



PROGRAM PLANNING COMMITTEE MEETING

Corporate Office - Lake Alfred, FL

September 23, 2016

7:00 p.m.

AGENDA

I. CALL TO ORDER

- A. Moment of Silence
- B. ALPI Mission Statement
- C. Roll Call

Vernon McQueen

Chester McNorton

Katie Clarke

Dorothy Curry

Patricia Brown

Al Miller, Myrna Rodriguez, & Aletta Stroder, Staff Liaisons

II. ITEMS FOR DISCUSSIONS

- ▶ **Review Y-T-D Grant Reports (See Tab 2)**
 - Performance
 - Reimbursement
 - In-Kind Match
- ▶ **Proposed Funding Opportunities (See Tab 4)**
 - 2016-2017 Child Care Food Program
 - Wells Fargo Application
- ▶ **2016-2017 Revised Operating Budget (See Tab 4)**
- ▶ **Funding Opportunities (See Tab 5)**
 - 2016-2017 CSBG Modification
 - 2016-2017 DOE/NFJP Application
 - 2016-2017 Department of HUD
 - 2016-2017 FNPH
 - HHS/Supplemental (3 of 5 year)
- ▶ **Super Circular Changes (See Tab 5)**
- ▶ **Review 2016 PIR's - Head Start and EHS (See Tab 2)**
- ▶ **Review programs' quarterly monitoring reports (See Tab 5)**
 - Senior Connection
 - Health and Safety Review & Corrective Actions
 - HUD

III. ACTION ITEMS/RECOMMENDATIONS FOR BOARD APPROVAL

- ▶ **Proposed Funding Opportunities**
 - 2016-2017 Child Care Food Program
 - Wells Fargo Application
- ▶ **2016-2017 Revised Operating Budget**
- ▶ **2016 PIR's Head Start/EHS**

IV. ADJOURNMENT

2016 – 2017 INSURANCE RENEWAL PROPOSALS

- ✓ Liability & Property
- ✓ D & O
- ✓ Child Accident



PROPOSAL PREPARED FOR
AGRICULTURAL AND LABOR PROGRAM, INC.

PRESENTED BY

STEVEN MAZON, VICE PRESIDENT

**BOUCHARD INSURANCE
222 CHURCH STREET
KISSIMMEE, FL 34741**

407 847-2841

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EMPLOYMENT PRACTICES LIABILITY

NAMED INSURED: The Agricultural and Labor Program, Inc.
COMPANY: Federal Insurance Company
AM Best Rating: A ++
POLICY TERM: 10/1/2016 to 10/1/2017
COVERAGE TYPE: Non Profit Directors & Officers EPLI

COVERAGE DETAIL

Description	Limit	Ded
<ul style="list-style-type: none">Maximum Aggregate Limit of Liability for this coverage section for all Claim each Policy Year	\$1,000,000	\$15,000
<ul style="list-style-type: none">Sublimit for all Third Party Claims Each Policy Year – Third Party Liability	\$1,000,000	\$15,000

RATING DETAIL

REMARKS

Defense Inside the Limits of Liability

DIRECTORS AND OFFICERS LIABILITY

NAMED INSURED: The Agricultural and Labor Program, Inc.

COMPANY: Federal Insurance Company
AM Best Rating: A++

POLICY TERM: 10/1/2016 to 10/1/2017

RETROACTIVE DATE 11/01/2000

COVERAGE DETAIL

LIABILITY LIMIT	AGGREGATE LIMIT	RETENTION
\$1,000,000	\$1,000,000	\$10,000

COVERAGE TERMS

Defense Cost: Inside Limit

REMARKS

Prior & Pending Litigation Date 11/01/00

PREMIUM SUMMARY

NAMED INSURED: The Agricultural and Labor Program, Inc.

COVERAGE TYPE	EXPIRING	PROPOSAL
Directors & Officers & Employment Practices	\$12,090.00	\$12,300.00
*State Mandated Assessment	\$0	\$0
Grand Total	\$12,090.00	\$12,300.00

PAYMENT OPTIONS

LINE OF COVERAGE	COMPANY	DIRECT/AGENCY BILL	PAYMENT OPTIONS
D&O & EPLI	Federal Insurance Company – Chubb	Agency	Annual

IMPORTANT NOTICE:

A short rate earned premium penalty may be charged by the Company if YOU elect to cancel a policy prior to its normal expiration date.

Policies may also be subject to a non-refundable minimum earned premium. Please refer to your policy for the specific amount; or call us prior to canceling your policy to determine if a minimum charge applies

APPENDICES

APPENDIX #	SUBJECT
1	Binding Instructions
2	Disclosure & Disclaimers
3	AM Best Financial Ratings

1 – BINDING INSTRUCTIONS

LINE OF COVERAGE	COMPANY	ITEMS NEEDED TO BIND COVERAGE
D&O & EPLI	Federal Insurance Company – Chubb	No Items needed to bind coverage

2 – DISCLOSURE & DISCLAIMER

1. This proposal is based upon exposures to loss identified by information that you provided regarding your business and operations. If there are other business exposures that need to be evaluated prior to binding coverage, please bring these to our attention.
2. Should any of your exposures change after coverage is bound, such as new operations, property purchases, hiring employees in additional states, etc., please let us know so proper coverage(s) can be discussed.
3. The coverage valuation and limits provided were determined by you. We recommend a professional appraisal to ensure that such values and limits are adequate to protect your assets. Higher limits of liability may be available.
4. Estimated exposure basis (i.e. vehicles, sales, payroll, and area) were established by information you provided. If actual exposures for the policy term(s) are different than estimated, the final premium may be adjusted.
5. The entity(ies) designated as named insured is/are the only entity(ies) covered under this proposal. Please notify our office immediately if you should acquire or form any new organizations so we provide appropriate coverage.
6. The abbreviated outlines used throughout this proposal are not intended to express any legal opinion as to the nature of coverage. They are only intended as a brief summary of coverage. The insuring agreement, terms, and conditions of the actual policy form(s) purchased will govern the coverage being provided. Please read your policy for specific details.
7. As an independent insurance agency, we are compensated by insurance companies for marketing their products. Our agency's compensation might also include incentives in addition to standard commissions. This compensation is known as "Profit Sharing" and is paid year-end, based on a combination of business written, profitability and retention throughout the year. We do not know if this additional compensation will be received at the time an individual policy is written. Insurance companies are required to file these compensation arrangements with the appropriate insurance regulatory agency within each state of operation.
8. This form is for illustration purposes only. Please read your policy for specific details.

3 – AM BEST FINANCIAL RATING

Insurance carriers are rated based on their financial stability and their ability to pay claims. The two most recognized rating firms are A.M. Best and Standard & Poor's.

A.M. Best rates a carrier based on its financial stability. Best's categories are A++ to C-. A rating of A++ is given to companies considered the most financially stable.

Standard & Poor's (S&P) rates carriers based on their ability to pay claims. S&P's ratings for companies considered secure are AAA, AA, A, and BBB, with AAA equating to "superior" and BBB equating to "adequate." S&P's ratings for vulnerable companies include BB, B, CCC, and R.

Carrier Ratings By Size

In order to help you evaluate and select appropriate insurance carriers, we have provided below the carrier ratings assigned by A.M. Best.

BEST'S OVERALL COMPANY SIZE RATINGS	
<u>Class</u>	<u>Policyholder Surplus</u>
Class V	\$10,000,000 - \$25,000,000
Class VI	\$25,000,000 - \$50,000,000
Class VII	\$50,000,000 - \$100,000,000
Class VIII	\$100,000,000 - \$250,000,000
Class IX	\$250,000,000 - \$500,000,000
Class X	\$500,000,000 - \$750,000,000
Class XI	\$750,000,000 - \$1,000,000,000
Class XII	\$1,000,000,000 - \$1,250,000,000
Class XIII	\$1,250,000,000 - \$1,500,000,000
Class XIV	\$1,500,000,000 - \$2,000,000,000
Class XV	\$2,000,000,000 or more

2016 – 2017 AGENCYWIDE BUDGET REVISIONS

The Agricultural and Labor Program, Inc.
Fiscal Year 2016-2017
Agency Budget

REVENUES		FY 17	FY16
Head Start / Early Head Start (St. Lucie/Polk Counties)	13	7,414,082	7,284,907
ALPI Child Care Centers (St. Lucie/Polk Counties)	42	43,200	41,313
St Lucie County Early Learning VPK	20	867,528	869,415
USDA Food	21	1,189,748	1,189,748
Children's Services Council	23	103,599	84,599
Department of Economic Opportunity LIHEAP	25	4,555,571	4,555,571
Senior Connection Center, Inc. EHEAP	27	114,623	114,623
Department of Economic Opportunity CSBG	26	1,110,027	1,110,027
Department of Education EA	28	60,000	60,000
Florida Non Profit Housing	29	47,053	47,053
H.U.D. Housing Counseling	36	15,363	13,447
ATEC	30	10,100	10,100
FACA/OAG	14	19,647	39,353
E-rate	31	95,161	94,582
Fund Raiser	33	23,000	23,000
Other	34	2,600	12,600
In-Kind / Cash Match	35	1,821,227	1,821,227
TOTAL REVENUE		17,492,529	17,371,565
EXPENSES			
Salaries and Wages	1	6,598,116	6,517,699
Fringe Benefits	2	1,683,605	1,663,388
Communications	3	170,600	171,899
Travel	4	103,151	106,099
Food	5	773,290	771,440
Rent and Utilities	6	506,532	487,232
Contractual Services	7	394,960	399,360
Materials and Supplies	8	611,694	588,830
Training	38	228,001	227,225
Grants, Subsidies and Contributions	9	3,963,787	3,965,138
Subcontractors	10	507,016	515,478
In-Kind	11	1,821,227	1,821,227
Other	12	130,549	136,550
TOTAL EXPENSES		17,492,529	17,371,565

CCFP

Contract Renewal

October 1, 2016 – September 30, 2017

The Agricultural And Labor Program, Inc.

