energy Assistance	\$ 1,564,200.00	\$ -	\$ -	\$ 1,564,200.00
58020	Crisis Energy Assistance	\$ 1,494,180.00	\$ -	\$ -	\$ 1,494,180.00
58030	Weather Related Crisis	\$ 80,850.00	\$ -	\$ -	\$ 80,850.00
58100	Equipment Maintenance	\$ 5,050.00	\$ -	\$ -	\$ 5,050.00
58200	Leases/Rent - Equipment	\$ 12,000.00	\$ -	\$ -	\$ 12,000.00
58300	Leases/ Rent Vehicles	\$ -	\$ -	\$ -	\$ -
59700	Indirect Costs	\$ 74,236.00	\$ -	\$ -	\$ 74,236.00
	Totals	\$ 4,036,295.00	\$ -	\$ -	\$ 4,036,295.00

**SENIOR CONNECTION
2016 MONITORING REPORT**



April 13, 2017

Mr. William Holt, Chair
 The Agricultural and Labor Program, Inc.
 300 Lynchburg Road
 Lake Alfred, FL 33850

Re: 2016 Contracts and Quality Assurance Monitoring Report

Dear Mr. Holt:

Senior Connection Center, Inc. has completed the annual Contracts and Quality Assurance Monitoring of the federally-funded program and services provided through The Agricultural and Labor Program, Inc. The purpose of the monitoring is to determine if the program is in compliance with applicable federal and state rules, regulations, statutes, and guidelines, and to ensure that an effective service delivery system is in place, which meets the needs of the seniors authorized to receive these services.

The monitoring process this year included a review of the programmatic and fiscal requirements for the program and services, which was accomplished using an expanded desk review, as well as an on-site visit.

Enclosed for your review is a copy of the monitoring report. As a result of the monitoring, there is one (1) Strong Recommendation requiring your attention.

We appreciate the quality of services your organization provides to the seniors and their caregivers who reside in Polk County. As always, your staff was very cooperative and helpful throughout the monitoring process. Should you have any questions regarding this report, please contact us.

Sincerely,

A handwritten signature in black ink, appearing to read "Charlotte K. McHenry".

Charlotte K. McHenry
 President/CEO

Enclosure(s)

cc: Board of Directors, SCC
 Advisory Council, Chair, SCC
 Deloris C. Johnson, Chief Executive Officer, ALPI
 Katie Parkinson, Chief Operating Officer, SCC
 Phil Hollister, Director of Contracts & Quality Assurance, SCC

Senior Connection Center, Inc.
Contracts and Quality Assurance Monitoring Report
2016 Contract Year

Agency: The Agricultural and Labor Program, Inc. (ALPI)

Programs: Master Contract
 Emergency Home Energy Assistance Program (EHEAP)

Director: Deloris C. Johnson, Chief Executive Officer

Board Chairperson: William Holt, Chair

Date of On-Site Monitoring: February 23, 2017

Date of Monitoring Report: April 13, 2017

I. Introduction and Summary

Senior Connection Center, Inc. (SCC) conducted an annual Contracts and Quality Assurance Monitoring of the federally-funded elderly services program awarded to this subrecipient during the 2016 contract year. The monitoring was conducted in accordance with commonly accepted procedures used to monitor federally-funded programs.

The monitoring and review of the program included inquiries of staff, observations of practices, site visits, examination of selected records, client case file reviews, and other documentation and/or observations obtained through the expanded desk review process, which was conducted throughout the contract year. It should be noted that the tests of compliance used for this monitoring were not comprehensive in scope, and may not have identified all deficiencies.

If applicable, the monitoring included follow-up testing of any prior year findings or recommendations to verify that effective corrective action was taken.

A copy of the Contracts and Quality Assurance Monitoring Checklist is attached to this report for your review. It identifies the items included in this monitoring review, and the compliance status of each item.

As a result of this review, SCC staff has noted one (1) Strong Recommendation in the following area:

- Contracts and Quality Assurance Monitoring Checklist, Section X, Item 1, Adverse Incident Policy and Procedure

II. Contract and Program Review

The Florida Department of Elder Affairs provides federal and state funding for programs and services to older adults throughout the state of Florida by contracting these funds with designated, regional Area Agencies on Aging. Senior Connection Center, Inc. is the designated Area Agency on Aging for the Planning and Service Area which includes Hillsborough, Polk,

Manatee, Highlands, and Hardee counties (PSA 6). SCC provides management and oversight of these services and funds through contracts with local service providers in each county.

The ultimate goal of these programs and services is to provide home and community-based services which provide a continuum of care to assist older adults aged 60 and over, and who may be at risk of nursing home placement, to live in the least restrictive environment suitable for their needs, ensuring the maximum independence and dignity for the individual and support for their caregivers.

At the time of this monitoring, SCC provided funding to The Agricultural and Labor Program, Inc. (ALPI), as follows:

- **2016-2017 Emergency Home Energy Assistance Program (EHEAP) - \$113,705.00**
Services: Energy vendor payments made to resolve emergency home energy crisis.
- **2015-2017 Master Contract (MASTER) - \$0.00**
Services: Federal and state regulations and requirements governing the above referenced contract.

III. Findings

a. Previous Monitoring Findings:

The 2015 monitoring process resulted in two (2) Level I Compliance Findings, which were as follows:

2015 Finding #1: Level I Compliance Finding for Background Screening Deficiency

Per the Master Contract No. M-15/17-ALPI, ALPI must comply with the Department of Elder Affairs (DOEA) and Agency for Health Care Administration (AHCA) requirements for conducting background screenings in accordance with s. 430.0402 and Chapter 435, F.S. Through the review of two ALPI personnel files, SCC discovered the background screenings were completed through the Florida Department of Children & Families, not through the DOEA, or more recently, AHCA.

ALPI promptly resolved the issue by initiating the appropriate background screenings through the AHCA Clearinghouse. In their Corrective Action Plan (CAP), ALPI provided SCC a new Affidavit of Compliance – Employer form (DOEA Form 235) and copies of the screening results which documented proper completion of background screenings for all required staff.

SCC accepted and approved the CAP on April 21, 2016. As part of the current 2016 monitoring, no further concerns were found on this particular issue, indicating it has been satisfactorily resolved.

2015 Finding #2: Level I Compliance Finding for Service Access Limitations

Per the Master Contract No. M-15/17-ALPI and EHEAP Contract No. EH-15/16-ALPI, ALPI must ensure older adults are able to access services in-person, by telephone, and/or through other electronic means during normal business hours at a minimum (i.e. Monday through Friday, 8:00 A.M. to 5:00 P.M.).

In September 2015 Elder Helpline staff received calls from clients seeking home energy assistance through ALPI. These individuals in crisis had difficulty reaching an EHEAP representative and, as a result, were not receiving help in a timely manner. This issue was discussed with ALPI, and the steps taken initially appeared to have resolved the problem. In January 2016 Elder Helpline staff learned callers were still experiencing difficulty reaching EHEAP representatives and scheduling intake appointments.

In response, ALPI submitted a CAP including a written explanation of the situation and updated Intake and Service Delivery Policies and Procedures. ALPI staff were retrained on EHEAP protocols and attended a customer service training. Additionally, phone call oversight by the Program Director was incorporated.

SCC accepted and approved the CAP on April 21, 2016. As part of the current 2016 monitoring, no further concerns were found on this particular issue, indicating it has been satisfactorily resolved.

b. 2016 Monitoring Recommendation(s):

The 2016 monitoring process resulted in one (1) Strong Recommendation.

2016 Recommendation #1: Strong Recommendation for Maintaining Adverse Incident Policy and Procedure

It is strongly recommended that ALPI develops and follows an Adverse Incident Policy and Procedure to be in compliance with Master Contract No. M-15/17-ALPI. Section 19 of the Master Contract requires providers report adverse incidents to SCC within 48 hours of first becoming aware of them.

Knowing how to identify adverse incidents involving EHEAP applicants and reporting them to SCC is important for multiple reasons. SCC could provide support to ALPI in handling the incident, especially if it was a unique, sensitive situation with which SCC had experience. Reporting adverse incidents also prevents SCC from potentially learning of an incident through the media instead of first from ALPI.

Submission of ALPI's Adverse Incident Policy and Procedure was requested on 08/03/16 with the annual monitoring desk review request (due 08/31/16). Technical assistance was provided by email on 08/26/16. ALPI's procedure was not included with the desk review submissions provided on 08/30/16. SCC made a second request for ALPI's procedure on 02/17/17 to be provided during the on-site monitoring visit on 02/23/17. ALPI did not have the procedure available on site and the need for the procedure was discussed. SCC requested ALPI provide the procedure by 03/13/17 and granted an extension to 03/20/17. Discussions took place after these dates about the continued lack of submission.

On 03/24/17 ALPI informed SCC they have drafted an EHEAP-specific Adverse Incident Policy and Procedure which they would send to SCC. ALPI's board will review the procedure and are expected to approve it at their next meeting. As of the date of this report, ALPI has not yet submitted an Adverse Incident Policy and Procedure to SCC. ALPI reports no adverse incidents occurred during the contract period being reviewed.

IV. Issues and Challenges

ALPI has encountered challenges after implementing their automated phone system. ALPI quickly works with their vendor who manages the system whenever an issue occurs and appropriate adjustments are made. ALPI publicizes their direct office number (opposed to the automated phone system number) for clients seeking EHEAP assistance to best serve these individuals.

V. Innovations and Improved Performance

ALPI provides outreach through EHEAP service events at various locations seniors frequent to reach individuals who may not otherwise access EHEAP services. These events occur at least every other month and often monthly. ALPI is strategic in selecting the locations to hold these events, often going to community centers, churches, and neighborhood service centers. The outreach not only furthers ALPI's visibility in the community, it also provides more convenient access to EHEAP services for seniors in crises who are assisted.

VI. Technical Assistance

No technical assistance requests were identified for this report.

VII. Best Practices

No new best practices were identified for this report.

VIII. Summary

Overall, this SCC monitoring has revealed that ALPI is in compliance with the federal and state regulations and requirements governing the program and services reviewed during this monitoring.

There is one (1) Strong Recommendation that will require your attention.

SCC appreciates the efforts being made by ALPI staff to provide these critically needed services to seniors residing in Polk County, and to ensure that the services are being provided in a high quality manner. SCC staff is available to assist your organization in any way that will help you to continue to provide quality services to these seniors and their caregivers.

As always, the staff of ALPI were accommodating and professional in preparing for this monitoring. SCC appreciates their continued commitment and dedication to serving the needs of Polk County's elders.

Submitted By: Alex D. Walter Date: 04/13/17

Reviewed By: Katie Parkinson Date: 4/13/2017

**SENIOR CONNECTION CENTER, INC.
CONTRACTS AND QUALITY ASSURANCE MONITORING CHECKLIST**

	AREA OF REVIEW	Program*	Desk Review	On Site Review	In Compliance			Comments
					YES	NO	N/A	
	* Item covers all programs unless identified otherwise							
B9.	The provider has established safeguards to prohibit employees, board members, management and subcontractors from using their positions for personal gain or conflict of interest.		X		X			SCC Documentation
B10.a	The provider has established safeguards to prohibit employees, board members, management and subcontractors from using their positions for personal gain or conflict of interest.		X		X			SCC Documentation
B10.b	The provider's independent auditor completed a certification regarding debarment, suspension, ineligibility and voluntary exclusion if required to audit contracts containing federal funds.		X		X			SCC Documentation - Certification dated 09/02/15
B11.	The provider has a contingency plan to ensure services to clients in the event it is unable to perform its duties. (Disaster Plan)		X		X			SCC Documentation
B12.	If the contract is for \$1 million or more of goods or services, the provider has signed and is in compliance with the Certification Regarding Scrutinized Companies Lists.		X		X			SCC Documentation
B13.	If applicable, the provider is in compliance with the provisions for using electronic records and signatures. (Approved by SCC)		X				X	SCC Documentation^ - Provider does not use electronic records/signatures.
C. CONFIDENTIALITY REQUIREMENTS								
C1.	The provider has signed and is in compliance with the HIPAA Business Associate Agreement.		X		X			SCC Documentation
C2.	The provider has signed HIPAA Business Associate Agreements with all vendors and subcontractors to whom it provides protected health information, holding them to the same restrictions and conditions.		X				X	
C3.	Procedures exist to ensure that clients are made aware of their right to confidentiality.		X		X			SCC Documentation^
C4.	All client/staff information is maintained in file cabinets that can be/are secured.			X	X			
C5.	The Agency has written policies and procedures in place to ensure security and privacy of information.		X		X			SCC Documentation^
C6.	The Notice of Privacy policy is posted in Agency's lobby.			X	X			
C7.	Personal Health Information is disposed of by an in-house shredding machine or document shredding vendor.			X	X			
C8.	Documentation that staff has been trained and retrained if applicable on HIPAA requirements.			X	X			

**SENIOR CONNECTION CENTER, INC.
CONTRACTS AND QUALITY ASSURANCE MONITORING CHECKLIST**

	AREA OF REVIEW	Program*	Desk Review	On Site Review	In Compliance			Comments
					YES	NO	N/A	
* Item covers all programs unless identified otherwise								
D. HUMAN RESOURCE MANAGEMENT								
D1.	SCC was provided current organizational chart with names of staff members.		X		X			SCC Documentation^
D2.	Provider maintains a satisfactory Personnel Policies and Procedures Manual.			X	X			SCC Documentation
D3.	Provider maintains satisfactory personnel files.			X	X			
D4.	The provider has submitted and is in compliance with the Background Screening Affidavit of Compliance-Employer. <i>To be submitted annually on or before January 7th.</i>		X		X			SCC Documentation
D5.	Compliance of the Level II background screening - Review of direct service provider log confirming appropriate screening results received and tracked by Provider.			X	X			
D6.	Personnel Files of 2 most recent hires: Random review of two employee files to ensure appropriate screening. Verification files contain the following documentation: If screened <u>before</u> 08/2015 - the DOEA Background Screening Approval Letter and the DOEA Appointment Form <u>or</u> the Affidavit of Compliance-Employee Form, if screened <u>after</u> 04/2012; <u>or</u> if screened <u>after</u> 08/2015 - the Background Screening Result Form from the AHCA Background Screening Clearinghouse Results Website <u>and</u> the Affidavit of Compliance-Employee Form.			X	X			
D7.	The provider is promoting the use of volunteers as prescribed in section 430.07 F.S.		X		X			SCC Documentation^
D8.	Volunteers - Random review of documentation provided on hours, assignments, training and background screening. Verification files contain the following documentation: If screened before 08/2015 - the DOEA Background Screening Approval Letter and the DOEA Appointment Form or the Affidavit of Compliance-Employee Form, if screened after 04/2012; or if screened after 08/2015 - the Background Screening Result Form from the AHCA Background Screening Clearinghouse Results Website and the Affidavit of Compliance-Employee Form.			X		X		Provider does not currently utilize volunteers for EHEAP.
E. SPONSORSHIP								
E1.	The provider is complying with Section 286.25, F.S. regarding sponsorship, patent and copyright requirements.		X		X			SCC Documentation^

**SENIOR CONNECTION CENTER, INC.
CONTRACTS AND QUALITY ASSURANCE MONITORING CHECKLIST**

	AREA OF REVIEW	Program*	Desk Review	On Site Review	In Compliance			Comments
					YES	NO	N/A	
	* Item covers all programs unless identified otherwise							
E2.	All non-governmental organizations adhere to the sponsorship clause as stated in the Master Contract. (i.e. Are logos of DOE and SCC included on all printed materials which mention programs funded through both entities and are the logos comparable size to the logos of their own organization?)		X		X			SCC Documentation^
E3.	If the recipient is a governmental entity, the agency requests compliance with the sponsorship clause.		X				X	
F. ACCOUNTING								
F1.	Provider has an accounting policy and procedures manual and the provider auditor has no findings related to accounting procedures.		X		X			SCC Documentation
F2.	Provider has a financial management system capable of providing accurate accounting and grant data and the chart of accounts identifies program expenses & revenues separately for each program covered in this monitoring.		X		X			SCC Documentation^
F3.	If applicable, the provider has and uses a sales tax exemption number.		X		X			SCC Documentation - Certificate # 85-8012667623C-6, Expiration Date: 10/31/16
G. CONSUMER CO-PAY								
G1.	Consumer co-pay amounts are appropriately calculated based on the requirements, invoices are sent to the client monthly and client payments are received regularly.	CCE/ADI	X				X	
G2.	Co-pays received are on target per the budgeted amounts.	CCE/ADI	X				X	
H. PROGRAM INCOME								
H1.	OAA clients are appropriately informed of voluntary contributions.	OAA	X				X	
H2.	Actual program income amounts are on target with projected program income amounts.	OAA	X				X	
I. SUBCONTRACTS AND ASSIGNMENTS								
I1.	All subcontracts and/or assignments been reviewed and approved by SCC.	SGR/OAA	X				X	Provider has no subcontracts.
I2.	The provider has developed a policy regarding the frequency/type of monitorings to ensure compliance and accountability of subcontractors with state and federal requirements.	SGR/OAA	X				X	
I3.	Monitoring reports are issued to subcontractors within a reasonable time upon completion of the desk review or on-site visit.	SGR/OAA	X				X	

**SENIOR CONNECTION CENTER, INC.
CONTRACTS AND QUALITY ASSURANCE MONITORING CHECKLIST**

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	* Item covers all programs unless identified otherwise							
14.	The provider followed up on monitoring issues with subcontractors in a timely manner and all issues were resolved.	SGR/OAA	X				X	
15.	Any disallowed costs or paybacks were received from subcontractors.	SGR/OAA	X				X	
16.	All subcontractor monitoring reports have been forwarded to SCC within 45 business days of the date the monitoring report was issued.	SGR/OAA	X				X	
J. REVIEW AND AUDIT								
J1.	An independent audit was done in the last year.		X			X		SCC Documentation - Fiscal period ending 06/30/15, Due 03/31/16
J2.	The audit was received in a timely manner by SCC.		X			X		SCC Documentation - Received 01/04/16
J3.	If required, a single audit was conducted in accordance with OMB Circular A-133 and section 215.97 F.S.		X			X		SCC Documentation
J4.	Any deficiencies or findings were corrected.		X				X	Auditors did not identify any deficiencies or findings.
K. PROPERTY AND EQUIPMENT								
K1.	The provider has written procedures for recording property and equipment and the provider auditor has no findings related to property and equipment procedures.		X			X		SCC Documentation^
K2.	Retirements and disposals of equipment purchased with SCC funds are approved by SCC and properly recorded.		X				X	No equipment was purchased with SCC funds.
K3.	Approval is received from SCC prior to purchasing equipment with SCC program funds.		X				X	
K4.	Equipment purchased with SCC program funds was physically identified and located.			X			X	
K5.	The provider complies with the Department of Elder Affairs procedures for purchasing Information Technology Resources (ITR).		X				X	
L. PURCHASING								
L1.	The provider has written procedures for purchasing and they are followed and the provider auditor has no findings related to purchasing procedures.		X			X		SCC Documentation^
L2.	Whenever possible or required, competitive bidding procedures are used. Confirm any competitive bidding within the past year.		X				X	
L3.	Non-competitive procurement and use of sole source are justified and documented whenever it was not feasible to contract under competitive bid procedures in accordance with 287, F.S. Confirm any non-competitive bidding within the past year.		X				X	

**SENIOR CONNECTION CENTER, INC.
CONTRACTS AND QUALITY ASSURANCE MONITORING CHECKLIST**

	AREA OF REVIEW	Program*	Desk Review	On Site Review	In Compliance			Comments
					YES	NO	N/A	
* Item covers all programs unless identified otherwise								
M. CASH DISBURSEMENTS								
M1.	The provider has written cash disbursement procedures and they are followed and the provider auditor has no findings related to cash disbursement procedures.		X		X			SCC Documentation^
M2.	The provider is complying with section 112.061 F.S., or has stricter policies, regarding business travel reimbursement.		X	X	X			SCC Documentation^ - Standard mileage rate of .445 cpm.
M3.	Surplus cash generated from previous contracts is tracked separately and used as program income.		X		X			SCC Documentation^
M4.	If units were incorrectly charged to the contract(s) or the provider has been overpaid, the provider arranged to reimburse SCC immediately upon discovery by either the provider, SCC or the provider's independent auditor.		X				X	
N. RECEIVABLES/REVENUE								
N1.	The provider has written procedures for accounts receivable (A/R) and cash receipts and the provider auditor has no findings related to receivables and cash transactions.		X		X			SCC Documentation^
O. MATCH (CASH AND IN-KIND)								
O1.	Documentation is maintained for match.		X				X	
O2.	Voluntary contributions are used to meet local match requirements or reported as program income.	ADI/CCE	X				X	
O3.	Voluntary contributions are used for program income and not for cost sharing or match requirements.	OAA	X				X	
P. BUDGETS								
P1.	Agency-wide and SCC-funded program budgets are maintained and compared to actual on at least a quarterly basis. Provide the most recent budget report for desk review.		X		X			SCC Documentation^
P2.	Budget and financial statements are reviewed by the governing board on a regular basis.		X		X			SCC Documentation^
Q. PAYROLL								
Q1.	The provider has written payroll procedures, and the provider auditor has no findings related to payroll procedures.		X		X			SCC Documentation^
Q2.	All employees charged to SCC-funded programs use time sheets.		X		X			SCC Documentation^
Q3.	The provider is current with the payment of all payroll taxes.		X		X			SCC Documentation^ - Form 941
R. SYSTEMS MANAGEMENT								
R1.	The provider maintains written policies and procedures for systems management.		X		X			SCC Documentation^
R2.	The provider maintains staff with knowledge of information systems and CIRT's.		X		X			
R3.	Procedures are in place to maintain system security.		X	X	X			SCC Documentation^

**SENIOR CONNECTION CENTER, INC.
CONTRACTS AND QUALITY ASSURANCE MONITORING CHECKLIST**

	AREA OF REVIEW	Program*	Desk Review	On Site Review	In Compliance		Comments
					YES	NO	
R4.	* Item covers all programs unless identified otherwise The provider maintains a system for routine back up of data and software to recover from losses or outages of the computer system in accordance with 44-4.070, Florida Administrative Code.		X		X		SCC Documentation^
S. CIRTS							
S1.	The provider is current on all data entry required for the Client Information, Registration and Tracking System (CIRTS).		X		X		SCC Documentation
S2.	Clients served during the contract year are active and authorized to receive services.		X		X		SCC Documentation
S3.	The provider maintains alternate plans for capturing and reporting data if CIRTS is down for an extended period of time.		X		X		SCC Documentation^
S4.	CIRTS reports are utilized as a management tool by the provider. Subrecipients run monthly CIRTS reports and verify consumer and service data in CIRTS is accurate.		X		X		SCC Documentation^
S5.	Providers must enter all required data per the Department's CIRTS Policy guidelines for consumers and services in the CIRTS database. The data must be entered into CIRTS before the provider submits their request for payment and expenditure reports to SCC.		X		X		SCC Documentation
S6.	Provider submits monthly CIRTS tracking log to SCC when error exceptions are found, and the provider clears exceptions in a timely manner.	SGR/OAA	X			X	
T. UNIT RATE TRACKING							
T1.	Units reported on monthly invoices are accurate and consistent with CIRTS, internal tracking reports and service logs.		X		X		SCC Documentation
T2.	If applicable, signed service delivery records are available to validate client receipt of services.		X		X		SCC Documentation^ - EHEAP client case files
T3.	Contract expenditure rates and unit achievement levels are appropriate for this point in the contract year.		X		X		SCC Documentation
T4.	The provider frequently monitors the actual cost of a unit of service and implements corrective action as needed.		X		X		SCC Documentation
U. REPORTS							
U1.	The provider submits all required reports on a timely basis.		X		X		SCC Documentation
U2.	Required reports are accurate and mathematically correct.		X		X		SCC Documentation
U3.	Provider utilizes the monthly Surplus/Deficit Report to monitor contract achievement levels, implements corrective actions as needed and effectively manages their allocations by program.		X		X		SCC Documentation

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CONTRACTS AND QUALITY ASSURANCE MONITORING CHECKLIST**

	AREA OF REVIEW	Program*	Desk Review	On Site Review	In Compliance			Comments
					YES	NO	N/A	
V. STAFF DEVELOPMENT & TRAINING								
* Item covers all programs unless identified otherwise								
V1.	The training received year-to-date correlates with the training schedule outlined in the current SPA.		X		X			SCC Documentation^
V2.	Training efforts are coordinated with other agencies.	SGR/OAA	X				X	
V3.	Documentation of training received year-to-date is either listed in staffs' personnel files or maintained in a separate binder. <i>Training Logs are available for review onsite.</i>		X	X	X			SCC Documentation^
V4.	Training is calculated by individual staff to ensure required number of hours are achieved.	SGR/OAA	X				X	
V5.	Memory Disorder Clinic has provided or is scheduled to provide 4 hours of in-service training to ADI and Model Day Care providers annually.	SGR/OAA	X				X	
W. HEALTH/SAFETY/LICENSURE								
W1.	Project facilities and services are accessible to all handicapped persons.			X	X			
W2.	All fire reports for pertinent buildings are current (i.e. administrative offices and all Agency buildings with services funded through SGR or OAA).		X				X	ALPI's Polk County office is not required to have routine fire inspections completed. SCC suggests ALPI have periodic fire inspections completed as described in the monitoring report.
W3.	Are there any deficiencies noted on the current report?		X	X	X			
W4.	All deficiencies noted were corrected.		X	X	X			
W5.	All required licenses are current.			X	X			
X. INCIDENTS, GRIEVANCES, COMPLAINT PROCEDURES								
X1.	Provider maintains an Unusual/Adverse Incident Policy and Procedure. An incident log is maintained for review.		X				X	Provider has not submitted an Adverse Incident Policy and Procedure. This results in a Strong Recommendation as detailed in the monitoring report.
X2.	Provider notifies SCC of any and all serious or major adverse incidents involving an agency-funded client, or the discovery of conditions that may materially affect the subrecipient's or their subcontractor's ability to perform the services required.		X		X			SCC Documentation
X3.	Review Adverse Incident Log. Ensure appropriate and timely follow-up was provided resolving the issue to the client's satisfaction.		X				X	SCC Documentation^ - No adverse incidents occurred during the contact year.
X4.	Grievance procedures are documented and followed as outlined in the Master Contract and the current DOEA Programs and Services Handbook.		X		X			SCC Documentation^
X5.	Were there any grievances filed as of the date of this review?		X				X	SCC Documentation^ - No grievances have been filed.
X6.	If grievance(s) were filed during contract year, was the grievance procedure followed?		X				X	

