
ACTION ITEMS

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ANNUAL RETURN/REPORT OF EMPLOYEE BENEFIT PLAN
IRS FORM 5500 REPORT/WELFARE BENEFIT PLAN

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan 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 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos 1210-0110 1210-0089 2016 This Form Is Open to Public Inspection
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Part I Annual Report Identification Information
 For calendar plan year 2016 or fiscal plan year beginning 10/01/2016 and ending 09/30/2017

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
 a single-employer plan a DFE (specify) _____

B This return/report is: 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

1a Name of plan THE AGRICULTURAL AND LABOR PROGRAM, INC. WELFARE BENEFIT PLAN	1b Three-digit plan number (PN) ▶	501
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., 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) THE AGRICULTURAL AND LABOR PROGRAM, INC 300 LYNCHBURG ROAD LAKE ALFRED FL 33850	1c Effective date of plan 07/01/1993	2b Employer Identification Number (EIN) 59-1634148
	2c Plan Sponsor's telephone number 863-956-3491	2d Business code (see instructions) 115110

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	Signature of plan administrator	4/5/2018 Date	Deloris Johnson 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

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor		3b Administrator's EIN
		3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:		4b EIN
a Sponsor's name		4c PN
5 Total number of participants at the beginning of the plan year		5 161
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).		
a(1) Total number of active participants at the beginning of the plan year	6a(1)	161
a(2) Total number of active participants at the end of the plan year	6a(2)	199
b Retired or separated participants receiving benefits	6b	0
c Other retired or separated participants entitled to future benefits	6c	0
d Subtotal. Add lines 6a(2), 6b, and 6c.	6d	199
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	
f Total. Add lines 6d and 6e.	6f	
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
 4A 4B 4D 4E 4F 4G 4H 4L

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input type="checkbox"/> Trust	(3) <input type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1) **R** (Retirement Plan Information)

(2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary

(3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1) **H** (Financial Information)

(2) **I** (Financial Information - Small Plan)

(3) **8** **A** (Insurance Information)

(4) **C** (Service Provider Information)

(5) **D** (DFE/Participating Plan Information)

(6) **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See Instructions and 29 CFR 2520.101-2.) Yes No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See Instructions and 29 CFR 2520.101-2.) Yes No

11c Enter the Receipt Confirmation Code for the 2016 Form M-1 annual report. If the plan was not required to file the 2016 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

<p>SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No 1210-0110</p> <hr/> <p>2016</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2016 or fiscal plan year beginning 10/01/2016 and ending 09/30/2017

<p>A Name of plan THE AGRICULTURAL AND LABOR PROGRAM, INC. WELFARE BENEFIT PLAN</p>	<p>B Three-digit plan number (PN) ▶ 501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 THE AGRICULTURAL AND LABOR PROGRAM, INC</p>	<p>D Employer Identification Number (EIN) 59-1634148</p>

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
THE LINCOLN NATIONAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0472300	65676	000010165756	18	10/01/2016	09/30/2017

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
955	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
 POPPELL INSURANCE INC
 503 W MARTIN LUTHER KING BLVD
 PLANT CITY FL 33563

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
955			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier..... **6b**

c Premiums due but unpaid at the end of the year..... **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶

e Type of contract: (1) individual policies (2) group deferred annuity
(3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
(3) guaranteed investment (4) other ▶

b Balance at the end of the previous year..... **7b**

c Additions: (1) Contributions deposited during the year..... **7c(1)**
(2) Dividends and credits **7c(2)**
(3) Interest credited during the year..... **7c(3)**
(4) Transferred from separate account..... **7c(4)**
(5) Other (specify below) **7c(5)**
▶

(6) Total additions **7c(6)** 0

d Total of balance and additions (add lines **7b** and **7c(6)**). **7d** 0

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year..... **7e(1)**
(2) Administration charge made by carrier..... **7e(2)**
(3) Transferred to separate account..... **7e(3)**
(4) Other (specify below) **7e(4)**
▶

(5) Total deductions..... **7e(5)** 0

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a Health (other than dental or vision)
- b Dental
- c Vision
- d Life insurance
- e Temporary disability (accident and sickness)
- f Long-term disability
- g Supplemental unemployment
- h Prescription drug
- i Stop loss (large deductible)
- j HMO contract
- k PPO contract
- l Indemnity contract
- m Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)	
(2) Increase (decrease) in amount due but unpaid.....	9a(2)	
(3) Increase (decrease) in unearned premium reserve.....	9a(3)	
(4) Earned ((1) + (2) - (3)).....		9a(4) 0
b Benefit charges (1) Claims paid.....	9b(1)	
(2) Increase (decrease) in claim reserves.....	9b(2)	
(3) Incurred claims (add (1) and (2)).....		9b(3) 0
(4) Claims charged.....		9b(4)
c Remainder of premium: (1) Retention charges (on an accrual basis) -		
(A) Commissions.....	9c(1)(A)	
(B) Administrative service or other fees.....	9c(1)(B)	
(C) Other specific acquisition costs.....	9c(1)(C)	
(D) Other expenses.....	9c(1)(D)	
(E) Taxes.....	9c(1)(E)	
(F) Charges for risks or other contingencies.....	9c(1)(F)	
(G) Other retention charges.....	9c(1)(G)	
(H) Total retention.....		9c(1)(H) 0
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.).....		9c(2)
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)
(2) Claim reserves.....		9d(2)
(3) Other reserves.....		9d(3)
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....		9e

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	9,554
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.....	10b	

Specify nature of costs.

Part IV Provision of Information

- 11** Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No
- 12** If the answer to line 11 is "Yes," specify the information not provided. ▶

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <p>Department of Labor Employee Benefits Security Administration</p> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <p>2016</p> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2016 or fiscal plan year beginning 10/01/2016 and ending 09/30/2017

A Name of plan THE AGRICULTURAL AND LABOR PROGRAM, INC. WELFARE BENEFIT PLAN	B Three-digit plan number (PN) ▶	501
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C Plan sponsor's name as shown on line 2a of Form 5500 THE AGRICULTURAL AND LABOR PROGRAM, INC	D Employer Identification Number (EIN) 59-1634148
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Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
BLUE CROSS BLUE SHIELD OF FLORIDA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
59-2015694	98167	56164	94	08/01/2016	07/31/2017

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
55,575	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid				
POPPELL INSURANCE INC 503 W DR MARTIN LUTHER KING JR BLVD PLANT CITY FL 33563-5217				
(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code	
	(c) Amount	(d) Purpose		
55,575			3	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II	Investment and Annuity Contract Information	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
4	Current value of plan's interest under this contract in the general account at year end	4
5	Current value of plan's interest under this contract in separate accounts at year end	5
6	Contracts With Allocated Funds:	
a	State the basis of premium rates ▶	
b	Premiums paid to carrier	6b
c	Premiums due but unpaid at the end of the year	6c
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶	
b	Balance at the end of the previous year	7b
c	Additions: (1) Contributions deposited during the year	7c(1)
	(2) Dividends and credits	7c(2)
	(3) Interest credited during the year	7c(3)
	(4) Transferred from separate account	7c(4)
	(5) Other (specify below)	7c(5)
	▶	
	(6) Total additions	7c(6)
d	Total of balance and additions (add lines 7b and 7c(6))	7d
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)
	(2) Administration charge made by carrier	7e(2)
	(3) Transferred to separate account	7e(3)
	(4) Other (specify below)	7e(4)
	▶	
	(5) Total deductions	7e(5)
f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

- 8** Benefit and contract type (check all applicable boxes)
- | | | | |
|---|--|---|--|
| a <input checked="" type="checkbox"/> Health (other than dental or vision) | b <input type="checkbox"/> Dental | c <input type="checkbox"/> Vision | d <input type="checkbox"/> Life insurance |
| e <input type="checkbox"/> Temporary disability (accident and sickness) | f <input type="checkbox"/> Long-term disability | g <input type="checkbox"/> Supplemental unemployment | h <input type="checkbox"/> Prescription drug |
| i <input type="checkbox"/> Stop loss (large deductible) | j <input type="checkbox"/> HMO contract | k <input type="checkbox"/> PPO contract | l <input type="checkbox"/> Indemnity contract |
| m <input type="checkbox"/> Other (specify) ▶ | | | |

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)	1,111,505
(2) Increase (decrease) in amount due but unpaid	9a(2)	
(3) Increase (decrease) in unearned premium reserve	9a(3)	
(4) Earned ((1) + (2) - (3))	9a(4)	1,111,505
b Benefit charges (1) Claims paid	9b(1)	
(2) Increase (decrease) in claim reserves	9b(2)	
(3) Incurred claims (add (1) and (2))	9b(3)	0
(4) Claims charged	9b(4)	946,446
c Remainder of premium: (1) Retention charges (on an accrual basis) -		
(A) Commissions	9c(1)(A)	55,575
(B) Administrative service or other fees	9c(1)(B)	
(C) Other specific acquisition costs	9c(1)(C)	
(D) Other expenses	9c(1)(D)	69,330
(E) Taxes	9c(1)(E)	6,808
(F) Charges for risks or other contingencies	9c(1)(F)	33,345
(G) Other retention charges	9c(1)(G)	
(H) Total retention	9c(1)(H)	165,058
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)	9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement	9d(1)	
(2) Claim reserves	9d(2)	
(3) Other reserves	9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)	9e	
10 Nonexperience-rated contracts:		
a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA)</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No 1210-0110</p> <hr/> <p>2016</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2016 or fiscal plan year beginning 10/01/2016 and ending 09/30/2017

<p>A Name of plan THE AGRICULTURAL AND LABOR PROGRAM, INC. WELFARE BENEFIT PLAN</p>	<p>B Three-digit plan number (PN) ▶ 501</p>
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<p>C Plan sponsor's name as shown on line 2a of Form 5500 THE AGRICULTURAL AND LABOR PROGRAM, INC</p>	<p>D Employer Identification Number (EIN) 59-1634148</p>
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Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
AFLAC

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
58-0663085	60380	XQ442	72	10/01/2016	09/30/2017

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
4,995	21

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
VARIOUS - SEE ATTACHED
1932 WYNNTON ROAD

COLUMBUS	GA	31999	Fees and other commissions paid		(e) Organization code
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose			
4,995	21	FEES			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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	(c) Amount	(d) Purpose	

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	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II	Investment and Annuity Contract Information	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
4	Current value of plan's interest under this contract in the general account at year end	4
5	Current value of plan's interest under this contract in separate accounts at year end	5
6	Contracts With Allocated Funds:	
a	State the basis of premium rates ▶	
b	Premiums paid to carrier	6b
c	Premiums due but unpaid at the end of the year	6c
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶	
b	Balance at the end of the previous year	7b
c	Additions:	
	(1) Contributions deposited during the year	7c(1)
	(2) Dividends and credits	7c(2)
	(3) Interest credited during the year	7c(3)
	(4) Transferred from separate account	7c(4)
	(5) Other (specify below)	7c(5)
	▶	
	(6) Total additions	7c(6)
d	Total of balance and additions (add lines 7b and 7c(6))	7d
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)
	(2) Administration charge made by carrier	7e(2)
	(3) Transferred to separate account	7e(3)
	(4) Other (specify below)	7e(4)
	▶	
	(5) Total deductions	7e(5)
f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶

9 Experience-rated contracts:

a	Premiums: (1) Amount received.....	9a(1)	
	(2) Increase (decrease) in amount due but unpaid.....	9a(2)	
	(3) Increase (decrease) in unearned premium reserve.....	9a(3)	
	(4) Earned ((1) + (2) - (3)).....		9a(4) 0
b	Benefit charges (1) Claims paid.....	9b(1)	
	(2) Increase (decrease) in claim reserves.....	9b(2)	
	(3) Incurred claims (add (1) and (2)).....		9b(3) 0
	(4) Claims charged.....		9b(4)
c	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions.....	9c(1)(A)	
	(B) Administrative service or other fees.....	9c(1)(B)	
	(C) Other specific acquisition costs.....	9c(1)(C)	
	(D) Other expenses.....	9c(1)(D)	
	(E) Taxes.....	9c(1)(E)	
	(F) Charges for risks or other contingencies.....	9c(1)(F)	
	(G) Other retention charges.....	9c(1)(G)	
	(H) Total retention.....		9c(1)(H) 0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.).....		9c(2)
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)
	(2) Claim reserves.....		9d(2)
	(3) Other reserves.....		9d(3)
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....		9e

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier.....	10a	35,473
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.....	10b	

Specify nature of costs.