Period 10/01/16 to 9/30/17

31016		15/16 Food Service	Budget
Element Code & Description			
project			
Revenues			
40000	DOH - Food Program		0.00
44000	DOH Food Administration		0.00
45000	Food Indirect Admin		0.00
		Revenues	<u>0.00</u>
Expenses			
50000	Salaries		174,581.45
50500	Fringe Benefits		43,645.36
52000	Direct Fringe - Workers Comp		3,963.00
52100	Professional Services		1,500.00
52300	Travel		5,998.89
52900	Printing		1,500.00
53200	Non-food Supplies		25,000.00
53300	Food Costs		793,635.00
53500	Utilities		31,000.00
53600	Telephone		3,500.00
53700	Data Communications		11,000.00
53800	Postage		2,700.00
54000	Insurance - Automobile		9,000.00
54010	Insurance - Liability		5,000.00
54020	Insurance - Property/ Build		16,000.00
55000	In-Service Training		6,550.36
55500	Building Maintenance & Supplies		13,500.00
55600	Vehicle Operation and Maintenance		13,000.00
55810	Equipment Purchase <5000		6,000.00
58200	Leases/Rent - Equipment		13,000.00
58300	Leases/ Rent Vehicles		20,000.00
58800	Food Adjustment		(33,000.00)
59700	Indirect Costs		28,805.94
		Expenses	<u>1,195,880.00</u>
		Balance:	<u>-1,195,880.00</u>

The Agricultural And Labor Program, Inc.

Period 10/01/16 to 9/30/17

310167 16/17 Food Service
 Element Code & Description Budget

100016 16/17 Food Service Administration

Revenues

44000	DOH Food Administration	
45000	Food Indirect Admin	
	Revenues	<u>0.00</u>

Expenses

50000	Salaries	23,953.01
50500	Fringe Benefits	5,988.25
52000	Direct Fringe - Workers Comp	543.73
52100	Professional Services	1,500.00
52300	Travel	5,998.89
52900	Printing	1,500.00
53000	Office Supplies	7,000.00
53500	Utilities	16,000.00
53600	Telephone	3,500.00
53700	Data Communications	7,000.00
53800	Postage	1,500.00
54000	Insurance - Automobile	9,000.00
54010	Insurance - Liability	4,000.00
55000	In-Service Training	6,550.36
55500	Building Maintenance & Supplies	3,500.00
58200	Leases/Rent - Equipment	7,000.00
59700	Indirect Costs	<u>3,952.25</u>
	Expenses	108,486.50

200017 16/17 Food Service Operations

Revenues

40000 DOH - Food Program
45000 Food Indirect Admin

Revenues

0.00

Expenses

50000 Salaries 150,628.44
50500 Fringe Benefits 37,657.11
52000 Direct Fringe - Workers Comp 3,419.27
53200 Non-food Supplies 25,000.00
53300 Food Costs 793,635.00
53500 Utilities 15,000.00
53700 Data Communications 4,000.00
53800 Postage 1,200.00
54010 Insurance Liability 1,000.00
54020 Insurance Property/ Build 16,000.00
55500 Building Maintenance & Supplies 10,000.00
55600 Vehicle Operation and Maintenance 13,000.00
55810 Equipment Purchase <5000 6,000.00
58200 Leases/Rent - Equipment 6,000.00
58300 Leases/ Rent Vehicles 20,000.00
58800 Food Adjustment (33,000.00)
59700 Indirect Costs 24,853.69

Expenses

1,094,393.50

1,195,880.00 Total Grant

50%

597,940.00

Name	Class	Hrs / day	Hrs / Mo	Rate	Salary	Salary Increase	Salary	Benefits	\$ Benefits	Salary and Benefits	Sal and Ben Allowable	Cg to CCFP	Salaries Elements	Fringe	25.00%	Workers Comp	2.27%	
100017	15/16 Food Service Administration																	
Ferguson, Betty	1	1.44	20.00	16.19	33,675.20	1.010.26	34,685.46	27.27%	9,458.72	44,144.18	5,765.00	18%	4,532.10	1,133.02	102.88			
Walker, Hilda	1	2.32	12.50	18.23	37,918.40	1,137.55	39,055.95	27.27%	10,650.56	49,706.51	7,651.00	29%	6,011.63	1,502.91	136.46			
Young, Elizabeth	1	1.44	20.00	40.54	84,323.20	2,529.70	86,852.90	27.27%	23,684.78	110,537.68	17,066.00	18%	13,409.29	3,352.32	304.39			
Element Total:					155,916.80		160,594.30				30,465.00		23,953.01	5,988.25	543.73			

200017	16/17 Food Service Operations	hrs/day	hrs/yr	Rate	Salary	1.5% Increase	Total Salary
Coleman, Emma	1	6	1,320	11.24	14,836.80	222.55	15,059.35
Collins, Sarah	1	6	1,320	11.00	14,520.00	217.80	14,737.80
Espinosa, Arcechi	1	7	1,540	10.39	16,000.60	240.01	16,240.61
Mendez, Glamaris	1	7	1,540	11.12	17,124.80	256.87	17,381.67
Ortiz, Olga	1	7	1,540	10.39	16,000.60	240.01	16,240.61
Podrosa, Patrosimio	1	7	1,540	10.39	16,000.60	240.01	16,240.61
Sands, Yalline	1	7	1,540	10.39	16,000.60	240.01	16,240.61
Walker, Hilda	1	8	2,080	18.23	37,918.40	568.78	38,487.18
Element Total:					148,402.40		150,628.44

Total Adm and Operations Salary	192,886.06
Workers Compensation 2.27%	4,378.51
Indirect Cost Rate	31,826.20
	229,090.77

Auth #: S501

Organization Name: The Agricultural and Labor Program, Inc.

Requires User Input Automatically Calculates

Please Answer these Questions

Enrollment	780	Number of children eligible for free meals
	780	Number of children eligible for reduced meals
		Number of children eligible for non-needy meals
		Total number of enrolled children (a+b+c)
Average Attendance per Day		(Cannot exceed total number of enrolled children)
Days Operating	22	Total number days operating (per month)
	12	Total number months operating per year
Put a "Y" in each category that applies:		
	Y	Claiming Breakfast?
	Y	Claiming Morning Snack?
	Y	Claiming Lunch?
		Claiming Afternoon Snack?
		Claiming Supper?
		Claiming Evening Snack?
Total Number of Meals Served in One Month to Eligible Children		
(Number of Operating Days x Average Attendance per Day)		
	17160	Breakfast
	0	AM Snack
	17160	Lunch
	17160	PM Snack
	0	Supper
	0	Evening Snack

Rates	
July 1, 2015 - June 30, 2016	
Breakfast:	
Free	\$1.66
Reduced	\$1.36
Non-Needy	\$0.25
Lunch/Supper:	
Free	\$3.67
Reduced	\$2.67
Non-Needy	\$0.25
Snacks:	
Free	\$0.34
Reduced	\$0.44
Non-Needy	\$0.07
Cash-in-Lieu:	\$0.2376

Now the Worksheet will do the Calculations (password protected - read only)

1) Calculation to Determine Percentage

Divide the number of eligible children in each category by the total number of children enrolled.

a. Number free	780	/ total enrolled	780	=	100.00%
b. Number reduced price	0	/ total enrolled	780	=	0.00%
c. Number nonneedy	0	/ total enrolled	780	=	0.00%
		Total Percentage:			100.00%

2) Calculation to Determine Free/Reduced Distribution for each Meal Type

Multiply the category percentages calculated in step 1 by the number of meals served for each meal type. Multiply that answer (the free/reduced distribution) by the current reimbursement rates.

Type Meal Category Percentages (Number 2) above multiplied by assigned meal reimbursement rate (password protected)

Breakfast	Category %	# Meals Served	# of Meals by Category	Rate	Reimbursement Amount
a. Free %	1.000	X 17160	X 17160	\$ 1.66	\$ 28,485.60
b. Reduced Price %	0.000	X 17160	X 0	\$ 1.36	\$ -
c. Nonneedy %	0.000	X 17160	X 0	\$ 0.29	\$ -
Total Number of Breakfast Claimed					\$ 28,485.60
Lunch/Supper					
a. Free %	1.000	X 17160	X 17160	\$ 3.07	\$ 52,681.20
b. Reduced Price %	0.000	X 17160	X 0	\$ 2.67	\$ -
c. Nonneedy %	0.000	X 17160	X 0	\$ 0.29	\$ -
Total Number of Lunches and Suppers Claimed					\$ 52,681.20
Snacks					
a. Free %	1.000	X 17160	X 17160	\$ 0.84	\$ 14,414.40
b. Reduced Price %	0.000	X 17160	X 0	\$ 0.42	\$ -
c. Nonneedy %	0.000	X 17160	X 0	\$ 0.07	\$ -
Total Number of Snacks Claimed					\$ 14,414.40

Commodities Reimbursement*			
a. Lunch	17160	X 0.2375	= \$4,075.50
b. Supper	0	X 0.2375	= \$0.00
			\$4,075.50

Projected Meal Earnings for One Month	\$ 95,581.20
Total Projected Meal Earnings for One Year	\$ 1,146,974.40

Projected Commodity Reimbursement for One Month	\$4,075.50
Projected Commodity Reimbursement for One Year	\$48,906.00

Total Projected Earnings for One Year	= \$1,195,880.40
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Projected Earnings Rounded for use in the Budget	= \$1,195,880.00
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Sponsor Administrative Cap \$ 172,046.16

The Sponsor Administrative Cap does not apply to independent contractors

*PLEASE NOTE: The cash-in-lieu-of commodity payments received by an institution shall be used only to purchase food products that are produced in the United States for use in the program. Institutions must maintain sufficient records to document the proper use of these payments.