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CONTRACTS AND QUALITY ASSURANCE MONITORING CHECKLIST**

	AREA OF REVIEW	Program*	Desk Review	On Site Review	In Compliance		Comments
					YES	NO	
X7.	* Item covers all programs unless identified otherwise Provider maintains a separate Complaint Policy and Procedure. A complaint log is maintained for review.		X		X	N/A	SCC Documentation^
X8.	Review Complaint Log. Ensure appropriate and timely follow-up was provided resolving the issue to the client's satisfaction.		X			X	SCC Documentation^ - No complaints have been filed.
Y.	ADULT PROTECTIVE SERVICES (APS)						
Y1.	The provider is complying with the provisions of Chapter 415, F.S. for reporting abuse, neglect and exploitation.		X		X		SCC Documentation^
Y2.	APS High Risk Referrals are being served within 72 hours as mandated.	CCE/APS	X			X	
Y3.	The provider maintains a policy stating that an employee who knows, or has reasonable cause to suspect, that a child, aged person or disabled adult is or has been abused, neglected or exploited, shall immediately report such knowledge or suspicion to the State of Florida's central abuse registry and tracking system on the statewide toll free telephone number 1-800-96 abuse.	CCE/APS	X			X	
Y4.	APS client case files contain complete and correct documentation.	CCE/APS	X			X	
Y5.	Lead Agency has effective communication and cooperation with DCF/APS representatives to address client issues and data exceptions.	CCE/APS	X			X	
Y6.	Lead Agency is effectively utilizing the ARTT system including the completion of sections 30, 31, 36, and 37 within 72 hours.	CCE/APS	X			X	
Z.	PRIORITY CRITERIA						
Z1.	The provider is correctly prioritizing clients for OAA services.	OAA	X			X	
Z2.	The priority criteria for service delivery as indicated in the current contract is followed. (A review of CIRT data shows the provider is serving clients most in need of services.)	SGR	X			X	
AA.	TARGETING						
AA1.	Outreach/Education activities are being conducted to target OAA services to older individuals with greatest economic and social needs, low-income minority individuals and older individuals in rural areas.	OAA	X			X	
AA2.	Targeted zip codes provided by SCC are utilized effectively.	OAA	X			X	
AA3.	Provider correctly and completely uses the SCC's Targeting Plan documentation forms.	OAA	X			X	
AA4.	Projected units of outreach and/or education are on target for the year.	OAA	X			X	

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	AREA OF REVIEW	Program*	Desk Review	On Site Review	In Compliance			Comments
					YES	NO	N/A	
BB.	WAITLIST							
	* Item covers all programs unless identified otherwise							
BB1.	The waitlist is maintained and reviewed in accordance with the guidelines established by DOE and SCC.	SGR/OAA	X				X	The program has no waitlist.
CC.	OUTCOME MEASURES							
	<i>All outcome measures are being achieved as detailed below:</i>							
CC1.	Percent of APS referrals who are in need of immediate services to prevent further harm who are served within 72 hours (97%).	CCE/APS	X				X	
CC2.	Percent of elders assessed with high or moderate risk environments who improved their environment score (79.3%).	SGR/OAA	X				X	
CC3.	Percent of new service recipients with high-risk nutrition scores whose nutritional status improved (66%).	SGR/OAA	X				X	
CC4.	Percent of new service recipients whose ADL assessment score has been maintained or improved (65%).	SGR/OAA	X				X	
CC5.	Percent of new service recipients whose IADL assessment score has been maintained or improved (62.3%).	SGR/OAA	X				X	
CC6.	Percent of customers who are at imminent risk of nursing home placement who are served with community-based services (90%).	SGR/OAA	X				X	
CC7.	Percent of caregivers whose ability to provide care is maintained or improved after one year of service intervention (as determined by the caregiver and the assessor) (90%).	SGR/OAA	X				X	
DD.	SERVICE DELIVERY EVALUATION BY PROVIDER (Observed)							
DD1.	The actual delivery of each funded service has been observed during this contract year.	SGR/OAA	X				X	
DD2.	Client concerns regarding service delivery are resolved if found during the review process.	SGR/OAA	X				X	
DD3.	If applicable, sites have been visited or are scheduled to be visited during the year.	SGR/OAA	X				X	
DD4.	Clients were interviewed regarding client satisfaction of services.	SGR/OAA	X				X	
DD5.	Client concerns raised during the interviews are resolved/documented.	SGR/OAA	X				X	
EE.	SERVICE DELIVERY EVALUATION BY SCC (Observed)							
EE1.a	Client home visits were completed.	SGR					X	
EE1.b	Clients were interviewed regarding client satisfaction of services.	SGR					X	
EE1.c	Client concerns raised during the interviews are resolved/documented.	SGR					X	
EE2.a	Congregant meal site(s) have been visited.	OAA					X	

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EE2.b	Clients were interviewed regarding client satisfaction of services.	OAA				X	
EE2.c	Client concerns raised during the interviews are resolved/documented.	OAA				X	
EE3.a	Home Delivered Meal (HDM) Route(s) have been observed.	OAA				X	
EE3.b	Clients along the routes were interviewed regarding client satisfaction of services.	OAA				X	
EE3.c	Client concerns raised during the interviews are resolved/documented.	OAA				X	
EE4.a	The HDM route drivers were observed delivering meals.	OAA				X	
EE4.b	The HDM route drivers were interviewed for knowledge of the route policy and procedures, training and client interaction.	OAA				X	
FF.	AVAILABILITY OF DOCUMENTS						
	Items Requested for Review:						
FF1.	Operational Procedures Manual		X			X	SCC Documentation
FF2.	Personnel Policies and Procedures Manual		X			X	SCC Documentation
FF3.	Financial Policies and Procedures Manual		X			X	SCC Documentation
FF4.	Program Income Policy and Procedure		X			X	
FF5.	Adverse Incident File/Log		X		X		See X1
FF6.	Service Subcontracts and monitoring reports		X			X	
FF7.	Staff Development and Training Plan (schedules, agendas, sign in sheets, handouts, etc.)		X		X		
FF8.	Quality Assurance Documentation (completed client satisfaction surveys and compiled report of findings)		X			X	
FF9.	Safety/Licensure Compliance (i.e. Adult Day Care Center license if funded through OAA)	SGR/OAA	X			X	
FF10.	Current Fire Inspection Reports (i.e. administrative offices and all Agency buildings with services funded through OAA)		X			X	See W2
	ADDITIONAL Items Requested <u>only</u> if there are changes:						
FF11.	Current Board Roster		X			X	SCC Documentation ^A
FF12.	Articles of Incorporation		X			X	SCC Documentation
FF13.	Corporate By Laws (if applicable)		X			X	SCC Documentation
FF14.	Advisory Council By Laws and Membership (if applicable)		X			X	SCC Documentation
FF15.	Staffing Plan (Position Descriptions, Pay Plan)		X			X	SCC Documentation
FF16.	Interagency Agreements		X			X	SCC Documentation
FF17.	Affirmative Action Plan		X			X	SCC Documentation
FF18.	Americans with Disabilities Act Assurance		X			X	SCC Documentation

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					YES	NO	N/A	
GG. CLIENT CASE FILE REVIEW								
* Item covers all programs unless identified otherwise								
GG1.	All client files requested were available for review.	SGR/OAA	X				X	EHEAP client case files are addressed in I12.
GG2.	Provider submitted four brief client case summaries of clients served during contract year. (Two clients from I1B and two clients from I1E). Please have on site as well as secure emailing to the contract manager. Legal providers will submit redacted client files and summaries.	OAA LEGALS AND CFW ONLY	X				X	
HH. NUTRITION PROGRAM REVIEW								
HH1.	Copy of the contract agreement and license and/or registration of the Dietitian(s) planning and coordinating nutrition program services.	OAA	X				X	
HH2.	Copy of current certification for the Certified Food Protection Manager for each meal site who oversees storage, display and serving of food. The CPM does not have to be on site during meals unless the site operates a kitchen with 3 or more employees.	OAA	X				X	
HH3.	Copy of current food service vendor contracts.	OAA	X				X	
HH4.	Copy of provider's annual monitoring reports of the caterer or food service vendor(s).	OAA	X				X	
HH5.	Documentation of provider quarterly monitoring of meal sites for 2016. To include NPCR forms and corrective actions for deficiencies noted (if any).	OAA	X				X	
HH6.	Documentation of Dietitian-approved menu substitution lists and logs of any substitutions made for 2016.	OAA	X				X	
HH7.	Documentation of Dietitian-approved menus, signed and dated, including computer analysis for 2016. Note: all menus must be approved at least four calendar weeks prior to implementation.	OAA	X				X	
HH8.	Referral procedures for Nutrition Counseling.	OAA	X				X	
HH9.	Nutrition care plans for clients with a high-risk nutritional score (higher than 5.5 on the assessment tool).	OAA	X				X	
HH10.	Documentation of compliance with meal temperature requirements to include food delivery time and daily menu item temperature logs.	OAA	X				X	
HH11.	Policy and Procedures regarding collection and recording voluntary consumer contributions for meals.	OAA	X				X	
HH12.	Documentation of nutrition service provider training on safe and sanitary handling of food during preparation (where applicable), storage and delivery for provider staff, volunteers and home delivered meals drivers in 2016.	OAA	X				X	

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HH13.	Documentation that a Qualified Dietitian participated in developing an annual and monthly nutrition education plan for 2016, including nutrition education materials, presentations, lesson plan or curriculum.	OAA	X				X	
HH14.	Documentation of monthly nutrition education to home delivered and congregate meal participants in 2016 by a dietitian or individual of comparable expertise (e.g., health educator, home economist, etc.).	OAA	X				X	
HH15.	Distribution lists for 2016 home-delivered clients (including dates).	OAA	X				X	
HH16.	Agendas/flyers with dates of presentations to congregate clients. Sign-in sheets, including name and title of presenter, subject matter, length and number of persons in attendance for 2016. If the presenter is not a qualified dietitian, include a summary of the presenter's qualifications and experience.	OAA	X				X	
II. EHEAP PROGRAM REVIEW								
II1.	Provider has submitted procedures manual, energy vendor agreements, client payment logs (approved and denied) and outreach plan information.	EHEAP	X			X		SCC Documentation^
II2.	Provider has submitted client case files.	EHEAP	X			X		SCC Documentation^
II3.	EHEAP intake site visit completed by SCC.	EHEAP	X			X		SCC Documentation - EHEAP site visited 09/29/16
JJ. CONSUMER SATISFACTION SURVEYS (Mailed)								
JJ1.	Client evaluation surveys were mailed in a timely manner.	SGR/OAA	X				X	
JJ2.	The survey return rate was satisfactory.	SGR/OAA	X				X	
JJ3.	Overall findings were excellent or very good.	SGR/OAA	X				X	
JJ4.	Client concerns noted on the surveys were resolved/documented.	SGR/OAA	X				X	
JJ5.	A compiled report of survey results were analyzed and submitted to SCC.	SGR/OAA	X				X	
KK. LEGAL PROGRAM REVIEW								
KK1.	Documentation legal assistance subcontractors are licensed in accord with statute.	OAA	X				X	
KK2.	Documentation legal assistance subcontractors are Legal Service Corporation (LSC) funded providers or were coordinated through an LSC, as appropriate.	OAA	X				X	
KK3.	Documentation (such as minutes, agendas, sign-in sheets, action plans) that AAA conducted joint planning meetings with legal service providers to identify target groups, priority legal issues and outreach mechanisms.	OAA	X				X	
KK4.	Documentation of OFLAP-IS reports, if available.	OAA	X				X	

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					YES	NO	N/A	
* Item covers all programs unless identified otherwise								
LL. PROVIDER ISSUES AND CHALLENGES								
LL.1.	Unique issues, challenges or special concerns of the Director were identified by the provider to submit with the desk review response. Items submitted will be discussed during the on-site monitoring visit.		X				X	
MM. PROVIDER INNOVATIONS AND IMPROVED PERFORMANCE								
MM1.	Innovations and Improved Performance issues were identified by the provider to submit with the desk review response. Items submitted will be discussed during the on-site monitoring visit.		X				X	
MM2.	Noteworthy grants, awards, management or service activities since the last monitoring visit were identified by the provider to submit with the desk review response. Items submitted will be discussed during the on-site monitoring visit.		X		X			SCC Documentation^ - Provider conducts EHEAP outreach in part through bi-monthly service events at different senior locations throughout Polk County.
NN. TECHNICAL ASSISTANCE REQUESTS								
NN1.	Technical Assistance needs or requests were identified by the provider to submit with the desk review response. Items submitted will be discussed during the on-site monitoring visit.		X				X	
OO. BEST PRACTICES								
OO1.	Best Practices were identified by the provider to submit with the desk review response. Items submitted will be discussed during the on-site monitoring visit.		X				X	
Notes:								
SCC Documentation = indicates item(s) on file with SCC from previous provider submissions.								
SCC Documentation^ = indicates item(s) submitted by the provider for this monitoring.								



RETIREMENT COMMITTEE MEETING

Corporate Office - Lake Alfred, FL

April 21, 2017

8:00 PM

AGENDA

I. CALL TO ORDER

A. ALPI Mission Statement

B. Roll Call

William Holt, Chair

David Walker

Josephine Howard

Marjorie Gaskin

Marva Hawkins

Katie Clarke

Deloris Johnson, Chief Executive Officer

Attorney Jonathan Thiele, Legal Counsel

Christine Samuel, Staff Liaison

II. RETIREMENT PROGRAM AUDIT AND MANAGEMENT LETTER

Facilitator: Deloris Johnson, CEO/Administrator

III. FORM 5500

IV. ACTION ITEMS

- Approval of Retirement Program Audit & Management Letter
- Approval of Form 5500

V. OTHER BUSINESS

VI. ADJOURNMENT

**RETIREMENT PROGRAM AUDIT
&
MANAGEMENT LETTER**

VESTAL & WILER
CERTIFIED PUBLIC ACCOUNTANTS

April 5, 2017

Ms. Deloris Johnson
The Agricultural and Labor Program, Inc.
300 Lynchburg Road
Lake Alfred, Florida 33850-2576

Dear Ms. Johnson:

We are pleased to enclose seven bound copies and one unbound copy of the financial statements and supplemental schedule with independent auditor's report as of June 30, 2016 and 2015 for The Agricultural and Labor Program, Inc. Retirement Plan. We will provide Tom Poje of DCS Inc. Retirement Group the financial statements in pdf format along with the supplemental schedule to be filed with the 2015 Form 5500.

Beginning with returns for the 2009 plan year, the Schedule SSA has been eliminated as a schedule of the Form 5500 and is replaced with Form 8955-SSA. Plan administrators must file this new form with the Internal Revenue Service and not the Department of Labor (as with the Form 5500). Your Form 5500 preparer should also provide you this form which has the same deadline as the Form 5500.

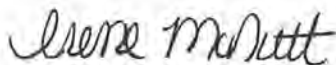
We have enclosed a distribution list for your convenience.

For your records we also enclose one copy of our Communication with Those Charged with Governance for The Agricultural and Labor Program, Inc. Please distribute a copy of the letter to each of the trustees.

If you have any questions, please do not hesitate to contact us.

Very truly yours,

VESTAL & WILER



Irene McNutt

IM/jgs
Enclosure



March 31, 2017

Ms. Deloris Johnson, Chief Executive Officer
The Agricultural and Labor Program, Inc.
300 Lynchburg Road
Lake Alfred, Florida 33850-2576

We have conducted a DOL limited-scope audit of the financial statements of The Agricultural and Labor Program, Inc. Retirement Plan for the year ended June 30, 2016 and have issued our report thereon dated March 31, 2017. As permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3 to those financial statements. Because of the significance of the information that we did not audit, we are unable to, and have not, expressed an opinion on those financial statements and supplemental schedule taken as a whole. We did, however, audit the form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the insurance companies, in accordance with auditing standards generally accepted in the United States of America and found them to be presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Professional standards require that we provide you with information about our responsibilities under generally accepted auditing standards, as well as certain information related to the planned scope and timing of our audit. We have communicated such information in our engagement letter to you dated October 17, 2016. Professional standards also require that we communicate to you the following information related to our audit.

Significant Audit Findings

Qualitative Aspects of Accounting Practices

Management is responsible for the selection and use of appropriate accounting policies. The significant accounting policies used by The Agricultural and Labor Program, Inc. Retirement Plan are described in Note 2 to the financial statements. As described in Note 2, the Plan changed accounting policies related to *Plan Accounting* by adopting Accounting Standards Update (ASU) 2015-12 in 2015. Accordingly, the accounting changes have been retrospectively applied to prior periods presented as if the policies had always been used. We noted no transactions entered into by the Plan during the year for which there is a lack of authoritative guidance or consensus. All significant transactions have been recognized in the financial statements in the proper period.

Accounting estimates are an integral part of the financial statements prepared by management and are based on management's knowledge and experience about past and current events and assumptions about future events. Certain accounting estimates are particularly sensitive because of their significance to the financial statements and because of the possibility that future events affecting them may differ significantly from those expected. The most sensitive estimate affecting the financial statements was:

Management's estimate of the fair value of investments is based on information provided by the insurance companies.

Certain financial statement disclosures are particularly sensitive because of their significance to financial statements users. The most sensitive disclosure affecting the financial statements was:

The disclosure of risks and uncertainties in Note 8.

Difficulties Encountered in Performing the Audit

We encountered no significant difficulties in dealing with management in performing and completing our audit.

Corrected and Uncorrected Misstatements

Professional standards require us to accumulate all misstatements identified during the audit, other than those that are clearly trivial, and communicate them to the appropriate level of management. Management has corrected all such misstatements. In addition, none of the misstatements detected as a result of audit procedures and corrected by management were material, either individually or in the aggregate, to the financial statements taken as a whole.

Disagreements with Management

For purposes of this letter, a disagreement with management as a financial accounting, reporting, or auditing matter, whether or not resolved to our satisfaction that could be significant to the financial statements or the auditor's report. We are pleased to report that no such disagreements arose during the course of our audit.

Management Representations

We have requested certain representations from management that are included in the management representation letter dated March 31, 2017.

Management Consultations with Other Independent Accountants

In some cases, management may decide to consult with other accountants about auditing and accounting matters, similar to obtaining a "second opinion" on certain situations. If a consultation involves application of an accounting principle to the Plan's financial statements or a determination of the type of auditor's opinion that may be expressed on those statements, our professional standards require the consulting accountant to check with us to determine that the consultant has all the relevant facts. To our knowledge, there were no such consultations with other accountants.

Other Audit Findings or Issues

We generally discuss a variety of matters, including the application of accounting principles and auditing standards, with management each year prior to retention as the Plan's auditors. However, these discussions occurred in the normal course of our professional relationship and our responses were not a condition to our retention.

Other Matter

Malicious cyber-attacks against public and private companies and various agencies of the federal government have highlighted the growing cybersecurity risk to organizations of all sizes, in all sectors. Regulatory agencies, such as the DOL, recently have increased their interest in cybersecurity issues related to personally identifiable information (PII) and misappropriation of assets with regards to an employee benefit plan. Increasing concerns about risks relating to privacy, security, and fraud for

employee benefit plans exist because most plan sponsors and service organizations use electronic means to conduct financial transactions and interface with participants. Every plan sponsor should be including employee benefit plans when evaluating cybersecurity risks.

This information is intended solely for the use of management of The Agricultural and Labor Program, Inc. Retirement Plan and is not intended to be and should not be used by anyone other than these specified parties.

Vestal & Wilke
Certified Public Accountants



**THE AGRICULTURAL AND LABOR PROGRAM, INC.
RETIREMENT PLAN**

**FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULE**

WITH INDEPENDENT AUDITOR'S REPORT

June 30, 2016 and 2015

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 <u>SUPPLEMENTAL SCHEDULE:</u>	
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)	11



INDEPENDENT AUDITOR'S REPORT

The Agricultural and Labor Program, Inc.
Retirement Plan
Lake Alfred, Florida

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of The Agricultural and Labor Program, Inc. Retirement Plan (the Plan), which comprise the statements of net assets available for benefits as of June 30, 2016 and 2015, and the related statement of changes in net assets available for benefits for the year ended June 30, 2016, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph; however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Great-West Life & Annuity Insurance Company (Great-West) and ReliaStar Life Insurance Company (ReliaStar), except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan administrator that Great-West and ReliaStar hold the Plan's investment assets and execute investment transactions. The plan administrator has obtained certifications from Great-West and ReliaStar as of June 30, 2016 and 2015, and for the year ended June 30, 2016, that the information provided to the plan administrator by Great-West and ReliaStar is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

INDEPENDENT AUDITOR'S REPORT - Continued

Other Matter

The supplemental Schedule H, line 4i - Schedule of Assets (Held at End of Year) as of June 30, 2016, is required by the DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule.

Report on Form and Content in Compliance With the DOL's Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by Great-West and ReliaStar, has been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Vestal & Willes
Certified Public Accountants

March 31, 2017

**THE AGRICULTURAL AND LABOR PROGRAM, INC.
RETIREMENT PLAN**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

June 30, 2016 and 2015

	2016	2015
ASSETS:		
INVESTMENTS - at fair value:		
Fixed annuities	\$ 2,457,377	\$ 2,605,695
Variable annuities	227,006	262,470
TOTAL INVESTMENTS	2,684,383	2,868,165
RECEIVABLES:		
Participant contributions	-	2,561
Employer nonelective contribution	218,304	205,650
Notes receivable from participants	48,713	70,920
TOTAL RECEIVABLES	267,017	279,131
NET ASSETS AVAILABLE FOR BENEFITS	\$ 2,951,400	\$ 3,147,296

See notes to financial statements.

THE AGRICULTURAL AND LABOR PROGRAM, INC.
RETIREMENT PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the Year Ended June 30, 2016

ADDITIONS TO NET ASSETS ATTRIBUTED TO:	
Investment income:	
Net appreciation in fair value of investments	\$ 49,072
Interest	13,188
	<hr/>
Total investment income	62,260
Interest income on notes receivable from participants	3,115
	<hr/>
Contributions:	
Participant	111,816
Participant rollover	7
Employer nonelective	218,304
	<hr/>
Total contributions	330,127
	<hr/>
TOTAL ADDITIONS	395,502
	<hr/>
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:	
Benefits paid to participants	590,174
Administrative expenses	1,224
	<hr/>
TOTAL DEDUCTIONS	591,398
	<hr/>
NET DECREASE	(195,896)
NET ASSETS AVAILABLE FOR BENEFITS - Beginning of year	3,147,296
	<hr/>
NET ASSETS AVAILABLE FOR BENEFITS - End of year	\$ 2,951,400
	<hr/> <hr/>

See notes to financial statements.

**THE AGRICULTURAL AND LABOR PROGRAM, INC.
RETIREMENT PLAN**

NOTES TO FINANCIAL STATEMENTS

June 30, 2016 and 2015

NOTE 1 DESCRIPTION OF PLAN

The following description of The Agricultural and Labor Program, Inc. Retirement Plan (the Plan) provides only general information. Participants should refer to the Plan Agreement for a more complete description of the Plan's provisions.

General - The Plan consists of a tax deferred annuity 403(b) plan. The Plan was established by The Agricultural and Labor Program, Inc. (the Program) on July 1, 1993. The Plan was amended and restated in its entirety, effective January 1, 2009. All employees of the Program are eligible to participate in the Tax Sheltered Annuity Plan immediately upon employment. The Plan is subject to the provisions of the Employee Retirement Income Security Act (ERISA).

Administration - The Plan is administered by the Program, which serves without compensation. The plan administrator has the overall responsibility and authority as the named fiduciary to manage and control the operations and administration of the Plan and may designate one or more individuals to perform those responsibilities.

Contributions - For the year ended June 30, 2016, participants may contribute up to \$18,000 of pre-tax annual compensation subject to certain Internal Revenue Code (IRC) limitations. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Once eligible, participants may also contribute amounts representing distributions from other qualified retirement plans (rollover). Employees must be employed on the first and last day of the Plan year to be eligible to receive an allocation of the discretionary age weighted employer nonelective contribution. During the year ended June 30, 2016, the Program made a \$218,304 nonelective contribution to the Plan. Contributions are subject to certain Internal Revenue Service (IRS) limitations.

Investment Options - Upon enrollment in the Plan, a participant may direct their allocation of basic contributions with Great-West Life & Annuity Insurance Company (Great-West) or ReliaStar Life Insurance Company (ReliaStar). Within these investment vehicles, participants may select between several investment options.

Participant Accounts - Each participant's account is credited with the participant's contributions and the employer nonelective contribution. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting - Participants are immediately fully vested in their contributions plus actual earnings thereon. A participant is 100% vested in the employer nonelective contribution after one year of service.

**THE AGRICULTURAL AND LABOR PROGRAM, INC.
RETIREMENT PLAN**

NOTES TO FINANCIAL STATEMENTS

June 30, 2016 and 2015

NOTE 1 DESCRIPTION OF PLAN - Continued

Notes Receivable from Participants - Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. The loans are secured by the balance in the participant's account. The loan interest rate, determined as of the loan application date, is set at the prime rate plus 2% (Great-West) or 2.25% (ING), as defined. Principal and interest are paid ratably through biweekly payroll deductions.

Payment of Benefits - Upon termination of service, a participant may elect to receive either a lump sum amount equal to the value of the participant's vested interest in his or her account, installment payments over a specified period of time subject to certain limitations, or an annuity.

Forfeited Accounts - At June 30, 2016 and 2015, the Plan had no forfeitures, nor were any used during the year ended June 30, 2016.

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

In May 2015, the FASB issued Accounting Standards Update (ASU) No. 2015-07, *Fair Value Measurement (Topic 820): Disclosures for Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent)*. ASU 2015-07 removes the requirement to include investments in the fair value hierarchy for which fair value is measured using the net asset value per share practical expedient under ASC 820. ASU 2015-07 is effective for the Plan retrospectively for fiscal years ending after December 15, 2016 with early adoption permitted. Management has elected to adopt early.

In July 2015, the FASB issued ASU 2015-12, *Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), Health and Welfare Benefit Plans (Topic 965): (Part I) Fully Benefit-Responsive Investment Contracts, (Part II) Plan Investment Disclosures, (Part III) Measurement Date Practical Expedient*. Part II eliminates the requirements to disclose individual investments that represent 5 percent or more of net assets available for benefits and the net appreciation or depreciation in fair value of investments by general type. Part II also simplifies the level of disaggregation of investments that are measured using fair value. Plans will continue to disaggregate investments that are measured using fair value by general type; however, plans are no longer required to also disaggregate investments by nature, characteristics and risks. Further, the disclosure of information about fair value measurements shall be provided by general type of plan asset. The ASU is effective for fiscal years beginning after December 15, 2015, with early adoption permitted. Parts I and II are to be applied retrospectively and Part III prospectively. Management has elected to adopt Part II early. Parts I and III are not applicable to the Plan.

Basis of Accounting - The financial statements of the Plan are prepared on the accrual basis of accounting.

**THE AGRICULTURAL AND LABOR PROGRAM, INC.
RETIREMENT PLAN**

NOTES TO FINANCIAL STATEMENTS

June 30, 2016 and 2015

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – Continued

Use of Estimates – The preparation of the financial statements in conformity with accounting principles generally accepted in the United States of America (U.S. GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition – Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The plan administrator determines the Plan's valuation policies utilizing information provided by the investment advisors, custodians and insurance companies. See Note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Notes Receivable from Participants – Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of June 30, 2016 and 2015. Delinquent participant loans are recorded as distributions on the basis of the terms of the Plan agreement.

Payment of Benefits – Benefits are recorded when paid.

Expenses – Certain expenses incurred maintaining the Plan are paid directly by the Program and are excluded from these financial statements. Investment related expenses are included in net appreciation of fair value of investments.

Subsequent Events – The Program has evaluated subsequent events through April 05, 2017, the date which the financial statements were available to be issued.

NOTE 3 INFORMATION PREPARED AND CERTIFIED BY GREAT-WEST AND RELIASTAR (UNAUDITED)

All investment information disclosed in the accompanying financial statements and supplemental schedule, including investments held at June 30, 2016 and 2015, net appreciation in fair value of investments, and interest income for the year ended June 30, 2016, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by Great-West and ReliaStar.