Part IV Provision of Information

- 11** Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No
- 12** If the answer to line 11 is "Yes," specify the information not provided. ▶

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No 1210-0110</p> <hr/> <p>2016</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2016 or fiscal plan year beginning 10/01/2016 and ending 09/30/2017

<p>A Name of plan THE AGRICULTURAL AND LABOR PROGRAM, INC. WELFARE BENEFIT PLAN</p>	<p>B Three-digit plan number (PN) ▶ <u>501</u></p>
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<p>C Plan sponsor's name as shown on line 2a of Form 5500 THE AGRICULTURAL AND LABOR PROGRAM, INC</p>	<p>D Employer Identification Number (EIN) 59-1634148</p>
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Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
THE GUARDIAN LIFE INSURANCE COMPANY OF AMERICA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5123390	64246	00278522	117	08/01/2016	07/31/2017

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
2,661	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
 POPPELL INSURANCE INC
 503 W MARTIN LUTHER KING BLVD
 PLANT CITY FL 33564

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2,661			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II	Investment and Annuity Contract Information	
Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.		
4	Current value of plan's interest under this contract in the general account at year end	4
5	Current value of plan's interest under this contract in separate accounts at year end	5
6	Contracts With Allocated Funds:	
a	State the basis of premium rates ▶	
b	Premiums paid to carrier	6b
c	Premiums due but unpaid at the end of the year	6c
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶	
b	Balance at the end of the previous year	7b
c	Additions: (1) Contributions deposited during the year	7c(1)
	(2) Dividends and credits	7c(2)
	(3) Interest credited during the year	7c(3)
	(4) Transferred from separate account	7c(4)
	(5) Other (specify below)	7c(5)
	(6) Total additions	7c(6) 0
d	Total of balance and additions (add lines 7b and 7c(6))	7d 0
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)
	(2) Administration charge made by carrier	7e(2)
	(3) Transferred to separate account	7e(3)
	(4) Other (specify below)	7e(4)
	(5) Total deductions	7e(5) 0
f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f 0

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a Health (other than dental or vision)
- b Dental
- c Vision
- d Life insurance
- e Temporary disability (accident and sickness)
- f Long-term disability
- g Supplemental unemployment
- h Prescription drug
- i Stop loss (large deductible)
- j HMO contract
- k PPO contract
- l Indemnity contract
- m Other (specify) ▶

9 Experience-rated contracts:

a	Premiums: (1) Amount received.....	9a(1)			
	(2) Increase (decrease) in amount due but unpaid.....	9a(2)			
	(3) Increase (decrease) in unearned premium reserve.....	9a(3)			
	(4) Earned ((1) + (2) - (3)).....		9a(4)		0
b	Benefit charges (1) Claims paid.....	9b(1)			
	(2) Increase (decrease) in claim reserves.....	9b(2)			
	(3) Incurred claims (add (1) and (2)).....		9b(3)		0
	(4) Claims charged.....		9b(4)		
c	Remainder of premium: (1) Retention charges (on an accrual basis) --				
	(A) Commissions.....	9c(1)(A)			
	(B) Administrative service or other fees.....	9c(1)(B)			
	(C) Other specific acquisition costs.....	9c(1)(C)			
	(D) Other expenses.....	9c(1)(D)			
	(E) Taxes.....	9c(1)(E)			
	(F) Charges for risks or other contingencies.....	9c(1)(F)			
	(G) Other retention charges.....	9c(1)(G)			
	(H) Total retention.....		9c(1)(H)		0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.).....		9c(2)		
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)		
	(2) Claim reserves.....		9d(2)		
	(3) Other reserves.....		9d(3)		
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....		9e		

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier.....	10a		64,305
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount..... Specify nature of costs.	10b		

Part IV Provision of Information

- 11** Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No
- 12** If the answer to line 11 is "Yes," specify the information not provided. ▶

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No 1210-0110</p> <hr/> <p>2016</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2016 or fiscal plan year beginning 10/01/2016 and ending 09/30/2017

<p>A Name of plan THE AGRICULTURAL AND LABOR PROGRAM, INC. WELFARE BENEFIT PLAN</p>	<p>B Three-digit plan number (PN) ▶ <u>501</u></p>
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<p>C Plan sponsor's name as shown on line 2a of Form 5500 THE AGRICULTURAL AND LABOR PROGRAM, INC</p>	<p>D Employer Identification Number (EIN) 59-1634148</p>
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Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
PRE-PAID LEGAL SERVICES, INC. DBA LEGALSHIELD

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
73-1016728	00000	35979	14	10/01/2016	09/30/2017

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
893	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
R L ROBINSON & ASSOCIATES, INC.
1141 FLAMINGO DR

AUSTELL GA 30168

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
878			4

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
WENDY WILKERSON
#127
400 N. PARK AVE., #10-B
BRECKENRIDGE CO 80424

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
15			4

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II	Investment and Annuity Contract Information			
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.			
4	Current value of plan's interest under this contract in the general account at year end	4		
5	Current value of plan's interest under this contract in separate accounts at year end	5		
6	Contracts With Allocated Funds:			
a	State the basis of premium rates ▶			
b	Premiums paid to carrier.....	6b		
c	Premiums due but unpaid at the end of the year.....	6c		
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount	6d		
	Specify nature of costs ▶			
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶			
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>			
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)			
a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶			
b	Balance at the end of the previous year.....	7b		
c	Additions: (1) Contributions deposited during the year.....	7c(1)		
	(2) Dividends and credits	7c(2)		
	(3) Interest credited during the year	7c(3)		
	(4) Transferred from separate account.....	7c(4)		
	(5) Other (specify below)	7c(5)		
	▶			
	(6) Total additions.....	7c(6)		0
d	Total of balance and additions (add lines 7b and 7c(6)).	7d		0
e	Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
	(2) Administration charge made by carrier	7e(2)		
	(3) Transferred to separate account.....	7e(3)		
	(4) Other (specify below)	7e(4)		
	▶			
	(5) Total deductions.....	7e(5)		0
f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f		0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶ LEGAL SERVICES PLAN MEMBERSHIPS

9 Experience-rated contracts:

a	Premiums: (1) Amount received.....	9a(1)			
	(2) Increase (decrease) in amount due but unpaid.....	9a(2)			
	(3) Increase (decrease) in unearned premium reserve.....	9a(3)			
	(4) Earned ((1) + (2) - (3)).....		9a(4)		0
b	Benefit charges (1) Claims paid.....	9b(1)			
	(2) Increase (decrease) in claim reserves.....	9b(2)			
	(3) Incurred claims (add (1) and (2)).....		9b(3)		0
	(4) Claims charged.....		9b(4)		
c	Remainder of premium: (1) Retention charges (on an accrual basis) –				
	(A) Commissions.....	9c(1)(A)			
	(B) Administrative service or other fees.....	9c(1)(B)			
	(C) Other specific acquisition costs.....	9c(1)(C)			
	(D) Other expenses.....	9c(1)(D)			
	(E) Taxes.....	9c(1)(E)			
	(F) Charges for risks or other contingencies.....	9c(1)(F)			
	(G) Other retention charges.....	9c(1)(G)			
	(H) Total retention.....		9c(1)(H)		0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.).....		9c(2)		
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)		
	(2) Claim reserves.....		9d(2)		
	(3) Other reserves.....		9d(3)		
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....		9e		

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier.....	10a		4,503
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.....	10b		
	Specify nature of costs.			

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No 1210-0110</p> <hr/> <p>2016</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2016 or fiscal plan year beginning 10/01/2016 and ending 09/30/2017

<p>A Name of plan THE AGRICULTURAL AND LABOR PROGRAM, INC. WELFARE BENEFIT PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
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<p>C Plan sponsor's name as shown on line 2a of Form 5500 THE AGRICULTURAL AND LABOR PROGRAM, INC</p>	<p>D Employer Identification Number (EIN) 59-1634148</p>
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Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
THE LINCOLN NATIONAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0472300	65676	000010165755	199	10/01/2016	09/30/2017

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
1,210	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
POPPELL INSURANCE INC
503 W MARTIN LUTHER KING BLVD

PLANT CITY FL 33563

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1,210			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II	Investment and Annuity Contract Information		
Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.			
4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	
6	Contracts With Allocated Funds:		
a	State the basis of premium rates ▶		
b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶		
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>		
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)		
a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶		
b	Balance at the end of the previous year	7b	
c	Additions: (1) Contributions deposited during the year	7c(1)	
	(2) Dividends and credits	7c(2)	
	(3) Interest credited during the year	7c(3)	
	(4) Transferred from separate account	7c(4)	
	(5) Other (specify below)	7c(5)	
	(6) Total additions	7c(6)	0
d	Total of balance and additions (add lines 7b and 7c(6))	7d	0
e	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	(2) Administration charge made by carrier	7e(2)	
	(3) Transferred to separate account	7e(3)	
	(4) Other (specify below)	7e(4)	
	(5) Total deductions	7e(5)	0
f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

- 8** Benefit and contract type (check all applicable boxes)
- a** Health (other than dental or vision)
 - b** Dental
 - c** Vision
 - d** Life insurance
 - e** Temporary disability (accident and sickness)
 - f** Long-term disability
 - g** Supplemental unemployment
 - h** Prescription drug
 - i** Stop loss (large deductible)
 - j** HMO contract
 - k** PPO contract
 - l** Indemnity contract
 - m** Other (specify) ▶ ACCIDENTAL DEATH AND DISMEMBERMENT

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) -			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	
10 Nonexperience-rated contracts:			
a Total premiums or subscription charges paid to carrier	10a		12,102
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b		

Part IV Provision of Information

- 11** Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No
- 12** If the answer to line 11 is "Yes," specify the information not provided. ▶

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No 1210-0110</p> <hr/> <p>2016</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2016 or fiscal plan year beginning 10/01/2016 and ending 09/30/2017

<p>A Name of plan THE AGRICULTURAL AND LABOR PROGRAM, INC. WELFARE BENEFIT PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
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<p>C Plan sponsor's name as shown on line 2a of Form 5500 THE AGRICULTURAL AND LABOR PROGRAM, INC</p>	<p>D Employer Identification Number (EIN) 59-1634148</p>
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Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
THE LINCOLN NATIONAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0472300	65676	000010165758	29	10/01/2016	09/30/2017

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
1,294	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons)

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
 POPPELL INSURANCE INC
 503 W MARTIN LUTHER KING BLVD
 PLANT CITY FL 33563

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1,294			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II	Investment and Annuity Contract Information																			
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.																			
4	Current value of plan's interest under this contract in the general account at year end	4																		
5	Current value of plan's interest under this contract in separate accounts at year end	5																		
6	Contracts With Allocated Funds:																			
a	State the basis of premium rates ▶																			
b	Premiums paid to carrier	6b																		
c	Premiums due but unpaid at the end of the year	6c																		
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d																		
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶																			
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>																			
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)																			
a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶																			
b	Balance at the end of the previous year	7b																		
c	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;">(1) Contributions deposited during the year</td> <td style="width:15%;">7c(1)</td> <td style="width:80%;"></td> </tr> <tr> <td>(2) Dividends and credits</td> <td>7c(2)</td> <td></td> </tr> <tr> <td>(3) Interest credited during the year</td> <td>7c(3)</td> <td></td> </tr> <tr> <td>(4) Transferred from separate account</td> <td>7c(4)</td> <td></td> </tr> <tr> <td>(5) Other (specify below) ▶</td> <td>7c(5)</td> <td></td> </tr> <tr> <td colspan="2">(6) Total additions</td> <td style="text-align: right;">7c(6)</td> </tr> </table>	(1) Contributions deposited during the year	7c(1)		(2) Dividends and credits	7c(2)		(3) Interest credited during the year	7c(3)		(4) Transferred from separate account	7c(4)		(5) Other (specify below) ▶	7c(5)		(6) Total additions		7c(6)	0
(1) Contributions deposited during the year	7c(1)																			
(2) Dividends and credits	7c(2)																			
(3) Interest credited during the year	7c(3)																			
(4) Transferred from separate account	7c(4)																			
(5) Other (specify below) ▶	7c(5)																			
(6) Total additions		7c(6)																		
d	Total of balance and additions (add lines 7b and 7c(6))	7d	0																	
e	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;">(1) Disbursed from fund to pay benefits or purchase annuities during year</td> <td style="width:15%;">7e(1)</td> <td style="width:80%;"></td> </tr> <tr> <td>(2) Administration charge made by carrier</td> <td>7e(2)</td> <td></td> </tr> <tr> <td>(3) Transferred to separate account</td> <td>7e(3)</td> <td></td> </tr> <tr> <td>(4) Other (specify below) ▶</td> <td>7e(4)</td> <td></td> </tr> <tr> <td colspan="2">(5) Total deductions</td> <td style="text-align: right;">7e(5)</td> </tr> </table>	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		(2) Administration charge made by carrier	7e(2)		(3) Transferred to separate account	7e(3)		(4) Other (specify below) ▶	7e(4)		(5) Total deductions		7e(5)	0			
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)																			
(2) Administration charge made by carrier	7e(2)																			
(3) Transferred to separate account	7e(3)																			
(4) Other (specify below) ▶	7e(4)																			
(5) Total deductions		7e(5)																		
f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0																	