Authorization Number: **S501** Sponsoring Organization Name: **The Agricultural and Labor Program, Inc.**

Instructions: Mark "Yes" or "No" for questions 3, 6 and 7 below by placing an X in the cell. Complete the remaining questions as specified.

Does sponsor conduct MONITORING REVIEWS at least as often as required by 7 CFR, Part 226.16(d)(4)(iii). YES NO

Does answer indicate that the sponsoring organization, at a minimum, conducts unannounced CCFP monitoring reviews as follows:

- 1 new site is reviewed within the first four weeks of CCFP operations.
- 1 existing site is reviewed three times yearly with not more than a six-month lapse between reviews. If using review averaging, contractor meets review averaging requirements.
- W-up reviews are conducted within 30 days of issuing a disallowance and/or identifying areas of noncompliance.

How many sites do you currently sponsor?

MONITORING STAFF - Complete this section only if your organization sponsors 25 or more sites or if you anticipate sponsoring 25 or more sites during this fiscal year.

Item A below, list all employees who perform monitoring activities, and describe the specific activities each employee performs in column B. Monitoring activities include, but are not limited to, conducting on-site reviews, planning the review schedule, travel for reviews, supervisory oversight of monitors, writing review reports, follow-up reviews, pre-approval visits, household contacts, technical assistance, and desk reviews of documentation. For each employee listed, indicate the number of hours per month spent on monitoring in column C, and the total monthly hours spent on the CCFP in column D (refer back to table 2, column C). Percentage of each employee's monitoring time will auto-calculate in column E, and the total number of FTEs performing monitoring activities will be calculated in the bottom row. Please Note: Monitoring ratios for sponsors must equal at least one FTE (2080 hours/year or 173.33 hours/month) for 25 to 150 sites.

A. Employee Name	B. Description of Monitoring Activities	C. # of Hours per Month Spent on Monitoring*	D. Total Hours per Month Spent on CCFP (should be the same number of hours listed in table 2, column C)	E. % of Monthly CCFP Hours Spent Monitoring
				#DIV/0!
				#DIV/0!
				#DIV/0!
				#DIV/0!
				#DIV/0!
TOTAL =		0	Number of FTEs =	0.00

Sponsors with twenty-five (25) or more sites are required to employ at least one full time equivalent (FTE) monitor per 25-150 sites. However, to ensure adequate monitoring, there should be approximately one FTE monitor for not more than 85 sites. An FTE equals one staff year (2080 hours) or a staff month (173.33 hours) and could be one full time staff person who monitors full time; two half time staff who spend all of their time monitoring; two full time staff who spend half of their time monitoring; three full time staff, one of whom monitors 40% of the time, with the other two each spending 30% of their time monitoring, etc.


Does sponsor complete training on all required topics at least once a year. YES NO

Required Training Topics <ul style="list-style-type: none"> • Menu Planning & Meal Pattern Requirements • Meal Count Procedures • Claim Review & Submission Procedures • Reimbursement System • Civil Rights Requirements 	Recommended Training Topics <ul style="list-style-type: none"> • Food Safety & Sanitation • Nutrition Education
<p>*** Note: A sign-in sheet and agenda must be maintained for each training session.</p>	

Does sponsor REVIEW ALL CCFP RECORDS for accuracy and compliance. YES NO

List the Florida address(es) where CCFP records will be maintained:
 Lynchburg Road / Lake Alfred, FL 33850

I certify that all information on the Management Plan is true and correct.

Signature of Authorized Employee: 

Date: **7/21/2016**

Name: **Deloris Johnson**

Title: **Chief Executive Officer**

**Florida Department of Health
Child Care Food Program Budget**

(for use by Sponsors of Affiliated Child Care Centers, Afterschool Meals Programs, and Homeless Children Nutrition Programs)

Refer to the instructions and definitions on page 2 before completing this form.

Authorization #: **S501** Organization Name: **The Agricultural and Labor Program, Inc.**
 Name of Budget Preparer(s): **Hilda Walker**

1. Complete the table below to document your projected food program costs. Use whole dollars only, no cents.

FOOD SERVICE (OPERATIONAL) COSTS	CCFP FUNDS (List amounts)	NON-CCFP FUNDS (List amounts)	CATEGORY TOTALS (CCFP + Non-CCFP Funds)
Food Purchases*	\$793,635	\$0	\$793,635
Food Service Labor and Benefits	\$191,704	\$0	\$191,704
Non-Contracted Purchased Services	\$40,200	\$0	\$40,200
Non-Food Supplies	\$25,000	\$0	\$25,000
Food Service Equipment	\$12,000	\$0	\$12,000
Transportation	\$33,000	\$0	\$33,000
Other (Includes Special Cost Items) Describe: Indirect cost @ \$150,628 x 16.5%	\$24,854	\$0	\$24,854
FOOD SERVICE (OPERATIONAL) COST TOTALS	\$1,120,393	\$0	\$1,120,393
ADMINISTRATIVE COSTS	CCFP FUNDS (List amounts)	NON-CCFP FUNDS (List amounts)	CATEGORY TOTALS (CCFP + Non-CCFP Funds)
Administrative Salaries and Benefits**	\$30,485	\$0	\$30,485
Non-Contracted Purchased Services	\$8,766	\$0	\$8,766
Training	\$5,000	\$0	\$5,000
Travel	\$2,500	\$0	\$2,500
Rent and Utilities	\$20,500	\$0	\$20,500
Office Supplies	\$2,757	\$0	\$2,757
Other (Includes Special Cost Items) Describe: Indirect Cost @ \$33,203 X 16.5%	\$5,479	\$0	\$5,479
ADMINISTRATIVE COST TOTALS <i>Administrative costs cannot exceed 15% of total projected earnings</i>	\$75,487	\$0	\$75,487
BUDGET TOTALS	\$1,195,880	\$0	\$1,195,880

Total Budget Amount from PEW	\$1,195,880.00
Remainder to Budget for CCFP Funds	\$0.00

* It is recommended that food purchases equal or exceed 50% of the CCFP Funds Total.

** The CCFP Funds and Non-CCFP Funds for Administrative Salaries and Benefits auto-populate from the totals from table 2 of the Management Plan.

*** The CCFP Funds Total must equal the amount of "Projected Earnings Rounded for use in the Budget" on the PEW, and will be highlighted in red if it does not.

**** This amount must equal or exceed the amount of "Projected Earnings Rounded for use in the Budget" on the PEW, and will be highlighted in red if it does not.

NOTE: Additional documentation may be requested to determine if projected costs are necessary, reasonable, and allowable.

2. If any amounts were listed under the Non-CCFP Funds column in the table above, list the specific source(s) of the Non-CCFP funds that will be spent on the food program.

3. In the space below, identify which of the following source(s) of funds your organization has available to pay for potential over claims of CCFP reimbursement or other allowable costs: Tuition/Fees, Savings/Checkings, Credit/Loan, Donations or Other. If Other, then describe.
 Savings/checking

Note: Funds restricted for used in other programs/grants, including other USDA child nutrition programs, cannot be used to pay for CCFP over claims or unallowable costs.

For DOH USE ONLY:

Approval Signature (Regional Program Specialist)

Date

Approval Signature (DOH Headquarters)

Date

Florida Department of Health
Child Care Food Program
BOARD OF DIRECTORS CERTIFICATION
(for private, non-profit organizations)

S501

The Agricultural & Labor Program, Inc.

Authorization Number

Organization's Legal Name (must match legal name listed on CCFP application)

1. I certify that this board is in compliance with all applicable state statutes and rules regarding governing boards of corporations.
2. I certify that, as a private, non-profit organization holding federal tax-exempt status, the board meets the following criteria:
 - Board members do not vote on decisions regarding their own compensation or that of a related party.
 - Minutes of board meetings are recorded and made available for review to the Department of Health, Bureau of Child Care Food Programs upon request.
 - The board provides independent oversight and has authority to hire and fire the organization's Executive Director/Chief Executive Officer/ President.
 - Less than and not equal to 50% of the board has a direct and/or indirect financial interest in the activities of the organization. **Financial interest includes but is not limited to: ownership or investment in the organization, employee of the organization, parent of a child participating in the CCFP through the organization, individual receiving any type of compensation or benefits from the organization.**
 - Less than and not equal to 50% of the board is related by blood or marriage to the organization's personnel or to each other if the organization is/will be participating in the Child Care Food Program as an independent child care center/site or sponsor of affiliated child care centers/sites; however, if participating as a sponsor of unaffiliated child care centers/sites/day care homes, no board member is related by blood or marriage to the organization's personnel or to each other.

3. I certify that the listed individuals on the following page(s) constitute the **full board of directors of the non-profit corporation** listed above, the organization that is contracting with the Florida Department of Health, and that this board is responsible for Child Care Food Program oversight.