**THE AGRICULTURAL AND LABOR PROGRAM, INC.
RETIREMENT PLAN**

NOTES TO FINANCIAL STATEMENTS

June 30, 2016 and 2015

NOTE 4 FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The three levels of the fair value hierarchy are described as follows:

- Level 1 Inputs to the valuation methodology are quoted prices (unadjusted) in active markets for identical assets or liabilities that the Plan can access at the measurement date.
- Level 2 Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:
- a) Quoted prices for similar assets or liabilities in active markets
 - b) Quoted prices for identical or similar assets or liabilities in inactive markets.
 - c) Inputs other than quoted prices that are observable for the asset or liability
 - d) Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

- Level 3 Inputs that are unobservable inputs for the asset or liability.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at June 30, 2016 and 2015:

Annuity contracts: Valued at fair value by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit worthiness of the issuer, no unfunded commitments, and daily redemption frequency and notice periods.

The following table sets forth by level, within the fair value hierarchy, the Plan's Level 2 assets at fair value as of June 30, 2016 and 2015. Classification with the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement.

	2016	2015
Fixed annuities	\$ 2,457,377	\$ 2,605,695
Variable annuities	227,006	262,470
Total assets at fair value	<u>\$ 2,684,383</u>	<u>\$ 2,868,165</u>

At June 30, 2016 and 2015, there are no assets measured using Level 1 or Level 3 inputs.

**THE AGRICULTURAL AND LABOR PROGRAM, INC.
RETIREMENT PLAN**

NOTES TO FINANCIAL STATEMENTS

June 30, 2016 and 2015

NOTE 4 FAIR VALUE MEASUREMENTS – Continued

Transfers between Levels

For years ended June 30, 2016 and 2015, there were no significant transfers between Levels 1 and 2 and no transfers in or out of Level 3.

NOTE 5 RELATED-PARTY AND PARTY-IN-INTEREST TRANSACTIONS

The Plan engaged in transactions involving Great-West and ReliaStar. Great-West and ReliaStar are the custodians as defined by the Plan and, therefore, these transactions qualify as party in interest transaction. Fees incurred by the Plan for the investment management services are included in net appreciation in fair value of investments, as they are paid through revenue sharing, rather than a direct payment. The Program pays directly any other fees related to the Plan's operations.

Certain administrative functions are performed by officers or employees of the Program. No such officer or employee receives compensation from the Plan.

NOTE 6 PLAN TERMINATION

Although it has not expressed any intent to do so, the Program has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event such discontinuance results in termination of the Plan, the Plan provides that the assets be allocated among the participants and beneficiaries in the amounts credited to each Participant's respective account at the effective date of such termination. Distribution of participant account balances will occur as soon as administratively feasible upon termination of the Plan.

NOTE 7 TAX STATUS

The IRS is developing a determination letter program for Section 403(b) plans; however, the procedures for a Section 403(b) plan determination letter program have not been issued. The Plan and related trust is designed through a prototype plan, and the prototype sponsor, as well as the Plan's sponsor, believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

U.S. GAAP require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

**THE AGRICULTURAL AND LABOR PROGRAM, INC.
RETIREMENT PLAN**

NOTES TO FINANCIAL STATEMENTS

June 30, 2016 and 2015

NOTE 8 RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

NOTE 9 RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500:

	<u>2016</u>	<u>2015</u>
Net assets available for benefits per the financial statements	\$ 2,951,400	\$ 3,147,296
Less: contributions receivable	(218,304)	(208,211)
Miscellaneous adjustments	<u>(12,734)</u>	<u>(4,677)</u>
Net assets available for benefits per Form 5500	<u>\$ 2,720,362</u>	<u>\$ 2,934,408</u>

The following is a reconciliation of the net decrease in net assets available for benefits per the financial statements to the Form 5500:

Net decrease in net assets available for benefits per the financial statements	\$ (195,896)
Plus: contributions receivable - beginning of year	208,211
Less: contributions receivable - end of year	(218,304)
Miscellaneous adjustments	<u>(8,057)</u>
Net decrease in net assets available for benefits per Form 5500	<u>\$ (214,046)</u>

SUPPLEMENTAL SCHEDULE

**THE AGRICULTURAL AND LABOR PROGRAM, INC.
RETIREMENT PLAN**

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

		June 30, 2016		
(a)	(b) Identity of Issue	(c) Description of Issue	(d) Cost	(e) Current Value
*	Great-West Life & Annuity Insurance Company	Great-West Aggressive Profile		\$ 12,842
*	Great-West Life & Annuity Insurance Company	Great-West Mod Aggr Profile		5,569
*	Great-West Life & Annuity Insurance Company	Great-West Moderate Profile		15,412
*	Great-West Life & Annuity Insurance Company	Great-West Conserv Profile		415
*	Great-West Life & Annuity Insurance Company	Artisan International Fund		15
*	Great-West Life & Annuity Insurance Company	Great-West MFS Intl Value Fund		7,530
*	Great-West Life & Annuity Insurance Company	Putnam International Capital Opp R		44
*	Great-West Life & Annuity Insurance Company	Great-West S&P Small Cap 600 Index Fund		3,463
*	Great-West Life & Annuity Insurance Company	Great-West Loomis Sayles Small Cap Value Fund		151
*	Great-West Life & Annuity Insurance Company	Great-West Small Cap Growth Fund		87
*	Great-West Life & Annuity Insurance Company	Royce Total Return		16
*	Great-West Life & Annuity Insurance Company	RS Select Growth		204
*	Great-West Life & Annuity Insurance Company	RS Small Cap Growth		178
*	Great-West Life & Annuity Insurance Company	Columbia Mid Cap Value Fund		95
*	Great-West Life & Annuity Insurance Company	Great-West Ariel Mid Cap Value Fund		17,992
*	Great-West Life & Annuity Insurance Company	Great-West T Rowe Price Midcap Growth Fund		891
*	Great-West Life & Annuity Insurance Company	INVESCO American Value		436
*	Great-West Life & Annuity Insurance Company	American Century Equity Income Fund		140
*	Great-West Life & Annuity Insurance Company	American Funds Growth Fund		31
*	Great-West Life & Annuity Insurance Company	Federated Equity Income		5,389
*	Great-West Life & Annuity Insurance Company	Fidelity VIP Growth Portfolio		52,443
*	Great-West Life & Annuity Insurance Company	Fidelity VIP II Contrafund		556
*	Great-West Life & Annuity Insurance Company	Great-West Stock Index Fund		54,441
*	Great-West Life & Annuity Insurance Company	Great-West T. Rowe Price Equity Inc		1,660
*	Great-West Life & Annuity Insurance Company	Jensen Quality Growth		33
*	Great-West Life & Annuity Insurance Company	Legg Mason Cap Mgmt Value Trust		132
*	Great-West Life & Annuity Insurance Company	MFS Core Growth		82
*	Great-West Life & Annuity Insurance Company	Oppenheimer Capital Appreciation		43
*	Great-West Life & Annuity Insurance Company	Great-West Bond Index Fund		3,027
*	Great-West Life & Annuity Insurance Company	Great-West Loomis Sayles Bond Fund		751
*	Great-West Life & Annuity Insurance Company	Great-West US Govt Mortgage Secur Fund		240
*	Great-West Life & Annuity Insurance Company	PIMCO Total Return Admin		331
*	Great-West Life & Annuity Insurance Company	Putnam High Yield Advantage R		80
*	Great-West Life & Annuity Insurance Company	Great-West Guaranteed Fixed Fund**		340,273
*	Great-West Life & Annuity Insurance Company	Guaranteed Interest Fund**		22,513
*	Great-West Life & Annuity Insurance Company	Great-West Money Market Fund		42,287
*	ReliaStar Life Insurance Company	Fixed account investment funds**		2,094,591
*	Participant loans	5.25% - 5.50%	-	48,713

*Denotes a party-in-interest

**Fixed annuity

The Agricultural and Labor Program, Inc.
Retirement Plan
EIN 59-1634048, Plan 002
Attachment to 2015 Form 5500

Deloris C. Johnson
Chief Executive Officer

Corporate Office
300 Lynchburg Road
Lake Alfred, Florida 33850-2576
(863) 956-3491
Toll Free: 1 (800) 330-3491
Fax: (863) 956-3357
E-Mail: admin@alpi.org
www.alpi.org

**ADMINISTRATION & OPERATIONS
QUALITY CONTROL DIVISION**

ADMINISTRATION SERVICES
Budget & Finance
Human Resources
Operations and Quality Control
IT/Computer Support & Marketing

**COMMUNITY SERVICES & ECONOMIC
DEVELOPMENT DIVISION**

CSBG Services
Service Areas: Glades, Hendry,
Highlands and Polk Counties

Farmworker Emergency Services
Service Areas: Statewide

LIHEAP Services
Service Areas: Collier, Glades, Hendry,
Highlands, Martin, Polk, and
St. Lucie Counties

Housing Counseling Services
Service Area: Polk County

Training and Employment Services
Service Area: Volusia County

ALPI Technical Education Center
Service Area: Volusia County

EHEAP Services
Service Area: Polk County

**CHILD DEVELOPMENT &
FAMILY SERVICES DIVISION**

Head Start Services
Service Area: St. Lucie County

Early Head Start Services
Service Areas: Polk and St. Lucie Counties

Child Care
Service Areas: Polk (Frostproof)
and St. Lucie Counties

Child Care Food
Service Areas: Polk (Frostproof)
and St. Lucie Counties

**Computer Assisted Tutorial
Program (CAT)**
Service Area: St. Lucie County

Eastern Region Administration Office
2202 Avenue Q
Ft. Pierce, FL 34950
(772) 466-2631
Toll Free: 1 (800) 791-3099
Fax: (772) 464-9035

Vestal & Wiler CPAs
201 East Pine Street
Suite 801
Orlando, FL 32801



This representation letter is provided in connection with your audit of the financial statements and supplemental schedule of the The Agricultural and Labor Program, Inc. Retirement Plan (the Plan), which comprise the statements of net assets available for benefits as of June 30, 2016 and 2015, and the related statement of changes in net assets available for benefits for the year ended June 30, 2016, and the related notes to the financial statements, for the purpose of expressing an opinion as to whether the financial statements are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States (U.S. GAAP) and whether the supplemental schedule is fairly stated in all material respects in relation to the financial statements as a whole. As permitted by Regulation 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), we have instructed you not to perform any auditing procedures with respect to information prepared and certified to by Great-West Life & Annuity Insurance Company and ReliaStar Life Insurance Company, in accordance with DOL Regulation 2520.103-5, except for comparing the information with the related information included in the financial statements and supplemental schedule. Because of the significance of the information which you did not audit, we understand that you will not express an opinion on the financial statements and supplemental schedule as a whole. We understand that the form and content of the information in the financial statements and supplemental schedule, other than that derived from the information certified by Great-West Life & Annuity Insurance Company and ReliaStar Life Insurance Company, has been audited by you in accordance with auditing standards generally accepted in the United States of America, and was subjected to tests of our accounting records and other procedures you considered necessary to enable you to express an opinion as to whether they are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

PROGRAMS AND SERVICES ARE FUNDED IN PART BY:



United Way of Central Florida and United Way of St. Lucie County

THE AGRICULTURAL AND LABOR PROGRAM, INC. — PROVIDING A CONSTANT FLOW OF COMMUNITY SERVICES SINCE 1968
AN EQUAL OPPORTUNITY EMPLOYER

Certain representations in this letter are described as being limited to matters that are material. Items are considered material, regardless of size, if they involve an omission or misstatement of accounting information that, in light of surrounding circumstances, makes it probable that the judgment of a reasonable person relying on the information would be changed or influenced by the omission or misstatement. An omission or misstatement that is monetarily small in amount could be considered material as a result of qualitative factors. We confirm, to the best of our knowledge and belief, the following representations made to you during your audit.

Financial Statements

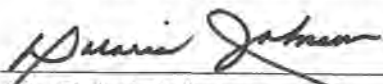
- 1) We have fulfilled our responsibilities, as set out in the terms of the audit engagement letter dated October 17, 2016, including our responsibility for the preparation and fair presentation of the financial statements and note disclosures.
- 2) The financial statements referred to above are fairly presented in conformity with U.S. GAAP, the notes include all disclosures required by laws and regulations to which the Plan is subject, including the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, and the supplemental schedule referred to above are fairly presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- 3) We acknowledge our responsibility for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.
- 4) We acknowledge our responsibility for the design, implementation, and maintenance of internal control to prevent and detect fraud.
- 5) Significant assumptions we used in making accounting estimates, including those measured at fair value, are reasonable.
- 6) Related-party relationships and transactions and relationships and transactions with parties-in-interest, as defined in ERISA Section 3(14) and regulations thereunder, have been appropriately accounted for and disclosed in accordance with U.S. GAAP and ERISA Section 3(14) and regulations thereunder.
- 7) All events subsequent to the date of the financial statements and for which U.S. GAAP requires adjustment or disclosure have been adjusted or disclosed.
- 8) The effects of all known actual or possible litigation, claims, and assessments have been accounted for and disclosed in accordance with U.S. GAAP.
- 9) Other matters (e.g. breach of fiduciary responsibilities, nonexempt transactions, loans in default, or events that may jeopardize the tax status) that legal counsel have advised us that must be disclosed have been properly disclosed.
- 10) Material concentrations have been properly disclosed in accordance with U.S. GAAP.
- 11) Financial instruments with concentrations of credit risk have been properly recorded or disclosed in the financial statements.
- 12) Guarantees, whether written or oral, under which the Plan is contingently liable, have been properly recorded or disclosed in accordance with U.S. GAAP.

- 13) The supplemental schedule or financial statements disclose the following:
- a) All non-exempt party-in-interest transactions (as defined in ERISA Section 3(14) and regulations under the section.
 - b) Investments or loans in default or considered to be uncollectible.
 - c) Reportable transactions (as defined in ERISA Section 103(b)(3)(H) and regulations under that section.

Information Provided

- 14) We have provided you with:
- a) Access to all information, of which we are aware that is relevant to the preparation and fair presentation of the financial statements such as records, documentation, and other matters.
 - b) Additional information that you have requested from us for the purpose of the audit.
 - c) Unrestricted access to persons within the Plan from whom you determined it necessary to obtain audit evidence.
 - d) Plan instruments, insurance contracts, or investment contracts and amendments to such documents entered into during the year, including amendments to comply with applicable laws.
- 15) All material transactions have been recorded in the accounting records and are reflected in the financial statements.
- 16) We have disclosed to you the results of our assessment of the risk that the financial statements may be materially misstated as a result of fraud.
- 17) We have no knowledge of any fraud or suspected fraud that affects the Plan and involves:
- a) Management,
 - b) Employees who have significant roles in internal control, or
 - c) Others where the fraud could have a material effect on the financial statements.
- 18) We have no knowledge of any allegations of fraud or suspected fraud affecting the Plan's financial statements communicated by employees, former employees, participants, regulators, beneficiaries, service providers, third-party administrators, or others.
- 19) We have no knowledge of any instances of noncompliance or suspected noncompliance with laws and regulations (including ERISA, DOL, and IRS regulations) whose effects should be considered when preparing financial statements.
- 20) We have disclosed to you all known actual or possible litigation, claims, and assessments whose effects should be considered when preparing the financial statements.
- 21) We have disclosed to you the identity of the Plan's related parties and parties in interest and all the related party and party in interest relationships and transactions of which we are aware.
- 22) The Plan has satisfactory title to all owned assets, which are recorded at fair value and all liens, encumbrances, or security interests requiring disclosure in the financial statements have been properly disclosed.

- 23) We have no:
 - a) Plans or intentions that may materially affect the carrying value or classification of assets and liabilities.
 - b) Intentions to terminate the Plan.
- 24) Amendments to the plan instrument, if any, have been properly recorded or disclosed in the financial statements.
- 25) The Plan has complied with all aspects of debt and other contractual agreements that would have a material effect on the financial statements in the event of noncompliance.
- 26) The methods and significant assumptions used to estimate fair values of financial instruments are as disclosed in the notes to the financial statements. The methods and significant assumptions used result in a measure of fair value appropriate for financial measurement and disclosure purposes.
- 27) All required amendments to and filings of Plan documents with the appropriate agencies have been made.
- 28) The Plan is qualified under the appropriate section of the Internal Revenue Code and we intend to continue it as a qualified plan. The plan sponsor has operated the Plan in a manner that did not jeopardize this tax status. Required nondiscrimination testing related to Code Section 403(b)(12) and 401(m) arrangements has been completed for the Plan, and any excess deferrals or contributions have been disposed of in accordance with regulations.
- 29) The Plan has complied with the DOL's regulations concerning the timely remittance of participant contributions.
- 30) We have obtained appropriate fee disclosures from covered service providers and have concluded the fees are reasonable. The Plan is in compliance with DOL regulations regarding ERISA section 408(b)(2).
- 31) The Plan has complied with the fidelity bonding requirements of ERISA.
- 32) We have apprised you of all communications, whether written or oral, with regulatory agencies concerning the operation of the Plan.
- 33) We believe the form and content of the supplemental schedule of assets (held at end of year) are fairly presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- 34) In regard to the preparation of the financial statement services performed by you, we have:
 - a. Assumed all management responsibilities.
 - b. Designated an individual with senior management who has suitable skill, knowledge, or experiences to oversee the services.
 - c. Evaluated the adequacy and results of the services performed.
 - d. Accepted responsibility for the results of the services.
- 35) These representations are made to you as of March 31, 2017.



Ms. Deloris Johnson
ALPI Chief Executive Officer

**HEALTH & WELFARE BENEFIT
FORM 5500**

<p>Form 5500 Department of the Treasury Internal Revenue Service</p> <p>Department of Labor Employee Benefits Security Administration</p> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <p style="text-align: center; font-size: 24pt;">2015</p> <p style="text-align: center;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information

For calendar plan year 2015 or fiscal plan year beginning 10/01/2015 and ending 09/30/2016

A This return/report is for: a multiemployer plan; a multiple-employer plan (Filers checking this box attach a list of participating employer information in accordance with the form instructions); or

B This return/report is: a single-employer plan; a DFE (specify) _____

the first return/report; the final return/report;

an amended return/report; a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here

D Check box if filing under: Form 5558; automatic extension; the DFVC program;

special extension (enter description)

Part II Basic Plan Information --- enter all requested information

<p>1a Name of plan <u>The Agricultural and Labor Program, Inc. Welfare Benefit Plan</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>501</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, suite no. and street or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (If foreign, see instructions)</p> <p><u>The Agricultural And Labor Program, Inc.</u></p> <p><u>300 Lynchburg Rd</u></p> <p><u>US Lake Alfred FL 33850</u></p>	<p>1c Effective date of plan <u>07/01/1993</u></p> <p>2b Employer Identification Number (EIN) <u>59-1634148</u></p> <p>2c Plan Sponsor's telephone number <u>(863) 956-3491</u></p> <p>2d Business code (see instructions) <u>115110</u></p>

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE		2-27-2017	DELORIS JOHNSON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number)			Preparer's telephone number

2015 Form 5500 for Health and Welfare Plan Request for Information
Page 1

Plan Name: The Agricultural and Labor Program, Inc.

Plan Number: 501

Plan Year Ending: 10/1/15 - 9/30/16

Plan Sponsor's Name: The Agricultural and Labor Program, Inc

Plan Sponsor's Address: 300 Lynchburg Rd., Lake Alfred, FL 33850

Plan Sponsor's Phone # to be shown on Form 5500: 863-956-3491

Plan Sponsor's EIN: 59-1634148

Contact Name: Deloris Johnson, Chief Executive Officer

Contact Phone#/Fax#: 863-956-9491 ext. 204 Fax 863-956-3357

Email: DJohnson@alpi.org

1. Yes No Have any plan amendments been adopted by the Plan during this plan year that would require changes on Form 5500? If yes, please provide details on separate sheet.
2. Yes No Has a resolution been adopted to terminate the plan during this plan year? If so, please provide us a copy of the resolution.
3. Yes No In this plan year, was the plan merged or consolidated into another plan(s), or were assets or liabilities transferred to another plan(s)? If so, please provide us a copy of the resolution authorizing the merger or transfer.
4. Yes No Does the plan have a separate plan document to incorporate all benefits reported on Form 5500 other than an employee handbook?
5. Yes No Does the plan have a trust? If yes:
- Provide a summary of the plan's financial records for the plan year (for welfare plans with 100 or more participants, provide draft financial statements from your auditor)
 - Provide coverage amount of ERISA fidelity bond as of the plan year end. \$ _____
 - Provide a summary of fees paid either directly or indirectly from the plan to any service provider – Name of provider; employer identification number of provider; nature of services provided and amount of fees paid during plan year.

Plan Participation: *Do not include spouses or dependents in the participant counts.*

Total number of participants at the beginning of the plan year	160
Number of participants as of the end of the plan year unless otherwise stated.	
a(1) Total number of active participants at the beginning of the plan year	160
a(2) Total number of active participants at the end of the plan year	161
b Retired or separated participants receiving benefits	0
c Other retired or separated participants entitled to future benefits	0
d Subtotal. Add lines 2a(2) , 2b and 2c .	161

2015 Form 5500 for Health and Welfare Plan Request for Information
Page 2

Form 5500 Welfare Benefit Codes: Please check ALL benefits provided by the plan during the plan year. Please include both self-funded and fully insured benefits.

<input checked="" type="checkbox"/> 4A – Health	<input type="checkbox"/> 4I – Severance pay
<input type="checkbox"/> 4A – Employee Assistance Plan	<input type="checkbox"/> 4J – Apprenticeship & Training
<input type="checkbox"/> 4A – Flexible Spending Account	<input type="checkbox"/> 4K – Scholarship
<input checked="" type="checkbox"/> 4B – Life Insurance	<input checked="" type="checkbox"/> 4L –AD&D
<input type="checkbox"/> 4C – Supplemental Unemployment	<input type="checkbox"/> 4L – Business Travel Accident
<input checked="" type="checkbox"/> 4D – Dental	<input type="checkbox"/> 4P – Taft-Hartley Financial Assistance for Employee Housing Expenses
<input checked="" type="checkbox"/> 4E – Vision	<input type="checkbox"/> 4R – No Filing Requirement for the Next Plan Year
<input checked="" type="checkbox"/> 4F – Temporary Disability	<input type="checkbox"/> 4S – Filing Requirement Reinstated
<input checked="" type="checkbox"/> 4G – Prepaid Legal	
<input checked="" type="checkbox"/> 4H – Long Term Disability	<input type="checkbox"/> 4Q – Other Please list benefits: _____

Provide Schedule A information for all insured benefits, as provided to you by your insurance carrier or broker. Schedule A information must be provided for policies ending **with or within** the plan year. Please identify Schedule A Insurance Carrier below:

Insurance Carrier	Contract #	Benefit Type	Contract Period Ending	Comments Including Date of Termination if a Carrier Changed from Prior Plan Year	Are any benefits self funded? If so, list benefit
Lincoln Financial	10165755	Life	9/30/16		
Blue Cross, Blue Shield of Florida	56164	Medical	7/30/16		
Guardian Life Ins. Co. of America	00278522	Dental/Vision	7/30/16		
LegalShield	0035979	Prepaid Legal	9/30/16		
AFLAC	XQ442	Sup Hlth	9/30/16		

2015 Form 5500 for Health and Welfare Plan Request for Information
Page 3

Type of Employer:

Check One:	<input checked="" type="checkbox"/> Single Employer - <input type="checkbox"/> Multiple Employer - <input type="checkbox"/> Multi-employer
------------	--

Form M-1 Compliance Information:

<p>New rules have added a requirement to all welfare plan Form 5500 filers to provide Form M-1 Compliance Information. These rules create a cross-reference between the Form M-1 required to be filed by multiple employer welfare arrangements (MEWAs) and the Form 5500 required of plans subject to ERISA. MEWAs are plans covering two or more unrelated employers, including self-employed individuals. If multiple employers participating in the same plan are members of the same controlled group, then the plan is a single employer plan and not a MEWA.</p> <ul style="list-style-type: none"> • If the plan is a single employer plan, the plan is not subject to the Form M-1 filing requirements. • If the plan is a multiple employer plan, additional information is needed regarding the Form M-1 filing required for these types of plans. 	
1. Was the plan subject to the Form M-1 filing requirements?	<input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No
2. Is the Plan currently in compliance with the Form M-1 filing requirements? <i>(required for Multiple Employer Plans Only)</i>	<input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No
3. Enter the Receipt Confirmation Code for the Form M-1 annual report that corresponds with the plan year for the Form 5500 filing. <i>(required for Multiple Employer Plans Only)</i>	

I acknowledge preparation of this requested information and certify to its accuracy:

H. David Johnson
Name

2-20-2017
Date



GOVERNMENT AFFAIRS
Chain O'Lakes - Winter Haven
April 22, 2017
8:30 a.m.

AGENDA

I. CALL TO ORDER

- A. Moment of Silence
- B. Roll Call
 - Josephine Howard, Chair
 - Glenda Jones
 - Kim Johnson
 - Chester McNorton
 - Constance Griffin
 - Christine Samuel, Staff Liaison

II. ITEMS FOR DISCUSSIONS

- Review Agency 2016/2017 Legislative Proposed Agenda
- Review Agency Legislative Agenda Updates
- NCAF Legislative Conference Update
- Voting initiative (May – July)
- Inform all Regional Advisory/Policy Council of local, state, and federal issues effecting ALPI (ongoing)

III. ACTION ITEMS/RECOMMENDATIONS FOR BOARD APPROVAL

- Agency 2017/2018 Legislative Agenda Plan

IV. ADJOURNMENT

AGENCY LEGISLATIVE AGENDA UPDATES

Like 0 Share: Tweet



Legislative Link

#LiveUnitedFL

ISSUE 2 | MARCH 17, 2017



WHAT'S INSIDE

House Member Projects Total
\$2.58 Billion

United Way Tax Preparation
Assistance Funding Request

Florida House: "Reign In"
Supreme Court

Snapshot: 2017 Florida
Legislature

Florida State Employees'
Charitable Campaign: Repealed?

House Member Projects Total \$2.58 Billion

A pre-session issue that threatened to shut down the budget process is a new [House Rule](#) that requires member projects to be filed as stand-alone Appropriations Project Bills prior to session. Speaker Corcoran believes the rule will save \$1 billion by bringing into the Sunshine the multitude of "turkeys" that are traditionally added to the final appropriations bill during the last days and hours of session.

The rule has already revealed the depth and breadth of member projects that heretofore had to be individually identified by going page-by-page through the budget. At last count, 1,205 [Appropriations Project Bills](#) had been filed totaling requests for \$2.58 billion.

The rule has indeed added a tremendous amount of transparency to the process, but also proves the old adage that, "Turkey is in the eye of the beholder." Water and sewer systems, roads, conservation projects, literacy and arts programs, an early intervention program for children with hearing loss, behavioral health crisis prevention teams, a comprehensive care model for children with autism, solar bus shelters, bridges, and a World Rowing Championship temporary facilities are just a few examples.

BILLS HEARD THIS WEEK:

Children Obtaining Driver
Licenses

Emergency Services for an
Unintentional Drug Overdose

Public School Recess

Education: Just Read Florida

Offenses by Illegal Immigrants

Self-Defense Immunity

Small Business Financial
Assistance

Middle School Study

Religious Expression in Public
Schools

High School Graduation
Requirements

United Way Tax Preparation Assistance Funding Request

Arguably the Appropriations Project Bill with the greatest return on investment to Florida workers, businesses, and taxpayers has been filed by Representative David Santiago. [HB 2153](#) requests \$1.2 million to support the "United Way of Florida - Financial Literacy and Prosperity Program." Senator Audrey Gibson is championing the request in the Senate.