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

- 8** Benefit and contract type (check all applicable boxes)
- | | | | |
|---|--|---|--|
| a <input type="checkbox"/> Health (other than dental or vision) | b <input type="checkbox"/> Dental | c <input type="checkbox"/> Vision | d <input type="checkbox"/> Life insurance |
| e <input checked="" type="checkbox"/> Temporary disability (accident and sickness) | f <input type="checkbox"/> Long-term disability | g <input type="checkbox"/> Supplemental unemployment | h <input type="checkbox"/> Prescription drug |
| i <input type="checkbox"/> Stop loss (large deductible) | j <input type="checkbox"/> HMO contract | k <input type="checkbox"/> PPO contract | l <input type="checkbox"/> Indemnity contract |
| m <input type="checkbox"/> Other (specify) ▶ | | | |

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	0
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	0
(4) Claims charged.....		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) -			
(A) Commissions.....	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes.....	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves.....		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....		9e	
10 Nonexperience-rated contracts:			
a Total premiums or subscription charges paid to carrier.....	10a		12,945
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount..... Specify nature of costs.	10b		

Part IV Provision of Information

- 11** Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No
- 12** If the answer to line 11 is "Yes," specify the information not provided. ▶

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No 1210-0110</p> <hr/> <p>2016</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2016 or fiscal plan year beginning 10/01/2016 and ending 09/30/2017

<p>A Name of plan THE AGRICULTURAL AND LABOR PROGRAM, INC. WELFARE BENEFIT PLAN</p>	<p>B Three-digit plan number (PN) ▶ 501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 THE AGRICULTURAL AND LABOR PROGRAM, INC</p>	<p>D Employer Identification Number (EIN) 59-1634148</p>

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
THE LINCOLN NATIONAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0472300	65676	000400165757	75	10/01/2016	09/30/2017

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
2,805	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

POPPELL INSURANCE INC
503 W MARTIN LUTHER KING BLVD

PLANT CITY FL 33563

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2,805			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II	Investment and Annuity Contract Information		
Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.			
4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	
6	Contracts With Allocated Funds:		
a	State the basis of premium rates ▶		
b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶		
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>		
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)		
a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶		
b	Balance at the end of the previous year	7b	
c	Additions: (1) Contributions deposited during the year	7c(1)	
	(2) Dividends and credits	7c(2)	
	(3) Interest credited during the year	7c(3)	
	(4) Transferred from separate account	7c(4)	
	(5) Other (specify below)	7c(5)	
	▶		
	(6) Total additions	7c(6)	0
d	Total of balance and additions (add lines 7b and 7c(6))	7d	0
e	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	(2) Administration charge made by carrier	7e(2)	
	(3) Transferred to separate account	7e(3)	
	(4) Other (specify below)	7e(4)	
	▶		
	(5) Total deductions	7e(5)	0
f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a Health (other than dental or vision)
- b Dental
- c Vision
- d Life insurance
- e Temporary disability (accident and sickness)
- f Long-term disability
- g Supplemental unemployment
- h Prescription drug
- i Stop loss (large deductible)
- j HMO contract
- k PPO contract
- l Indemnity contract
- m Other (specify) ▶

9 Experience-rated contracts:

a	Premiums: (1) Amount received.....	9a(1)			
	(2) Increase (decrease) in amount due but unpaid.....	9a(2)			
	(3) Increase (decrease) in unearned premium reserve.....	9a(3)			
	(4) Earned ((1) + (2) - (3)).....		9a(4)		0
b	Benefit charges (1) Claims paid.....	9b(1)			
	(2) Increase (decrease) in claim reserves.....	9b(2)			
	(3) Incurred claims (add (1) and (2)).....		9b(3)		0
	(4) Claims charged.....		9b(4)		
c	Remainder of premium: (1) Retention charges (on an accrual basis) -				
	(A) Commissions.....	9c(1)(A)			
	(B) Administrative service or other fees.....	9c(1)(B)			
	(C) Other specific acquisition costs.....	9c(1)(C)			
	(D) Other expenses.....	9c(1)(D)			
	(E) Taxes.....	9c(1)(E)			
	(F) Charges for risks or other contingencies.....	9c(1)(F)			
	(G) Other retention charges.....	9c(1)(G)			
	(H) Total retention.....		9c(1)(H)		0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.).....		9c(2)		
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)		
	(2) Claim reserves.....		9d(2)		
	(3) Other reserves.....		9d(3)		
e	Dividends or retroactive rate refunds due (Do not include amount entered in line 9c(2).).....		9e		

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier.....	10a		28,046
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.....	10b		

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

E-Filing Authorization for the Form 5500

Name of Plan Sponsor: The Agricultural and Labor Program, Inc

Name of Plan: The Agricultural and Labor Program, Inc. Welfare Benefit Plan

EIN: 59-1634148

Plan Number: 501

Plan Year Ending: 9/30/17

Authorization for Practitioner to Electronically Sign and File

I hereby authorize Newport Group to electronically sign and file the above-named return/report through EFAST2.

I understand that in granting this authority that:

- I/we must manually sign and date page 1 of the Form 5500, as Plan Administrator, and provide a scanned copy of page 1 and page 2 of the Form 5500 to Newport Group before the electronic filing can be initiated;
- Newport Group will retain a copy of this written authorization in its records;
- Newport Group will notify the individual signing below as plan administrator/employer about any inquiries and information it receives from EFAST2, DOL, IRS, or PBGC regarding this annual return/report; and
- A copy of my signature, as it appears on page 1 of the Form 5500 will be included with the return/report posted by the Department of Labor on the Internet for public disclosure.
- Newport Group shall not be deemed an administrator or other fiduciary with respect to any Plan solely on account of the services performed under this authorization.

This authorization is applicable only to the filing for the above-named Plan and applies only for the plan year end stated above.

Plan Administrator: Deloris Johnson
Print name

Plan Administrator:  Date: April 5, 2018
Signature

(Manual signature required – Please print, sign and scan the authorization form.)

AGENDAS



PROGRAM PLANNING COMMITTEE MEETING

Corporate Office - Lake Alfred

April 27, 2018

7:00 p.m.

AGENDA

I. CALL TO ORDER

II. MISSION STATEMENT

III. ROLL CALL

Vernon McQueen, Chair
 Chester McNorton
 Samuel Thomas
 Barbara Grace
 Al Miller & Myrna Rodriguez/Staff Liaisons

IV. ITEMS FOR DISCUSSIONS

A. Key Program Grant Performance Reports (See Tab 2 for details)

- Head Start/Early Head Start In-Kind Match Reports
- Head Start/Early Head Start Enrollment and Attendance Reports
- ALPI Technical Education Center (ATEC) Performance Status Report
- FFY 2018 Community Service Block Grant (CSBG) Quarterly FOCAS Report (Revised)
- Head Start/Early Head Start 2018 Mid-Year Child Outcomes Report

B. External/Internal Compliance Monitoring Reports

- Head Start/Early Head Start 2018 Self-Assessment Results and QIP Report

C. Programs' 2018-2019 Compliance Assurance Plans

- Head Start/Early Head Start Program
 - 2018-2019 Program Goals and Objectives
 - Community target areas to be served by Head Start/Early Head Start in 2018-2019
 - 2018-2019 Selection Criteria Scale
- Community Service Block Grant Program
 - FFY 2018 Organizational Standards Assessment: Technical Assistance Plan

ALPI Mission Statement

The mission of The ALPI is to propose, implement, and advocate developmental and human service delivery programs for the socially and economically disadvantaged; children and families; and farmworkers.

D. 2018-2019 Funding Request Applications/Agreements

- o Florida Non-Profit Housing/DOL Hurricane Irma Relief Grant
- o Children Services Council (CSC) Computer Assistance Tutorial (CAT) Program and Summer Expansion Program
- o Early Head Start Grant Application (Hobe Sound- Martin Co)
- o Head Start/Early Head Start Grant Application (Non-Competing Continuation
- o FL Department of Economic Opportunities (DEO) Notice of Funds Availability (NFA) for Low Income Home Energy Assistance Program (LIHEAP) and the Community Service Block Grant (CSBG)
- o Florida Department of Education 2018-2019 Request for Application (RFA Discretionary)-Emergency Assistance

E. Existing Grants Amendments/Modifications

- o Emergency Solutions Grant Amendment 2
- o Low Income Home Energy Assistance(LIHEAP)/Modification 3
- o Senior Connection Amendment 001

F. 2018 Need Assessment Plan and Agreement**VII. ACTION ITEMS/RECOMMENDATIONS FOR BOARD APPROVAL**

- A. Approval of Head Start/Early Head Start Program 2018-2019 Compliance Assurance Plans
- B. Approval of CSBG FFY 2018 Organizational Standards Update
- C. Approval of the 2018-2019 Funding Request Applications/Agreements/ (Listed Below)
 - o Head Start/Early Head Start Grant Application (Non-Competing Continuation)
 - o Early Head Start Grant Application (Hobe Sound- Martin Co)
 - o Children Services Council (CSC) of St. Lucie County Computer Assistance Tutorial Program (CAT) and Summer Program Expansion
 - o FL Department of Economic Opportunities (DEO) Notice of Funds Availability (NFA) for Low Income Home Energy Assistance Program (LIHEAP) and the Community Service Block Grant (CSBG)
 - o Florida Department of Education 2018-2019 Request for Application (RFA Discretionary)-Emergency Assistance
- D. Approval of Existing Grants Amendments/Modifications (Listed Below)
 - o Emergency Solutions Grant Amendment 2
 - o Low Income Home Energy Assistance(LIHEAP)/Modification 3
 - o Senior Connection Amendment 001

V. ADJOURNMENT

**HEAD START/ EARLY HEAD START 2017 - 2018
SELF-ASSESSMENT RESULTS AND IP**

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

2018

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 §1302.102 (b)(2) of the Head Start Performance Standards. 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 the 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 progress of ongoing monitoring and continuous improvement throughout the year; however, a comprehensive emphasis is place 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 2017 and ending in February 2018.

The mid-year Program Self-Assessment was initiated during the Board of Director's Retreat that was held on November 17-19, 2017. 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 and Results Management Associates, Russell Johnson the week of February 19-22, 2018 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 services rendered to families as part of the family and community engagement
- Site observations of health and safety practices
- Site observations of child/teacher interactions
- Staff interviews
- Review of eligibility, recruitment, selection, enrollment and attendance policies and procedures

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

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

SUMMARY REPORT

PROGRAM GOVERNANCE

Governing Bodies:

The Board of Director's Retreat was held on November 17-19, 2017. 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)
- 2017 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 2017 through February 2018, 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 Performance Standards, and Head Start Act.

No findings were reported.

PROGRAM STRUCTURE

ALPI operates Head Start and Early Head Start Center-based options based on the community assessment data. The program delivers full services as described in the Performance Standards; the Early Head Start operates 1,432 hours of planned class operations and Head Start 1,080 hours of planned class operations. 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.

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

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.

Noncompliance: 1302.31 (2) Promoting learning to approaches to rest, meals, routines, and physical activity.

- At the George W. Truitt Family Services Center a Caregiver placed baby in a bouncer to feed the child.

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 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.

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 (6) (i) (ii) Hygiene Practices

- At the Frostproof Child Development Center food was served too hot for children.
- At the George W. Truitt Family Services Center a Caregiver did not wash baby hands after diapering.

Weaknesses:

- At the Queen Townsend Head Start Center II the following was observed: six broken cots, one broken chair, and a broken cubby box.
- At the Frostproof Child Development Center debris was noted in classroom 4.
- At the Child Development and Family Services Center a light fixture was out in a classroom.
- At the JumpStart Development Center debris was noted in the playground.
- At the George W. Truitt Family Services Center a sink and toilet was leaking.