4. I understand that the submission of false information to the Department of Health is grounds for termination from, or denial of participation in, the Child Care Food Program.



Signature of Board Chairman, CEO, President, Executive Director, Head Clergy Member, or Delegated Authority

Chief Executive Officer

Title

Deloris Johnson

07/21/2016

Printed Name

Date

Instructions:

Answer the three questions below, complete table 1 below for each board officer, and complete table 2 on page 3 for the remaining board members (if any). Attach additional pages if needed.

- Per Florida Statutes, a board of directors must consist of at least three people.
- The full date of birth (MM/DD/YYYY) must be listed for the Board Chairman, at a minimum.
- You may attach your own list of board members and required contact information, but you must still indicate the Financial Interest and Family Relationship status for each member, include the chairman's date of birth, and sign page 1 of this form.
- The mailing address in Table 1 should be for each board officer, not for the organization. Each address must include the city, state, and ZIP code.
- List yes or no (Y or N) to certify the financial interest and family relationship status of each member in columns F and G below in table 1, and columns B and C in table 2.
- See guidelines in # 2 on page 1 regarding allowable percentages of board members with financial interest and/or family relationships.

1. What is the total number of the organization's board members? 17
2. How many board members are employees of the organization, investors in the organization, parents of children that do/will participate in the CCFP through the organization, or individuals that receive any type of compensation or benefits from the organization? 0
3. How many board members are related by blood or marriage to each other or to employees of the organization? 0

Table 1- Board Officers

(A) Position Held on Board	(B) First and Last Name of Board Officer	(C) Full Date of Birth (MM/DD/YYYY)	(D) Full Mailing Address	(E) Phone Number	(F) Financial Interest (Y/N)	(G) Family Relationship (Y/N)
Chairman	William Holt	09/12/1946	4129 57th. Avenue Vero Beach FL 32967	(772) 562-8377	no	no
Vice Chairman	David Walker		2207 S. Kanner Hwy. Stuart, TL 34994	(772) 286-1469	no	no
Secretary	Josephine Howard		2711 Orchid Drive Haines City, FL 33844	(863) 422-0875	no	no
Treasurer	Marjorie Gaskin		1511 N. 21st. Street Fort Pierce, FL 34950	(772) 464-0243	no	no
	Dorothy Curry		2203 W.13th. Street Sanford, FL 32771	(407) 323-2099	no	no

Table 2- All Other Board Members (attach additional pages if necessary)

(A) First and Last Name of Board Member	(B) Financial Interest (Y/N)	(C) Family Relationship (Y/N)
Lester Roberts	no	no
Janet B. Taylor	no	no
Patricia Gamble	no	no
Vernon McQueen	no	no
Katie Clarke	no	no
Glenda Jones	no	no
Alexis Echeverria	no	no
Annie robinson	no	no
Chester McNorton	no	no
Marva Hawkins	no	no
Antonia Jackson	no	no
Ruby Willix	no	no



Florida Department of Health

FY 2016-2017 Child Care Food Program (CCFP) Renewal Certification of Accuracy and Truthfulness

Instructions:

- 1. This form is used to certify that the CCFP online renewal submission(s) is true and correct.
2. The person signing this form must hold one of the following positions, as appropriate to the type of organization: Majority Owner, Executive Director, Board Chairman, Chief Executive Officer, President, School Superintendent, Commanding Officer, Head Clergy Member, or the delegated authority of one of the above persons.
3. Complete this form, print, sign, scan, and upload a copy in the designated upload section for this form at the bottom of the contractor renewal screen (electronic signatures are not accepted).
4. If this form is signed by a delegated authority, you must also upload the Delegation of Signing Authority form in the designated upload section for that form at the bottom of the contractor renewal screen.

CCFP Authorization Number: S501

Organization's Name: The Agricultural & Labor Program, Inc.

By signing this form, I certify that all information submitted and uploaded as part of the CCFP online renewal process is true and correct.

Signature: [Handwritten Signature]
(Form must be signed by one of the persons listed in # 2 of the instructions.)

Printed Name: Deloris Johnson

Position Title: Chief Executive Officer

Date: 7/21/16

Organization Name: The Agricultural & Labor Program, Inc. Authorization #: S501

Delegation of Signing Authority for the Child Care Food Program

Instructions: This form is used to delegate the authority to sign Child Care Food Program contracts and certain other documents. **The Delegating Official must hold one of the following positions:** Majority Owner, CEO, President, Executive Director, Board Chairman, Commanding Officer, Head Clergy Member, or School Superintendent.

By means of this letter, I, William Holt (the Delegating Official), delegate the authority herein described to, Deloris Johnson (my representative), on the following terms and conditions:

1. My representative may sign, on my behalf, any documents pertaining to the Child Care Food Program (CCFP).
2. The designated effective time period of this delegation is as follows:
 - a. For a prospective contractor, this delegation will be in effect from the date that the CCFP application checklist or contract is signed, whichever date occurs earlier, through September 30, 2017 or until revoked in writing by the delegating official, whichever date occurs earlier.
 - b. For a renewing contractor, this delegation will be in effect from the date that the CCFP Annual Information Update and Certification or contract amendment (when applicable) is signed, whichever date occurs earlier, through September 30, 2017 or until revoked in writing by the delegating official, whichever date occurs earlier.
3. The authority delegated herein cannot be sub-delegated without my prior and written consent.
4. I understand that this delegation does not relieve me of responsibility to manage and supervise operation of the CCFP, that I may be liable for repayment of funds received, and that I may be subject to disqualification from future participation in the CCFP should the terms of the contract with DOH for participation in the CCFP not be fulfilled.

Delegating Official:
(Must be one of the positions listed in the instructions.)


Signature (Delegating Official)

William Holt

Printed Name


Board Chairperson

Title

7/21/16

Date

Acknowledged and Agreed by Representative:
(Must be an employee of the organization.)


Signature (Representative)

Deloris Johnson

Printed Name

Chief Executive Officer

Title

7/21/16

Date

WELLS FARGO GRANT APPLICATION



[Back to Corporate Giving](#)

Wells Fargo Grant Application

[Logout](#)

Confirmation of Application Receipt:

Your proposal was successfully submitted to Wells Fargo. No further action on your part is required and you can expect to receive notice of your proposal's status within 90 to 120 days. To print a copy of this completed application go to 'File', then 'Print' on your browser toolbar. Click here to return to the homepage when you are finished.

Contact Information

Salutation Ms.
*** First Name** Deloris
*** Last Name** Johnson
Title Chief Executive Officer
*** Address** 300 LYNCHBURG RD
*** City** LAKE ALFRED
*** State** Florida
*** ZIP Code** 33850-2576
E-mail Address djohnson@alpi.org
*** Telephone** 863-356-3491
Contact Type Primary Contact

Organization Information

Official Name THE AGRICULTURAL AND LABOR PROGRAM INCORPORATED
*** Legal Name** The Agricultural and Labor Program, Inc.
AKA Name
*** Mailing Address** 300 LYNCHBURG RD
Address 2
*** City** LAKE ALFRED
*** State** Florida
*** ZIP Code** 33850-2576
Telephone 863-956-3491
Website Address alpi.org
Year Organization was Established 1976
Mission Statement The mission of the Agricultural and Labor Program, Inc. is to propose, implement, and advocate developmental and human service delivery programs for the socially and economically disadvantaged; children and families; and farmworkers.

Is your organization classified as a 509(a)3 supporting organization by the IRS? No

If you are a 509(a)3 supporting organization, please upload a legal opinion regarding Type I, II or III status

School District Name (if applicable)

IRS W-9 Form and/or 501(c)3 determination letter

- ALPI IRS 501 (c) 3.pdf (1.87 MB), uploaded by Levonina Wynn on 06/27/2016

Proposal Information

*** Request Date** 06/27/2016
*** Requested Grant Amount** \$7,800.00

* **Project Title** ALPI Housing Counseling Program

* **Funding Purpose - Project Description** ALPI Housing Counseling Program

The Agricultural and Labor Program, Inc. (ALPI) is a certified U.S. Department of Housing and Urban Development (HUD) Housing Counseling Agency that provides housing counseling services to potential homeowners, current homeowners, and tenants, focusing on low-to-moderate income residents. Our agency has successfully administered a housing counseling program for more than 10 years in accordance with HUD requirements.

The primary objective of the program is to educate families and individuals in order to help them make well-informed decisions regarding improving their housing situations and meeting the responsibilities of tenancy and/or homeownership. Housing counseling services include foreclosure prevention, credit counseling, home/budget management, homebuyer education, relocation counseling and services to assist renters.

ALPI's Counselors are trained to provide information and guidance to existing and prospective homeowners and renters so that they can make responsible choices to address their housing needs based on their financial situations.

This funding request of \$7,800.00 would enable ALPI to provide 8 housing counseling workshops to help 200 low to moderate income individuals countywide make more informed choices. Workshops will be held in facilities owned by ALPI therefore there are no rental fees. The workshops are:

100 persons will complete (4) Pre-Purchase Homebuyer Education Workshops conducted by a certified Housing Counselor (Consultant).

50 persons will attend (2) financial literacy workshops, including home affordability, budgeting, and understanding credit.

25 participants will attend Rental Workshop (1)

25 persons will attend Predatory Lending, Loan Scam or Other Fraud Prevention Workshop (1).

Funding will also be used for staff mileage to the workshops, and workbooks and materials for the participants.