The recently released [Florida ALICE Report](#) provides the backdrop for the requests. ALICE stands for Asset Limited, Income Constrained, Employed. ALICE households are working families that live above the Federal Poverty Level, yet still have a difficult time affording the basics of housing, food, health care, child care, and transportation, despite working.

ALICE workers are the backbone of virtually every major economic sector in Florida: agriculture, tourism, service, healthcare and education. They work hard, but still struggle to make ends meet.

And they are 44 percent of the households in Florida. Almost half. That is a staggering number that must be addressed if Florida's economy is to flourish, businesses thrive, and families improve their qualities of life.

The \$1.2 million for the United Way of Florida - Financial Literacy and Prosperity Program will help to address the issue like few others. Together with United Ways' match of \$1.8 million, it will allow United Ways and our partners to:

- help more than **31,000 ALICE families** in all 67 counties receive more than **\$48 million in tax refunds** and more than **\$13 million in Earned Income Tax Credits**;
- generate **\$2.75 million in state and local sales taxes**; and
- generate an additional **\$1.1 million in education tax credits** for Floridians pursuing higher education.

Member of Parliament: *Mr. Churchill, must you fall asleep when I am speaking?*

Winston Churchill: *No, it's purely voluntary.*

Florida House: "Reign In" Supreme Court

One of the bedrocks of our U.S. system of government is separation of the three branches of government, which is intended to ensure that no one person or group of people can amass too much power. Each of the three branches is balanced by the powers of the other two coequal branches.

In Federalist No. 47 (1788), James Madison stated that, "The accumulation of all powers, legislative, executive, and judiciary, in the same hands, whether of one, a few, or

Use of Animals in Proceedings
Involving Minors

Florida Criminal Justice Reform
Task Force

Family Self-Sufficiency

Task Force on Affordable
Housing

Sharks

Youthful Offenders

Newborn Screenings

Pregnancy Support Services

Child Welfare

Temporary Assistance for Needy
Families Applicant Drug
Screening

Child Welfare

Veterans' Annual Sales Tax
Holiday

BILL BRIEFS

*United Way of Florida bills of
interest, updated weekly.*

QUICK LINKS

[UNITED WAY OF FLORIDA](#)

[CHILDREN'S WEEK](#)

[CHILDREN'S MOVEMENT OF
FLORIDA](#)

[FLORIDA CHILDREN'S
COUNCIL](#)

[ONLINE SUNSHINE](#)

[LOBBY LAW FOR
NONPROFITS](#)

[FIND YOUR UNITED WAY](#)

[**JOIN THE
LEGISLATIVE LINK
EMAIL LIST**](#)

Click on the link above, then enter

many, and whether hereditary, self-appointed [sic], or elective, may justly be pronounced the very definition of tyranny."

Tension among the branches has existed throughout our nation's history, from the U.S. Supreme Court's refusal to provide advisory opinions when requested by President Washington (because it felt its task should be limited to adjudication of actual cases) to Franklin Roosevelt's attempts to stack the Court.

Because in recent years the Florida's Supreme Court has struck down legislation relating to workers compensation, the death penalty, stand your ground, charter schools, and more, House Speaker Richard Corcoran has declared that the Legislature must "reign in" the Supreme Court to try to make the Justices stop "legislating from the bench." As a result, two sets of bills have been field and have moved quickly through the House:

- [House Joint Resolution \(HJR\) 1](#), which is poised to pass the full House, proposes a constitutional amendment that would create 12 year term limits for state Supreme Court Justices and Appellate Court Judges. If passed by the Legislature by a 3/5ths vote in each house, the constitutional amendment would be voted on by Floridians on November 6, 2018 and take effect January 9, 2019. The constitution requires 60 percent voter approval for passage. The Senate companion, [SJR 482](#), has not yet been heard.
- [HB 301](#) requires, among others, that the Supreme Court prepare an annual report at the end of each year containing a "detailed explanation of the court's failure to render a decision or disposition" in pending cases older than six months. It also is ready to be passed by the House. It's Senate Companion, [SB 878](#), was passed by the Judiciary Committee on the first day of session.

Snapshot: 2017 Florida Legislature

160 Lawmakers:

- \$28,000 legislative paycheck
- 53 millionaires

Average Net Worth:

- Senators - \$3.5 million
 - Rs - \$5 million
 - Ds - \$1.1 million
- Representatives - \$1.5 million
 - Rs - \$2 million
 - Ds - \$569,763

"I will always choose a lazy person to do a difficult job

*your email and name into the boxes to automatically receive the **Legislative Link** and information about childrens' issues.*

Important Session Dates

March 7

- First day of the 2017 Florida Legislative Session

March 26 - 31

- [Children's Week](#)

March 29

- [Florida Senior Day](#)

May 5

- Last day of regular session

*"Never argue with a fool. Onlookers may not be able to tell the difference."
- Mark Twain*

Florida State Employees' Charitable Campaign: Repealed?

The Florida State Employees' Charitable Campaign (FSECC) was created in 1980 and placed into law in 1993. It is the only authorized charitable fundraising drive directed toward state employees within work areas during work hours, and for which the state provides payroll deduction. Over the years, state employees have generously contributed more than \$90 million to participating charities through the FSECC.

Florida's United Ways acted as fiscal agents and provided campaign support services for the Campaign from 1980 until 2012, when we were notified by the Department of Management Services (DMS) that the fiscal agent contract would be awarded to Solix, Inc., a for-profit corporation located in New Jersey.

The Department's stated purposes for changing fiscal agents was to standardize accounting and reporting of contributions, and to address their concerns that it was inappropriate for a charity participating in the FSECC (i.e., United Way) to be responsible for funds intended for other participating charities.

Unfortunately, since Solix assumed fiscal agent responsibilities for the Campaign, participation and contributions dwindled and administrative expenses skyrocketed. Statewide campaign totals decreased from \$2.6 million in 2011 (the last year of the United Way contract) to \$547,297 in 2015, a 79.6 percent decrease, and administrative expenses paid to Solix skyrocketed to more than 71 percent of the funds raised during that 2015 Campaign. During the final eight years of the United Way's contract (2004-2011), the average statewide administrative cost was 11.9 percent.

Employee participation was so low and the projected administrative expenses so high that DMS cancelled the 2016 Campaign before it ended.

Due largely to the Campaign's dismal results over the last couple of years, the House Government Accountability Committee passed [CS/HB 1141](#) on Thursday. The bill repeals the FSECC and prohibits charitable fundraising by or for employees in the workplace during work hours.

Future *Legislative Links* will delve into why the FSECC's demise hurts state workers, state government, charities and, most of all, the millions of people who were helped by Campaign donations over the decades.

BILLS HEARD THIS WEEK

(Portions excerpted from Legislative staff analyses.)

Children Obtaining Driver Licenses

Children in the foster care system often face barriers to participating in everyday life experiences common to other young people their age. These life experiences are a part of how all children are prepared for the responsibilities they will assume as adults. Foster care children who are not able to learn or gain experience driving miss an important part of learning how to be independent, including being able to work and participate in extracurricular activities.

CS/SB 60 expands statewide the program that provides motor vehicle insurance and driver licenses to children in out-of-home care who are in relative and non-relative placements. It also provides assistance to children who have reached permanency or turned 18 under certain circumstances. The program is authorized to pay for a child in out-of-home care to complete a driver education program and obtain a driver license or the related costs of licensure under certain circumstances. The bill continues the program beyond the 3-year pilot period.

The bill requires the child's transition plan and the court to address the issue of a child in care being able to obtain a driver license. It provides that a guardian ad litem authorized by a minor's caregiver may sign for the minor's learner's driver license and not assume any obligation or liability for damages caused by the minor.

LAST ACTION: 3/16/2017 SENATE Favorable by Appropriations.

Emergency Services for an Unintentional Drug Overdose

Drug overdose is now the leading cause of injury-related death in the United States.

Drug overdose deaths doubled in Florida from 1999 to 2012, and Florida is currently in the midst of an opioid crisis. In 2015, Florida ranked fourth in the nation with 3,228 deaths from drug overdoses, and deaths caused by heroin and fentanyl increased more than 75 percent statewide when compared with 2014.

Florida law provides that a hospital cannot refuse to accept a person with an emergency medical condition if the service is within that hospital's capability and capacity. Persons requiring care beyond the hospital's capability or capacity must be transferred to another facility that can provide the needed services.

CS/HB 61 requires a hospital with an emergency department to develop a best practices policy to reduce readmissions for unintentional drug overdoses. The goal of the policy is to connect patients that experience unintentional drug overdoses with substance abuse treatment services.

The bill allows hospitals to determine what should be included in its best practices policy. However, bill offers several recommendations for what the policy may contain. Those recommendations include:

- A process for obtaining patient consent to disclose to patient's next of kin and the primary care physician or practitioner who prescribed a controlled substance of the patient's overdose, her or his location, and the nature of the substance or controlled substance involved in the overdose.
- A process for providing information to the patient or the patient's next of kin regarding licensed substance abuse treatment providers and voluntary and involuntary commitment procedures for mental health or substance abuse treatment.
- Controlled substance prescribing guidelines for emergency department health care practitioners.
- The use of licensed or certified behavioral health professionals or peer specialists in emergency departments to encourage the patient to voluntarily seek substance abuse treatment.
- The use of Screening, Brief Intervention, and Referral to Treatment protocols in the emergency department.

LAST ACTION: 3/14/2017 HOUSE Favorable with CS by Health Innovation Subcommittee.

Public School Recess

SB 78 requires each district school board to provide at least 100 minutes of supervised, safe, and unstructured free-play recess each week for students in kindergarten through grade 5. Such recess must involve at least 20 consecutive minutes of free-play per day.

LAST ACTION: 3/16/2017 SENATE Favorable by Appropriations.

Education: Just Read Florida

The rate of third grade students performing below grade level in reading has consistently exceeded 40 percent over the past several years. Although Florida law requires districts to implement interventions and supports for struggling readers, teachers may not receive adequate training in effective strategies to improve the reading performance of all students, including those with conditions such as dyslexia.

To help schools identify struggling readers more quickly and implement effective instruction and interventions, CS/HB 79 , among others:

- requires the Just Read, Florida! Office to provide training in explicit, systematic, and multisensory reading strategies and identify instructional and intervention programs that incorporate those strategies;
- requires teacher preparation programs to provide candidates for specified certification areas training in explicit, systematic, and multisensory reading strategies;
- prohibits districts from waiting until a student receives a failing grade in reading to initiate interventions;
- enhances communication to parents by requiring the Department of Education to develop a handbook that districts must provide to parents of students with a substantial reading deficiency;

- requires teachers who teach retained third graders to hold a reading certificate or endorsement; and
- requires the department to periodically review certification and coverage areas that involve reading instruction and recommend changes to improve training and instruction.

LAST ACTION: 3/14/2017 HOUSE Favorable with CS by Pre-k Quality Subcommittee.

Offenses by Illegal Immigrants

For certain offenses, Florida law provides for reclassification of the crime to the next higher degree and increases the offense severity ranking by one level. Examples of current offenses that are subject to reclassification provisions are crimes motivated by prejudice, and assault and battery offenses against a law enforcement officer engaged in the lawful performance of his or her duties

CS/HB 83 reclassifies five violent crimes to the next higher degree and enhances their severity ranking one rank higher than the normal ranking committed by an alien who is unlawfully present in the United States. The offenses qualifying for the enhanced penalty are:

- sexual battery;
- aggravated assault with a deadly weapon;
- murder;
- unlawful throwing, placing, or discharging a destructive device or bomb; and
- armed burglary.

LAST ACTION: 3/15/2017 HOUSE Favorable with CS by Criminal Justice Subcommittee.

Self-Defense Immunity

CS/SB 128 shifts the burden of proof to the state in pretrial hearings to determine whether a defendant is immune from criminal prosecution based on claimed justifiable use of force. Additionally, the bill requires the state to prove its burden beyond a reasonable doubt. The burden of proof of beyond a reasonable doubt is the same burden of proof imposed on the state in the prosecution of criminal cases, including cases in which self-defense is raised at trial as an affirmative defense.

LAST ACTION: 3/15/2017 SENATE Amendment Passed.

Small Business Financial Assistance

CS/SB 152 creates the Veterans Employment Small Business Grant Program to encourage small businesses in Florida to hire veterans. Under the program, a small business in Florida that hires a veteran as an employee may receive a one-time grant of \$1,500 for each veteran hired, or \$3,000 for each disabled veteran hired by the small business. These awards may not exceed \$10,500 per fiscal year for a qualifying small business.

To qualify for a grant under the program, a small business must agree to:

- employ a qualifying veteran for at least one year;

- provide a report with information on the employment status of each qualifying veteran under certain situations;
- pay each qualifying veteran an amount equal to at least 90 percent of the annual median income for veterans in Florida based on the most recent federal census or the most recent American Community Survey 5-year estimated published by the U.S. Census Bureau;
- invest any awarded grant moneys into the small business to facilitate further job creation and employment of veterans; and
- not rehire a veteran previously claimed as an employee in order to receive funds under the program.

LAST ACTION: 3/15/2017 SENATE Favorable with CS by Military and Veterans Affairs, Space, and Domestic Security.

Middle School Study

HB 293 directs the Florida Department of Education to conduct a comprehensive study of states with high-performing students in grades 6 through 8 in reading and mathematics, based on the state's performance on the National Assessment of Educational Progress. The findings of the study must be reported to the Governor, the State Board of Education, the President of the Senate, and the Speaker of the House of Representatives by December 2017. The study must include a review of the following general topics:

- academic expectations and instructional strategies;
- availability of student support services;
- attendance policies and student mobility issues;
- teacher quality;
- middle school administrator leadership and performance; and
- parental and community involvement.

LAST ACTION: 3/14/2014 HOUSE Favorable by PreK-12 Quality Subcommittee.

Religious Expression in Public Schools

CS/HB 303 authorizes a student to:

- Express religious beliefs in written and oral assignments free from discrimination.
- Wear jewelry that displays a religious message or symbol to the same extent as secular types of jewelry that displays messages or symbols are permitted.
- Engage in and organize religious groups before, during, and after the school day in the same manner and to the same extent that secular student organizations and groups are permitted.

The bill also requires a school district to:

- Allow a religious group the same access to the same school facilities for assembling as given to a secular

- group and allow a religious or secular group to advertise or announce its meetings.
- Permit school personnel to participate in religious activities on school grounds that are student-initiated and at reasonable times before or after the school day as long as the activities are voluntary and do not conflict with the duties and responsibilities of such school personnel.

LAST ACTION: 3/14/2017 HOUSE Favorable with CS by PreK-12 Quality Subcommittee.

High School Graduation Requirements

CS/SB 392 creates the "Personal Financial Literacy Education Act" to specify financial literacy standards and instruction for students entering grade 9 in the 2017-2018 school year. The bill revises:

- the Next Generation Sunshine State Standards to establish requirements for financial literacy distinct from the existing financial literacy requirements specified under the economics curricular content within the standards for social studies; and
- the requirements for a student to earn a standard high school diploma by:
 - establishing a separate one-half credit requirement in personal financial literacy;
 - deleting the requirement that the one-half credit in economics include financial literacy; and
 - reducing the number of required elective credits from eight to seven and one-half.

LAST ACTION: 3/15/2017 SENATE Favorable by Appropriations Subcommittee on Pre-K - 12 Education.

Use of Animals in Proceedings Involving Minors

Under CS/CS/SB 416 , a court may authorize the use of a facility dog to assist a victim or witness who must testify in a proceeding involving a sexual offense or in a dependency proceeding. The bill also expands the class of victims and witnesses who may use the assistance of an animal in giving testimony to include those having an intellectual disability.

Under current law, only a service or therapy animal may assist witnesses or victims who are required to testify. The bill removes references to "service animals" from current statute, and includes "facility dogs" as animals that may assist in relevant proceedings. As used in a courtroom, therapy animals and facility dogs fulfill the same purpose. This purpose is protecting the victim or witness from severe emotional or mental harm, which might occur while testifying in the presence of the defendant.

The difference between a service or therapy animal and a facility dog appears to be in their qualifications. Under current law, a service or therapy animal must be evaluated and registered according to national standards. Under the bill, a therapy animal or facility dog must be trained and evaluated according to industry standards.

Florida Criminal Justice Reform Task Force

The Florida Department of Corrections is the third largest state prison system in the country. It incarcerates approximately 100,000 inmates in correctional facilities and supervises nearly 140,000. As of June 30, 2015, there were 11,000 correctional officers. The Department's annual budget is \$2.4 billion for 2016.

At least 25 states have used what is commonly called justice reinvestment to develop and adopt prison reforms. The process involves an analysis of the data on what drives prison populations and costs, enactment of policies that address those factors, investments that support carrying out the changes, and oversight and measurement to ensure the desired results are being achieved.

Half the states have reduced their prison populations since 2009. Five states, Alabama, Idaho, Mississippi, Nebraska, and Utah, adopted reforms in 2014 and 2015 that have a collective projected savings or avoided cost of more than \$1.7 billion over the next two decades

SB 458 creates a 28-member joint legislative entity called Florida Criminal Justice Reform Task Force for conducting a comprehensive review of the state's criminal justice system, court system, and corrections system. The task force must submit a report of its findings, conclusions, and recommendations for proposed legislation during the 2018 Legislative Session.

LAST ACTION: 3/13/2017 SENATE Favorable by Criminal Justice.

Family Self-Sufficiency

The Supplemental Nutrition Assistance Program (SNAP) offers nutrition assistance to eligible, low-income individuals and families in the form of funds to purchase eligible food. The Food and Nutrition Service (FNS), under the U.S. Department of Agriculture (USDA), administers SNAP, and the Florida Department of Children and Families (DCF) distributes the benefits. Federal law offers two eligibility pathways for SNAP:

- Having a gross income below 130 percent of the Federal Poverty Level (FPL) (or 165 percent FPL if at least one person is age 60 or older or is disabled) and less than \$2,250 of counted liquid assets (or \$3,250 if at least one person is age 60 or older or is disabled); or
- Being "categorically," or automatically, eligible based on receiving benefits from other specified low-income assistance programs.

During the recent recession, Florida became one of forty states implementing broad-based categorical eligibility (BBCE) to expand eligibility for SNAP, setting eligibility for most households at 200 percent FPL or less. Florida also waived asset limits for SNAP in most cases. As of November 30, 2016, 3,331,377 total individuals were

enrolled in SNAP in Florida. Certain adult SNAP recipients must meet work requirements as a condition of benefit receipt.

Among others, [CS/CS/HB 581](#) eliminates BBCE for SNAP and aligns Florida's eligibility requirements with the federal minimum eligibility requirements for all initial applications and recertifications for SNAP benefits after January 1, 2018. The bill reinstates asset limits and requires DCF to contract with a vendor to verify liquid assets. At least 229,311 (6.8 percent) of SNAP recipients will no longer be eligible based on the income and asset limit changes.

LAST ACTION: 3/15/2017 House Favorable with CS by Appropriations Committee.

Task Force on Affordable Housing

[CS/SB 854](#) creates a 13-member task force on affordable housing to develop recommendations concerning Florida's affordable housing needs.

The recommendations of the task force must include, but are not limited to, a review of:

- market rate developments;
- affordable housing developments;
- land use for affordable housing developments;
- building codes for affordable housing developments;
- the states' implementation of the low-income housing tax credit;
- private and public sector development and construction industries; and
- the rental market for assisted rental housing.

The task force must also include recommendations for the development of strategies and pathways for low-income housing in a report submitted to the Governor, the President of the Senate, and the Speaker of the House of Representatives by January 1, 2018. The task force will be dissolved on June 30, 2018, or an earlier date determined by the task force.

LAST ACTION: 3/14/2017 SENATE Favorable with CS by Community Affairs.

Sharks

[CS/SB 884](#) codifies the prohibition against shark finning, which is established by the Florida Fish and Wildlife Conservation Commission by rule and provides enhanced penalties for violations relating thereto.

LAST ACTION: 3/14/2017 SENATE CS by Environmental Preservation and Conservation.

Youthful Offenders

[SB 892](#) allows the court to impose a sentence as a youthful offender if a person committed a felony before they turned 21 years of age. Current law requires the person be under 21 at the time of sentencing.

LAST ACTION: 3/13/2017 SENATE Favorable by Criminal Justice.

Newborn Screenings

Newborn screening is a preventive public health program that is provided in every state in the United States to identify, diagnose, and manage newborns at risk for selected disorders that, without detection and treatment, can lead to permanent developmental and physical damage or death. The United States Department of Health and Human Services (HHS) Advisory Committee on Heritable Disorders in Newborns and Children (ACHDNC) advises HHS on the most appropriate application of universal newborn screening tests, technologies, policies, guidelines and standards. ACHDNC establishes the heritable disorders listed on the federal Recommended Uniform Screening Panel (RUSP).

In Florida, the Department of Health (DOH) is responsible for administering the statewide Newborn Screening Program (NSP), which conducts screenings for 53 hereditary and congenital disorders. Once a disorder is added to the RUSP, it is reviewed by DOH's Genetic and Newborn Screening Advisory Council (GNSAC) to determine whether to recommend the disorder be added to the NSP panel.

CS/HB 963 amends s. 383.14, F.S., to require DOH to adopt rules requiring every newborn in the state, at the appropriate age, to be tested for any condition listed on the federal RUSP that the GNSAC advises should be included in the NSP panel. DOH must adopt the rules to include any condition the GNSAC recommends within one year of its recommendation.

LAST ACTION: 3/15/2017 HOUSE Favorable with CS by Health Quality Subcommittee.

Pregnancy Support Services

The Florida Pregnancy Support Services Program (FPSSP), was established in 2005, to provide supportive counseling and services to pregnant women and their families that promote and encourage childbirth. Under contract with the Department of Health (DOH), Florida Pregnancy Care Network, Inc. (FPCN) manages a network of pregnancy help centers that offer services such as pregnancy testing, counseling, education and training, and referrals to state, community, and medical resources.

The program was created by proviso in 2005, and has received annual appropriations since 2006. The bill codifies the program and defines program requirements.

CS/HB 969 requires DOH to contract with FPCN, to provide contract management services for the delivery of pregnancy support and wellness services to eligible clients.

LAST ACTION: 3/15/2017 HOUSE Favorable with CS by Health Quality Subcommittee.

Child Welfare

CS/SB 1044 makes a number of revisions to current law to improve the care of children in the child welfare system. Among others, the bill:

- requires the state to identify the father earlier in the legal process to allow for more placement options and family involvement for a child removed by the department;
- allows the department to return an abused or neglected child to his or her home with an in-home safety plan when the conditions that caused the child to be removed are resolved rather than when the parents have substantially completed their case plan;
- requires the department to consider the safety of any new children added to the home of a family after a child abuse investigation has begun;
- requires a parent to be assessed for substance abuse and complete treatment when there is evidence of harm to a child as a result of substance abuse;
- allows the state to terminate parental rights when a child has been placed in out-of-home care in any jurisdiction three or more times; and
- makes additional changes such as prohibiting payments under the Relative Caregiver Program when the parent is living with the relative along with the child, allowing the release of medical records by hospitals and physicians for child abuse cases, and using child abuse records to screen employees of group homes for foster children.

LAST ACTION 3/13/2017 SENATE Favorable with CS by Children, Families, and Elder Affairs .

Temporary Assistance for Needy Families Applicant Drug Screening

The Temporary Assistance for Needy Families (TANF) program is a block grant that provides states, territories, and tribes federal funds each year to cover benefits, administrative expenses, and services targeted to needy families. Federal law allows states to test welfare recipients for use of controlled substances and sanction those recipients who test positive.

In 2011, the Florida legislature passed a law requiring all TANF applicants to submit to a drug test as a condition of eligibility to receive benefits. The law was later held unconstitutional.

CS/HB 1117 amends Florida law to limit drug testing of TANF applicants who:

- have a previous drug-related felony conviction within the last ten years; and
- the Department of Children and Families (DCF) has a reasonable suspicion to believe are engaging in the illegal use of a controlled substance.

LAST ACTION: 3/13/2017 HOUSE Favorable with CS by Children, Families and Seniors Subcommittee.

Child Welfare

The Department of Children and Families' (DCF) child welfare practice model (model) standardizes the approach to risk assessment and decision making used to determine a child's safety. The model seeks to achieve the goals of safety, permanency, and child and family well-being. It

emphasizes parent engagement and empowerment as well as the training and support of child welfare professionals to assess child safety and emphasizes a family-centered practice with the goal of keeping children in their homes whenever possible.

CS/HB 1121 makes multiple changes to the child welfare statutes to protect vulnerable children. Among others, the bill:

- improves the assessment of risk for children by changing the process that DCF and the dependency court use to assess and order services for substance exposed newborns and children who enter households already under investigation or under the dependency court's jurisdiction;
- expedites permanency for children by making changes to the procedures the dependency court and DCF use to identify and locate prospective parents requiring an inquiry and search much earlier in the dependency case;
- fosters more meaningful engagement of families by making changes that facilitate more participation by a child in his or her case planning, streamline processes for child protective investigators, and align statute with current practice to include conditions for return and Family Functioning Assessments;
- allows DCF to use confidential abuse registry information and investigation records for residential group home employment screening, to align with foster home screening requirements; and
- permits hospitals and physician's offices to release patient records to DCF or its contracted entities for the purpose of investigations of or services for cases of abuse, neglect, or exploitation of children or vulnerable adults.

LAST ACTION: 3/13/2017 HOUSE Favorable with CS by Children, Families and Seniors Subcommittee.

Veterans' Annual Sales Tax Holiday

CS/SB 1202 establishes an annual, one-day sales tax holiday for veterans on November 11. During the holiday, clothing items under \$60 are exempt from the state sales tax. A retailer may elect not to participate if less than five percent of the retailer's gross sales of tangible personal property in the prior calendar year are comprised of clothing items as defined by the bill.

The Revenue Estimating Conference estimates that the bill reduces General Revenue receipts by \$1.4 million in Fiscal Year 2017-2018, with a \$1.4 million recurring reduction.

LAST ACTION: 3/14/2017 SENATE Favorable with CS by Military and Veterans Affairs, Space, and Domestic Security.

United Way of Florida, 307 E. Seventh Avenue, Tallahassee, FL 32303 - phone: 850.488.8287

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MEMBERSHIP COMMITTEE MEETING

Chain O'Lakes Complex - Winter Haven

April 22, 2017

9:00 a.m.

AGENDA

I. CALL TO ORDER

- A. Mission Statement
- B. Roll Call
 - Patricia Gamble, Chair
 - Dorothy Curry
 - LaVita Holmes
 - Terry Wellington
 - Cheryl Burnham, Staff Liaison**

II. ITEMS FOR DISCUSSIONS

- Review Advisory Councils Membership Recruitment Plan
- Review Head Start/EHS Policy Council Membership Recruitment Plan
- Review Advisory Councils Meeting Timelines
- Review Head Start/EHS Meeting Timelines

III. ACTION ITEMS/RECOMMENDATIONS FOR BOARD APPROVAL

- Advisory Council/Committee Membership Recruitment Plan
- Head Start/EHS Policy Council Membership Recruitment
- Advisory Councils Meeting Timelines
- Head Start/EHS Meeting Timelines

IV. ADJOURNMENT

**ADVISORY COUNCILS
MEMBERSHIP RECRUITMENT PLAN**

**THE AGRICULTURAL & LABOR PROGRAM, INC.
CORPORATION APPLICATION PROCESS**

1. Membership Campaign will begin each May thru September of each year. *(Each council will receive a copy of the membership roster from their region by October 1st of each year for the purpose of recruiting new members to serve on the council.)*
2. In May of each year each Advisory Council will receive a package of (25) applications for the recruitment of new members.
3. Applications will be accepted year round.
4. A Corporate Application will become a part of the initial assessment for the family of every child enrolling in either Head Start, Child Development, or Early Head Start. Attempts are to be made to also provide a Corporate Application to the families of the Children enrolled in Contracted Centers.
5. All applications should be sent to the Corporate Office c/o the Community Service Director or the Staff Liaison of the Membership Committee of the Board of Directors.
6. Each applicant will receive a Welcome Letter and information about the organization, upon receipt of an application.
7. A quarterly report will be made to the Board of Directors regarding the increases in membership.