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, Family Service Workers are assigned to groups of parents with whom they are responsible for building collaborative working relationships 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 women 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 Start 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.

State - As part of the Quality Rating and Improvement Systems, the Early Learning Coalition and Department of Child and Families Licensing monitoring reports revealed 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, and 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, 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.

2018 PROGRAM SELF ASSESSMENT IMPROVEMENT PLAN

Area of Weakness:

- At the Queen Townsend Head Start Center II the following was observed: six broken cots, one broken chair, and a broken cubby box.
- At the Frostproof Child Development Center debris was noted in classroom 4.
- At the Child Development and Family Services Center a light fixture was out in a classroom.
- At the JumpStart Development Center debris was noted in the playground.
- At the George W. Truitt Family Services Center a sink and toilet was leaking.

Desired Outcome: Maintain facilities free of safety hazards.

Activity	Person Responsible	Completion Date	Documentation	Status
1. Correct the identified weaknesses.	Facilities Specialist Maintenance Workers Center Managers	2/23/2018	Observations	Completed
2. Review and assess daily prevention routines policies and procedures.	Service Area Managers	2/26/2018	Daily routine schedules	Completed
3. Provide training and/or technical assistance in relation to safety practices and prevention daily routines to include program's policies and procedures to staff.	Service Area Managers	2/28/2018	Agenda & Sign In Sheets	Completed
4. Monitor implementation and provide feedback to staff for continued improvement.	Service Area Managers	3/1/2018- 6/30/2018	Monitoring Reports	In progress
5. Review external and internal monitoring reports for consistency and retention of policies and practices.	Service Area Managers	3/1/2018- 6/30/2018	Monitoring Reports	In progress
6. Based on results of monitoring provide one-on-one coaching to ensure effective implementation and compliance.	Service Area Managers	3/1/2018- 6/30/2018	Monitoring Reports	In progress
7. Monitor and evaluate progress.	Service Area Managers Program Operations Directors	3/1/2018- 6/30/2018	Monitoring Reports	In progress

Noncompliance: 1302.47 (6) (i) (ii) Hygiene Practices

- At the Frostproof Child Development Center food was served too hot for children.
- At the George W. Truitt Family Services Center a Caregiver did not wash baby hands after diapering.

Desired Outcome: Maintain an effective system of hygiene.

Activity	Person Responsible	Completion Date	Documentation	Status
1. Review and assess noncompliance for immediate correction. (Corrected, with technical assistance provided).	Classroom Staff Center Managers	2/22/2018	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 if needed.	Service Area Managers	2/24/2018- 3/15/2018	Procedures	In progress
3. Provide technical assistance and/or training to the staff on the reinforcing policies and procedures to ensure compliance and best practices are carried out at all times.	Service Area Managers	2/24/2018- 3/16/2018	Agenda & Sign-In Sheets	In progress
4. Monitor in accordance with the program's policies and procedures and performance standards for program compliance.	Service Area Managers	3/19/2018- 6/30/2018	Monitoring Reports	In progress
5. Monitor and evaluate progress.	Service Area Managers Program Operations Directors	3/19/2018- 6/30/2018	Monitoring Reports	In progress

Noncompliance: 1302.31(e)(2) Promoting learning to approaches to rest, meals, routines, and physical activity.

- At the George W. Truitt Family Services Center a Caregiver placed baby in a bouncer to feed the child.

Desired Outcome: Maintain a practice that supports development learning for bottle-fed infants.

Activity	Person Responsible	Completion Date	Documentation	Status
1. Review and assess noncompliance for immediate correction. (Corrected, with technical assistance provided).	Classroom Staff Center Managers	2/22/2018	Monitoring Reports	Completed
2. Review and update policies and procedures in accordance with the Performance Standards if needed.	Service Area Managers	2/24/2018- 3/15/2018	Procedures	In progress
3. Provide technical assistance and/or training to the staff on the reinforcing policies and procedures to ensure compliance and best practices are carried out at all times.	Service Area Managers	2/24/2018- 3/16/2018	Agenda & Sign-In Sheets	In progress
4. Monitor in accordance with the program's policies and procedures and performance standards for program compliance.	Service Area Managers	3/19/2018- 6/30/2018	Monitoring Reports	In progress
5. Monitor and evaluate progress.	Service Area Managers Program Operations Directors	3/19/2018- 6/30/2018	Monitoring Reports	In progress

PROGRAM SELF-ASSESSMENT PARTICIPANTS

Russell Johnson, Results Management and Associates
Myrna Rodriguez, Program Operations Director
Aletta Stroder, Program Operations Director
Alisa Thornton, Early Childhood Development and Education Services Manager
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
Jewel Whitehead, Family Support Services Coordinator
Lisa Pough, Family Support services Coordinator
Ana Cendejas, Facilities Specialist
Tammy Rovito, Policy Council Member
Zynia Swoope, Policy Council Member
Tamakia Malcom-Word, Policy Council Member
Shannyn Serrano, Policy Council Chairperson
Josephine Howard, Board of Directors Member and Policy Council Member
Connie Leite, Community Volunteer

**HEAD START/ EARLY HEAD START 2018 - 2019
PROGRAM GOALS AND OBJECTIVES**

HS/EHS PROGRAM GOALS AND OBJECTIVES

The following tables represent the program goals, measureable objectives, progress/outcomes, and challenges.

Goal I – To provide Birth to Five Program to low-income children and their families. There are no changes to goal one or its objectives.		
Measurable Objective	Progress/Outcome	Challenges
To enroll and maintain funded enrollment.	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.	ADA is a challenge due to seasonal weather and illnesses.
To provide center-based program options with full-day-full year.	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.	No challenges at this time.
The program will collaborate with the state to extend program services.	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.	Lack of State Funding for subsidized Child Care.

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. There are no changes to goal two or its objectives.		
Measurable Objective	Progress/Outcome	Challenges
To provide high-quality education services.	The program continues to be in 100% compliance during the Comprehensive Services and School Readiness Federal Review of the Head Start and Early Head Start Programs. The evaluated areas included: school readiness, curriculum, ongoing assessments, health, developmental tracking, and transition of children.	No challenges at this time.
To provide developmentally appropriate activities.	The program continues to provide developmentally appropriate activities to promote creativity, self-esteem, language development, cognitive skills, math awareness, and approaches to learning and scientific discovery.	Challenge of meeting the needs of children with behavior concerns.
To provide a strong foundation to children for school readiness.	The program continues 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.	Challenge of meeting the needs of children with behavior concerns.
To collaborate with the public school systems.	The program continues to collaborate with the public school system providing a seamless approach to school readiness for children ages 3 to grade 3.	Lack of state funding.
To provide and support families with transitions.	The program continues to support transitional planning for families which ensures that each pregnant woman and each child experiences smooth transitions into Early Head Start, from Early Head Start to Head Start, and from Head Start to kindergarten.	No challenges at this time.
To provide services in a culturally and linguistically environment.	The program continues to provide service in a culturally and linguistically responsive manner to support the home language and cultural environment of the child; as well as providing an early learning setting for children to grow and develop in a warm, nurturing and inclusive environment.	Recruiting Creole speaking teachers with credentials to assess children upon enrollment.

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. There are no changes to goal three or its objectives.		
Measurable Objective	Progress/Outcome	Challenges
To enroll pregnant women.	The program continues to collaborate with the Healthy Start and Healthy Families agencies to provide ongoing assistance to pregnant women in accessing quality, comprehensive and timely prenatal and postpartum services.	No challenges at this time.
To provide comprehensive prenatal education information and services.	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.	No challenges at this time.
To provide pregnant women with the benefits of breastfeeding and nursing.	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.	No challenges at this time.
To provide a comprehensive transition program for mothers of newborns.	The program continues to provide comprehensive transition programs to mothers of newborns to a center-based setting.	No challenges at this time.

Goal IV – Support parents, mothers, fathers, and guardians in their role as primary caregivers and educators of their children. There are no changes to goal four or its objectives.		
Measurable Objective	Progress/Outcome	Challenges
To support all parents in their role as the primary caregivers.	The program continues to recognize and assist families as the child's first teacher.	Getting all parents to participate in center's parent committee engagement activities.
To ensure that the level of services responds to their needs and circumstances.	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.	Engaging all parents to participate in center activities.
To provide consistent communication to ensure parents are informed.	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 formal and informal methods of communication such as parent/teacher conferences, screenings and assessment results, referrals, etc.	No challenges at this time.
To ensure parental involvement in policies and decision making.	The program continues to provide ongoing opportunities for parents to be a part of the decision-making process by offering them the opportunity to serve in the Policy Council, Advisory Councils and Parent Committees.	Engaging all parents to participate in center activities.
To provide parent education that promotes healthy parent and child relationships.	The program continues to provide parent education that supports ongoing healthy parent and child relationships, including specific strategies that strengthen father engagement.	No challenges at this time.

Goal V - Strengthen community supports for families. There are no changes to goal five or its objectives.		
Measurable Objective	Progress/Outcome	Challenges
To strengthen collaborations that support families.	The program continues to maintain ongoing collaborative 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.	No challenges at this time.
To expand community collaborations for children with disabilities and their families.	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.	No challenges at this time.

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. There are no changes to goal six or its objectives.		
Measurable Objective	Progress/Outcome	Challenges
To maintain and expand partnerships with local health providers.	The program continues to maintain collaborative partnerships with Health Departments, Colleges and Universities for all enrolled children to receive health, mental health, nutritional, oral screenings, and services as well as follow-up evaluation and treatment.	No challenges at this time.
To provide services to children with disabilities and their families.	The program continues to provide services that meet the needs of children with disabilities and their families.	No challenges at this time.
To provide comprehensive health and mental health services.	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 ensure ongoing care.	No challenges at this time.

Goal VII – Work with service providers to develop highly trained, skilled, adequately compensated program staff. There are no changes to goal seven or its objectives.		
Measurable Objective	Progress/Outcome	Challenges
To collaborate with service providers to assist with training program staff.	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 supports early education staff training needs.	No challenges at this time.
To recruit and train highly qualified staff.	The program continues to recruit, train, and support high-quality staff to ensure warm and continuous relationships stimulating positive interaction between caregivers and children that are crucial to learning and development.	Recruiting qualified caregivers and teachers with the necessary credentials and an approach that ensures staff understands active supervision.
To support program staff with professional development plans.	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.	No challenges at this time.

**2018 – 2019 HEAD START/ EARLY HEAD START
COMMUNITY TARGET AREAS**

TARGATED ARES TO BE SERVED BY HS/EHS**SERVICE AND RECRUITMENT AREA - *No changes since last year's application.***

ALPI Head Start/Early Head Start Program targeted 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 continues 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. The program continues to maintain funded enrollment of 831 to include pregnant women, infants/toddlers, and preschool children including children with disabilities with a selection criterion that weighs the prioritization of participants including family income, homeless, placement in foster care, child's age, etc.

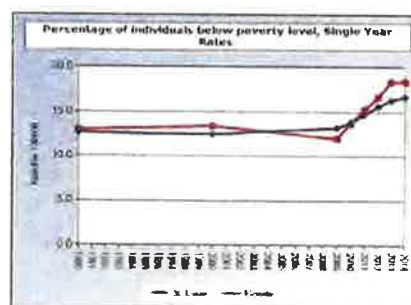
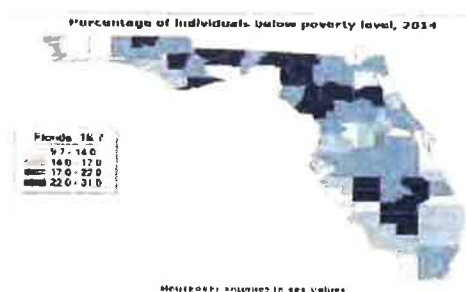
Selection Criteria, the program has revised the Selection Criteria in accordance with the new Performance Standards which weighs the priority based on the neediest families including family income, homelessness, placement in foster care, child's age, special education need for services or early intervention, 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.

The program will continue to collaborate with community partners to promote and maximize recruitment efforts through the referral support system for children and their families in the targeted areas.

NEEDS OF CHILDREN AND FAMILIES – *No changes since last year's application.*

The program continues 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.