A portion of the funds will be committed to training to enhance the skills of the staff Housing Counselor.

Detailed Project Information

- ALPI Housing Counseling Wells Fargo.pdf (133.91 K), uploaded by Levonía Wynn on 06/30/2016

* **Benefits** Yes

* **Itemize Benefits** Wells Fargo name and/or logo recognition
Free admission or attendance for Wells Fargo team members

Location of Event or Project Workshops will be held at the following locations:

1. ALPI Corporate Office
300 Lynchburg Road
Lake Alfred, FL 33850
2. New Horizons Community Center
500 New Horizons Loop
Auburndale, FL 33823
3. Lakeview Park Community Center
35 Kings Blvd.
Frostproof, FL 33843

Event Date or Project Timeline The program housing counseling sessions will begin November 2016 and end October 2017

* **Form 990 and Financial Statement**

- ALPI 990 2014 part 3.pdf (8.84 MB), uploaded by Levonía Wynn on 06/28/2016
- ALPI 990 2014 part 2.pdf (8.57 MB), uploaded by Levonía Wynn on 06/28/2016
- ALPI Financial Statement.pdf (177.25 K), uploaded by Levonía Wynn on 06/28/2016
- ALPI 990 2014 part 1.pdf (9.59 MB), uploaded by Levonía Wynn on 06/28/2016

* **Organization's Total Operating Budget** \$17,381,212.00

Organization's Most Recent Operating Budget

- ALPI Operating Budget 2016.pdf (192.47 K), uploaded by Levonía Wynn on 06/28/2016

* **Total Project Budget** \$22,800.00

Detailed Project Budget

- Housing Budget.docx (14.59 K), uploaded by Levonía Wynn on 06/30/2016

* **Other Funding Sources**

- ALPI other_funding_sources.doc (35 K), uploaded by Levonía Wynn on 06/28/2016

* Is your organization operating in a deficit? No

* Organization's Current Board Members with Affiliations, including Corporate Affiliations

• ALPI Board of Directors June 2016.pdf (986.22 K), uploaded by Levonina Wlynn on 06/28/2016

Organization's Goals and Accomplishments

ALPI GOALS AND ACCOMPLISHMENTS

The ALPI Board of Directors reviews its Five-Year Strategic Plan (2013-2018) annually to accomplish the plan's identified goals (1. Create additional educational experiences and opportunities for staff; 2. Devise a plan of upward mobility within the agency; 3. Partnerships with other entities for more efficient service delivery; 4. Target new areas of expansion; and 5. Enhance program development for and service delivery to children and their families).

Listed below is the "Second Year Performance Summary" for the period July 1, 2014 through June 30, 2015.

BUDGET & FINANCE COMMITTEE

ALPI completed its annual audit with NO FINDINGS, retaining its "LOW RISK" Auditee Designation.

Approved funding opportunities to secure new and maintain 100% of existing funding agreements.

Fully funded 225 full-time employment opportunities.

Fully Funded 2014-2015 Operating Budgets.

Reviewed ALPI's Florida Blue Health Plan compliance with the Affordable Health Care Act ACA Requirements to maintain an affordable health care benefit plan for all ALPI employees.

Capital Improvement budget to enhance Health and Safety in all agency owned facilities.

Approval of CSBG Expansion Grant for Hendry and Glades counties.

Secured approval of agency's 2015 Indirect Cost Proposal and approved Indirect Cost Rate.

BY-LAWS COMMITTEE

Realignment of representatives in each of the tripartite sectors.

Increased Board membership to broaden local client and public official participation.

GOVERNANCE AFFAIRS COMMITTEE

Guidelines were established for Board, Advisory Councils, Policy Councils and volunteers to use when assisting with Voter Registration.

Political Forums held at Regional Advisory Council levels.

MEMBERSHIP COMMITTEE

Board membership expansion into Hendry and Glades counties.

Shared Governance Orientation session with 100% Program, Head Start/Early Head Start Policy and Regional Council membership representation.

Measure of Progress

The Housing Counseling Program staff complete quarterly performance reports to track program progress. The reports will include:

* Major accomplishments in this reporting period

* Current project milestones achieved and/or pending, and

* Current key issues or concerns

In compliance with HUD requirements, the agency also collects and reports quarterly client level information including, but not limited to

Financial and demographic data, and

Counseling services provided and outcomes.

* Notification Information Deloris Johnson, djohnson@alpi.org

Additional Documentation

Wells Fargo Contact? Joyce Odongo

Demographics

* Impact 100

* Ethnicity/Race 10% Hispanic or Latino
50% Black or African American
40% White

* Gender 45% of Men Served
55% of Women Served

* Age Group 90% Adults (25-64 yrs)
10% Senior Citizens (65 yrs+)

% of LGBT Population Served:
Enter the number that represents the % of
Lesbian/Gay/Bisexual/Transgender individuals
served by this grant.

* Non-discrimination
No

Community Development Support

* Community Development Category Affordable Housing

* Community Development Description The goal of the ALPI Housing Counseling Program is to assist low and moderate income families in Polk County, Florida to avoid foreclosure or evictions. One hundred percent of our clients are low and moderate income individuals and families. We have been successful in helping many worried low income families facing foreclosure or a financial crisis to understand their options and decide the best and most affordable way out of their situation. Our Counselors work with clients one-on-one to create an action plan based on individual needs; establish budgets, contact lenders, negotiate mortgage terms, and any other actions needed to resolve the problem. Clients are further relieved because our individual counseling sessions are free of charge. Since our foreclosure prevention and renter assistance services began more than 10 years ago, we have worked with over 600 distressed low-income homeowners and renters to help them remain in their homes and avoid displacement

* Low to Moderate Income Group Served Yes

If yes, please provide the percentage of low- and moderate-income clients served: 100

This information is: Actual

LMI data is current as of: 06/27/2016

* Please provide the name, title, phone and email address of the individual supplying this information. Cheryl Burnham, ALPI Community Services/ LIHEAP Director

300 Lynchburg Road

Lake Alfred, FL 33850

863-956-3491

cburnham@alpi.org

Need Support?

DOE / CSBG MODIFICATION

**MODIFICATION NUMBER 1 OF AGREEMENT BETWEEN THE
FLORIDA DEPARTMENT OF ECONOMIC OPPORTUNITY
COMMUNITY SERVICES BLOCK GRANT PROGRAM AND THE
AGRICULTURAL AND LABOR PROGRAM, INCORPORATED**

CFDA Number: 93.569

Agreement Number: 16SB-0D-07-63-08-001

FEDERALLY-FUNDED SUBGRANT AGREEMENT

THIS MODIFICATION Number 1 is entered into by the State of Florida, Department of Economic Opportunity, with headquarters in Tallahassee, Florida, hereinafter referred to as "DEO," and The Agricultural and Labor Program, Incorporated, hereinafter referred to as "Recipient" (each individually a "Party" and collectively "the Parties").

WHEREAS, Paragraph (4) of the Agreement provides that modification of the Agreement shall be in writing executed by the Parties thereto; and

WHEREAS, DEO and Recipient have entered into the Agreement, pursuant to which DEO granted an Agreement of one million one hundred ten thousand twenty-seven dollars and zero cents [\$1,110,027.00] to Recipient; and

WHEREAS, Fiscal Year 2015 carryover funds are available to increase the amount of funding granted to Recipient; and

WHEREAS, additional funds have become available to increase the base amount of the funding granted to Recipient.

NOW, THEREFORE, in consideration of the mutual promises of the Parties contained herein, the Parties agree as follows:

1. Paragraph (3), PERIOD OF AGREEMENT, of the Agreement is hereby deleted in its entirety and replaced with the following:

"The Agreement period shall begin on October 1, 2015, and shall end on December 31, 2016, unless terminated earlier in accordance with the provisions of Paragraph (13) of this Agreement."

2. Subparagraph (5)(l), of AUDITS AND RECORDS, of the Agreement is hereby deleted in its entirety and replaced with the following:

"(l) If an audit, monitoring visit, or other documentation or verifiable information shows that all or any portion of the funds disbursed were not spent in accordance with the conditions of this Agreement or applicable regulations, Recipient shall be held liable for reimbursement to DEO. Such reimbursement shall be sent to DEO, by Recipient, within thirty calendar days after DEO has notified Recipient of such non-compliance."

3. Paragraph (5), AUDITS AND RECORDS, of the Agreement is hereby modified to add subparagraph (5)(n) as follows:

"(n) Recipient shall (i) maintain all funds provided under this Agreement in a separate bank account or (ii) Recipient's accounting system shall have sufficient internal controls to separately track the expenditure of all funds from this Agreement. There shall be no commingling of funds provided under this Agreement, with any

other funds, projects, or programs; “commingling” of funds is distinguishable from “blending” of funds specifically allowed by law. DEO may, in its sole discretion, disallow costs made with commingled funds and require reimbursement for such costs as described herein above, in subparagraph (5)(1).”

4. Paragraph (6), INFORMATION RELEASE AND PUBLIC RECORDS REQUIREMENTS, of the Agreement is hereby deleted in its entirety and replaced with the following:

“(6) INFORMATION RELEASE AND PUBLIC RECORDS REQUIREMENTS

(a) In addition to Recipients’ responsibility to directly respond to each request it receives for records made or received by Recipient in conjunction with this Agreement and to provide the applicable public records in response to such request, Recipient shall notify DEO of the receipt and content of such request by sending an e-mail to PRRequest@deo.myflorida.com within one (1) business day from receipt of such request.