- ❖ Membership Campaign Letter
- ❖ (25) Corporate Applications

**HEAD START / EHS
POLICY COUNCIL
MEMBERSHIP RECRUITMENT PLAN**

**ALPI HEAD START/EARLY HEAD START
OPERATIONAL POLICIES AND PROCEDURES
PROGRAM DESIGN AND MANAGEMENT**

SUBJECT: PROGRAM GOVERNANCE

RELATES TO CFR#: 1304.50(b)(1) - (b)(7)
POLICY GROUP COMPOSITION AND FORMATION

PERFORMANCE OBJECTIVE: The composition of the Policy Council is consistent with Section 1304.50 Appendix A and membership established by the Board of Directors.

Policy:

The ALPI Board of Directors decides on the total size of the Policy Council. The recommendations for composition are based on the number of Head Start and Early Head Start centers and children enrolled in the program.

The composition of the Policy Council shall be at least 51% parents of children currently enrolled in the program and not more than 49% community representatives. A community representative slot shall be committed to a member of the Board of Directors.

Parents of children currently enrolled in the program must elect parent members. Parent membership is limited to one parent and/or legal guardian from centers with 4 classrooms and two parents and/or legal guardians from centers with 5 classrooms or more. Contracted center will elect a Policy Council Representative and Alternate. The Policy Council limits the number of one-year terms; any individual can be re-elected, but cannot exceed three years.

The Board of Directors appoints Community Representatives, with a Board member filling the Board designated seat on the Council being elected by the membership of the Board of Directors. Community representatives will be selected from agencies whose services can benefit ALPI Head Start/Early Head Start families.

OPERATIONAL PROCEDURES:

Election of Parents:

1. Parent and/or legal guardian members will be nominated during the first Parent Committee Meeting in September by parents and/or legal guardians nominating themselves or by other parents and/or legal guardians nominating them; voting will take place and majority vote will win.

This policy is currently under review to be align with the new HSPP

2. Each center Parent Committee will elect Policy Council representative(s) and alternate(s) annually at the first Parent Committee Meeting in September. The election will consist of the following:

- Elect one parent or legal guardian from 1 center 1
(Francina Duval)
- Elect two parents or legal guardians from each of 6 centers 12
(Child Dev. & Family Serv., Garden Terrace, Queen Townsend, Lincoln Park, Frostproof and George W. Truitt)
- Elect one parent or legal guardian from the contracted centers combined 1
(St. Lucie County-HS) if applicable
- Elect one parent or legal guardian from the contracted centers combined 1
(St. Lucie County-EHS) if applicable
- Elect one parent or legal guardian from the contracted centers combined 1
(Polk County-EHS) If applicable
- Five community representatives (including the board representative) 5

Selection of the Community Representatives:

1. The Program Operations Directors will recruit the members of advisory committees, civic and professional organizations; public or private business, parents of formally enrolled children, and others who are familiar with resources and services for low-income families to potentially serve as community representatives.
2. The Program Operations Directors are responsible for developing a list of potential community representatives in August and sending a letter with a Job Description inviting them to be a part of the Policy Council.
3. Once a response has been received from them, the Program Operations Directors will submit the list of potential community representatives to the Board of Directors through the Deputy Director and the CEO in September of the program year.
4. The Program Operations Directors will submit the list of approved community representatives to the Policy Council for approval/disapproval at the October Policy Council meeting.
5. Parent and/or legal guardian members of the Policy Council will approve/disapprove of all community representatives.
6. During the Board and the Policy Council election process, the Board of Directors will elect a Board Representative to serve on the Policy Council and the Policy Council will elect a Policy Council Representative to serve on the Board of Directors.

This policy is currently under review to be align with the new HSPP

7. All Policy Council members are elected or re-elected annually. (*Community Representatives are selected annually*).
8. The Policy Council will serve a one (1) year term beginning in October. Members may serve on the Policy Council shall not exceed a combined total of three (3) years. *Any part of the year served will be considered as a full term.*
9. The Program Operations Directors will submit a Statement of Certification to each of the Policy Council members for members to certify that he/she is not an ALPI or contracted centers staff member, nor member of their families, serving on the Policy Council. *Immediate family means: wife, husband, son, daughter, mother, father, sister, brother, aunt, uncle, grand parents or relatives by marriage.*
10. Members that obtained employment with ALPI or contracted center, will be required to resign from the Policy Council; except parents who occasionally substitute for Head Start or Early Head Start Staff.
11. Past employees must be out of services for at least two years before becoming eligible to serve on the Policy Council.

This policy is currently under review to align with the new HSPP



Today's Date:

Corporate Application

The Agricultural and Labor Program, Inc.
P.O. Box 3126 • Winter Haven, FL 33885 • www.alpi.org

Name _____
(Last) (First) (Middle Initial)

Mailing Address _____
(Street No./P.O. Box)

(City, County, State, Zip Code)

Home # () _____ - _____ Business # () _____ - _____

Cell # () _____ - _____ Email Address: _____

Race: [] Black [] White [] Hispanic [] Other Marital Status: [] Married [] Unmarried (single, divorced, widowed)

Household Size ____ Yrs. of Education ____ Occupation _____ Yrs. on Job ____ Yrs. in Profession ____

Registered Voter: [] Yes [] No Able to attend nights/weekends meetings: [] Yes [] No

Applicant's Signature _____ Date _____

*Annual Recruitment is conducted May through September. All membership cards will be mailed in the month of October.
Membership Applications received after May will be mailed in October of the following year.*

I certify that this application has been reviewed by the Regional Advisory Membership Committee.

Regional Advisory Chairperson _____ Date _____

(Official Use Only)

The Agricultural and Labor Program, Inc.

Regional Applicant resides in [] Central [] Eastern [] Northern [] Southern

We certify that this application has been reviewed by the Board Membership Committee

Chairperson _____ Vice Chairperson _____

I.D. Number _____ Date Approved _____

**ADVISORY COUNCILS
MEETING TIMELINES**



**CENTRAL REGION ADVISORY COUNCIL
TASKS & TIMELINES
2017**

TASK(S)	ACTION ITEM	TRAINING	SPECIAL EVENT	Committee(s)/ Person Assigned
FEBRUARY				
Attend Shared Governance Orientation		X		CEO, Bd Chair
MARCH				
CRAC Meeting • Finalize Council Meeting Schedule • Confirm Council Committee Assignments • Review Council Tasks & Timelines • Review application for scholarships • Identify location and Vendor for Annual Family Picnic				Full Council
MAY				
CRAC Meeting • Review Advisory Council Membership Recruitment Plan • Identify Advisory 2016-2017 Legislative Agenda/Plan	X			
Select Representative to attend FACA Training Conference		X		Full Council
JUNE				
CRAC Host Annual Family Picnic Activities			X	Full Council
AUGUST				
CRAC Meeting Finalize Annual Meeting Plans to Include: • Program Booklet • Program Participants • Location /Caterer • Invitation Mail-out • Review Council's Membership & Meeting Attendance • Certify Council's Corporate Membership • Select Individual/Organization for 2018 Community Service Award	X			Full Council
OCTOBER				
Annual Corporate Membership Meeting • Recognition of Council Volunteer Services • Recognition of Outgoing Council Members • Installation of 2017-2018 Council Members & Officers	X			Full Council

2016 EASTERN REGION ADVISORY COUNCIL
TASKS AND TIMELINES

TASKS:	MONTH	COMMITTEE/MEMBER ASSIGNED
Shared Governance Orientation 2/25-17	FEBRUARY	
March 20, 2017 - Council Meeting	MARCH	Full Council
Review Timelines for Year		Chair person -FULL COUNCIL
DISCUSS ERAC SCHOLARSHIP PROCESS & FUNDRAISING	3/20/2017	Marjorie Gaskin
Scholarship Packets Available	3/20/2017	Chair/Liaison
SELECT REPS TO ATTEND FACA -5-9 - 5-17-17	3/20/2017	
SELECT MEMBER TO PICK UP PROCLAMATION	3/20/2017	
CHAIRPERSON OF ANNUAL MEETING	3/20/2017	
Recognize Birthdays January - March	3/20/2017	Gena Spivey, Angela Jules,
"	"	Beverly Richardson, Betty Bradwell
	APRIL	No Council Meeting
Secure Proclamation for Community Action Month	4/24/2017	
SUBMIT PLAN TO BOARD OF DIRECTORS FOR APPROVAL	4/22/2017	BOARD MEMBER
May 15, 2017 -Council Meeting	MAY	Full Council
COMMUNITY ACTION MONTH - Month of May- CSBG	5/1/2017	Awareness of Month Activities
FUNDRAISING ACTIVITIES	5/15/2017	
SCHOLARSHIP UPDATE, ADS AND LETTER	5/15/2017	
ACTION PLAN FOR FT. PIERCE ENERGY FAIR	5/15/2017	
DISCUSS ANNUAL PICNIC	5/15/2017	
Recognize Birthdays April - July	5/15/2017	Constance Griffin, Marjorie Gaskin,
"	"	Katherine Sims, Margaret Porter, Francis Cooper

2016 EASTERN REGION ADVISORY COUNCIL
TASKS AND TIMELINES

	JUNE	No Council Meeting
ALPI Annual Agency Picnic	6/24/2017	
	JULY	No Council Meeting
ENERGY FAIR-	TBA	FULL COUNCIL
Admin Office QUEENTOWNSEND II Ft. Pierce	"	"
Voting Initiative Day & Organize Political forums		
August 21, 2017 - Council Meeting	AUGUST	Full Council
DEADLINE OF FINAL SELECTION OF SCHOLARSHIP APPL	8/21/2017	SCHOLARSHIP COMMITTEE
FUNDRAISING UPDATE	8/21/2017	FUNDRAISING COMMITTEE
ANNUAL MEETING PROGRAM DEVELOPMENT	8/21/2017	Program Chair, Chris Samuel & full council
ACTION PLAN FOR MARTIN COUNTY ENERGY FAIR		FULL COUNCIL
Recognize Birthdays August - December	8/21/2017	William Holt, Debra Williams, Janea Rolle, Tiffany Wilder
"	"	Bobby Byrd, Fannie Moore, Bliss Johnson
	SEPTEMBER	No Council Meeting
SELECTION OF FUNDRAISING ACTIVITIES COMPLETED	9/15/2017	FUNRAISING COMMITTEE
FINAL DEADLINE OF SCHOLARSHIP ADS ---	9/15/2017	M. Gaskin & Scholarship Committee
ANNUAL MEETING BOOKLETS	9/15/2017	"
ENERGY FAIR - MARTIN COUNTY	TBA	
October 21, 2017 -Annual Meeting	OCTOBER	Full Council
ATTEND COUNCIL MEMBERSHIP MEETING	10/21/2017	FULL COUNCIL
INSTALLATION OF 2017/2018 COUNCIL MEMBERS	10/21/2017	PROGRAM COMMITTEE



**NORTHERN REGION ADVISORY COUNCIL
TASKS & TIMELINES
2017**

TASK(S)	ACTION ITEM	TRAINING	SPECIAL EVENT	Committee(s)/ Person Assigned
FEBRUARY				
Attend Shared Governance Orientation		X		CEO, Bd Chair
MARCH				
NRAC Meeting <ul style="list-style-type: none"> •Finalize Council Meeting Schedule •Confirm Council Committee Assignments •Review Council Tasks & Timelines •Review draft plans for scholarships 				Full Council
MAY				
NRAC Meeting <ul style="list-style-type: none"> •Review Advisory Council Membership Recruitment Plan Activities to include Northern Region Sector of services being provided inclusive of the following counties: *Seminole County (Sanford) *Volusia County (Deland, Pierson) *Lake County (Leesburg) *Orange County (Apopka, Orlando, Winter Park, Zellwood) •Identify Advisory 2016/2017 Legislative Agenda/Plan 	X			
Select Representative to attend FACA Training Conference		X		Full Council
JUNE				
Participate in Annual Agency Family Picnic Activities			X	Full Council
AUGUST				
NRAC Meeting Finalize Annual Meeting Plans to Include: <ul style="list-style-type: none"> •Program Booklet •Program Participants •Location /Caterer •Invitation Mail-out •Review Council's Membership & Meeting Attendance •Certify Council's Corporate Membership •Select Individual/Organization for 2018 Community Service Award 	X			Full Council
OCTOBER				
Annual Corporate Membership Meeting <ul style="list-style-type: none"> •Recognition of Council Volunteer Services •Recognition of Outgoing Council Members •Installation of 2017-2018 Council Members & Officers 	X			Full Council

2017 SOUTHERN REGION ADVISORY COUNCIL
TASKS AND TIMELINES

TASKS:	MONTH	COMMITTEE/MEMBER ASSIGNED
Attend Shared Governance Orientation	FEBRUARY	CEO/Board Chair
Distribute '2017' (draft) Meeting Calendar		FULL COUNCIL
Distribute '2017' (draft) Tasks and Timelines		
	MARCH	FULL COUNCIL
SRAC Meeting		
Confirm '2017' Meeting Calendar		
Review '2017' Tasks & Timeslines		
Review Corporate Applications		
Discuss Seigler, Sims & Wade Scholarship		
	MAY	FULL COUNCIL
SRAC Meeting		
Finalize Scholarship Donation		
LIHEAP ENERGY FAIR in Sebring Date: TBA		
Select Rep to attend FACA training 5/9-12/17		
	JUNE	FULL COUNCIL
Participate in ALPI's Annual Family Day Picnic		
Location: TBA		
	AUGUST	FULL COUNCIL
SRAC Meeting		
2017' Annual Meeting Plans		
Program/Participants/Menu		
Identify Individual/Organization		
for the '2017' Community Service Award		



**HEAD START / EHS
MEETING TIMELINES**





POLICY COUNCIL MAJOR TASKS AND TIMELINES

July	<ul style="list-style-type: none"> ▪ Participate in the Parent Orientation
August	<ul style="list-style-type: none"> ▪ Approval - New employees ▪ Participate in Parent Orientation
September	<ul style="list-style-type: none"> ▪ Policy Council Monthly Meeting ▪ Parent Committees are established: <ul style="list-style-type: none"> ○ Parliamentary procedures training ○ Election of Policy Council Representative and Alternates
October	<ul style="list-style-type: none"> ▪ Policy Council Training/Orientation is conducted <ul style="list-style-type: none"> ○ New Policy Council Members are installed ○ Approval of Community Representatives ○ Policy Council Monthly Meeting
November	<ul style="list-style-type: none"> ▪ Policy Council Monthly Meeting ▪ Policy Council participates in the Board of Directors Retreat to review, and discuss items to include but not limited to: <ul style="list-style-type: none"> ○ Review of Program's Long and Short Goals and Objectives ○ Internal Dispute Resolution/Community Complaint Procedures ○ Target Service Areas ○ Program Monitoring Reports ○ Program Annual Self-Assessment Report & Corrective Action Plan ○ Staff Qualification and Development Report ○ Child Outcomes Reports
December	<ul style="list-style-type: none"> ▪ Policy Council Monthly Meeting. Major items for review, input, and approval/disapproval include: <ul style="list-style-type: none"> ○ Internal Dispute Resolution/Community Compliant Procedures ○ Fiscal Management/Personnel Policies and Procedures ▪ Select Policy Council Members to participate in the Annual Parent Training Conference
January	<ul style="list-style-type: none"> ▪ Policy Council Monthly Meeting <ul style="list-style-type: none"> ○ Approval of Criteria for recruitment, selection, and enrollment priorities (Selection Criteria Scale) ▪ Annual Self-Assessment planning process begins ▪ Agency Corporate Annual Meeting/Luncheon
February	<ul style="list-style-type: none"> ▪ Policy Council Monthly Meeting ▪ Participation in the Annual Self-Assessment ▪ Board of Directors/Policy Council Orientation
March	<ul style="list-style-type: none"> ▪ Policy Council Monthly Meeting. Major items for review, input, and approval include: <ul style="list-style-type: none"> ○ Approval of Refunding Grant Application to include: program options, Management Work Plans, Operational Policies and Procedures, etc. ○ Annual Self-Assessment Report and Improvement Plan
April	<ul style="list-style-type: none"> ▪ Policy Council Monthly Meeting
May	<ul style="list-style-type: none"> ▪ Policy Council Monthly Meeting ▪ Select Policy Council Members to participate in the NHSA Training Conference
June	<ul style="list-style-type: none"> ▪ Policy Council Monthly Meeting ▪ Agency Picnic



BUDGET & FINANCE COMMITTEE MEETING

Chain O'Lakes Complex
April 22, 2017
9:00 a.m.

AGENDA

I. CALL TO ORDER

A. Mission Statement

B. Roll Call

Marjorie Gaskin, Chair
Lester Roberts
David Walker
Josephine Howard
Vernon McQueen
Stacy Campbell-Domineck
Dennis Gniewek, Staff Liaison
Deloris Johnson, CEO
William Holt, Board Chairperson

II. ITEMS FOR DISCUSSIONS

- Financial Reports
- 2017-2018 Preliminary Operating Budget
- 2015-2016 Form 990
- E-Rate Direct Deposit Application
- Board Fundraising Report To-date (See Tab 2)

III. ACTION ITEMS/RECOMMENDATIONS FOR BOARD APPROVAL

- Financial Reports
- 2017-2018 Preliminary Operating Budget
- 2015-2016 Form 990
- E-Rate Direct Deposit Application

IV. ADJOURNMENT

BALANCE SHEET

THE AGRICULTURAL AND LABOR PROGRAM, INC

BALANCE SHEET

August 31, 2016

ASSETS

CASH	994,938	
ACCOUNTS RECEIVABLE	1,204,422	
TOTAL CURRENT ASSETS		2,199,360
PREPAID EXPENSES	(18,231)	
FIXED ASSETS	496,901	
LAND	545,000	
ASSET HELD FOR SALE	34,146	
TOTAL LONG TERM ASSETS		1,057,816
TOTAL ASSETS		3,257,176

LIABILITIES

ACCOUNTS PAYABLE	940,923	
DEFERRED REVENUE	283,524	
PAYROLL PAYABLE	158,497	
TOTAL LIABILITIES		1,382,944

EQUITY

CURRENT YEAR ACTIVITY	58,774	
UNRESTRICTED FUND BALANCE	997,403	
INVESTMENT IN FIXED ASSETS	818,055	
TOTAL EQUITY		1,874,232
TOTAL LIABILITIES AND EQUITY		3,257,176

AGENCYWIDE R & E
BY CATEGORY

Agencywide R&E by Category

The Agricultural And Labor Program, Inc.

Run Date: 4/6/2017

Run Time: 5:44:20 pm

Page 1 of 1

Period Ending: 08/31/16

Format: 1 Board of Directors Financial Report

With Indirect Cost Detail

Code & Description	Budget	Current	YTD	Un/Ovr	% Bud
Revenues					
Federal Revenue	7,429,445.00	442,454.69	712,468.42	6,716,976.58	9.59%
State Revenue	8,234,803.00	687,643.06	1,326,438.42	6,908,364.58	16.11%
Local Revenue	2,106,614.00	44,958.86	121,805.47	1,984,808.53	5.78%
Revenues	17,770,862.00	1,175,056.61	2,160,712.31	15,610,149.69	12.16%
Expenses					
Salaries And Wages	6,914,678.00	306,698.74	431,851.26	6,482,826.74	6.25%
Fringe Benefits	1,749,019.00	101,043.39	189,081.05	1,559,937.95	10.81%
Communication	371,815.00	27,422.65	58,094.03	313,720.97	15.62%
Travel	119,385.00	5,214.99	13,817.33	105,567.67	11.57%
Food	518,384.00	33,245.58	33,302.44	485,081.56	6.42%
Rent / Utilities	411,717.00	43,351.82	68,208.73	343,508.27	16.57%
Vehicle Oper. / Maint.	68,535.00	11,529.45	12,477.78	56,057.22	18.21%
Contractual Services	484,325.00	30,836.04	58,480.15	425,844.85	12.07%
Supplies And Materials	831,371.00	68,144.51	137,427.31	693,943.69	16.53%
Capital Expenditures	7,580.00	0.00	5,500.00	2,080.00	72.56%
Grant, Subsidies, Contributions	4,404,349.00	503,358.47	1,003,801.28	3,400,547.72	22.79%
In-Kind	1,853,521.00	32,626.34	82,888.84	1,770,632.16	4.47%
Other Expenses	82,683.00	1,408.02	7,007.65	75,675.35	8.48%
Expenses	17,817,362.00	1,164,880.00	2,101,937.85	15,715,424.15	11.80%
Agency Balance	-46,500.00	10,176.61	58,774.46		

**REVENUE & EXPENDITURE REPORT
BY PROJECT**

Revenue and Expenditure Report by Project

The Agricultural And Labor Program, Inc.

Run Date: 04/06/2017

Run Time: 5:53:16 pm

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Period 07/01/16 to 08/31/16

Project Code & Description	Budget	Prior Year	Current	YTD	Proj Tot	Un/Ovr	% Bud
30217 16/17 ALPI Child Care				Project Period	7/1/2016	to 6/30/2017	
Revenues							
40510 Polk ELC - CC	8,000.00	0.00	1,660.00	1,660.00	1,660.00	6,340.00	20.75%
40800 St Lucie ELC - Center	13,400.00	0.00	470.67	470.67	470.67	12,929.33	3.51%
44400 St Lucie ELC Center A	4,224.00	0.00	0.00	0.00	0.00	4,224.00	0.00%
46100 Client Fees	3,000.00	0.00	146.00	146.00	146.00	2,854.00	4.87%
46200 Private Pay CC Fees	24,088.00	0.00	3,709.40	3,959.40	3,959.40	20,128.60	16.44%
Revenues	<u>52,712.00</u>	<u>0.00</u>	<u>5,986.07</u>	<u>6,236.07</u>	<u>6,236.07</u>	<u>46,475.93</u>	<u>11.83%</u>
Expenses							
50000 Salaries	25,600.00	0.00	116.14	116.14	116.14	25,483.86	0.45%
50500 Fringe Benefits	6,250.00	0.00	49.72	49.72	49.72	6,200.28	0.80%
52000 Direct Fringe - Worker	450.00	0.00	2.38	2.38	2.38	447.62	0.53%
52300 Travel	50.00	0.00	0.00	19.04	19.04	30.96	38.08%
53000 Office Supplies	1,500.00	0.00	0.00	0.00	0.00	1,500.00	0.00%
53100 Program Supplies	6,500.00	0.00	2,256.45	2,256.45	2,256.45	4,243.55	34.71%
53800 Postage	95.00	0.00	0.00	0.00	0.00	95.00	0.00%
55500 Building Maintenance	8,043.00	0.00	24.41	204.19	204.19	7,838.81	2.54%
59700 Indirect Costs	4,224.00	0.00	34.16	34.16	34.16	4,189.84	0.81%
Expenses	<u>52,712.00</u>	<u>0.00</u>	<u>2,483.26</u>	<u>2,682.08</u>	<u>2,682.08</u>	<u>50,029.92</u>	<u>5.09%</u>
Project Revenues:	<u>52,712.00</u>	<u>0.00</u>	<u>5,986.07</u>	<u>6,236.07</u>	<u>6,236.07</u>	<u>46,475.93</u>	<u>11.83%</u>
Project Expenses:	<u>52,712.00</u>	<u>0.00</u>	<u>2,483.26</u>	<u>2,682.08</u>	<u>2,682.08</u>	<u>50,029.92</u>	<u>5.09%</u>
Project Balance:	<u>0.00</u>	<u>0.00</u>	<u>3,502.81</u>	<u>3,553.99</u>	<u>3,553.99</u>		

Revenue and Expenditure Report by Project

The Agricultural And Labor Program, Inc.

Run Date: 04/06/2017

Run Time: 5:53:16 pm

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Period 07/01/16 to 08/31/16

Project Code & Description	Budget	Prior Year	Current	YTD	Proj Tot	Un/Ovr	% Bud
30617 16/17 VPK Polk County				Project Period	7/1/2016	to 6/30/2017	
Revenues							
40510 Polk ELC - CC	30,766.00	0.00	2,930.50	2,930.50	2,930.50	27,835.50	9.53%
40521 Polk VPK Admin	990.00	0.00	0.00	0.00	0.00	990.00	0.00%
Revenues	<u>31,756.00</u>	<u>0.00</u>	<u>2,930.50</u>	<u>2,930.50</u>	<u>2,930.50</u>	<u>28,825.50</u>	<u>9.23%</u>
Expenses							
50000 Salaries	6,000.00	0.00	0.00	0.00	0.00	6,000.00	0.00%
50500 Fringe Benefits	1,500.00	0.00	0.00	0.00	0.00	1,500.00	0.00%
52000 Direct Fringe - Work	120.00	0.00	0.00	0.00	0.00	120.00	0.00%
52100 Professional Services	5,000.00	0.00	134.51	134.51	134.51	4,865.49	2.69%
52900 Printing	2,000.00	0.00	272.09	272.09	272.09	1,727.91	13.60%
53000 Office Supplies	5,000.00	0.00	1,236.73	1,236.73	1,236.73	3,763.27	24.73%
53100 Program Supplies	11,146.00	0.00	0.00	0.00	0.00	11,146.00	0.00%
53300 Food Costs	0.00	0.00	20.82	20.82	20.82	-20.82	0.00%
58800 Food Adjustment	0.00	0.00	6.32	6.32	6.32	-6.32	0.00%
59700 Indirect Costs	990.00	0.00	0.00	0.00	0.00	990.00	0.00%
Expenses	<u>31,756.00</u>	<u>0.00</u>	<u>1,670.47</u>	<u>1,670.47</u>	<u>1,670.47</u>	<u>30,085.53</u>	<u>5.26%</u>
Project Revenues:	<u>31,756.00</u>	<u>0.00</u>	<u>2,930.50</u>	<u>2,930.50</u>	<u>2,930.50</u>	<u>28,825.50</u>	<u>9.23%</u>
Project Expenses:	<u>31,756.00</u>	<u>0.00</u>	<u>1,670.47</u>	<u>1,670.47</u>	<u>1,670.47</u>	<u>30,085.53</u>	<u>5.26%</u>
Project Balance:	<u>0.00</u>	<u>0.00</u>	<u>1,260.03</u>	<u>1,260.03</u>	<u>1,260.03</u>		

Revenue and Expenditure Report by Project

The Agricultural And Labor Program, Inc.