St. Lucie County; the following represents the annual community assessment data collected which 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 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 1,096 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

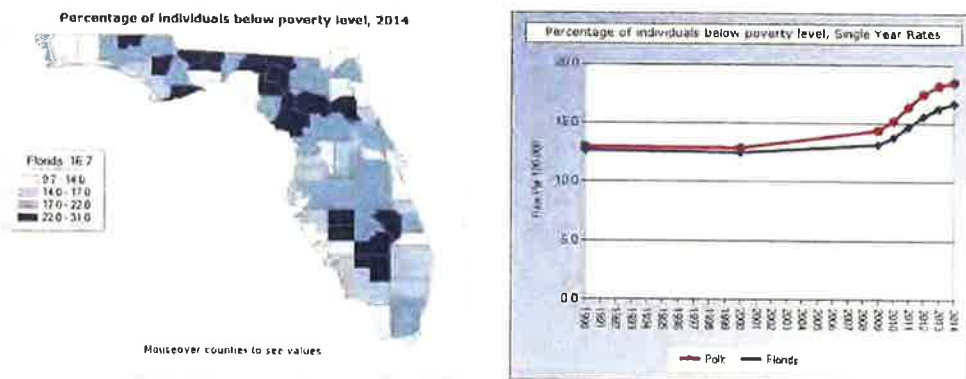
The City of Fort Pierce, one of the two cities currently served in St. Lucie County, contains three of the highest poverty concentrated zip codes included in our proposal; the percentage of population below poverty levels is as follows: 34950: 17,739 or 50.64%; 34947: 10,443 or 50.31%; and, 34946: 6,746 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 served 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 four (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 includes Lake Wales and Frostproof, Florida.

The primary contributing factor for the growth rate in Polk County from 2010-2015 was 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 to 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 of 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% had less than a high school education.

**2018 – 2019 HEAD START/ EARLY HEAD START
SELECTION CRITERIA**

Agricultural and Labor Program, Inc.

2018-2019 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, 2018	85
Age 3 by September 1, 2018	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: _____

2018 ORGANIZATIONAL STANDARDS ASSESSMENT

(TECHNICAL ASSISTANCE PLAN)

**COMMUNITY SERVICES BLOCK GRANT
Technical Assistance Plan (TAP)
FFY 2018 Organizational Standards**

PART I - AGENCY INFORMATION

AGENCY:	The Agricultural and Labor Program, Inc.
DATE:	3/23/2018

PART II - OS CHECKLIST

Standard Number	Standard	Met	Not Met	1 st Year/Repeat	Reason Not Met	Corrective Action Required	Final Due Date
MAXIMUM FEASIBLE PARTICIPATION – Category 1: Consumer Input and Involvement							
1.1	The organization demonstrates low-income individuals' participation in its activities.		X	1st Year	Document provided exceeds one year from the effective date.	The agency must submit a volunteer lists and supporting documentation or board member roster showing members of the low-income sector.	Friday, June 29, 2018
1.2	The organization analyzes information collected directly from low-income individuals as part of the community assessment.	X					
1.3	The organization has a systematic approach for collecting, analyzing, and reporting customer satisfaction data to the governing board.	X					
MAXIMUM FEASIBLE PARTICIPATION – Category 2: Community Engagement							
2.1	The organization has documented or demonstrated partnerships across the community, for specifically identified purposes; partnerships include other anti-poverty organizations in the area.	X					
2.2	The organization utilizes information gathered from key sectors of the community in assessing needs and resources, during the community assessment process or other times. These sectors would include at minimum: community-based organizations, faith-based organizations, private sector, public sector, and educational institutions.	X					

**CSBG Organizational Standards
Technical Assistance Plan**

Standard Number	Standard	Met	Not Met	1 st Year/ Repeat	Reason Not Met	Corrective Action Required	Final Due Date
2.3	The organization communicates its activities and its results to the community.		X	1st Year	Document provided exceeds one year from the effective date.	The agency must submit at least one of the following: Annual report, screen shot of website or social media site indicating results were posted to the site; or media files of stories published; or news release copies; or community newsletter; or reports to municipal governing body.	Friday, June 29, 2018
2.4	The organization documents the number of volunteers and hours mobilized in support of its activities.	X					
MAXIMUM FEASIBLE PARTICIPATION – Category 3: Community Assessment							
3.1	The organization conducted a community assessment and issued a report within the past 3 years.	X					
3.2	As part of the community assessment, the organization collects and includes current data specific to poverty and its prevalence related to gender, age, and race/ethnicity for their service area(s).	X					
3.3	The organization collects and analyzes both qualitative and quantitative data on its geographic service area(s) in the community assessment.	X					
3.4	The community assessment includes key findings on the causes and conditions of poverty and the needs of the communities assessed.	X					
3.5	The governing board formally accepts the completed community assessment.	X					
VISION AND DIRECTION – Category 4: Organizational Leadership							
4.1	The governing board has reviewed the organization's mission statement within the past 5 years and assured that: 1. The mission addresses poverty, and 2. The organization's programs and services are in alignment with the mission.	X					
4.2	The organization's Community Action plan is outcome-based, anti-poverty focused, and ties directly to the community assessment.	X					

**CSBG Organizational Standards
Technical Assistance Plan**

Standard Number	Standard	Met	Not Met	1 st Year/ Repeat	Reason Not Met	Corrective Action Required	Final Due Date
4.3	The organization's Community Action plan and strategic plan document the continuous use of the full ROMA cycle. In addition, the organization documents having used the services of a ROMA-certified trainer (or equivalent) to assist in implementation.		X	1st Year	Fully completed, dated and signed Community Action Plan (CAP) signed by a Certified ROMA trainer (NCRT) or Implementor (NCRI). CAP not signed by NCRT or Implementor.	The agency must submit their CAP signed by a NCRT or NCRI. They may sign on the bottom of the first page.	Friday, June 29, 2018
4.4	The governing board receives an annual update on the success of specific strategies included in the Community Action plan.		X	1st Year	Board minutes documenting the update was provided are out of date.	The agency must submit board minutes documenting the update provided to the board specifically stating it is the update on the success of specific strategies included in the CAP.	Friday, June 29, 2018
4.5	The organization has a written succession plan in place for the CEO/ executive director, approved by the governing board, which contains procedures for covering an emergency/ unplanned, short- term absence of 3 months or less, as well as outlines the process for filling a permanent vacancy.	X					
4.6	An organization-wide, comprehensive risk assessment has been completed within the past 2 years and reported to the governing board.		X	1st Year	Dated risk assessment and board minutes exceed two years.	The agency must submit a risk assessment and board minutes reflecting reporting of the risk assessment to the board.	Friday, June 29, 2018
VISION AND DIRECTION – Category 5: Board Governance							
5.1	The organization's governing board is structured in compliance with the CSBG Act: 1. At least one third democratically-selected representatives of the low income community; 2. With one-third local elected officials (or their representatives); and 3. The remaining membership from major groups and interests in the community.		X	1st Year	Board Roster is more than two years old.	The agency must submit an updated board roster and most current bylaws.	Friday, June 29, 2018

**CSBG Organizational Standards
Technical Assistance Plan**

Standard Number	Standard	Met	Not Met	1 st Year/Repeat	Reason Not Met	Corrective Action Required	Final Due Date
5.2	The organization's governing board has written procedures that document a democratic selection process for low-income board members adequate to assure that they are representative of the low-income community.	X					
5.3	The organization's bylaws have been reviewed by an attorney within the past 5 years.	X					
5.4	The organization documents that each governing board member has received a copy of the bylaws within the past 2 years.	X					
5.5	The organization's governing board meets in accordance with the frequency and quorum requirements and fills board vacancies as set out in its bylaws.	X					
5.6	Each governing board member has signed a conflict of interest policy within the past 2 years.	X					
5.7	The organization has a process to provide a structured orientation for governing board members within 6 months of being seated.	X					
5.8	Governing board members have been provided with training on their duties and responsibilities within the past 2 years.	X					
5.9	The organization's governing board receives programmatic reports at each regular board meeting.	X					
VISION AND DIRECTION – Category 6: Strategic Planning							
6.1	The organization has an agency-wide strategic plan in place that has been approved by the governing board within the past 5 years.	X					
6.2	The approved strategic plan addresses reduction of poverty, revitalization of low-income communities, and/or empowerment of people with low incomes to become more self-sufficient.	X					
6.3	The approved strategic plan contains family, agency, and/or community goals.	X					
6.4	Customer satisfaction data and customer input, collected as part of the community assessment, is included in the strategic planning process.	X					
6.5	The governing board has received an update(s) on progress meeting the goals of the strategic plan within the past 12 months.	X					
OPERATIONS AND ACCOUNTABILITY – Category 7: Human Resource Management							
7.1	The organization has written personnel policies that have been reviewed by an attorney and approved by the governing board within the past 5 years.	X					

**CSBG Organizational Standards
Technical Assistance Plan**

Standard Number	Standard	Met	Not Met	1 st Year/Repeat	Reason Not Met	Corrective Action Required	Final Due Date
7.2	The organization makes available the employee handbook (or personnel policies in cases without a handbook) to all staff and notifies staff of any changes.	X					
7.3	The organization has written job descriptions for all positions, which have been updated within the past 5 years.	X					
7.4	The governing board conducts a performance appraisal of the CEO/ executive director within each calendar year.	X					
7.5	The governing board reviews and approves CEO/executive director compensation within every calendar year.	X					
7.6	The organization has a policy in place for regular written evaluation of employees by their supervisors.	X					
7.7	The organization has a whistleblower policy that has been approved by the governing board.	X					
7.8	All staff participate in a new employee orientation within 60 days of hire.	X					
7.9	The organization conducts or makes available staff development/ training (including ROMA) on an ongoing basis.		X	1st Year	Agenda; and completed sign in sheets (or registration information if offsite event); and training materials are not within the last 12-months.	The agency must submit an agenda; and completed sign in sheet (or registration information if offsite event); and training materials that were completed within the last 12-month.	Friday, June 29, 2018
OPERATIONS AND ACCOUNTABILITY – Category 8: Financial Operations and Oversight							
8.1	The organization's annual audit (or audited financial statements) is completed by a Certified Public Accountant on time in accordance with Title 2 of the Code of Federal Regulations, Uniform Administrative Requirements, Cost Principles, and Audit Requirement (if applicable) and/or State audit threshold requirements.	X					
8.2	All findings from the prior year's annual audit have been assessed by the organization and addressed where the governing board has deemed it appropriate.	X					
8.3	The organization's auditor presents the audit to the governing board.	X					
8.4	The governing board formally receives and accepts the audit.	X					

**CSBG Organizational Standards
Technical Assistance Plan**

Standard Number	Standard	Met	Not Met	1 st Year/ Repeat	Reason Not Met	Corrective Action Required	Final Due Date
8.5	The organization has solicited bids for its audit within the past 5 years.	X					
8.6	The IRS Form 990 is completed annually and made available to the governing board for review.		X	1st Year	No documentation showing the Form 990 was distributed to the board (mail, email, etc.)	The agency must submit documentation that the Form 990 was distributed to the board.	Friday, June 29, 2018
8.7	The governing board receives financial reports at each regular meeting that include the following: 1. Organization-wide report on revenue and expenditures that compares budget to actual, categorized by program; and 2. Balance sheet/statement of financial position.	X					
8.8	All required filings and payments related to payroll withholdings are completed on time.		X	1st Year	Payroll tax documentation is more than a year old. No CPA certification indicating the filings have been completed.	The agency must submit current payroll tax documentation or CPA certification that the filings have been completed.	Friday, June 29, 2018
8.9	The governing board annually approves an organization-wide budget.	X					
8.10	The fiscal policies have been reviewed by staff within the past 2 years, updated as necessary, with changes approved by the governing board.	X					
8.11	A written procurement policy is in place and has been reviewed by the governing board within the past 5 years.	X					
8.12	The organization documents how it allocates shared costs through an indirect cost rate or through a written cost allocation plan.	X					
8.13	The organization has a written policy in place for record retention and destruction.	X					
OPERATIONS AND ACCOUNTABILITY – Category 9: Data and Analysis							
9.1	The organization has a system or systems in place to track and report client demographics and services customers receive.	X					
9.2	The organization has a system or systems in place to track family, agency, and/or community outcomes.	X					