(b) Recipient shall keep and maintain public records required by DEO to perform Recipient’s responsibilities hereunder. Recipient shall, upon request from DEO’s custodian of public records, provide DEO with a copy of the requested records or allow the records to be inspected or copied within a reasonable time at a cost that does not exceed the cost provided by chapter 119, F.S., or as otherwise provided by law. Recipient shall allow public access to all documents, papers, letters or other materials made or received by Recipient in conjunction with this Agreement, unless the records are exempt from section 24(a) of Article I of the State Constitution and section 119.07(1), F.S. For records made or received by Recipient in conjunction with this Agreement, Recipient shall respond to requests to inspect or copy such records in accordance with chapter 119, F.S. For all such requests for records that are public records, as public records are defined in section 119.011, F.S., Recipient shall be responsible for providing such public records per the cost structure provided in chapter 119, F.S., and in accordance with all other requirements of chapter 119, F.S., or as otherwise provided by law.

(c) This Agreement may be terminated by DEO for refusal by Recipient to comply with Florida’s public records laws or to allow public access to any public record made or received by Recipient in conjunction with this Agreement.

(d) If, for purposes of this Agreement, Recipient is a “contractor” as defined in section 119.0701(1)(a), F.S. (“Recipient-contractor”), Recipient-contractor shall transfer to DEO, at no cost to DEO, all public records upon completion including termination, of this Agreement, or keep and maintain public records required by DEO to perform the service. If Recipient-contractor transfers all public records to the public agency upon completion of the contract, the contractor shall destroy any duplicate public records that are exempt or confidential and exempt from public records disclosure requirements. If Recipient-contractor keeps and maintains public records upon completion of the contract, the Recipient-contractor shall meet all applicable requirements for retaining public records. All records stored electronically must be provided to DEO, upon request from DEO’s custodian of public records, in a format that is compatible with the information technology systems of DEO.

(e) If DEO does not possess a record requested through a public records request, DEO shall notify Recipient-contractor of the request as soon as practicable, and Recipient-contractor must provide the records to

DEO or allow the records to be inspected or copied within a reasonable time. If Recipient-contractor does not comply with DEO's request for records, DEO shall enforce the provisions set forth in this Agreement. A Recipient who fails to provide public records to DEO within a reasonable time may be subject to penalties under section 119.10, F.S.

(f) Recipient shall notify DEO verbally within 24 chronological hours and in writing within 72 chronological hours if any data in Recipient's possession related to this Agreement is subpoenaed or improperly used, copied, or removed (except in the ordinary course of business) by anyone except an authorized representative of DEO. Recipient shall cooperate with DEO, in taking all steps as DEO deems advisable, to prevent misuse, regain possession, or otherwise protect the State's rights and the data subject's privacy.

(g) Recipient acknowledges that DEO is subject to the provisions of chapter 119, F.S., relating to public records and that reports, invoices, and other documents Recipient submits to DEO under this Agreement constitute public records under Florida Statutes. Recipient shall cooperate with DEO regarding DEO's efforts to comply with the requirements of chapter 119, F.S.

(h) If Recipient submits records to DEO that are confidential and exempt from public disclosure as trade secrets or proprietary confidential business information, such records should be identified as such by Recipient prior to submittal to DEO. Failure to identify the legal basis for each exemption from the requirements of chapter 119, F.S., prior to submittal of the record to DEO serves as Recipient's waiver of a claim of exemption. Recipient shall ensure that public records that are exempt or confidential and exempt from public records disclosure requirements are not disclosed except as authorized by law for the duration of the Agreement term and following completion of the Agreement if Recipient-contractor does not transfer the records to DEO upon completion, including termination, of the Agreement.

(i) IF RECIPIENT-CONTRACTOR HAS QUESTIONS REGARDING THE APPLICATION OF CHAPTER 119, FLORIDA STATUTES, TO THE RECIPIENT-CONTRACTOR'S DUTY TO PROVIDE PUBLIC RECORDS RELATING TO THIS AGREEMENT, CONTACT THE CUSTODIAN OF PUBLIC RECORDS by telephone at 850-245-7140, via e-mail at PRRequest@deo.myflorida.com, or by mail at Department of Economic Opportunity, Public Records Coordinator, 107 East Madison Street, Caldwell Building, Tallahassee, Florida 32399-4128.

(j) To the extent allowable by law, Recipient shall be fully liable for the actions of its agents, employees, partners, subrecipients, contractors, and subcontractors and shall fully indemnify, defend, and hold harmless the State and DEO, and their officers, agents, and employees, from suits, actions, damages, and costs of every name and description, including attorneys' fees, arising from or relating to public record requests or public record law violation(s), alleged to be caused in whole or in part by Recipient, its agents, employees, partners,

subrecipients, contractors, or subcontractors, provided, however, that Recipient does not indemnify for that portion of any costs or damages proximately caused by the negligent act or omission of the State or DEO. DEO, in its sole discretion, has the right, but not the obligation, to enforce this indemnification provision.

(k) DEO does not endorse any Recipient, commodity, or service. No public disclosure or news release pertaining to this Agreement shall be made without the prior written approval of DEO. Recipient is prohibited from using Agreement information, or DEO customers in sales brochures or other promotions, including press releases, unless prior written approval is obtained from DEO.”

5. Subparagraph (14)(b), NOTICE AND CONTACT, of the Agreement is hereby deleted in its entirety and replaced with the following:

“(b) The name and address of DEO’s Grant Manager for this Agreement is:

Gerald Durbin, Grant Manager
Department of Economic Opportunity
Division of Community Development
Bureau of Community Assistance
107 East Madison Street, MSC 400
Tallahassee, Florida 32399-4120
Email: gerald.durbin@deo.myflorida.com
Phone: 850-717-8458

6. Subparagraph (18)(a), FUNDING/CONSIDERATION, is hereby deleted in its entirety and replaced with the following:

“(a) This is a cost-reimbursement agreement. Recipient may be reimbursed for costs incurred in the satisfactory performance of work hereunder in an amount not to exceed one million two hundred eighty-four thousand six hundred eighty-one dollars and zero cents [\$1,284,681.00], subject to the availability of funds and appropriate budget authority.

This revised Agreement amount includes:

1.	\$1,110,027	Current CSBG Allocation (FFY 2016)
2.	\$174,654	Base Increase
3.	\$0	Carryover (FY 2015)
4.	\$1,284,681	Total Modified CSBG Allocation”

7. Exhibit 1-A, Funding Sources, of the Agreement is hereby deleted in its entirety and is replaced by the revised Exhibit 1-A, Funding Sources, which is attached hereto and incorporated herein by reference.

8. Exhibit 2, Audit Compliance Certification, of the Agreement is hereby deleted in its entirety and is replaced by the revised Exhibit 2, Audit Compliance Certification, which is attached hereto and incorporated herein by reference.

9. Exhibit 3, Subrecipient Federal Awards Agreements Checklist, of the Agreement is hereby deleted in its entirety and is replaced by the revised Exhibit 3, Subrecipient Federal Awards Agreements Checklist, which is attached hereto and incorporated herein by reference.

10. Attachment A, Section D, Recipient Board Requirements, Paragraph (5), is hereby deleted in its entirety and replaced with the following:

“(5) All board of directors meetings and board committee meetings are subject to Florida’s Government in the Sunshine Law (section 286.011, F.S.), as stated in subparagraph (20)(j) of this Agreement, and shall be publicly noticed at least seven calendar days but not more than thirty calendar days prior to the date on which the meeting is scheduled. Such notices must be given by publishing meeting information by methods acceptable under the Florida Sunshine Law. If immediate danger to the public health, safety or welfare occurs requiring emergency action by the board, a board meeting may be scheduled by any procedure that is fair under the circumstances and necessary to protect the public interest.”

11. Attachment C, Section H, INDIRECT COST RATE PROPOSAL, is hereby deleted in its entirety and replaced with the following:

“H. INDIRECT COST RATE PROPOSAL

Subrecipients (herein the “Recipient”) of federal awards are required to have an approved, federally recognized indirect cost rate negotiated between such subrecipients (herein, the “Recipient”), and the Federal Government. If no such rate exists, then Recipient shall have either a rate negotiated with DEO (in compliance with 45 C.F.R. Part 75), or a *de minimis* indirect cost rate as set forth in 45 C.F.R. §75.414(f). Recipient shall submit its current Indirect Cost Rate Proposal to DEO with this Agreement. If Recipient chooses to use the *de minimis* rate, Recipient shall make sure it is legally entitled to use that rate and include a statement to DEO to that effect with this executed Agreement. Recipient is not obligated to establish an indirect cost rate if Recipient does not charge indirect costs.”

12. Attachment D, PROPERTY MANAGEMENT AND PROCUREMENT, of the Agreement is hereby deleted in its entirety and is replaced by the revised Attachment D, PROPERTY MANAGEMENT AND PROCUREMENT, which is attached hereto and incorporated herein by reference.

13. Attachment I, Recipient Information, of the Agreement is hereby deleted in its entirety and is replaced by the revised Attachment I, Recipient Information, which is attached hereto and incorporated herein by reference.

14. Attachment J, Budget Summary, of the Agreement is hereby deleted in its entirety and is replaced by the revised Attachment J, Budget Summary, which is attached hereto and incorporated herein by reference.

15. Attachment K, Subcontractor Information and Budget Summary, of the Agreement is hereby deleted in its entirety and is replaced by the revised Attachment K, Subcontractor Information and Budget Summary, which is attached hereto and incorporated herein by reference.