Run Date: 04/06/2017

Run Time: 5:53:16 pm

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Period 07/01/16 to 08/31/16

Project Code & Description	Budget	Prior Year	Current	YTD	Proj Tot	Un/Ovr	% Bud
31016 15/16 Food Service				Project Period	10/1/2015	to 9/30/2016	
Revenues							
40000 DOH - Food Program	1,061,780.17	519,628.90	51,204.51	51,204.51	570,833.41	490,946.76	53.76%
44000 DOH Food Adminis	89,750.20	33,339.83	2,694.97	2,694.97	36,034.80	53,715.40	40.15%
45000 Food Indirect Admin	38,217.63	21,439.54	0.00	0.00	21,439.54	16,778.09	56.10%
Revenues	<u>1,189,748.00</u>	<u>574,408.27</u>	<u>53,899.48</u>	<u>53,899.48</u>	<u>628,307.75</u>	<u>561,440.25</u>	<u>52.81%</u>
Expenses							
50000 Salaries	231,622.00	137,381.03	8,650.08	11,303.10	148,684.13	82,937.87	64.19%
50500 Fringe Benefits	57,905.50	32,519.01	2,968.77	4,838.57	37,357.58	20,547.92	64.51%
52000 Direct Fringe - Worker	5,582.09	3,130.68	191.38	250.08	3,380.76	2,201.33	60.56%
52100 Professional Services	420.00	0.00	15.46	15.46	15.46	404.54	3.68%
52300 Travel	13,000.00	4,428.54	80.27	80.27	4,508.81	8,491.19	34.68%
52700 Employee & Board R	100.00	201.36	7.10	7.10	208.46	-108.46	208.46%
52800 Community Relations	11.00	3.54	0.00	0.00	3.54	7.46	32.18%
52900 Printing	510.00	367.45	155.04	193.56	561.01	-51.01	110.00%
53000 Office Supplies	9,050.00	4,579.17	2,386.03	2,797.46	7,376.63	1,673.37	81.51%
53100 Program Supplies	300.00	284.31	0.00	-11.69	272.62	27.38	90.87%
53200 Non-food Supplies	12,332.00	6,699.93	1,071.60	1,071.60	7,771.53	4,560.47	63.02%
53300 Food Costs	783,909.78	326,106.47	32,116.53	32,041.92	358,148.39	425,761.39	45.69%
53400 Lease/Rent - Facilities	1,450.00	57.61	0.00	5.90	63.51	1,386.49	4.38%
53500 Utilities	6,600.00	13,869.95	1,552.96	1,967.80	15,837.75	-9,237.75	239.97%
53600 Telephone	1,200.00	2,194.23	612.47	777.96	2,972.19	-1,772.19	247.68%
53700 Data Communications	5,700.00	11,348.30	280.51	887.74	12,236.04	-6,536.04	214.67%
53800 Postage	230.00	481.35	105.42	116.26	597.61	-367.61	259.83%
53900 Dues & Subscriptions	48.00	22.40	0.00	7.62	30.02	17.98	62.54%
54000 Insurance - Automob	12,700.00	4,007.24	464.97	768.44	4,775.68	7,924.32	37.60%
54010 Insurance - Liability	270.00	5,776.51	375.58	751.16	6,527.67	-6,257.67	2,417.66%
54020 Insurance - Property/B	0.00	8,435.68	0.00	879.92	9,315.60	-9,315.60	0.00%
54700 Advertising	35.00	0.00	0.00	0.00	0.00	35.00	0.00%
55000 In-Service Training	8,000.00	5,848.85	0.00	4.27	5,853.12	2,146.88	73.16%
55500 Building Maintenance	6,740.00	13,639.96	1,889.78	3,484.38	17,124.34	-10,384.34	254.07%
55600 Vehicle Operation an	5,000.00	5,928.73	376.43	529.52	6,458.25	-1,458.25	129.17%
58100 Equipment Maintenan	50.00	3.63	0.19	0.26	3.89	46.11	7.78%
58200 Leases/Rent - Equipme	6,765.00	10,550.39	1,254.85	2,050.59	12,600.98	-5,835.98	186.27%
58300 Leases/ Rent Vehicles	15,000.00	11,673.99	958.85	2,085.17	13,759.16	1,240.84	91.73%
58800 Food Adjustment	-33,000.00	-22,737.60	-3,785.86	-50,167.58	-72,905.18	39,905.18	220.92%
59700 Indirect Costs	38,217.63	21,439.54	2,167.13	3,324.72	24,764.26	13,453.37	64.80%
Expenses	<u>1,189,748.00</u>	<u>608,242.25</u>	<u>53,895.54</u>	<u>20,061.56</u>	<u>628,303.81</u>	<u>561,444.19</u>	<u>52.81%</u>
Project Revenues:	<u>1,189,748.00</u>	<u>574,408.27</u>	<u>53,899.48</u>	<u>53,899.48</u>	<u>628,307.75</u>	<u>561,440.25</u>	<u>52.81%</u>
Project Expenses:	<u>1,189,748.00</u>	<u>608,242.25</u>	<u>53,895.54</u>	<u>20,061.56</u>	<u>628,303.81</u>	<u>561,444.19</u>	<u>52.81%</u>
Project Balance:	<u>0.00</u>	<u>-33,833.98</u>	<u>3.94</u>	<u>33,837.92</u>	<u>3.94</u>		

Revenue and Expenditure Report by Project

The Agricultural And Labor Program, Inc.

Run Date: 04/06/2017

Run Time: 5:53:16 pm

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Period 07/01/16 to 08/31/16

Project Code & Description	Budget	Prior Year	Current	YTD	Proj Tot	Un/Ovr	% Bud
32416 15/16 CAT CSC				Project Period	10/1/2015	to 9/30/2016	
Revenues							
41410 CSC St Lucie CAT	103,599.00	51,532.72	8,164.83	16,856.29	68,389.01	35,209.99	66.01%
Revenues	<u>103,599.00</u>	<u>51,532.72</u>	<u>8,164.83</u>	<u>16,856.29</u>	<u>68,389.01</u>	<u>35,209.99</u>	<u>66.01%</u>
Expenses							
50000 Salaries	59,647.04	35,935.33	-356.15	4,497.05	40,432.38	19,214.66	67.79%
50500 Fringe Benefits	6,202.72	7,547.46	-1,573.41	1,437.26	8,984.72	-2,782.00	144.85%
52000 Direct Fringe - Worke	1,306.73	871.45	17.28	134.46	1,005.91	300.82	76.98%
52100 Professional Services	1,250.00	289.84	0.00	0.00	289.84	960.16	23.19%
52300 Travel	2,400.00	0.00	0.00	0.00	0.00	2,400.00	0.00%
52900 Printing	100.00	0.00	0.00	0.00	0.00	100.00	0.00%
53000 Office Supplies	1,151.45	5,907.80	281.75	-5,218.25	689.55	-461.90	59.89%
53100 Program Supplies	3,300.00	302.34	0.00	0.00	302.34	2,997.66	9.16%
53200 Non-food Supplies	0.00	87.80	0.00	0.00	87.80	-87.80	0.00%
53300 Food Costs	2,060.00	1,276.55	57.45	142.84	1,419.39	640.61	68.90%
53500 Utilities	1,200.00	321.67	75.54	75.54	397.21	802.79	33.10%
53800 Postage	450.00	334.00	76.94	123.90	-457.90	-7.90	101.76%
54010 Insurance - Liability	1,283.00	695.42	178.84	357.68	1,053.10	229.90	82.08%
55300 Field Trips	0.00	630.00	0.00	141.50	771.50	-771.50	0.00%
55500 Building Maintenance	1,200.00	232.13	38.06	38.06	270.19	929.81	22.52%
55810 Equipment Purchase <	10,300.06	0.00	0.00	5,500.00	5,500.00	4,800.06	53.40%
58100 Equipment Maintenan	1,068.00	0.00	0.00	0.00	0.00	1,068.00	0.00%
58200 Leases/Rent - Equipm	300.00	844.17	105.45	210.90	1,055.07	-755.07	351.69%
58850 Other Expense Adjust	6,360.00	1,485.77	288.84	432.54	1,918.31	4,441.69	30.16%
58900 Indirect Adjustment	4,020.00	3,350.00	335.00	335.00	3,685.00	335.00	91.67%
Expenses	<u>103,599.00</u>	<u>60,111.73</u>	<u>-474.41</u>	<u>8,208.48</u>	<u>68,320.21</u>	<u>35,278.79</u>	<u>65.95%</u>
Project Revenues:	<u>103,599.00</u>	<u>51,532.72</u>	<u>8,164.83</u>	<u>16,856.29</u>	<u>68,389.01</u>	<u>35,209.99</u>	<u>66.01%</u>
Project Expenses:	<u>103,599.00</u>	<u>60,111.73</u>	<u>-474.41</u>	<u>8,208.48</u>	<u>68,320.21</u>	<u>35,278.79</u>	<u>65.95%</u>
Project Balance:	<u>0.00</u>	<u>-8,579.01</u>	<u>8,639.24</u>	<u>8,647.81</u>	<u>68.80</u>		

Revenue and Expenditure Report by Project

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Period 07/01/16 to 08/31/16

Project Code & Description	Budget	Prior Year	Current	YTD	Proj Tot	Un/Ovr	% Bud
35017 16/17 Head Start				Project Period	7/1/2016	to 6/30/2017	
Revenues							
40200 Head Start	4,814,916.00	0.00	296,415.03	465,787.13	465,787.13	4,349,128.87	9.67%
44900 Headstart Admin	513,375.00	0.00	14,170.32	52,818.40	52,818.40	460,556.60	10.29%
47000 In-Kind Revenue	1,332,073.00	0.00	13,222.71	51,526.88	51,526.88	1,280,546.12	3.87%
Revenues	<u>6,660,364.00</u>	<u>0.00</u>	<u>323,808.06</u>	<u>570,132.41</u>	<u>570,132.41</u>	<u>6,090,231.59</u>	<u>8.56%</u>
Expenses							
50000 Salaries	3,111,361.00	0.00	133,946.92	179,567.29	179,567.29	2,931,793.71	5.77%
50500 Fringe Benefits	726,726.00	0.00	44,255.95	76,408.22	76,408.22	650,317.78	10.51%
52000 Direct Fringe - Worker	52,336.00	0.00	2,992.87	4,002.20	4,002.20	48,333.80	7.65%
52100 Professional Services	52,000.00	0.00	1,963.09	1,963.09	1,963.09	50,036.91	3.78%
52300 Travel	16,000.00	0.00	1,132.73	1,640.50	1,640.50	14,359.50	10.25%
52700 Employee & Board R	8,000.00	0.00	104.96	136.68	136.68	7,863.32	1.71%
52800 Community Relations	1,000.00	0.00	0.00	102.04	102.04	897.96	10.20%
52900 Printing	8,000.00	0.00	1,986.76	2,591.15	2,591.15	5,408.85	32.39%
53000 Office Supplies	7,000.00	0.00	1,786.72	2,322.63	2,322.63	4,677.37	33.18%
53100 Program Supplies	42,500.00	0.00	3,405.78	11,882.51	11,882.51	30,617.49	27.96%
53300 Food Costs	15,000.00	0.00	2,397.86	40,965.57	40,965.57	-25,965.57	273.10%
53500 Utilities	126,035.00	0.00	18,550.25	22,744.23	22,744.23	103,290.77	18.05%
53600 Telephone	45,000.00	0.00	2,415.93	11,044.44	11,044.44	33,955.56	24.54%
53700 Data Communications	65,000.00	0.00	4,105.64	11,030.19	11,030.19	53,969.81	16.97%
53800 Postage	8,500.00	0.00	1,014.11	1,404.24	1,404.24	7,095.76	16.52%
53900 Dues & Subscriptions	5,500.00	0.00	125.00	1,123.16	1,123.16	4,376.84	20.42%
54000 Insurance - Automobile	45,000.00	0.00	2,486.92	5,103.93	5,103.93	39,896.07	11.34%
54010 Insurance - Liability	65,000.00	0.00	5,292.31	10,584.61	10,584.61	54,415.39	16.28%
54020 Insurance - Property/B	50,000.00	0.00	9,177.26	15,311.41	15,311.41	34,688.59	30.62%
54030 Insurance - Child Acci	4,000.00	0.00	400.17	821.79	821.79	3,178.21	20.54%
54600 Licenses and Fees	7,500.00	0.00	335.71	2,427.78	2,427.78	5,072.22	32.37%
55000 In-Service Training	59,136.00	0.00	2,453.80	4,562.63	4,562.63	54,573.37	7.72%
55200 Parent Activities	9,000.00	0.00	192.78	192.78	192.78	8,807.22	2.14%
55400 Subcontractor Expens	69,656.00	0.00	6,252.05	6,252.05	6,252.05	63,403.95	8.98%
55500 Building Maintenance	100,000.00	0.00	15,152.75	29,126.85	29,126.85	70,873.15	29.13%
55600 Vehicle Operation an	40,535.00	0.00	11,153.02	11,794.57	11,794.57	28,740.43	29.10%
56600 In-Kind Expense	1,332,073.00	0.00	13,222.71	51,526.88	51,526.88	1,280,546.12	3.87%
58200 Leases/Rent - Equipm	30,568.00	0.00	1,185.18	4,776.05	4,776.05	25,791.95	15.62%
58300 Leases/ Rent Vehicles	44,563.00	0.00	2,678.40	5,176.92	5,176.92	39,386.08	11.62%
58800 Food Adjustment	0.00	0.00	727.62	727.62	727.62	-727.62	0.00%
59700 Indirect Costs	513,375.00	0.00	32,912.81	52,818.40	52,818.40	460,556.60	10.29%
Expenses	<u>6,660,364.00</u>	<u>0.00</u>	<u>323,808.06</u>	<u>570,132.41</u>	<u>570,132.41</u>	<u>6,090,231.59</u>	<u>8.56%</u>

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Period 07/01/16 to 08/31/16

Project Code & Description	Budget	Prior Year	Current	YTD	Proj Tot	Un/Ovr	% Bud
36117 16/17 EHEAP 4/1/16-3/31/17				Project Period	4/1/2016	to 3/31/2017	
Revenues							
40150 EHEAP Operations	112,073.00	28,961.52	2,579.74	13,382.72	42,344.24	69,728.76	37.78%
40151 EHEAP Admin	1,632.00	391.60	163.06	381.54	773.14	858.86	47.37%
Revenues	113,705.00	29,353.12	2,742.80	13,764.26	43,117.38	70,587.62	37.92%
Expenses							
50000 Salaries	10,128.58	2,324.91	358.04	774.55	3,099.46	7,029.12	30.60%
50500 Fringe Benefits	2,616.00	552.38	38.02	331.57	883.95	1,732.05	33.79%
52000 Direct Fringe - Worker	251.42	52.74	9.58	18.80	71.54	179.88	28.45%
52300 Travel	691.00	8.42	0.00	50.28	58.70	632.30	8.49%
52900 Printing	601.00	186.38	-52.79	78.97	265.35	335.65	44.15%
53000 Office Supplies	1,001.00	245.70	-217.44	-119.04	126.66	874.34	12.65%
53500 Utilities	226.00	339.41	-160.76	-114.91	224.50	1.50	99.34%
53600 Telephone	859.00	1,297.86	-300.00	-300.00	997.86	-138.86	116.17%
53700 Data Communications	510.00	1,431.13	-383.83	-338.43	1,092.70	-582.70	214.25%
53800 Postage	230.00	323.91	-131.25	-131.25	192.66	37.34	83.77%
58030 Weather Related Cri	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
58040 Crisis EHEAP Energy	94,810.00	25,466.61	3,562.80	10,044.16	35,510.77	59,299.23	37.45%
59700 Indirect Costs	1,781.00	362.65	46.08	227.82	590.47	1,190.53	33.15%
Expenses	113,705.00	32,592.10	2,768.45	10,522.52	43,114.62	70,590.38	37.92%
Project Revenues:	113,705.00	29,353.12	2,742.80	13,764.26	43,117.38	70,587.62	37.92%
Project Expenses:	113,705.00	32,592.10	2,768.45	10,522.52	43,114.62	70,590.38	37.92%
Project Balance:	0.00	-3,238.98	-25.65	3,241.74	2.76		

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The Agricultural And Labor Program, Inc.

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Period 07/01/16 to 08/31/16

Project Code & Description	Budget	Prior Year	Current	YTD	Proj Tot	Un/Ovr	% Bud
37017 16/17 Agency General				Project Period	7/1/2016	to 6/30/2017	
Revenues							
46200 Private Pay CC Fees	35,000.00	0.00	0.00	0.00	0.00	35,000.00	0.00%
46300 Fundraising	0.00	0.00	200.00	200.00	200.00	-200.00	0.00%
46400 Interest Income	145.00	0.00	12.29	24.57	24.57	120.43	16.94%
46500 Other Revenue	1,000.00	0.00	0.00	0.00	0.00	1,000.00	0.00%
46700 E-rate	95,161.00	0.00	0.00	0.00	0.00	95,161.00	0.00%
Revenues	<u>131,306.00</u>	<u>0.00</u>	<u>212.29</u>	<u>224.57</u>	<u>224.57</u>	<u>131,081.43</u>	<u>0.17%</u>
Expenses							
52100 Professional Services	5,500.00	0.00	0.00	0.00	0.00	5,500.00	0.00%
52300 Travel	2,000.00	0.00	0.00	0.00	0.00	2,000.00	0.00%
52500 Board Expenses	2,000.00	0.00	0.00	0.00	0.00	2,000.00	0.00%
52600 Advisory Council Ex	806.00	0.00	0.00	0.00	0.00	806.00	0.00%
52700 Employee & Board R	10,000.00	0.00	238.88	-551.79	-551.79	10,551.79	-5.52%
52800 Community Relations	26,000.00	0.00	2,808.50	7,737.27	7,737.27	18,262.73	29.76%
52900 Printing	2,000.00	0.00	0.00	0.00	0.00	2,000.00	0.00%
53000 Office Supplies	2,000.00	0.00	0.00	0.00	0.00	2,000.00	0.00%
53100 Program Supplies	0.00	0.00	0.00	100.00	100.00	-100.00	0.00%
53300 Food Costs	0.00	0.00	0.00	46.08	46.08	-46.08	0.00%
53500 Utilities	2,000.00	0.00	0.00	0.00	0.00	2,000.00	0.00%
53600 Telephone	2,000.00	0.00	0.00	0.00	0.00	2,000.00	0.00%
53700 Data Communications	22,000.00	0.00	0.00	0.00	0.00	22,000.00	0.00%
53800 Postage	1,500.00	0.00	0.00	0.00	0.00	1,500.00	0.00%
53900 Dues & Subscriptions	3,000.00	0.00	0.00	0.00	0.00	3,000.00	0.00%
54010 Insurance - Liability	5,000.00	0.00	0.00	86.05	86.05	4,913.95	1.72%
54020 Insurance - Property/B	5,000.00	0.00	111.80	239.80	239.80	4,760.20	4.80%
54500 Fines & Penalties	5,000.00	0.00	0.00	0.00	0.00	5,000.00	0.00%
54600 Licenses and Fees	10,000.00	0.00	0.00	35.00	35.00	9,965.00	0.35%
54700 Advertising	6,000.00	0.00	0.00	0.00	0.00	6,000.00	0.00%
55500 Building Maintenance	10,000.00	0.00	0.00	0.00	0.00	10,000.00	0.00%
55810 Equipment Purchase <	5,000.00	0.00	0.00	0.00	0.00	5,000.00	0.00%
56500 Other Expense	8,000.00	0.00	145.68	1,962.07	1,962.07	6,037.93	24.53%
58850 Other Expense Adjust	-3,500.00	0.00	-288.84	-432.54	-432.54	-3,067.46	12.36%
Expenses	<u>131,306.00</u>	<u>0.00</u>	<u>3,016.02</u>	<u>9,221.94</u>	<u>9,221.94</u>	<u>122,084.06</u>	<u>7.02%</u>
Project Revenues:	<u>131,306.00</u>	<u>0.00</u>	<u>212.29</u>	<u>224.57</u>	<u>224.57</u>	<u>131,081.43</u>	<u>0.17%</u>
Project Expenses:	<u>131,306.00</u>	<u>0.00</u>	<u>3,016.02</u>	<u>9,221.94</u>	<u>9,221.94</u>	<u>122,084.06</u>	<u>7.02%</u>
Project Balance:	<u>0.00</u>	<u>0.00</u>	<u>-2,803.73</u>	<u>-8,997.37</u>	<u>-8,997.37</u>		

Revenue and Expenditure Report by Project

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Project Code & Description	Budget	Prior Year	Current	YTD	Proj Tot	Un/Ovr	% Bud
37517 16/17 Advisory Council Activities				Project Period	7/1/2016	to 6/30/2017	
Revenues							
46300 Fundraising	0.00	0.00	100.00	4,886.90	4,886.90	-4,886.90	0.00%
Revenues	<u>0.00</u>	<u>0.00</u>	<u>100.00</u>	<u>4,886.90</u>	<u>4,886.90</u>	<u>-4,886.90</u>	<u>0.00%</u>
Expenses							
52800 Community Relations	0.00	0.00	500.00	500.00	500.00	-500.00	0.00%
Expenses	<u>0.00</u>	<u>0.00</u>	<u>500.00</u>	<u>500.00</u>	<u>500.00</u>	<u>-500.00</u>	<u>0.00%</u>
Project Revenues:	<u>0.00</u>	<u>0.00</u>	<u>100.00</u>	<u>4,886.90</u>	<u>4,886.90</u>	<u>-4,886.90</u>	<u>0.00%</u>
Project Expenses:	<u>0.00</u>	<u>0.00</u>	<u>500.00</u>	<u>500.00</u>	<u>500.00</u>	<u>-500.00</u>	<u>0.00%</u>
Project Balance:	<u>0.00</u>	<u>0.00</u>	<u>-400.00</u>	<u>4,386.90</u>	<u>4,386.90</u>		

Revenue and Expenditure Report by Project

The Agricultural And Labor Program, Inc.

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Period 07/01/16 to 08/31/16

Project Code & Description	Budget	Prior Year	Current	YTD	Proj Tot	Un/Ovr	% Bud
37617 16/17 Sunshine Account Activities				Project Period	7/1/2016	to 6/30/2017	
Revenues							
46000 Contributions	0.00	0.00	0.00	9,877.87	9,877.87	-9,877.87	0.00%
46300 Fundraising	0.00	0.00	0.00	2,965.60	2,965.60	-2,965.60	0.00%
Revenues	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>12,843.47</u>	<u>12,843.47</u>	<u>-12,843.47</u>	<u>0.00%</u>
Project Revenues:	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>12,843.47</u>	<u>12,843.47</u>	<u>-12,843.47</u>	<u>0.00%</u>
Project Expenses:	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00%</u>
Project Balance:	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>12,843.47</u>	<u>12,843.47</u>		
Report Total:			<u>10,176.64</u>	<u>58,774.49</u>			

PROJECT FINANCIAL REPORT

Project Financial Report

The Agricultural And Labor Program, Inc.

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Period Ending: 08/31/16

Expenditures

Code	Description	Budget	Curr Month	Project Total	Un/Over	% Budget	Revenues	Balance
30217	16/17 ALPI Child Care	52,712.00	2,483.26	2,682.08	50,029.92	5.09%	6,236.07	3,553.99
30617	16/17 VPK Polk County	31,756.00	1,670.47	1,670.47	30,085.53	5.26%	2,930.50	1,260.03
31016	15/16 Food Service	1,189,748.00	53,895.54	628,303.81	561,444.19	52.81%	628,307.75	3.94
31017	16/17 Food Service	942,634.00	0.00	0.00	942,634.00	0.00%	0.00	0.00
32416	15/16 CAT CSC	103,599.00	-474.41	68,320.21	35,278.79	65.95%	68,389.01	68.80
32417	16/17 CAT CSC	84,599.00	0.00	0.00	84,599.00	0.00%	0.00	0.00
33017	16/17 VPK St. Lucie Coun	866,408.00	0.00	0.00	866,408.00	0.00%	0.00	0.00
34017	16/17 Early Head Start	2,607,239.00	150,400.00	224,351.88	2,382,887.12	8.60%	224,351.88	0.00
35017	16/17 Head Start	6,660,364.00	323,808.06	570,132.41	6,090,231.59	8.56%	570,132.41	0.00
36117	16/17 EHEAP 4/1/16-3/	113,705.00	2,768.45	43,114.62	70,590.38	37.92%	43,117.38	2.76
36217	16/17 LIHEAP 3/1/16-3/	4,374,828.00	490,282.22	1,798,862.23	2,575,965.77	41.12%	1,798,862.23	0.00
36317	16/17 DOE Emergency As	60,000.00	1,865.78	3,120.66	56,879.34	5.20%	3,120.66	0.00
36516	15/16 CSBG	1,284,681.00	124,726.10	1,179,659.13	105,021.87	91.83%	1,179,659.13	0.00
36517	16/17 CSBG	1,772,883.00	0.00	0.00	1,772,883.00	0.00%	0.00	0.00
36617	16/17 Florida Non-Profit F	26,400.00	2,384.13	2,384.13	24,015.87	9.03%	2,384.13	0.00
36917	HUD 16/17 Housing Co	15,363.00	872.97	2,823.33	12,539.67	18.38%	2,823.33	0.00
37017	16/17 Agency General	131,306.00	3,016.02	9,221.94	122,084.06	7.02%	224.57	-8,997.37
37416	15/16 Chase Settlement G	59,000.00	6,681.38	22,983.48	36,016.52	38.96%	22,983.48	0.00
37517	16/17 Advisory Council A	0.00	500.00	500.00	-500.00	0.00%	4,886.90	4,386.90
37617	16/17 Sunshine Account A	0.00	0.00	0.00	0.00	0.00%	12,843.47	12,843.47
Totals:		<u>20,377,225.00</u>	<u>1,164,879.97</u>	<u>4,558,130.38</u>	<u>15,819,094.62</u>	<u>22.37%</u>	<u>4,571,252.90</u>	<u>13,122.52</u>



2017 – 2018

PRELIMINARY OPERATING BUDGET



The Agricultural and Labor Program, Inc.
 Fiscal Year 2017-2018
 Agency Budget

REVENUES		FY 18	FY 17
Head Start / Early Head Start (St. Lucie/Polk Counties)	13	7,414,082	7,414,082
ALPI Child Care Centers (St. Lucie/Polk Counties)	42	34,984	52,712
Polk ELC VPK	45	31,756	31,756
St Lucie County Early Learning VPK	20	866,408	866,408
USDA Food	21	942,634	942,634
Children's Services Council	23	103,647	84,599
Department of Economic Opportunity LIHEAP	25	4,036,295	4,374,828
Senior Connection Center, Inc. EHEAP	27	114,623	114,623
Department of Economic Opportunity CSBG	26	1,772,883	1,772,883
Emergency Solutions Grant	40	-	46,500
Department of Education EA	28	60,000	60,000
Florida Non Profit Housing	29	26,400	26,400
H.U.D. Housing Counseling	36	15,363	15,363
ATEC	30	10,100	10,100
FACA/OAG	14	-	19,647
E-rate	31	95,161	95,161
Fund Raiser	33	35,151	35,000
Other	34	1,145	1,145
In-Kind / Cash Match	35	1,853,521	1,856,521
TOTAL REVENUE		17,414,153	17,820,362
EXPENSES			
Salaries and Wages	1	6,757,334	6,914,678
Fringe Benefits	2	1,799,234	1,749,019
Communications	3	250,439	225,756
Travel	4	117,905	120,085
Food	5	486,594	506,384
Rent and Utilities	6	573,524	549,776
Contractual Services	7	460,434	484,325
Materials and Supplies	8	661,727	679,480
Training	38	233,198	232,056
Grants, Subsidies and Contributions	9	3,740,790	4,004,333
Subcontractors	10	392,530	400,016
In-Kind	11	1,853,521	1,853,521
Other	12	86,923	100,933
TOTAL EXPENSES		17,414,153	17,820,362

2015 – 2016

FORM 990

RSM US LLP
7351 OFFICE PARK PL
MELBOURNE, FL 32940

THE AGRICULTURAL AND LABOR PROGRAM, INC.
P.O. BOX 3126
WINTER HAVEN, FL 33885



Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 9.x products and later products, select "None" in the "Page Scaling" selection box in the Adobe "Print" dialog.