**CSBG Organizational Standards
Technical Assistance Plan**

Standard Number	Standard	Met	Not Met	1 st Year/Repeat	Reason Not Met	Corrective Action Required	Final Due Date
9.3	The organization has presented to the governing board for review or action, at least within the past 12 months, an analysis of the agency's outcomes and any operational or strategic program adjustments and improvements identified as necessary.		X	1st Year	Board minutes where the analysis, reports, or outcomes were presented and discussed are over one year old.	The agency must submit board minutes documenting the analysis, reports, or outcomes of the strategic plan were discussed.	Friday, June 29, 2018
9.4	The organization submits its annual CSBG Information Survey data report and it reflects client demographics and organization-wide outcomes.	X					

PROGRAMS' QUARTERLY MONITORING REPORTS

- **ST. LUCIE COUNTY**



SR VPK

Date: 3/1/18



Early Learning Coalition Visitation Form for Child Care Sites

Site Name: ALPI Queen Townsend II

Director: Ellen Bradley

Time In/Out: 10:10 - 12:00

Resource Specialist: Jennifer Mead

Reason For Visit:

- | | |
|--|--|
| <input type="checkbox"/> Deliver/Collect Information/Forms | <input type="checkbox"/> New Provider Checklist/Walk-through |
| <input type="checkbox"/> Technical Assistance | <input type="checkbox"/> Child Assessment |
| <input type="checkbox"/> ASQ Online monitoring | <input type="checkbox"/> Child Observation |
| <input checked="" type="checkbox"/> SR/VPK Monitoring | <input type="checkbox"/> Classroom Observation |
| <input type="checkbox"/> SR/VPK Monitoring Follow-up | <input type="checkbox"/> Program Evaluation |
| <input type="checkbox"/> SPCR Monitoring | <input type="checkbox"/> CLASS |

Requested Forms: ___ ASQ-3 ___ ASQ: SE ___ Transfer/Withdrawal Forms ___ Other

Delivered Forms: ___ ASQ-3 ___ ASQ: SE ___ Transfer/Withdrawal Forms ___ Other

Comments:

monitored 8 rooms A-H, reviewed with Ellen
Just went through NAEYC observation/accreditation

Technical Assistance:

Reminders:

empradley
Site Representative Signature

Jennifer Mead
ELC Resource Specialist Signature



VPK - Monitoring Form

Site Name ALPI Queen Townsend II Classroom: B Date: 3/1/18

Observation/Documentation Time: 10 Instructional Hours: X 540 hours 300 hours

- | | N/A | Comp | Non-Comp |
|---|-------------------------------------|-------------------------------------|--------------------------|
| *1) License Expiration <u>12/22/18</u> | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| *2) Accrediting Agency Expiration _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| *3) Credentialed Director: <u>Ellen Bradley</u> | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| *4) Teacher: <u>Dafney Wynn</u> | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| *5) Teacher Asst: <u>Laurstacey Noble-Belizaire</u> | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| *6) Class Ratio: <u>2</u> teacher(s) to <u>16</u> children Class Ratio: <u>1:11 or 2:20</u> | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

- *7) Curriculum Compliance: A - J Curriculum: SPLASH
- | | Yes | No | | Yes | No |
|---|-------------------------------------|--------------------------|--|-------------------------------------|--------------------------|
| A. Lesson plans available and written to reflect daily schedule | <input checked="" type="checkbox"/> | <input type="checkbox"/> | F Teachers responsive and involved with children | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| B. Lesson plan indicates FL Performance standards | <input checked="" type="checkbox"/> | <input type="checkbox"/> | G Peer interaction occurs | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| C. Written schedule is posted and relates to what occurs | <input checked="" type="checkbox"/> | <input type="checkbox"/> | H Character Education Program implemented | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| D. Teaching strategies are developmentally appropriate | <input checked="" type="checkbox"/> | <input type="checkbox"/> | I Adequate materials accessible for children | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| E. Positive methods of discipline used effectively | <input checked="" type="checkbox"/> | <input type="checkbox"/> | J Materials in good repair | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

*8) Random sampling of three (3) Attendance Verification Forms

Child's Name	Current	
	Yes	No
<u>Cainan Bullard</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Lavia Robinson</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Kyle Penton</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*9) Online Monitoring: VPK Pre-Assessment Comp Non-Comp VPK Post-Assessment Comp Non-Comp

10) Observation: Children are gathered on the carpet, Dafney asks them to put their hands on body parts. All sit for a story. "Who can tell me what these 2 girls are doing?" Dafney waits for responses. Whisper-tone of voice, Dancing-ways to move, children given opportunity to move freely. Dafney reads Big Book and children are asked questions or asked to follow movement in book. Dafney claps and sings to get children ready for outside play.

11) Technical Assistance Requested Given NA For: _____

Compliant Non-Compliant For: _____

For Non-Compliance: The provider has 14 calendar days to comply. Failure to do so may result in loss of funds and/or termination of the VPK agreement (page 5 and 6, #42 of VPK Agreement).

Resource Specialist Date of Return

Empradler
Site Representative Signature

Jennifer Mend
ELC Resource Specialist Signature

* Denotes Compliance Issue



VPK - Monitoring Form

Site Name ALPI Queen Townsend II Classroom: C Date: 3/1/18

Observation/Documentation Time: 10 Instructional Hours: X 540 hours 300 hours

- | | N/A | Comp | Non-Comp |
|---|-----|-------------------------------------|--------------------------|
| *1) License Expiration <u>12/22/18</u> | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| *2) Accrediting Agency/Expiration _____ | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| *3) Credentialed Director: <u>Ellen Bradley</u> | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| *4) Teacher: <u>Emma Carroll</u> | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| *5) Teacher Asst: <u>Lidia Hernandez</u> | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| *6) Class Ratio: <u>2</u> teacher(s) to <u>15</u> children Class Ratio: <u>1:11 or 2:20</u> | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

- *7) Curriculum Compliance: A - J Curriculum: SPLASH
- | | Yes | No | | Yes | No |
|---|-------------------------------------|--------------------------|--|-------------------------------------|--------------------------|
| A. Lesson plans available and written to reflect daily schedule | <input checked="" type="checkbox"/> | <input type="checkbox"/> | F Teachers responsive and involved with children | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| B. Lesson plan indicates FL Performance standards | <input checked="" type="checkbox"/> | <input type="checkbox"/> | G Peer interaction occurs | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| C. Written schedule is posted and relates to what occurs | <input checked="" type="checkbox"/> | <input type="checkbox"/> | H. Character Education Program implemented | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| D. Teaching strategies are developmentally appropriate | <input checked="" type="checkbox"/> | <input type="checkbox"/> | I. Adequate materials accessible for children | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| E. Positive methods of discipline used effectively | <input checked="" type="checkbox"/> | <input type="checkbox"/> | J. Materials in good repair | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

*8) Random sampling of three (3) Attendance Verification Forms

Child's Name	Current	
	Yes	No
<u>Elinord Alexis</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Rihniva Lesesne</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Isaac Sanchez</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*9) Online Monitoring: VPK Pre-Assessment Comp Non-Comp VPK Post-Assessment Comp Non-Comp

10) Observation: Class seated on carpet for story. All help "read" Brown Bear Lidia supervises handwashing and bathroom. Children ask for another story, Emma tells them they will read another one after they come in from playground. Emma asks class which animal was their favorite and expands into personal connections. Emma calls children to line-up at door after they share. "I like the way you are ____". Emma points out how many like each animal. "What do we have more of?". Count how many are here today 1-15. How many if we add 2 teachers?

11) Technical Assistance Requested Given NA For: _____

Compliant Non-Compliant For: _____

For Non-Compliance: The provider has 14 calendar days to comply. Failure to do so may result in loss of funds and/or termination of the VPK agreement (page 5 and 6, #42 of VPK Agreement).

Resource Specialist Date of Return
emradler
 Site Representative Signature

Jennifer Mead
 ELC Resource Specialist Signature

* Denotes Compliance Issue



VPK - Monitoring Form

Site Name ALPI Queen Townsend II Classroom: D Date: 3/1/18

Observation/Documentation Time: 10 Instructional Hours: X 540 hours 300 hours

- | | N/A | Comp | Non-Comp |
|---|-----|-------------------------------------|--------------------------|
| *1) License Expiration <u>12/22/18</u> | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| *2) Accrediting Agency Expiration _____ | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| *3) Credentialed Director: <u>Ellen Bradley</u> | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| *4) Teacher: <u>Robert Falong</u> | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| *5) Teacher Asst: <u>Marion Davis</u> | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| *6) Class Ratio: <u>2</u> teacher(s) to <u>15</u> children Class Ratio: <u>1:11 or 2:20</u> | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

- *7) Curriculum Compliance: A - J Curriculum: SPLASH
- | | Yes | No | | Yes | No |
|---|-------------------------------------|--------------------------|--|-------------------------------------|--------------------------|
| A. Lesson plans available and written to reflect daily schedule | <input checked="" type="checkbox"/> | <input type="checkbox"/> | F Teachers responsive and involved with children | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| B. Lesson plan indicates FL Performance standards | <input checked="" type="checkbox"/> | <input type="checkbox"/> | G Peer interaction occurs | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| C. Written schedule is posted and relates to what occurs | <input checked="" type="checkbox"/> | <input type="checkbox"/> | H Character Education Program implemented | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| D. Teaching strategies are developmentally appropriate | <input checked="" type="checkbox"/> | <input type="checkbox"/> | I Adequate materials accessible for children | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| E. Positive methods of discipline used effectively | <input checked="" type="checkbox"/> | <input type="checkbox"/> | J. Materials in good repair | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

*8) Random sampling of three (3) Attendance Verification Forms

Child's Name	Current	
	Yes	No
Jena Louis	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Harmony Maurival	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Elisha Sackey	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*9) Online Monitoring: VPK Pre-Assessment Comp Non-Comp VPK Post-Assessment Comp Non-Comp

10) Observation: Children playing in areas. Ms. Davis calls a few to work with her at a table. Mr. Bob sits with 2 painting their hands to make plant/flower pictures. Example shown, but children can do theirs however they want. Remember we talked about phalanges, show me them. Teachers move around talking to children about their play. Mr. Bob tells some about step 2 to painting activity. Mr. Bob uses word mobile several times (Theme-things that move). A lot of encouragement.

11) Technical Assistance Requested Given NA For: _____

Compliant Non-Compliant For: _____

For Non-Compliance: The provider has 14 calendar days to comply. Failure to do so may result in loss of funds and/or termination of the VPK agreement (page 5 and 6, #42 of VPK Agreement).

Resource Specialist Date of Return _____

Site Representative Signature empradler

ELC Resource Specialist Signature Jennifer Mend

* Denotes Compliance Issue



VPK - Monitoring Form

Site Name ALPI Queen Townsend II Classroom: E Date: 3/1/18

Observation/Documentation Time: 10 Instructional Hours: X 540 hours 300 hours

- | | N/A | Comp | Non-Comp |
|---|-----|-------------------------------------|----------|
| *1) License Expiration <u>12/22/18</u> | | <input checked="" type="checkbox"/> | |
| *2) Accrediting Agency/Expiration <u></u> | | <input checked="" type="checkbox"/> | |
| *3) Credentialed Director: <u>Ellen Bradley</u> | | <input checked="" type="checkbox"/> | |
| *4) Teacher: <u>Cardia Parker</u> | | <input checked="" type="checkbox"/> | |
| *5) Teacher Asst: <u>Yessica Cruz Cardona</u> | | <input checked="" type="checkbox"/> | |
| *6) Class Ratio: <u>2</u> teacher(s) to <u>15</u> children Class Ratio: <u>1:11 or 2:20</u> | | <input checked="" type="checkbox"/> | |

- *7) Curriculum Compliance: A - J Curriculum: SPLASH
- | | Yes | No | | Yes | No |
|--|-------------------------------------|----|--|-------------------------------------|----|
| A Lesson plans available and written to reflect daily schedule | <input checked="" type="checkbox"/> | | F Teachers responsive and involved with children | <input checked="" type="checkbox"/> | |
| B Lesson plan indicates FL Performance standards | <input checked="" type="checkbox"/> | | G Peer interaction occurs | <input checked="" type="checkbox"/> | |
| C Written schedule is posted and relates to what occurs | <input checked="" type="checkbox"/> | | H Character Education Program implemented | <input checked="" type="checkbox"/> | |
| D Teaching strategies are developmentally appropriate | <input checked="" type="checkbox"/> | | I Adequate materials accessible for children | <input checked="" type="checkbox"/> | |
| E Positive methods of discipline used effectively | <input checked="" type="checkbox"/> | | J Materials in good repair | <input checked="" type="checkbox"/> | |

*8) Random sampling of three (3) Attendance Verification Forms

Child's Name	Current	
	Yes	No
Jason Carlos Corneio	<input checked="" type="checkbox"/>	
Chance Holloman	<input checked="" type="checkbox"/>	
Lauren Mathis	<input checked="" type="checkbox"/>	

*9) Online Monitoring: VPK Pre-Assessment Comp Non-Comp VPK Post-Assessment Comp Non-Comp

10) Observation: Children playing in center areas. Cardia sits with a few working on art projects. Yessica moves around room interacting with children.