16. Attachment L, Budget Detail, of the Agreement is hereby deleted in its entirety and is replaced by the revised Attachment L, Budget Detail, which is attached hereto and incorporated herein by reference.

17. Attachment M, Secondary Administrative Expenses, of the Agreement is hereby deleted in its entirety and is replaced by the revised Attachment M, Secondary Administrative Expenses, which is attached hereto and incorporated herein by reference.

18. Attachment N, CSBG Workplan, of the Agreement is hereby deleted in its entirety and is replaced by the revised Attachment N, CSBG Workplan, which is attached hereto and incorporated herein by reference.

19. Except as specifically modified herein, all provisions of the Agreement, including any Attachments or Exhibits thereto, remain in full force and effect.

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STATE OF FLORIDA
DEPARTMENT OF ECONOMIC OPPORTUNITY FEDERALLY
FUNDED SUBGRANT AGREEMENT MODIFICATION SIGNATURE
PAGE

IN WITNESS WHEREOF, the Parties have duly executed and delivered this Modification as of the date set forth below.

RECIPIENT

Agricultural and Labor Program, Incorporated, The
(Legal Name of Recipient)

By: 
(Signature)

Deloris Johnson, Chief Executive Officer
(Print/Type Name and Title Here)

Date: 8/23/16

59-1634148
Federal Identification Number

040210163
DUNS Number

16SB-0D-07-63-08-001
Agreement Number

**STATE OF FLORIDA
DEPARTMENT OF ECONOMIC OPPORTUNITY**

By: _____

Taylor Teepell, Director
Division of Community Development

Date: _____

Approved as to form and legal
sufficiency, subject only to full and
proper execution by the Parties.

Office of the General Counsel
Department of Economic Opportunity

By: _____

Approved Date: _____

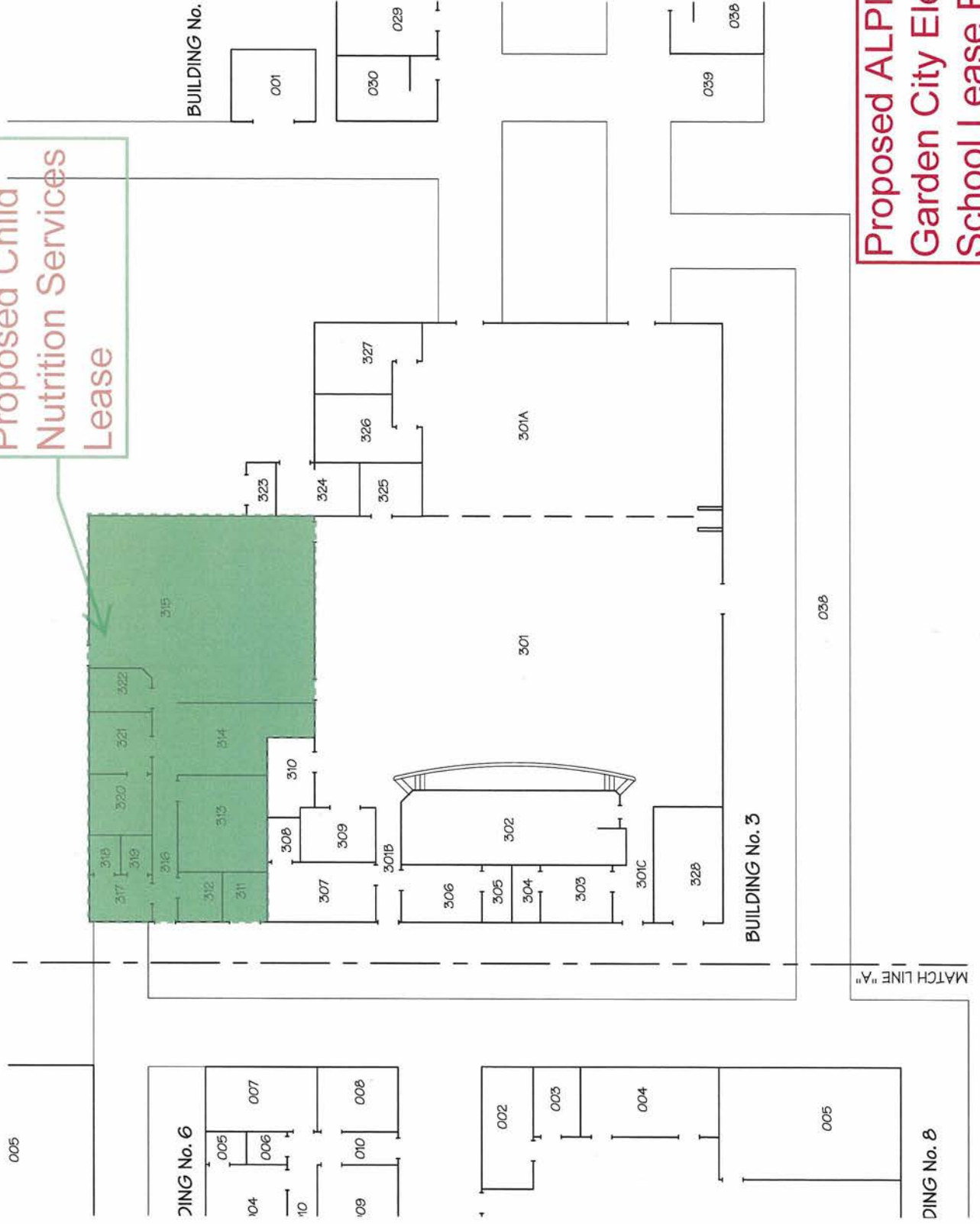
FFY 2016 CSBG AGREEMENT
EXHIBIT 1-A
FUNDING SOURCES

**FEDERAL RESOURCES AWARDED TO THE RECIPIENT PURSUANT TO THIS AGREEMENT
CONSIST OF THE FOLLOWING:**

Subrecipient's DUNS Registered Name:	The Agricultural and Labor Program, Incorporated
Subrecipient's DUNS Number:	040210163
Federal Award Identification Number:	G-15B2FLCOSR; G-16B2FLCOSR
Federal Award Date:	April 1, 2015 July 1, 2015 October 28, 2015 February 1, 2016
Subaward Period of Performance Start and End Date:	October 1, 2015 – December 31, 2016
Amount of Federal Funds Obligated by this action by the pass-through entity to the Subrecipient:	\$174,654
Total Amount of the Federal Funds Obligated to the Subrecipient by the pass-through entity including the current obligation:	\$1,284,681
Total Amount of the Federal Award committed to the Subrecipient by the pass-through entity:	\$1,284,681
Federal award project description, as required to be responsive to the Federal Funding Accountability and Transparency Act (FFATA):	Funding to eligible entities to alleviate the causes and conditions of poverty in communities
Federal Awarding Agency:	U.S. Department of Health and Human Services;
Pass-Through Entity:	Florida Department of Economic Opportunity
Contact Information for Awarding Official of Pass-Through Entity:	Contact: Jean Amison, 850-717-8450
Catalog of Federal Domestic Assistance Number:	93.569
Catalog of Federal Domestic Assistance Title:	Community Services Block Grant (formula grant)
Research and Development:	No
Indirect Cost Rate:	<u>16.5</u> %