CLIENT'S COPY

February 22, 2017

The Agricultural and Labor Program, Inc.
P.O. Box 3126
Winter Haven, FL 33885
Attention: Deloris Johnson

Dear Deloris:

Enclosed are the organization's 2015 Exempt Organization returns. The paper filed return(s) should be signed, dated, and mailed, as indicated.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has qualified for electronic filing. The return has been transmitted electronically to the IRS and no further action is required.

FORM 990-T RETURN:

No amount is due on Form 990-T.

Please sign and mail on or before May 15, 2017.

Mail to - Department of the Treasury
Internal Revenue Service Center
Ogden, UT 84201-0027

Copies of all the returns are enclosed for your files. We suggest that you retain these copies indefinitely.

Sincerely,

THERESA A. BURDINE, CPA

February 22, 2017

The Agricultural and Labor Program, Inc.
P.O. Box 3126
Winter Haven, FL 33885
Attention: Deloris Johnson

Dear Deloris:

Enclosed are the original and one copy of the 2015 Exempt Organization returns, as follows...

2015 Form 990

2015 Form 990-T

2015 Florida Form F-1120

Each original should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

We have prepared the returns from information you furnished us without verification. Upon examination of the returns by tax authorities, requests may be made for underlying data. We therefore recommend that you preserve all records which you may be called upon to produce in connection with such possible examinations.

Please review the returns for completeness and accuracy.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax returns.

Sincerely,

THERESA A. BURDINE, CPA

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

June 30, 2016

Prepared for	The Agricultural and Labor Program, Inc. P.O. Box 3126 Winter Haven, FL 33885
Prepared by	RSM US LLP 7351 Office Park Pl Melbourne, FL 32940
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	<p>This return has qualified for electronic filing. The return has been transmitted electronically to the IRS and no further action is required.</p> <p>This return should be signed and dated by the appropriate individual.</p> <p>We recommend that you send the return to the taxing authorities by certified mail with a request for a return receipt. Please retain the receipt as proof of timely filing.</p> <p>Please retain a copy of all tax returns for your files.</p>

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2015, or fiscal year beginning JUL 1, 2015, and ending JUN 30, 2016

2015

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**

▶ **Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.**

Name of exempt organization THE AGRICULTURAL AND LABOR PROGRAM, INC.	Employer identification number 59-1634148
--	---

Name and title of officer
DELORIS JOHNSON
CEO

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b 14,958,316.
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2015 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize RSM US LLP to enter my PIN 34148
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

59530524950
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2015 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ _____

ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So

EXTENDED TO MAY 15, 2017

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2015

Department of the Treasury
Internal Revenue Service

- ▶ Do not enter social security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning **JUL 1, 2015** and ending **JUN 30, 2016**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE AGRICULTURAL AND LABOR PROGRAM, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite P.O. BOX 3126 City or town, state or province, country, and ZIP or foreign postal code WINTER HAVEN, FL 33885 F Name and address of principal officer: DELORIS JOHNSON SAME AS C ABOVE	D Employer identification number 59-1634148 E Telephone number 863-956-3491 G Gross receipts \$ 14,981,073. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.ALPI.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 1976 M State of legal domicile: FL		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PROVIDE ASSISTANCE TO MIGRANT & SEASONAL FARM WORKERS, THE RURAL POOR, & DISENFRANCHISED PERSONS. 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 21 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 21 5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 5 269 6 Total number of volunteers (estimate if necessary) 6 1297 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, line 34 7b 0.																									
Revenue		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Prior Year</th> <th>Current Year</th> </tr> </thead> <tbody> <tr> <td>8 Contributions and grants (Part VIII, line 1h)</td> <td style="text-align: right;">15,236,019.</td> <td style="text-align: right;">14,920,243.</td> </tr> <tr> <td>9 Program service revenue (Part VIII, line 2g)</td> <td style="text-align: right;">20,067.</td> <td style="text-align: right;">22,809.</td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td style="text-align: right;">2,735.</td> <td style="text-align: right;">-22,151.</td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td style="text-align: right;">30,163.</td> <td style="text-align: right;">37,415.</td> </tr> <tr> <td>12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td style="text-align: right;">15,288,984.</td> <td style="text-align: right;">14,958,316.</td> </tr> </tbody> </table>		Prior Year	Current Year	8 Contributions and grants (Part VIII, line 1h)	15,236,019.	14,920,243.	9 Program service revenue (Part VIII, line 2g)	20,067.	22,809.	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,735.	-22,151.	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	30,163.	37,415.	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	15,288,984.	14,958,316.						
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Part II Signature Block

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

Sign Here	Signature of officer DELORIS JOHNSON, CEO Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name THERESA A. BURDINE, CPA	Preparer's signature Date
	Firm's name ▶ RSM US LLP Firm's address ▶ 7351 OFFICE PARK PL MELBOURNE, FL 32940	Check <input type="checkbox"/> if self-employed PTIN P00362629 Firm's EIN ▶ 42-0714325 Phone no. 321-751-6200

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE AGRICULTURAL AND LABOR PROGRAM, INC. ("ALPI") IS A NON-PROFIT CORPORATION ORGANIZED TO PROVIDE ASSISTANCE AND SERVICES TO MIGRANT AND SEASONAL FARM WORKERS, THE RURAL POOR, AND DISENFRANCHISED PERSONS LOCATED IN 27 COUNTIES, PRINCIPALLY IN EASTERN AND CENTRAL FLORIDA.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 1,562,756. including grants of \$) (Revenue \$ 22,809.) FOOD AND CHILD CARE CENTER ACTIVITIES PROVIDED BY CONTRACT FROM STATE OF FLORIDA DEPT OF HEALTH AND REHABILITATION SERVICES. ESTIMATED ACTIVITY - 831 CHILDREN FOR FOOD AND CHILD CARE ACTIVITIES.

4b (Code:) (Expenses \$ 5,710,903. including grants of \$ 3,881,519.) (Revenue \$) EMERGENCY ASSISTANCE PROGRAMS INCLUDING ENERGY, USDA RURAL DEVELOPMENT, AND FARM WORKER PROGRAMS UNDER CONTRACT FROM THE STATE OF FLORIDA DEPARTMENT OF EDUCATION. ESTIMATED ACTIVITY - 28,672 CLIENTS SERVED.

4c (Code:) (Expenses \$ 6,716,755. including grants of \$ 311,018.) (Revenue \$) PRESCHOOL TRAINING OF CHILDREN UNDER THE HEAD START PROGRAM CONTRACTED WITH THE U.S. DEPT OF HEALTH AND HUMAN SERVICES. ESTIMATED ACTIVITY - 831 CHILDREN ENROLLED.

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 13,990,414.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

Form 990 (2015)

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Form 990 (2015)

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, description, sub-questions (1a-14b), Yes, and No. Includes entries for Form 1096 (86), Form W-2G (0), Form W-3 (269), and various tax compliance questions.

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

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

X

Section A. Governing Body and Management

Table with columns for line number, description, and Yes/No checkboxes. Includes lines 1a through 9.

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

Table with columns for line number, description, and Yes/No checkboxes. Includes lines 10a through 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed FL
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: DENNIS GNIEWEK - 863-956-3491 P.O. BOX 3126, WINTER HAVEN, FL 33881

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) HOLT, WILLIAM CHAIRPERSON	4.00	X		X				0.	0.	0.
(2) WALKER, DAVID VICE CHAIRPERSON	4.00	X		X				0.	0.	0.
(3) HOWARD, JOSEPHINE SECRETARY	4.00	X		X				0.	0.	0.
(4) GASKIN, MARJORIE TREASURER	4.00	X		X				0.	0.	0.
(5) BROWN, PATRICIA DIRECTOR	4.00	X						0.	0.	0.
(6) CAMPBELL-DOMINECK, STACY DIRECTOR	4.00	X						0.	0.	0.
(7) CHILOUS, ANNESSA DIRECTOR	4.00	X						0.	0.	0.
(8) CLARKE, KATIE DIRECTOR	4.00	X						0.	0.	0.
(9) CURRY, DOROTHY DIRECTOR	4.00	X						0.	0.	0.
(10) ESTIME-CONNELLY, MERCADEZ DIRECTOR	4.00	X						0.	0.	0.
(11) GAMBLE, PATRICIA DIRECTOR	4.00	X						0.	0.	0.
(12) HAWKINS, MARVA DIRECTOR	4.00	X						0.	0.	0.
(13) HOLMES, LAVITA DIRECTOR	4.00	X						0.	0.	0.
(14) JOHNSON, KIM DIRECTOR	4.00	X						0.	0.	0.
(15) JONES, GLENDA DIRECTOR	4.00	X						0.	0.	0.
(16) MCQUEEN, VERNON DIRECTOR	4.00	X						0.	0.	0.
(17) MCNORTON, CHESTER DIRECTOR	4.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ROBERTS, LESTER DIRECTOR	4.00	X						0.	0.	0.
(19) ROBINSON, ANNIE DIRECTOR	4.00	X						0.	0.	0.
(20) ROSS, KIMBERLY DIRECTOR	4.00	X						0.	0.	0.
(21) WILLIX, RUBY DIRECTOR	4.00	X						0.	0.	0.
(22) JOHNSON, DELORIS CHIEF EXECUTIVE OFFICER	40.00			X				156,626.	0.	25,803.
1b Sub-total								156,626.	0.	25,803.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								156,626.	0.	25,803.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
CENTURION SERVICES, LLC 4545 OLD COLONY ROAD, MULBERRY, FL 33860	IT SERVICES	104,322.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **1**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns					
	1 b	Membership dues					
	1 c	Fundraising events					
	1 d	Related organizations					
	1 e	Government grants (contributions)	14,920,213.				
	1 f	All other contributions, gifts, grants, and similar amounts not included above	30.				
	g	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f	14,920,243.				
	Program Service Revenue	2 a	CHILD CARE FEES	22,809.	22,809.		
		Business Code	624410				
b							
c							
d							
e							
g		Total. Add lines 2a-2f	22,809.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	606.			606.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real				
		Less: rental expenses	(ii) Personal				
		c	Rental income or (loss)				
		d	Net rental income or (loss)				
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
		Less: cost or other basis and sales expenses	(ii) Other	22,757.			
		c	Gain or (loss)	-22,757.			
		d	Net gain or (loss)	-22,757.			-22,757.
	8 a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a	36,739.			
		Less: direct expenses	b	0.			
		c	Net income or (loss) from fundraising events	36,739.			36,739.
	9 a	Gross income from gaming activities. See Part IV, line 19	a				
Less: direct expenses		b					
c		Net income or (loss) from gaming activities					
10 a	Gross sales of inventory, less returns and allowances	a					
	Less: cost of goods sold	b					
	c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue							
11 a	OTHER REVENUE	Business Code	900099	676.	676.		
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d		676.			
12	Total revenue. See instructions.		14,958,316.	23,485.	0.	14,588.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	443,338.	443,338.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	3,749,199.	3,749,199.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	6,287,256.	5,646,560.	640,696.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	1,621,695.	1,460,067.	161,628.	
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	124,477.	114,731.	9,746.	
12 Advertising and promotion	2,804.	2,159.	645.	
13 Office expenses	984,249.	909,019.	75,230.	
14 Information technology				
15 Royalties				
16 Occupancy	462,510.	436,118.	26,392.	
17 Travel	98,871.	83,787.	15,084.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	152,221.	127,688.	24,533.	
23 Insurance	165,917.	152,926.	12,991.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a FOOD	410,909.	410,909.		
b IN-SERVICE TRAINING	256,235.	197,270.	58,965.	
c EQUIPMENT RENTAL	135,073.	128,544.	6,529.	
d VEHICLE OPERATION & MAI	56,311.	43,353.	12,958.	
e All other expenses	110,078.	84,746.	25,332.	
25 Total functional expenses. Add lines 1 through 24e	15,061,143.	13,990,414.	1,070,729.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	1,075,029.	1	1,239,065.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	659,739.	3	428,323.
	4	Accounts receivable, net	5,123.	4	1,987.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	34,146.
	9	Prepaid expenses and deferred charges	14,086.	9	13,266.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	5,169,403.		
		10a			
	b	Less: accumulated depreciation	4,127,501.	10b	
			1,195,029.	10c	1,041,902.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14		
15	Other assets. See Part IV, line 11	10,448.	15	10,448.	
16	Total assets. Add lines 1 through 15 (must equal line 34)	2,959,454.	16	2,769,137.	
Liabilities	17	Accounts payable and accrued expenses	1,039,760.	17	907,062.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability, Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,405.	25	46,613.
	26	Total liabilities. Add lines 17 through 25	1,041,165.	26	953,675.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	1,918,289.	27	1,815,462.
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	1,918,289.	33	1,815,462.	
34	Total liabilities and net assets/fund balances	2,959,454.	34	2,769,137.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	14,958,316.
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,061,143.
3	Revenue less expenses. Subtract line 2 from line 1	3	-102,827.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,918,289.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,815,462.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	X	

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization **THE AGRICULTURAL AND LABOR PROGRAM, INC.** Employer identification number **59-1634148**

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	18,707,209.	15,916,595.	15,651,240.	15,236,019.	14,920,213.	80,431,276.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	18,707,209.	15,916,595.	15,651,240.	15,236,019.	14,920,213.	80,431,276.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						80,431,276.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	18,707,209.	15,916,595.	15,651,240.	15,236,019.	14,920,213.	80,431,276.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,868.	641.	1,010.	2,735.	606.	6,860.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	24,314.	21,112.	40,606.	30,163.	37,415.	153,610.
11 Total support. Add lines 7 through 10						80,591,746.
12 Gross receipts from related activities, etc. (see instructions)				12		109,022.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	99.80	%
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	99.82	%
16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>		
b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support. (Add lines 9, 10c, 11, and 12.)

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Amount, Percentage. Row 15: Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2014 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Amount, Percentage. Row 17: Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2014 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization; 19b 33 1/3% support tests - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization; 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows include questions 1 through 10b regarding supported organizations, IRS determinations, foreign support, and excess business holdings.

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Multiple horizontal lines for supplemental information.

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and
its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Name of the organization

Employer identification number

THE AGRICULTURAL AND LABOR PROGRAM, INC.

59-1634148

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization THE AGRICULTURAL AND LABOR PROGRAM, INC.	Employer identification number 59-1634148
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	FLORIDA PARTNERSHIP FOR SCHOOL READINESS 600 SOUTH CALHOUN STREET TALLAHASSEE, FL 32399-7000	\$ 1,007,877.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	STATE OF FLORIDA - COMMUNITY AFFAIRS 2555 SHUMARD OAK BOULEVARD TALLAHASSEE, FL 32399-2100	\$ 5,719,368.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	U.S. DEPT. OF HEALTH AND HUMAN SERVICES 200 INDEPENDENCE AVENUE S.W. WASHINGTON, DC 20201	\$ 7,978,492.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE AGRICULTURAL AND LABOR PROGRAM, INC.	Employer identification number 59-1634148
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization THE AGRICULTURAL AND LABOR PROGRAM, INC.	Employer identification number 59-1634148
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization THE AGRICULTURAL AND LABOR PROGRAM, INC. Employer identification number 59-1634148

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Temporarily restricted endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		545,000.		545,000.
b Buildings		2,671,510.	2,381,429.	290,081.
c Leasehold improvements		240,058.	167,735.	72,323.
d Equipment		1,472,868.	1,348,199.	124,669.
e Other		239,967.	230,138.	9,829.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,041,902.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) REFUNDABLE ADVANCES	46,613.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	46,613.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	16,270,595.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b	1,289,522.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	22,757.	
e	Add lines 2a through 2d	2e		1,312,279.
3	Subtract line 2e from line 1	3		14,958,316.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		14,958,316.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	16,373,422.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	1,289,522.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	22,757.	
e	Add lines 2a through 2d	2e		1,312,279.
3	Subtract line 2e from line 1	3		15,061,143.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		15,061,143.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

ALPI IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND FROM STATE INCOME TAXES UNDER SIMILAR PROVISIONS OF THE FLORIDA STATUTES. ACCORDINGLY, NO PROVISION FOR FEDERAL AND STATE INCOME TAXES HAS BEEN RECORDED IN THE ACCOMPANYING FINANCIAL STATEMENTS. IN ADDITION, MANAGEMENT ASSESSED WHETHER THERE WERE ANY UNCERTAIN TAX POSITIONS WHICH MAY GIVE RISE TO INCOME TAX LIABILITIES AND DETERMINED THAT THERE WERE NO SUCH MATTERS REQUIRING RECOGNITION IN THE ACCOMPANYING FINANCIAL STATEMENTS. ALPI FILES INCOME TAX RETURNS IN THE U.S. FEDERAL JURISDICTION. GENERALLY, ALPI IS NO LONGER SUBJECT TO U.S. FEDERAL INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE JUNE 30, 2013.

Part XIII Supplemental Information (continued)

PART XI, LINE 2D - OTHER ADJUSTMENTS:

LOSS ON DISPOSAL OF FIXED ASSETS 22,757.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

LOSS ON DISPOSAL OF FIXED ASSETS 22,757.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		ANNUAL MEETING (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	36,739.		36,739.
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)	36,739.		36,739.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses			
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
	11	Net income summary. Subtract line 10 from line 3, column (d)			36,739.

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)			

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
 b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:
a The organization's facility 13a %
b An outside facility 13b %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:
Name
Address

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$

c If "Yes," enter name and address of the third party:
Name
Address

16 Gaming manager information:

Name
Gaming manager compensation \$
Description of services provided
 Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization

THE AGRICULTURAL AND LABOR PROGRAM, INC.

Employer identification number
59-1634148

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOVING CARE CHILD DEV. CENTER, INC 1207 SOUTH 28TH STREET FT. PIERCE, FL 34947	59-2007570	501(C)(3)	53,509.	0.			EARLY HEAD START
SUNRISE COUNTRY PRESCHOOL 2706 SUNRISE BLVD. FT. PIERCE, FL 34982	65-0031584	501(C)(3)	53,509.	0.			EARLY HEAD START
JUMPSTART DEVELOPMENT CENTER 1068 PINE AVENUE LAKE WALES, FL 33853	80-0339886	501(C)(3)	133,412.	0.			EARLY HEAD START
LEARNING TREE ACADEMY, INC. 752 BENTCREEK DR. FT. PIERCE, FL 34947	65-0215212	501(C)(3)	68,424.	0.			HEAD START
WOMENS RESOURCE CENTER OF FLORIDA 165 AVENUE A, NW WINTER HAVEN, FL 33881	59-2344584	501(C)(3)	12,631.	0.			CSBG
BIG BROTHERS BIG SISTER OF THE SUN COAST - 1000 TAMIMI TRAIL, SUITE C - VENICE, FL 34285	59-1361826	501(C)(3)	28,200.	0.			CSBG

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2015)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS & GIRLS CLUBS OF LAKELAND, INC. - POST OFFICE BOX 763 - LAKELAND, FL 33802	59-0171815	501(C)(3)	25,600.	0.		CSBG	
CENTER FOR INDEPENDENT LIVING IN CENTRAL FLORIDA, - 720 NORTH DENNING DRIVE - WINTER PARK, FL 32789	59-1828770	501(C)(3)	21,470.	0.		CSBG	
THE SALVATION ARMY P.O. BOX 218 LABELLE, FL 33975	58-0660607	501(C)(3)	6,303.	0.		CSBG	
GOODWILL INDUSTRIES OF SOUTHWEST FLORIDA, INC - 5100 TICE ST - FT. MYERS, FL 33905	59-6196141	501(C)(3)	17,620.	0.		L.IHEAP/CSBG	

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
ASSISTANCE TO FARM WORKERS - EMERGENCY ASSISTANCE, RENTS, FOOD, UTILITIES, ASSESSMENT, LITERACY, HOUSING COUNSELING, ETC	0	3,749,199.	0.		

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART I, LINE 2:

ALL SUBGRANTS ARE ADMINISTERED THROUGH SUBGRANTEE CONTRACTS WHICH SPECIFY THE REQUIREMENTS AND PROCEDURES FOR SERVICES, RECORD KEEPING, AND INVOICE DOCUMENTATION FOR REIMBURSEMENT. NO PAYMENTS ARE MADE WITHOUT THE PROPER DOCUMENTATION. ON-SITE REVIEWS ARE DONE BY THE ORGANIZATION'S PROGRAM STAFF TO VERIFY COMPLIANCE.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2015

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.

Department of the Treasury
Internal Revenue Service

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization **THE AGRICULTURAL AND LABOR PROGRAM, INC.** Employer identification number **59-1634148**

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/> First-class or charter travel		
<input type="checkbox"/> Travel for companions		
<input type="checkbox"/> Tax indemnification and gross-up payments		
<input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
<input type="checkbox"/> Compensation committee		
<input type="checkbox"/> Independent compensation consultant		
<input type="checkbox"/> Form 990 of other organizations		
<input type="checkbox"/> Written employment contract		
<input type="checkbox"/> Compensation survey or study		
<input type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	X
b Any related organization?	5b	X
If "Yes" to line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	X
b Any related organization?	6b	X
If "Yes" on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	X
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2015

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Multiple horizontal lines for supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization

THE AGRICULTURAL AND LABOR PROGRAM, INC.

Employer identification number

59-1634148

FORM 990, PART VI, SECTION A, LINE 8B:

THERE ARE NOT ANY COMMITTEES WITH THE AUTHORITY TO ACT ON BEHALF OF THE
GOVERNING BODY.

FORM 990, PART VI, SECTION B, LINE 11:

THE CEO AND THE BOARD CHAIRPERSON REVIEW THE FORM 990 ON BEHALF OF THE
BOARD BEFORE IT IS FILED. THE COMPLETED FORM 990 IS THEN PRESENTED TO THE
BOARD FOR REVIEW AND INFORMATION.

FORM 990, PART VI, SECTION B, LINE 15:

THE PROCESS FOR DETERMINING COMPENSATION INCLUDES THE USE OF A WAGE AND
COMPARABILITY STUDY.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS
AVAILABLE TO THE PUBLIC UPON REQUEST FOR THE SAME PERIOD OF DISCLOSURE AS
SET FORTH IN SECTION 6104(D).

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION DID NOT CHANGE ITS PROCESSES DURING THE TAX YEAR.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
 ▶ Attach to Form 990.
 ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015
Open to Public Inspection

Name of the organization

Employer identification number
59-1634148

THE AGRICULTURAL AND LABOR PROGRAM, INC.

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
AGRICULTURAL AND LABOR HOUSING DEVELOPMENT CORPORATION, INC. - 59-3217763, P.O. BOX 3126, WINTER HAVEN, FL 33895	HOUSING DEVELOPMENT MANAGEMENT	FLORIDA	501(C)(3)	LINE 7	N/A		X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2015

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).

Lined area for supplemental information.

TAX RETURN FILING INSTRUCTIONS

FORM 990-T

FOR THE YEAR ENDING

June 30, 2016

Prepared for	The Agricultural and Labor Program, Inc. P.O. Box 3126 Winter Haven, FL 33885
Prepared by	RSM US LLP 7351 Office Park Pl Melbourne, FL 32940
Amount due or refund	No amount is due.
Make check payable to	No amount is due.
Mail tax return and check (if applicable) to	Department of the Treasury Internal Revenue Service Center Ogden, UT 84201-0027
Return must be mailed on or before	May 15, 2017
Special Instructions	<p>The return should be signed and dated.</p> <p>We recommend that you send the return to the taxing authorities by certified mail with a request for a return receipt. Please retain the receipt as proof of timely filing.</p> <p>Please retain a copy of all tax returns for your files.</p>

EXTENDED TO MAY 15, 2017

Form 990-T

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No. 1545-0687

For calendar year 2015 or other tax year beginning JUL 1, 2015, and ending JUN 30, 2016

2015

Department of the Treasury Internal Revenue Service

Information about Form 990-T and its instructions is available at www.irs.gov/form990t.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Form header section including: A Check box if address changed; B Exempt under section 501(c)(3); C Book value of all assets at end of year 2,769,137; D Employer identification number 59-1634148; E Unrelated business activity codes 812900; F Group exemption number; G Check organization type 501(c) corporation; H Describe the organization's primary unrelated business activity: NURSERY AND LAWN CARE SERVICES; I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? No; J The books are in care of DENNIS GNIEWEK Telephone number 863-956-3491

Part I Unrelated Trade or Business Income table header with columns (A) Income, (B) Expenses, (C) Net

Table with 3 columns: (A) Income, (B) Expenses, (C) Net. Rows 1a-13. Total income 0.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

Table with 3 columns: (A) Income, (B) Expenses, (C) Net. Rows 14-34. Total deductions 1,000. Unrelated business taxable income 0.

Part III Tax Computation

Table with 3 columns: Description, Line Number, Amount. Includes rows for Organizations Taxable as Corporations, Trusts Taxable at Trust Rates, Proxy tax, Alternative minimum tax, and Total.

Part IV Tax and Payments

Table with 3 columns: Description, Line Number, Amount. Includes rows for Foreign tax credit, Other credits, General business credit, Total credits, Subtract line 40e, Other taxes, Total tax, Payments, Total payments, Estimated tax penalty, Tax due, Overpayment, and Refunded.

Part V Statements Regarding Certain Activities and Other Information (see instructions)

Table with 3 columns: Question, Yes, No. Includes questions about foreign accounts, foreign trusts, and tax-exempt interest.

Schedule A - Cost of Goods Sold. Enter method of inventory valuation N/A

Table with 3 columns: Description, Line Number, Amount. Includes rows for Inventory at beginning of year, Purchases, Cost of labor, Additional section 263A costs, Other costs, Total, Inventory at end of year, Cost of goods sold, and Section 263A rules.

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

Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature, Date, Check self-employed, PTIN, Firm's name, Firm's EIN, Firm's address, Phone no.

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)(see instructions)

1. Description of property
2. Rent received or accrued
(a) From personal property... (b) From real and personal property... 3(a) Deductions directly connected...
(c) Total income... (b) Total deductions...

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property
2. Gross income from or allocable to debt-financed property
3. Deductions directly connected with or allocable to debt-financed property
4. Amount of average acquisition debt... 5. Average adjusted basis... 6. Column 4 divided by column 5
7. Gross income reportable... 8. Allocable deductions...
Totals... Total dividends-received deductions included in column 8...

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization
2. Employer identification number
3. Net unrelated income (loss)
4. Total of specified payments made
5. Part of column 4 that is included in the controlling organization's gross income
6. Deductions directly connected with income in column 5
7. Taxable income
8. Net unrelated income (loss)
9. Total of specified payments made
10. Part of column 9 that is included in the controlling organization's gross income
11. Deductions directly connected with income in column 10
Totals...

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization

(see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals	0.			0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income

(see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals	0.	0.				0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))	0.	0.				0.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. THE AGRICULTURAL AND LABOR PROGRAM, INC.	Employer identification number (EIN) or 59-1634148
	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 3126	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WINTER HAVEN, FL 33885	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

DENNIS GNIEWEK

The books are in the care of **P.O. BOX 3126 - WINTER HAVEN, FL 33881**
Telephone No. **863-956-3491** Fax No.