11) Technical Assistance Requested Given NA For: _____

Compliant Non-Compliant For: _____
 For Non-Compliance: The provider has 14 calendar days to comply. Failure to do so may result in loss of funds and or termination of the VPK agreement (page 5 and 6, #42 of VPK Agreement).

Resource Specialist Date of Return

empradler
 Site Representative Signature

Jennifer Mendez
 ELC Resource Specialist Signature

* Denotes Compliance Issue



VPK - Monitoring Form

Site Name ALPI Queen Townsend II Classroom: F Date: 3/1/18

Observation/Documentation Time: 10 Instructional Hours: X 540 hours 300 hours

- | | N/A | Comp | Non-Comp |
|---|-------------------------------------|-------------------------------------|--------------------------|
| *1) License Expiration <u>12/22/18</u> | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| *2) Accrediting Agency/Expiration _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| *3) Credentialed Director: <u>Ellen Bradley</u> | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| *4) Teacher: <u>Elnora Hall</u> | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| *5) Teacher Asst: <u>Sebrana Mullings-Neil</u> | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| *6) Class Ratio: <u>2</u> teacher(s) to <u>14</u> children Class Ratio: <u>1:11 or 2:20</u> | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

- *7) Curriculum Compliance: A - J Curriculum: SPLASH
- | | Yes | No | | Yes | No |
|---|-------------------------------------|--------------------------|---|-------------------------------------|--------------------------|
| A. Lesson plans available and written to reflect daily schedule | <input checked="" type="checkbox"/> | <input type="checkbox"/> | F. Teachers responsive and involved with children | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| B. Lesson plan indicates FL Performance standards | <input checked="" type="checkbox"/> | <input type="checkbox"/> | G. Peer interaction occurs | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| C. Written schedule is posted and relates to what occurs | <input checked="" type="checkbox"/> | <input type="checkbox"/> | H. Character Education Program implemented | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| D. Teaching strategies are developmentally appropriate | <input checked="" type="checkbox"/> | <input type="checkbox"/> | I. Adequate materials accessible for children | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| E. Positive methods of discipline used effectively | <input checked="" type="checkbox"/> | <input type="checkbox"/> | J. Materials in good repair | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

*8) Random sampling of three (3) Attendance Verification Forms

Child's Name	Current	
	Yes	No
<u>Jeremiah Cyrus</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Javlen Lester</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Ladarius Murphy</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*9) Online Monitoring: VPK Pre-Assessment Comp Non-Comp VPK Post-Assessment Comp Non-Comp

10) Observation: Elnora reads a story to children; mentions that you read with excitement when exclamation point is seen. "What kind of movement do you think they are doing? Which body part is used?" Do you think...? How do you know? Elnora talks to children about the author and illustrator. Remember we are talking about movement, what type of movement was in this story? Children able to act out movement from story. Math activity, graphing. Children identify colors of bears and how many colors. Match bears to color on mat, how many of each? Show me in front of you.

11) Technical Assistance Requested Given NA For: _____

Compliant Non-Compliant For: _____

For Non-Compliance: The provider has 14 calendar days to comply. Failure to do so may result in loss of funds and/or termination of the VPK agreement (page 5 and 6, #42 of VPK Agreement).

Resource Specialist Date of Return

Emradlen
Site Representative Signature

Jennifer Mead
ELC Resource Specialist Signature

* Denotes Compliance Issue



VPK - Monitoring Form

Site Name ALPI Queen Townsend II Classroom: G Date: 3/1/18

Observation/Documentation Time: 10 Instructional Hours: X 540 hours 300 hours

- | | N/A | Comp | Non-Comp |
|--|-----|------|----------|
| *1) License Expiration <u>12/22/18</u> | | ✓ | |
| *2) Accrediting Agency/Expiration | ✓ | | |
| *3) Credentialed Director: <u>Ellen Bradley</u> | | ✓ | |
| *4) Teacher: <u>Elizabeth Smith</u> | | ✓ | |
| *5) Teacher Asst: <u>Silda Medina</u> | | ✓ | |
| *6) Class Ratio: <u>2</u> teacher(s) to <u>13</u> children Class Ratio: <u>1:11 or 2:20</u> | | ✓ | |

- *7) Curriculum Compliance: A - J Curriculum: SPLASH
- | | Yes | No | | Yes | No |
|---|-----|----|---|-----|----|
| A. Lesson plans available and written to reflect daily schedule | ✓ | | F. Teachers responsive and involved with children | ✓ | |
| B. Lesson plan indicates FL Performance standards | ✓ | | G. Peer interaction occurs | ✓ | |
| C. Written schedule is posted and relates to what occurs | ✓ | | H. Character Education Program implemented | ✓ | |
| D. Teaching strategies are developmentally appropriate | ✓ | | I. Adequate materials accessible for children | ✓ | |
| F. Positive methods of discipline used effectively | ✓ | | J. Materials in good repair | ✓ | |

*8) Random sampling of three (3) Attendance Verification Forms

Child's Name	Current	
	Yes	No
<u>Deqarvion Cox</u>	✓	
<u>Z'iyana Norris</u>	✓	
<u>Jordan Smith</u>	✓	

*9) Online Monitoring: VPK Pre-Assessment Comp Non-Comp VPK Post-Assessment Comp Non-Comp

10) Observation: Children enter covered area and do exercises before moving onto playground. Children stand on left foot then right foot for 10 seconds, like a flamingo. Directions given to take baby steps, small, slow steps to balance beam (line on floor). Class then faces the playground and they walk out together.

11) Technical Assistance Requested Given NA For: _____

✓ Compliant Non-Compliant For: _____

For Non-Compliance: The provider has 14 calendar days to comply. Failure to do so may result in loss of funds and/or termination of the VPK agreement (page 5 and 6, #42 of VPK Agreement).

Resource Specialist Date of Return _____

Site Representative Signature embraiden

ELC Resource Specialist Signature Janise Mend

* Denotes Compliance Issue



VPK - Monitoring Form

Site Name ALPI Queen Townsend II Classroom: H Date: 3/1/18

Observation/Documentation Time: 10 Instructional Hours: X 540 hours 300 hours

- | | N/A | Comp | Non-Comp |
|---|-----|-------------------------------------|--------------------------|
| *1) License Expiration <u>12/22/18</u> | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| *2) Accrediting Agency/Expiration _____ | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| *3) Credentialed Director: <u>Ellen Bradley</u> | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| *4) Teacher: <u>Junia Alexandre</u> | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| *5) Teacher Asst: <u>Francesca Mondesir</u> | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| *6) Class Ratio: <u>2</u> teacher(s) to <u>15</u> children Class Ratio: <u>1:11 or 2:20</u> | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

- *7) Curriculum Compliance: A - J Curriculum: SPLASH
- | | Yes | No | | Yes | No |
|---|-------------------------------------|--------------------------|---|-------------------------------------|--------------------------|
| A. Lesson plans available and written to reflect daily schedule | <input checked="" type="checkbox"/> | <input type="checkbox"/> | F. Teachers responsive and involved with children | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| B. Lesson plan indicates FL Performance standards | <input checked="" type="checkbox"/> | <input type="checkbox"/> | G. Peer interaction occurs | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| C. Written schedule is posted and relates to what occurs | <input checked="" type="checkbox"/> | <input type="checkbox"/> | H. Character Education Program implemented | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| D. Teaching strategies are developmentally appropriate | <input checked="" type="checkbox"/> | <input type="checkbox"/> | I. Adequate materials accessible for children | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| E. Positive methods of discipline used effectively | <input checked="" type="checkbox"/> | <input type="checkbox"/> | J. Materials in good repair | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

*8) Random sampling of three (3) Attendance Verification Forms

Child's Name	Current	
	Yes	No
Ja'myla Leonard	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Timothy Richardson	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Jamari Victor	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*9) Online Monitoring: VPK Pre-Assessment Comp Non-Comp VPK Post-Assessment Comp Non-Comp

10) Observation: Children eating lunch. Junia talks to them about the food they are eating, categorize vegetables and fruits. Teachers sit with children. How many seeds in your orange? What shape is it? Junia expands on child responses. Teachers talk to children about taste of foods, which they like and encouraged to try all of the food.

11) Technical Assistance Requested Given NA For: _____

Compliant Non-Compliant For: _____

For Non-Compliance: The provider has 14 calendar days to comply. Failure to do so may result in loss of funds and/or termination of the VPK agreement (page 5 and 6, #42 of VPK Agreement).

Resource Specialist Date of Return

emradley
Site Representative Signature

Jennifer Mead
ELC Resource Specialist Signature

* Denotes Compliance Issue

SR VPK

Date: 2/16/2018



Early Learning Coalition Visitation Form for Child Care Sites

Site Name: ALPI Garden Terrace

Director: Sandra Monroe

Time In/Out: 9:50 - 10:50

Resource Specialist: Lina Lloyd

Reason For Visit:	
<input type="checkbox"/> Deliver/Collect Information/Forms	<input type="checkbox"/> New Provider Checklist/Walk-through
<input type="checkbox"/> Technical Assistance	<input type="checkbox"/> Child Assessment
<input type="checkbox"/> ASQ Online monitoring	<input type="checkbox"/> Child Observation
<input checked="" type="checkbox"/> SR/VPK Monitoring	<input type="checkbox"/> Classroom Observation
<input type="checkbox"/> SR/VPK Monitoring Follow-up	<input type="checkbox"/> Program Evaluation
<input type="checkbox"/> SPCR Monitoring	<input type="checkbox"/> CLASS

Requested Forms: ___ ASQ-3 ___ ASQ: SE ___ Transfer/Withdrawal Forms ___ Other

Delivered Forms: ___ ASQ-3 ___ ASQ: SE ___ Transfer/Withdrawal Forms ___ Other

Comments:
Conducted VPK Monitoring

Technical Assistance:

Reminders:

Sandra Monroe
Site Representative Signature

Lina Lloyd
ELC Resource Specialist Signature



VPK - Monitoring Form

Site Name ALPI Garden Terrace Classroom: A Date: 2/16/2018

Observation/Documentation Time: 15/5 Instructional Hours: X 540 hours 300 hours

- *1) License Expiration 1/11/2019 N/A Comp Non-Comp
- *2) Accrediting Agency/Expiration
- *3) Credentialed Director: Sandra Monroe
- *4) Teacher: Eleanor Virgile
- *5) Teacher Asst: Titrisa Mond
- *6) Class Ratio: 2 teacher(s) to 19 children Class Ratio: 1:11 or 2:20

- *7) Curriculum Compliance: A - J Curriculum: SPLASH
- | | | Yes | No | | | Yes | No |
|---|-------------------------------------|-----|----|---|-------------------------------------|-----|----|
| A. Lesson plans available and written to reflect daily schedule | <input checked="" type="checkbox"/> | | | F. Teachers responsive and involved with children | <input checked="" type="checkbox"/> | | |
| B. Lesson plan indicates FL Performance standards | <input checked="" type="checkbox"/> | | | G. Peer interaction occurs | <input checked="" type="checkbox"/> | | |
| C. Written schedule is posted and relates to what occurs | <input checked="" type="checkbox"/> | | | H. Character Education Program implemented | <input checked="" type="checkbox"/> | | |
| D. Teaching strategies are developmentally appropriate | <input checked="" type="checkbox"/> | | | I. Adequate materials accessible for children | <input checked="" type="checkbox"/> | | |
| E. Positive methods of discipline used effectively | <input checked="" type="checkbox"/> | | | J. Materials in good repair | <input checked="" type="checkbox"/> | | |

*8) Random sampling of three (3) Attendance Verification Forms

Child's Name	Current	
	Yes	No
<u>F. Finhomme</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>T. Phillips</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>A. Walker</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*9) Online Monitoring: VPK Pre-Assessment Comp Non-Comp VPK Post-Assessment Comp Non-Comp

10) Observation: The children are in centers. Several children are at the table doing watercolor painting. There are children in the science and math area building with hex cubes and duplos. Another group of children are at another table doing fine motor activities. There are a few children on the carpet sorting the counting bears. There are three children in the reading area looking at books. Miss Eleanor and Miss Titrisa are moving around the classroom helping children to stay involved with their play.