**PROPOSED ALPI
GARDEN CITY ELEMENTARY SCHOOL
LEASE REVISION**

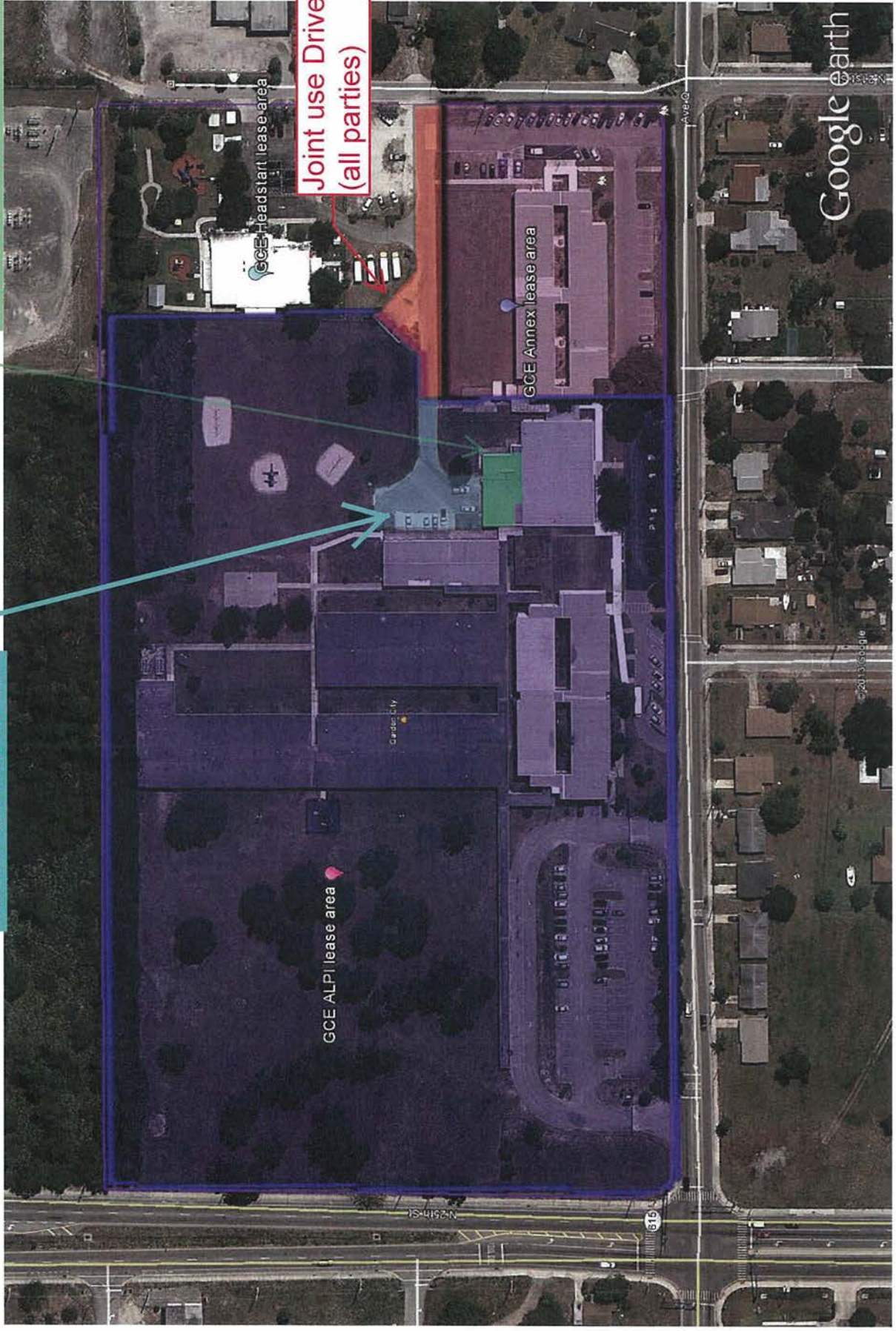
Proposed Child Nutrition Services Lease



Proposed ALPI
Garden City Elementary
School Lease Revision
7/8/2016

School Board/ALPI
.Joint use Driveway

Proposed Child Nutrition
Services Lease



Joint use Driveway
(all parties)

Google earth



2016 – 2017

PROPOSED COMMUNITY REPRESENTATIVES

**AGRICULTURAL AND LABOR PORGRAM, INC.
HEAD START/EARLY HEAD START**

2016-2017

PROPOSED COMMUNITY REPRESENTATIVES

<p align="center">Dulce Cheney Parent Academy of St. Lucie County 2940 South US 1, Suite C-12 Fort Pierce, FL 34982 Telephone: (772) 466-0523</p>	<p>Mrs. Dulce Cheney represents the Parent Academy of St. Lucie County. The Parent Academy reaches out to all parents by providing information, connections to community resources, and parent development activities throughout the community. Beyond improving the quality of life for families and children in St. Lucie County, the resources available at Parent Academy benefits the entire community. Therefore, Mrs. Dulce Cheney will be a great asset to the Policy Council and the program.</p>
<p align="center">Dr. Lisa Griffth Program Director for Nutrition and Dietetic Keiser University 10330 S. Federal Highway Port St. Lucie, FL 34952 Telephone: (888) 534-7379</p>	<p>Dr. Lisa Griffth represents the Keiser University. Dr. Griffth is the Program Director for the Nutrition and Dietetic Department. Dr. Griffth is committed to work and support social agencies such as ours. Dr. Griffth has been working with our Health Services Unit to provide assistance with the students working toward the formal education. Therefore, Dr. Lisa Griffth will be a great asset to the Policy Council and the program.</p>
<p align="center">Karen Bailey Help Me Grow Coordinator 211 HelpLine P.O. Box 3588 Lantana, FL 33465 Telephone: (772) 217-0386</p>	<p>Mrs. Karen Bailey was a member of the Policy Council for the 2015-2016 school year. Mrs. Bailey represents the Help Me Grow/211HelpLine Agency which works to address the need for early identification of developmental and/or behavioral concern of children and connects families to resources and services in the community. Mrs. Bailey continues to work with the management staff coordinating community resources. Therefore, Mrs. Karen Bailey will continue to be a great asset to the Policy Council and the program.</p>
<p align="center">Crystal Mike Former Parent 122 SW Glenwood Drive Port St. Lucie, FL 34984 Telephone Number: (772) 519-4119</p>	<p>Ms. Crystal Mike is a former Policy Council member. Ms. Mike continues to be an advocate of the program; she is committed to the organization. Therefore, Ms. Crystal Mike will continue to be a great asset to serve as a Community Representative on the Policy Council.</p>
<p align="center">Board Representative</p>	<p align="center">TBA</p>



SPECIAL EVENTS COMMITTEE MEETING

Corporate Office - Lake Alfred

September 23, 2016

7:00 p.m.

AGENDA

I. CALL TO ORDER

- A. Moment of Silence
- B. ALPI Mission Statement
- C. Roll Call
 - Marva Hawkins, Chairperson
 - Patricia Gamble
 - Annie Robinson
 - Chester McNorton
 - Glenda Jones
 - Dorothy Curry
 - Ruby Willix
 - Kimberly Ross
 - Elizabeth Young, Staff Liaison

II. ITEMS FOR DISCUSSIONS

- **Identify 2016 Community Service Awards Recipients**
 - ▶ Central Regional Advisory Council
 - ▶ Eastern Regional Advisory Council
 - ▶ Northern Regional Advisory Council
 - ▶ Southern Regional Advisory Council
- **Select 2016 Annual Meeting Theme**

III. ACTION ITEMS/RECOMMENDATIONS FOR BOARD APPROVAL

- 2016 Community Service Awards Recipients
- 2016 Annual Meeting Theme

IV. ADJOURNMENT



BYLAWS COMMITTEE MEETING

ALPI Corporate Office - Lake Alfred, FL

September 23, 2016

7:00 pm

AGENDA

I. CALL TO ORDER

- A. Moment of Silence
- B. ALPI Mission Statement
- C. Roll Call
 - Lester Roberts
 - Katie Clarke
 - Annessa Chilous
 - Gena Spivey
 - PaHoua Lee-Yang, Staff Liaison**

II. ITEMS FOR DISCUSSIONS

- A. Review Tripartite Board Membership and Meeting Attendance **(See Tab 1)**
- B. Review HS/EHS Policy Council election procedures/results
- C. 2016 Regional Advisory Councils' Roster **(See Tab 5)**

III. ACTION ITEMS/RECOMMENDATIONS FOR BOARD APPROVAL

- A. Tripartite Board Membership and Meeting Attendance
- B. HS/EHS Policy Council election procedures/results
- C. Certify 2016 Regional Advisory Councils' Roster

IV. ADJOURNMENT



BUDGET & FINANCE COMMITTEE MEETING

Chain O'Lakes Complex - Winter Haven

September 24, 2016

9:00 a.m.

AGENDA

I. CALL TO ORDER

- A. Moment of Silent
- B. ALPI Mission Statement
- C. Roll Call
 - Marjorie Gaskin
 - 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 (See Tab 3)**
- ▶ **Board Fundraising Report To-date (See Tab 2)**
- ▶ **Proposed Funding Opportunities (See Tab 4)**
 - 2016-2017 Child Care Food Program
 - Wells Fargo Application
- ▶ **2016-2017 Revised Operating Budget (See Tab 4)**
- ▶ **Funding Opportunities (See Tab 5)**
 - 2016-2017 CSBG Modification
 - 2016-2017 DOE/NFJP Application
 - 2016-2017 Department of HUD
 - 2016-2017 FNPH
 - HHS/Supplemental (3 of 5 year)
- ▶ **Super Circular Changes (See Tab 5)**
- ▶ **2016 Independent Audit Timelines (See Tab 5)**

III. ACTION ITEMS/RECOMMENDATIONS FOR BOARD APPROVAL

- ▶ **Financial Reports**
- ▶ **Proposed Funding Opportunities**
 - 2016-2017 Child Care Food Program
 - Wells Fargo Application
- ▶ **2016-2017 Revised Operating Budget (See Tab 4)**
- ▶ **2016 Independent Audit Timelines**

IV. ADJOURNMENT



MEMBERSHIP COMMITTEE MEETING

Chain O'Lakes - Winter Haven

September 24, 2016

9:00 am

AGENDA

I. CALL TO ORDER

A. Moment of Silence

B. Mission Statement

C. Roll Call

Patricia Gamble, Chairperson

Annie Robinson

Glenda Jones

Terry Wellington

LaVita Holmes

Cheryl Burnham, Staff Liaison

II. ITEMS FOR DISCUSSIONS

- Corporate Membership Rosters for Advisory Councils' Annual Elections
- 2016 Regional Advisory Councils Membership Rosters (See Tab 5)

III. ACTION ITEMS/RECOMMENDATIONS FOR BOARD APPROVAL

- Certify Corporate Membership Rosters for Advisory Councils' Annual Elections
- Certify 2016 Regional Advisory Councils Membership Rosters

IV. ADJOURNMENT



GOVERNMENT AFFAIRS MEETING

Chain O'Lakes - Winter Haven

September 24, 2016

9:00 am

AGENDA

I. CALL TO ORDER

- A. Moment of Silence
- B. Mission Statement
- C. Roll Call

Josephine Howard, Chairperson
Patricia Gamble
Glenda Jones
Mercadez Estime-Connelly
Kim Johnson
Chester McNorton
Constance Griffin
Christine Samuel, Staff Liaison

II. ITEMS FOR DISCUSSIONS

- Head Start Performance Standards Final Rule (See Tab 5)
- Super Circular Changes

III. ACTION ITEMS/RECOMMENDATIONS FOR BOARD APPROVAL

IV. ADJOURNMENT