If the organization does not have an office or place of business in the United States, check this box

If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **MAY 15, 2017**

5 For calendar year , or other tax year beginning **JUL 1, 2015**, and ending **JUN 30, 2016**

6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

7 State in detail why you need the extension
ADDITIONAL TIME & INFORMATION IS NEEDED TO COMPLETE AN ACCURATE RETURN

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Title Date

Form **8868**
(Rev. January 2014)

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the Treasury
Internal Revenue Service

► **File a separate application for each return.**
► **Information about Form 8868 and its instructions is at www.irs.gov/form8868.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Enter filer's identifying number	
	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
THE AGRICULTURAL AND LABOR PROGRAM, INC.	59-1634148	
Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)	
P.O. BOX 3126		
City, town or post office, state, and ZIP code. For a foreign address, see instructions.		
WINTER HAVEN, FL 33885		

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

DENNIS GNIEWEK

• The books are in the care of ► **P.O. BOX 3126 - WINTER HAVEN, FL 33881**
Telephone No. ► **863-956-3491** Fax No. ► _____

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **MAY 15, 2017**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► calendar year _____ or
► tax year beginning **JUL 1, 2015**, and ending **JUN 30, 2016**

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

February 22, 2017

The Agricultural and Labor Program, Inc.
P.O. Box 3126
Winter Haven, FL 33885
Attention: Deloris Johnson

Dear Deloris:

We have prepared and enclosed your 2015 Florida return. The return should be signed, dated, and mailed.

FLORIDA FORM F-1120 RETURN:

The Florida Form F-1120 should be mailed on or before June 1, 2017 to:

Florida Department of Revenue
5050 W Tennessee Street
Tallahassee, FL 32399-0135

No payment is required.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Sincerely,

THERESA A. BURDINE, CPA

2015 TAX RETURN FILING INSTRUCTIONS

FLORIDA FORM F-1120

FOR THE YEAR ENDING

June 30, 2016

Prepared for	The Agricultural and Labor Program, Inc. P.O. Box 3126 Winter Haven, FL 33885															
Prepared by	RSM US LLP 7351 Office Park Pl Melbourne, FL 32940															
To be signed and dated by	The authorized individual(s).															
Amount of tax	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Total tax</td> <td style="width: 10%; text-align: right;">\$</td> <td style="width: 30%; text-align: right;">0.00</td> </tr> <tr> <td>Less: payments and credits</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>Plus: other amount</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>Plus: interest and penalties</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td colspan="3">No pmt required \$</td> </tr> </table>	Total tax	\$	0.00	Less: payments and credits	\$	0.00	Plus: other amount	\$	0.00	Plus: interest and penalties	\$	0.00	No pmt required \$		
Total tax	\$	0.00														
Less: payments and credits	\$	0.00														
Plus: other amount	\$	0.00														
Plus: interest and penalties	\$	0.00														
No pmt required \$																
Overpayment	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Credited to your estimated tax</td> <td style="width: 10%; text-align: right;">\$</td> <td style="width: 30%; text-align: right;">0.00</td> </tr> <tr> <td>Other amount</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>Refunded to you</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">0.00</td> </tr> </table>	Credited to your estimated tax	\$	0.00	Other amount	\$	0.00	Refunded to you	\$	0.00						
Credited to your estimated tax	\$	0.00														
Other amount	\$	0.00														
Refunded to you	\$	0.00														
Make check payable to	Not Applicable															
Mail tax return and check (if applicable) to	Florida Department of Revenue 5050 W Tennessee Street Tallahassee, FL 32399-0135															
Return must be mailed on or before	June 1, 2017															
Special Instructions																

Florida Tentative Income / Franchise Tax Return and Application for Extension of Time to File Return

1019 F-7004 R. 01/15 Rule 12C-1.051 Florida Administrative Code Effective 01/15

Information for Filing Florida Form F-7004

F-7004 R. 01/15

When to file - File this application on or before the original due date of the taxpayer's corporate income tax or partnership return. Do not file before the end of the tax year.

To file online go to www.myflorida.com/dor

Penalties for failure to pay tax - If you are required to pay tax with this application, failure to pay will void any extension of time and subject the taxpayer to penalties and interest for failure to file a timely return(s) and pay all taxes due. There is also a penalty for a late-filed return when no tax is due.

Signature - A person authorized by the taxpayer must sign Florida Form F-7004. They must be (a) an officer or partner of the taxpayer, (b) a person currently enrolled to practice before the Internal Revenue Service (IRS), or (c) an attorney or Certified Public Accountant qualified to practice before the IRS under Public Law 89-332.

The Florida Form F-7004 must be filed - To receive an extension of time to file your Florida return, Florida Form F-7004 must be timely filed, even if you have already filed a federal extension request. A federal extension by itself does not extend the time to file a Florida return.

An extension for Florida tax purposes may be granted, even though no federal extension was granted. See Rule 12C-1.0222, F.A.C., for information on the requirements that must be met for your request for an extension of time to be valid.

Make checks payable and mail to: FLORIDA DEPARTMENT OF REVENUE, 5050 W TENNESSEE STREET, TALLAHASSEE FL 32399-0135

A. If applicable, state the reason you need the extension:

B. Type of federal return filed: 990-T Contact person for questions: DELORIS JOHNSON Telephone number: 863-956-3491

Table with 2 columns: Extension of Time Request, Florida Income/Franchise Tax Due. Rows include: 1. Tentative amount of Florida tax for the taxable year (0.00), 2. LESS: Estimated tax payments for the taxable year (0.00), 3. Balance due - You must pay 100% of the tax tentatively determined due with this extension request (0.00)

Transfer the amount on Line 3 to Tentative tax due.

544961 10-08-15 Florida Tentative Income / Franchise Tax Return and Application for Extension of Time to File Return 1019 F-7004 R. 01/15

Name THE AGRICULTURAL AND LABOR PROGRAM, INC. Address P.O. BOX 3126 City/State/ZIP WINTER HAVEN, FL 33885

FEIN 59-1634148 Taxable Year End 06/30/16 FILING STATUS Corporation [X] Partnership [] Check here if you transmitted funds electronically Tentative Tax Due \$ 0.00

Under penalties of perjury, I declare that I have been authorized by the above named taxpayer to make this application, that to the best of my knowledge and belief the statements herein are true and correct:

Sign Here: _____ Date: _____

591634148 0 0 0 1 0 0 0 20160630 0 0 0 0 012 0 0 0 0 0 0 0



Florida Corporate Income/Franchise Tax Return

FEIN 59-1634148

F-1120, R. 01/16 1019

For calendar year 2015 or tax year beginning

JUL 1

, 2015 ending

JUN 30, 2016

Rule 12C-1.051 Florida Administrative Code Effective 01/16

861502016063000020050375359163414800008

Name THE AGRICULTURAL AND LABOR PROGRAM, INC.

Address P.O. BOX 3126

City/State/ZIP WINTER HAVEN, FL 33885

Check here if any changes have been made to name or address

Computation of Florida Net Income Tax

Table with 19 rows for tax computation. Line 1: Federal taxable income 0.00. Line 2: State income taxes deducted. Line 3: Additions to federal taxable income. Line 4: Total of Lines 1, 2 and 3 0.00. Line 5: Subtractions from federal taxable income. Line 6: Adjusted federal income. Line 7: Florida portion of adjusted federal income 0.00. Line 8: Nonbusiness income allocated to Florida. Line 9: Florida exemption 0.00. Line 10: Florida net income 0.00. Line 11: Tax due: 5.5% of Line 10 or amount from Schedule VI, whichever is greater 0.00. Line 12: Credits against the tax. Line 13: Total corporate income/franchise tax due 0.00. Line 14: a) Penalty; F-2220, b) Other, c) Interest; F-2220, d) Other, Line 14 Total. Line 15: Total of Lines 13 and 14. Line 16: Payment credits: Estimated tax payments 16a \$, Tentative tax payment 16b \$. Line 17: Total amount due: Subtract Line 16 from Line 15. If positive, enter amount due here and on payment coupon. If the amount is negative (overpayment), enter on Line 18 and/or Line 19 0.00. Line 18: Credit: Enter amount of overpayment credited to next year's estimated tax here and on payment coupon. Line 19: Refund: Enter amount of overpayment to be refunded here and on payment coupon.

Florida Corporate Income Tax Return

1019 F-1120 R. 01/16

Do Not Detach

YEAR ENDING 06/30/16

To ensure proper credit to your account, enclose your check with tax return when mailing.

Return is Due 1st Day of the 4th Month After Close of the Taxable Year

Check here if you transmitted funds electronically

Name THE AGRICULTURAL AND LABOR PROGRAM, INC.

Address P.O. BOX 3126

City/State/ZIP WINTER HAVEN, FL 33885

Table with 4 columns of numbers: 591634148, 20150701, 20160630, 00000000, 012, 202, 0, 0. Corresponding zeros in other columns.



THE AGRICULTURAL AND LABOR PROGRAM,

FEIN 59-1634148

1019
F-1120
R. 01/16
Page 2
06/30/16

This return is considered incomplete unless a copy of the federal return is attached.

If your return is not signed, or improperly signed and verified, it will be subject to a penalty. The statute of limitations will not start until your return is properly signed and verified. Your return must be completed in its entirety.

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

Sign here	Signature of officer (must be an original signature)	Date	Title	CEO
	Preparer's signature	Date	Preparer check if self-employed <input type="checkbox"/>	Preparer's PTIN P00362629
Paid preparers only	Firm's name (or yours if self-employed) and address		FEIN	42-0714325
	RSM US LLP 7351 OFFICE PARK PL MELBOURNE, FL		ZIP	32940

All Taxpayers Must Answer Questions A through M Below - See Instructions

- A. State of incorporation: FLORIDA
- B. Florida Secretary of State document number: 735710
- C. Florida consolidated return? YES NO
- D. Initial return Final return (final federal return filed)
- E. Taxpayer election section (s.) 220.03(5), Florida Statutes (F.S.) General Rule
 Election A Election B
- F. Principal Business Activity Code (as pertains to Florida)
812900
- G. A Florida extension of time was timely filed? YES NO

- H-2. Part of a federal consolidated return? YES NO If yes, provide:
FEIN from federal consolidated return: _____
Name of corporation: _____
- H-3. The federal common parent has sales, property, or payroll in Florida? YES NO
- I. Location of corporate books:
P.O. BOX 3126
City, State, ZIP: WINTER HAVEN, FL 33881
- J. Taxpayer is a member of a Florida partnership or joint venture? YES NO
- K. Enter date of latest IRS audit: _____
a) List years examined: _____
- L. Contact person concerning this return: DELORIS JOHNSON
a) Contact person telephone number: 863-956-3491
b) Contact person e-mail address: _____
- M. Type of federal return filed 1120 1120S or 990-T

Where to Send Payments and Returns

Make check payable to and mail with return to:

Florida Department of Revenue
5050 W Tennessee Street
Tallahassee FL 32399-0135

If you are requesting a refund (Line 19), send your return to:

Florida Department of Revenue
PO Box 6440
Tallahassee FL 32314-6440

Remember:

- ✓ Make your check payable to the Florida Department of Revenue.
- ✓ Write your FEIN on your check.
- ✓ Sign your check and return.
- ✓ Attach a copy of your federal return.
- ✓ Attach a copy of your Florida Form F-7004 (extension of time) if applicable.



NAME THE AGRICULTURAL AND LABOR PROGRAM, I FEIN 59-1634148 TAXABLE YEAR ENDING 06/30/16

Schedule I - Additions and/or Adjustments to Federal Taxable Income	Column (a) For page 1	Column (b) For Schedule VI, AMT
1. Interest excluded from federal taxable income (see instructions)	1.	1.
2. Undistributed net long-term capital gains (see instructions)	2.	2.
3. Net operating loss deduction (attach schedule)	3.	3.
4. Net capital loss carryover (attach schedule)	4.	4.
5. Excess charitable contribution carryover (attach schedule)	5.	5.
6. Employee benefit plan contribution carryover (attach schedule)	6.	6.
7. Enterprise zone jobs credit (Florida Form F-1156Z)	7.	7.
8. Ad valorem taxes allowable as enterprise zone property tax credit (Florida Form F-1158Z)	8.	8.
9. Guaranty association assessment(s) credit	9.	9.
10. Rural and/or urban high crime area job tax credits	10.	10.
11. State housing tax credit	11.	11.
12. Credit for contributions to nonprofit scholarship funding organizations	12.	12.
13. Renewable energy tax credits	13.	13.
14. New markets tax credit	14.	14.
15. Entertainment industry tax credit	15.	15.
16. Credits for spaceflight projects	16.	16.
17. Research and Development tax credit	17.	17.
18. Energy Economic Zone tax credit	18.	18.
19. Other additions (attach statement)	19.	19.
20. Total Lines 1 through 19 in Columns (a) and (b). Enter totals for each column on Line 20. Column (a) total is also entered on Page 1, Line 3 (of Florida Form F-1120). Column (b) total is also entered on Schedule VI, Line 3.	20.	20.

Schedule II - Subtractions from Federal Taxable Income	Column (a) For page 1	Column (b) For Schedule VI, AMT
1. Gross foreign source income less attributable expenses (a) Enter s. 78, IRC income \$ _____ (b) plus s. 862, IRC dividends \$ _____ (c) less direct and indirect expenses \$ _____ Total ►	1.	1.
2. Gross subpart F income less attributable expenses (a) Enter s. 951, IRC subpart F income \$ _____ (b) less direct and indirect expenses \$ _____ Total ►	2.	2.
Note: Taxpayers doing business outside Florida enter zero on Lines 3 through 6, and complete Schedule IV.		
3. Florida net operating loss carryover deduction (see instructions)	3.	3.
4. Florida net capital loss carryover deduction (see instructions)	4.	4.
5. Florida excess charitable contribution carryover (see instructions)	5.	5.
6. Florida employee benefit plan contribution carryover (see instructions)	6.	6.
7. Nonbusiness income (from Schedule R, Line 3)	7.	7.
8. Eligible net income of an international banking facility (see instructions)	8.	8.
9. s. 179, IRC expense (see instructions)	9.	9.
10. s. 168(k), IRC special bonus depreciation (see instructions)	10.	10.
11. Other subtractions (attach statement)	11.	11.
12. Total Lines 1 through 11 in Columns (a) and (b). Enter totals for each column on Line 12. Column (a) total is also entered on Page 1, Line 5 (of Florida Form F-1120). Column (b) total is also entered on Schedule VI, Line 5.	12.	12.



NAME THE AGRICULTURAL AND LABOR PROGRAM, I FEIN 59-1634148 TAXABLE YEAR ENDING 06/30/16

Schedule III - Apportionment of Adjusted Federal Income

III-A For use by taxpayers doing business outside Florida, except those providing insurance or transportation services.

	(a) WITHIN FLORIDA (Numerator)	(b) TOTAL EVERYWHERE (Denominator)	(c) Col. (a) ÷ Col. (b) Rounded to Six Decimal Places	(d) Weight If any factor in Column (b) is zero, see note on Pg 9 of the Instructions.	(e) Weighted Factors Rounded to Six Decimal Places
1. Property (Schedule III-B below)				X 25% or	
2. Payroll				X 25% or	
3. Sales (Schedule III-C below)				X 50% or	
4. Apportionment fraction (Sum of Lines 1, 2, and 3, Column (e)). Enter here and on Schedule IV, Line 2.					1.000000

III-B For use in computing average value of property (use original cost).

	WITHIN FLORIDA		TOTAL EVERYWHERE	
	a. Beginning of year	b. End of year	c. Beginning of year	d. End of year
1. Inventories of raw material, work in process, finished goods				
2. Buildings and other depreciable assets				
3. Land owned				
4. Other tangible and intangible (financial org. only) assets (attach schedule)				
5. Total (Lines 1 through 4)				
6. Average value of property				
a. Add Line 5, Columns (a) and (b) and divide by 2 (for within Florida) 6a.				
b. Add Line 5, Columns (c) and (d) and divide by 2 (for total everywhere)			6b.	
7. Rented property (8 times net annual rent)				
a. Rented property in Florida	7a.			
b. Rented property Everywhere			7b.	
8. Total (Lines 6 and 7). Enter on Line 1, Schedule III-A, Columns (a) and (b).				
a. Enter Lines 6 a. plus 7 a. and also enter on Schedule III-A, Line 1, Column (a) for total average property in Florida	8a.			
b. Enter Lines 6 b. plus 7 b. and also enter on Schedule III-A, Line 1, Column (b) for total average property Everywhere			8b.	

III-C Sales Factor

	(a) TOTAL WITHIN FLORIDA (Numerator)	(b) TOTAL EVERYWHERE (Denominator)
1. Sales (gross receipts)	N/A	
2. Sales delivered or shipped to Florida purchasers		N/A
3. Other gross receipts (rents, royalties, interest, etc. when applicable)		
4. TOTAL SALES (Enter on Schedule III-A, Line 3, Columns (a) and (b))		

III-D Special Apportionment Fractions (see instructions)

	(a) WITHIN FLORIDA	(b) TOTAL EVERYWHERE	(c) FLORIDA Fraction ((a) ÷ (b)) Rounded to Six Decimal Places
1. Insurance companies (attach copy of Schedule T - Annual Report)			
2. Transportation services			

Schedule IV - Computation of Florida Portion of Adjusted Federal Income

	Column (a) Adjusted Federal Income	Column (b) Adjusted AMT Income
1. Apportionable adjusted federal income from Page 1, Line 6 (or Line 6, Schedule VI for AMT in Col. (b))	1.	1.
2. Florida apportionment fraction (Schedule III-A, Line 4 or Schedule III-D, Column (c))	2.	2.
3. Tentative apportioned adjusted federal income (multiply Line 1 by Line 2)	3.	3.
4. Net operating loss carryover apportioned to Florida (attach schedule; see instructions)	4.	4.
5. Net capital loss carryover apportioned to Florida (attach schedule; see instructions)	5.	5.
6. Excess charitable contribution carryover apportioned to Florida (attach schedule; see instructions)	6.	6.
7. Employee benefit plan contribution carryover apportioned to Florida (attach schedule; see instructions)	7.	7.
8. Total carryovers apportioned to Florida (add Lines 4 through 7)	8.	8.
9. Adjusted federal income apportioned to Florida (Line 3 less Line 8; see instructions)	9.	9.



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Schedule V - Credits Against the Corporate Income/Franchise Tax	
1. Florida health maintenance organization credit (attach assessment notice)	1.
2. Capital investment tax credit (attach certification letter)	2.
3. Enterprise zone jobs credit (from Florida Form F-1156Z attached)	3.
4. Community contribution tax credit (attach certification letter)	4.
5. Enterprise zone property tax credit (from Florida Form F-1158Z attached)	5.
6. Rural job tax credit (attach certification letter)	6.
7. Urban high crime area job tax credit (attach certification letter)	7.
8. Emergency excise tax (EET) credit (see instructions and attach schedule)	8.
9. Hazardous waste facility tax credit	9.
10. Florida alternative minimum tax (AMT) credit	10.
11. Contaminated site rehabilitation tax credit (attach tax credit certificate)	11.
12. State housing tax credit (attach certification letter)	12.
13. Credit for contributions to nonprofit scholarship funding organizations (attach certificate)	13.
14. Florida renewable energy technologies investment tax credit	14.
15. Florida renewable energy production tax credit	15.
16. New markets tax credit	16.
17. Entertainment industry tax credit	17.
18. Credits for spaceflight projects	18.
19. Research and Development tax credit	19.
20. Energy Economic Zone tax credit	20.
21. Other credits (attach schedule)	21.
22. Total credits against the tax (sum of Lines 1 through 21 not to exceed the amount on Page 1, Line 11). Enter total credits on Page 1, Line 12	22.

Schedule VI - Computation of Florida Alternative Minimum Tax (AMT)	
1. Federal alternative minimum taxable income after exemption (attach federal Form 4626)	1.
2. State income taxes deducted in computing federal taxable income (attach schedule)	2.
3. Additions to federal taxable income (from Schedule I, Column [b])	3.
4. Total of Lines 1 through 3	4.
5. Subtractions from federal taxable income (from Schedule II, Column [b])	5.
6. Adjusted federal alternative minimum taxable income (Line 4 minus Line 5)	6.
7. Florida portion of adjusted federal income (see instructions)	7.
8. Nonbusiness income allocated to Florida (see instructions)	8.
9. Florida exemption	9.
10. Florida net income (Line 7 plus Line 8 minus Line 9)	10.
11. Florida alternative minimum tax due (3.3% of Line 10). See instructions for Page 1, Line 11	11.



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Schedule R - Nonbusiness Income

Line 1. Nonbusiness income (loss) allocated to Florida

Type	Amount
Total allocated to Florida	1. _____

(Enter here and on Page 1, Line 8 or Schedule VI, Line 8 for AMT)

Line 2. Nonbusiness income (loss) allocated elsewhere

Type	State/country allocated to	Amount
Total allocated elsewhere		2. _____

Line 3. Total nonbusiness income

Grand total. Total of Lines 1 and 2	3. _____
---	----------

(Enter here and on Schedule II, Line 7)

**Estimated Tax Worksheet
For Taxable Years Beginning On or After January 1, 2016**

1. Florida income expected in taxable year	1.	\$	_____
2. Florida exemption \$50,000 (Members of a controlled group, see instructions on Page 14 of Florida Form F-1120N)	2.	\$	_____
3. Estimated Florida net income (Line 1 less Line 2)	3.	\$	_____
4. Total Estimated Florida tax (5.5% of Line 3)*		\$	_____
Less: Credits against the tax	4.	\$	_____

* Taxpayers subject to federal alternative minimum tax must compute Florida alternative minimum tax at 3.3% and enter the greater of these two computations.

5. Computation of installments:

Payment due dates and payment amounts:	Last day of 4th month - Enter 0.25 of Line 4	5a.	_____
	Last day of 6th month - Enter 0.25 of Line 4	5b.	_____
	Last day of 9th month - Enter 0.25 of Line 4	5c.	_____
	Last day of fiscal year - Enter 0.25 of Line 4	5d.	_____

NOTE: If your estimated tax should change during the year, you may use the amended computation below to determine the amended amounts to be entered on the declaration (Florida Form F-1120ES).

1. Amended estimated tax	1.	\$	_____
2. Less:			
(a) Amount of overpayment from last year elected for credit to estimated tax and applied to date	2a. --	\$	_____
(b) Payments made on estimated tax declaration (Florida Form F-1120ES)	2b. --	\$	_____
(c) Total of Lines 2(a) and 2(b)	2c.	\$	_____
3. Unpaid balance (Line 1 less Line 2(c))	3.	\$	_____
4. Amount to be paid (Line 3 divided by number of remaining installments)	4.	\$	_____



THE AGRICULTURAL AND LABOR PROGRAM, INC.

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THE AGRICULTURAL AND LABOR PROGRAM, INC.

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E-RATE DIRECT DEPOSIT APPLICATION

From: Maria Crespo
To: Deloris Johnson
Cc: Dennis Gniewek
Subject: FORMAL APPROVAL
Date: Thursday, March 30, 2017 4:43:14 PM

This is the formal approval received this morning.

Now you can receive payments from the E-rate Program.

Universal Service Administrative Company



Your 498 ID is Approved!

Dear Deloris,

We finished verifying the banking information for THE AGRICULTURAL AND LABOR PROGRAM, INC., and your 498 ID (SPIN) is now approved and ready to use on your BEAR* Invoice!

Your 498 ID number is **443004679**

Log into the [BEAR invoicing process](#).

If you need further assistance with your Form 498 ID, please call us, Monday through Friday from 9:30 AM to 4:30 PM ET.

Thank you,

USAC Customer Support

*Billed Entity Applicant Reimbursement (BEAR) for the Schools and Libraries (E-rate) Program

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Deloris Johnson

From: Maria Crespo
Sent: Monday, April 03, 2017 3:33 PM
To: Deloris Johnson
Cc: Dennis Gniewek
Subject: YOUR E-RATE PROGRAM REMITTANCE STATEMENT: 443004679

Importance: High

Please see below. **The FULL AMOUNT of \$71,112.94 was APPROVED.** I was told just now that it could take up to 48 hours before the monies hit the bank and that it should hit as ONE deposit of \$71,112.94.

Thx.

Maria

\$71,112.94

From: CustomerSupport@usac.org [mailto:CustomerSupport@usac.org]
Sent: Monday, April 03, 2017 2:26 PM
To: Maria Crespo <mcrespo@alpi.org>
Subject: YOUR E-RATE PROGRAM REMITTANCE STATEMENT: 443004679



Helping Keep Americans Connected | www.usac.org

**SCHOOLS AND LIBRARIES BEAR PROGRAM REMITTANCE STATEMENT
AS OF APRIL 03, 2017**

**Attn: Deloris Johnson
THE AGRICULTURAL AND LABOR PROGRAM, INC.**

RE: FCC Form 498 ID 443004679

This notice provides an explanation of your entity's Billed Entity Applicant Reimbursement (BEAR)

payment for the following invoices.

	Approved
4/3/2017 143004824 BellSouth Telecommunications, LLC 1699124245 ATT Jul2016-Mar2017 Applicant Name:THE AGRICULTURAL AND LABOR PROGRAM, INC.;SLD Invoice Number:2556907;BEAR Letter Date:04/03/2017;Line Item Detail Number:8532225;Amount Requested:46287.83;	\$46,287.83
4/3/2017 143001435 Frontier Florida LLC 1699124044 FRONTIER Jul2016-Mar2017 Applicant Name:THE AGRICULTURAL AND LABOR PROGRAM, INC.;SLD Invoice Number:2556908;BEAR Letter Date:04/03/2017;Line Item Detail Number:8532226;Amount Requested:4813.60;	\$4,813.60
4/3/2017 143003990 Comcast Business Communications 1699123081 COMCAST Jul2016-Mar2017 Applicant Name:THE AGRICULTURAL AND LABOR PROGRAM, INC.;SLD Invoice Number:2556909;BEAR Letter Date:04/03/2017;Line Item Detail Number:8532227;Amount Requested:5910.57;	\$5,910.57
4/3/2017 143000677 Verizon Wireless (Cellco Partnership) 1699124168 VERWIRE Jul2016-Mar2017 Applicant Name:THE AGRICULTURAL AND LABOR PROGRAM, INC.;SLD Invoice Number:2556910;BEAR Letter Date:04/03/2017;Line Item Detail Number:8532408;Amount Requested:3881.25;Partial Paymnt, Inv > Remaining Commitment;1201;	\$2,658.60
4/3/2017 143024173 Fort Pierce Utilities Authority 1699124374 FPUA Jul2016-Mar2017 Applicant Name:THE AGRICULTURAL AND LABOR PROGRAM, INC.;SLD Invoice Number:2556911;BEAR Letter Date:04/03/2017;Line Item Detail Number:8532409;Amount Requested:3428.24;	\$3,428.24
4/3/2017 143016611 Bright House Networks, LLC 1699122871 BHN voice Jul2016-Mar2017 Applicant Name:THE AGRICULTURAL AND LABOR PROGRAM, INC.;SLD Invoice Number:2556912;BEAR Letter Date:04/03/2017;Line Item Detail Number:8532410;Amount Requested:967.50;	\$967.50
4/3/2017 143016611 Bright House Networks, LLC 1699122802 BHN data Jul2016-Mar2017 Applicant Name:THE AGRICULTURAL AND LABOR PROGRAM, INC.;SLD Invoice Number:2556913;BEAR Letter Date:04/03/2017;Line Item Detail Number:8532411;Amount Requested:7046.60;	\$7,046.60
Total Approved Disbursement	<u>\$71,112.94</u>

Total Actual Disbursement:

\$71,112.94

If you have any questions, please contact USAC Customer Operations at (888) 641-8722 or CustomerSupport@usac.org. You may also visit us at www.usac.org.

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