11) Technical Assistance Requested Given N/A For: _____

Compliant Non-Compliant For: _____
 For Non-Compliance: The provider has 14 calendar days to comply. Failure to do so may result in loss of funds and/or termination of the VPK agreement (page 5 and 6, #42 of VPK Agreement).

Resource Specialist Date of Return
Jan 18 2018

Site Representative Signature

[Signature]
 ELC Resource Specialist Signature

* Denotes Compliance Issue



VPK - Monitoring Form

Site Name ALPI Garden Terrace Classroom: B Date: 2/16/2018

Observation/Documentation Time: 15/5 Instructional Hours: 540 hours 300 hours

- *1) License Expiration 1/11/2019 N/A Comp Non-Comp
- *2) Accrediting Agency/Expiration _____
- *3) Credentialed Director: Sandra Monroe
- *4) Teacher: Tameka Worrall
- *5) Teacher Asst: Jennifer Quinones
- *6) Class Ratio: 2 teacher(s) to 17 children Class Ratio: 1:11 or 2:20

*7) Curriculum Compliance: A - J Curriculum: SPLASH

		Yes	No			Yes	No
A.	Lesson plans available and written to reflect daily schedule	<input checked="" type="checkbox"/>		F.	Teachers responsive and involved with children	<input checked="" type="checkbox"/>	
B.	Lesson plan indicates FL Performance standards	<input checked="" type="checkbox"/>		G.	Peer interaction occurs	<input checked="" type="checkbox"/>	
C.	Written schedule is posted and relates to what occurs	<input checked="" type="checkbox"/>		H.	Character Education Program implemented	<input checked="" type="checkbox"/>	
D.	Teaching strategies are developmentally appropriate	<input checked="" type="checkbox"/>		I.	Adequate materials accessible for children	<input checked="" type="checkbox"/>	
E.	Positive methods of discipline used effectively	<input checked="" type="checkbox"/>	<input type="checkbox"/>	J.	Materials in good repair	<input checked="" type="checkbox"/>	

*8) Random sampling of three (3) Attendance Verification Forms

Child's Name	Current	
	Yes	No
M. Haugabook	<input checked="" type="checkbox"/>	
K. Blanc	<input checked="" type="checkbox"/>	
T. Townsend	<input checked="" type="checkbox"/>	

*9) Online Monitoring: VPK Pre-Assessment Comp Non-Comp VPK Post-Assessment Comp Non-Comp

10) Observation: The children are in centers. There are several children at the writing table. Miss Tameka is sitting with them helping and encouraging them to form unfamiliar letters and words. A child is in the reading center looking at a book. Three children are on one side of the carpet building with duplos. Three children are in the block area building with legos and three more on the carpet building with ster blocks. Three other children are in the fine motor area building with the towerfics.

11) Technical Assistance Requested Given NA For: _____
 Compliant Non-Compliant For: _____

For Non-Compliance: The provider has 14 calendar days to comply. Failure to do so may result in loss of funds and/or termination of the VPK agreement (page 5 and 6, #42 of VPK Agreement).

Resource Specialist Date of Return
Jonathan

Site Representative Signature

Jonathan
 ELC Resource Specialist Signature

* Denotes Compliance Issue



VPK - Monitoring Form

Site Name ALPI Garden Terrace Classroom: C Date: 2/16/2018

Observation/Documentation Time: 15/5 Instructional Hours: X 540 hours 300 hours

- *1) License Expiration 1/11/2019 N/A Comp Non-Comp
- *2) Accrediting Agency/Expiration
- *3) Credentialed Director: Sandra Monroe
- *4) Teacher: Latonya Pollock
- *5) Teacher Asst: Irma Villarreal
- *6) Class Ratio: 2 teacher(s) to 16 children Class Ratio: 1:11 or 2:20
- *7) Curriculum Compliance: A - J Curriculum: SPLASH

	Yes	No		Yes	No
A. Lesson plans available and written to reflect daily schedule	<input checked="" type="checkbox"/>		F. Teachers responsive and involved with children	<input checked="" type="checkbox"/>	
B. Lesson plan indicates FL Performance standards	<input checked="" type="checkbox"/>		G. Peer interaction occurs	<input checked="" type="checkbox"/>	
C. Written schedule is posted and relates to what occurs	<input checked="" type="checkbox"/>		H. Character Education Program implemented	<input checked="" type="checkbox"/>	
D. Teaching strategies are developmentally appropriate	<input checked="" type="checkbox"/>		I. Adequate materials accessible for children	<input checked="" type="checkbox"/>	
E. Positive methods of discipline used effectively	<input checked="" type="checkbox"/>		J. Materials in good repair	<input checked="" type="checkbox"/>	

*8) Random sampling of three (3) Attendance Verification Forms

Child's Name	Current	
	Yes	No
A. King	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D. James	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Z. Wright	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*9) Online Monitoring. VPK Pre-Assessment Comp Non-Comp VPK Post-Assessment Comp Non-Comp

10) Observation: The children are in centers. Miss Latonya is sitting with a small group working with them on letter recognition. There are several children at the writing table and several other doing fine motor materials at another table. There are a few children on the floor working with connectors. Miss Irma is working with a small group of children doing number recognition.

11) Technical Assistance Requested Given NA For: _____
 Compliant Non-Compliant For: _____

For Non-Compliance: The provider has 14 calendar days to comply. Failure to do so may result in loss of funds and/or termination of the VPK agreement (page 5 and 6, #42 of VPK Agreement).

Resource Specialist Date of Return
Janderson

Site Representative Signature

[Signature]
ELC Resource Specialist Signature

* Denotes Compliance Issue

SR VPK

Date: 2/1/2018



Early Learning Coalition Visitation Form for Child Care Sites

Site Name: ALPI Francina Duval Director: Mary Brunson

Time In/Out: 10:35 - 11:15 Resource Specialist: Lina Lloyd

Reason For Visit:	
<input type="checkbox"/> Deliver/Collect Information/Forms	<input type="checkbox"/> New Provider Checklist/Walk-through
<input type="checkbox"/> Technical Assistance	<input type="checkbox"/> Child Assessment
<input type="checkbox"/> ASQ Online monitoring	<input type="checkbox"/> Child Observation
<input type="checkbox"/> SR/VPK Monitoring	<input type="checkbox"/> Classroom Observation
<input type="checkbox"/> SR/VPK Monitoring Follow-up	<input type="checkbox"/> Program Evaluation
<input type="checkbox"/> SPCR Monitoring	<input type="checkbox"/> CLASS

Requested Forms: ___ ASQ-3 ___ ASQ: SE ___ Transfer/Withdrawal Forms ___ Other

Delivered Forms: ___ ASQ-3 ___ ASQ: SE ___ Transfer/Withdrawal Forms ___ Other

Comments:
Conducted VPK Monitoring

Technical Assistance:

Reminders:

Mary A. Brunson
Site Representative Signature

Lina Lloyd
ELC Resource Specialist Signature



VPK - Monitoring Form

Site Name ALPI Francina Duval Classroom: A Date: 2/1/2018

Observation/Documentation Time: 15/5 Instructional Hours: 540 hours 300 hours

- | | N/A | Comp | Non-Comp |
|--|-----|-------------------------------------|----------------------------------|
| *1) License Expiration <u>7/6/2018</u> | | <input checked="" type="checkbox"/> | |
| *2) Accrediting Agency/Expiration _____ | | <input checked="" type="checkbox"/> | |
| *3) Credentialed Director: <u>Mary Brunson</u> | | <input checked="" type="checkbox"/> | |
| *4) Teacher: <u>Bernadine Marshall</u> | | <input checked="" type="checkbox"/> | |
| *5) Teacher Asst: <u>Lakeshia Jordan</u> | | <input checked="" type="checkbox"/> | |
| *6) Class Ratio: <u>2</u> teacher(s) to _____ children | | | |
| | | | Class Ratio: <u>1:11 or 2:20</u> |

- *7) Curriculum Compliance: A - J Curriculum: Creative Curriculum
- | | Yes | No | | Yes | No |
|---|-------------------------------------|----|--|-------------------------------------|----|
| A. Lesson plans available and written to reflect daily schedule | <input checked="" type="checkbox"/> | | F Teachers responsive and involved with children | <input checked="" type="checkbox"/> | |
| B. Lesson plan indicates FL Performance standards | <input checked="" type="checkbox"/> | | G. Peer interaction occurs | <input checked="" type="checkbox"/> | |
| C. Written schedule is posted and relates to what occurs | <input checked="" type="checkbox"/> | | H Character Education Program implemented | <input checked="" type="checkbox"/> | |
| D. Teaching strategies are developmentally appropriate | <input checked="" type="checkbox"/> | | I. Adequate materials accessible for children | <input checked="" type="checkbox"/> | |
| E. Positive methods of discipline used effectively | <input checked="" type="checkbox"/> | | J. Materials in good repair | <input checked="" type="checkbox"/> | |

*8) Random sampling of three (3) Attendance Verification Forms

Child's Name	Current	
	Yes	No
K. Anderson	<input checked="" type="checkbox"/>	
R. Hernandez	<input checked="" type="checkbox"/>	
J. Turner	<input checked="" type="checkbox"/>	

9) Observation: The children are playing outside. Miss Bernadine is monitoring the children who are playing on one side of the playground. Miss Lakeshia is doing an organized game with hula hoops using positional words and counting. Several children are waiting in line to do the activity.

10) Technical Assistance Requested Given NA For: _____

Compliant Non-Compliant For: _____

For Non-Compliance: The provider has 14 calendar days to comply. Failure to do so may result in loss of funds and/or termination of the VPK agreement (page 5 and 6, #42 of VPK Agreement).

Resource Specialist Date of Return
May 18 2018
 Site Representative Signature

[Signature]
 ELC Resource Specialist Signature

* Denotes Compliance Issue

**FLORIDA NON-PROFIT HOUSING/DOL
HURRICANE IRMA RELIEF GRANT**



FLORIDA NON-PROFIT HOUSING, INC.
P.O. Box 1987 / 3909 Kenilworth Blvd
Sebring, Florida 33871-1987
Tel: 863.385.2519 Fax: 863.385.1643
fnph@earthlink.net <http://www.fnph.org>

March 14, 2018

Hello Deloris,

It has taken awhile, but we are finally ready to execute our DOL Hurricane Irma Relief Grant. It's not for a lot of money, we're sharing \$32,000, but it is a little more desperately needed help for our MSFWS. Please be reminded that we all agreed to use 100% of these funds for direct assistance, so we have a one line-item budget.

Enclosed you will find two copies of the Grant Agreement, please sign them and return one back to us. I think the agreement clearly explains the implementation procedures, but please call us with any questions. We plan to have a brief teleconference to further discuss the details. Can you, or someone on your staff be available for a call this Friday (March 16th) or Monday (March 19th) at 10:00 am or 2:00 pm? Please reply with your preference ASAP. I hope to talk with you soon.

Thank You,

A handwritten signature in cursive script, appearing to read 'Selvin McGahee'.

Selvin McGahee

**AGREEMENT BETWEEN
THE AGRICULTURAL AND LABOR PROGRAM, INC.
And
FLORIDA NON-PROFIT HOUSING, INC.**

This contract agreement is entered into this 14th day of March, 2018 by and between, **The Agricultural and Labor Program, Inc.**, hereinafter referred to as ALPI, whose address is 300 Lynchburg Road, Lake Alfred, Florida 35850-9000, and by **Florida Non- Profit Housing, Inc.**, hereinafter referred to as FNPH, whose mailing address is P.O. Box 1987, Sebring, FL 33871-1987. FNPH is the Awardee for the **Workforce Innovation and Opportunity Act (WIOA) P.L. 113-28 project entitled Hurricane – National Farmworker Jobs Program Housing Hurricane Relief Efforts**. The Federal Award ID. No. is MI-31534-18-75-A-12 from the U.S. Department of Labor Employment and Training Administration (DOL/ETA). The Grant is to assist Migrant and Seasonal Farm Workers (MSFWS) affected by Hurricane Irma, during the 2017 Hurricane Season. The period of this grant is January 18, 2018 – January 17, 2019. The Catalog of Federal Domestic Assistance number is 17.264.

ALPI has 50 years of experience in administering statewide emergency services to MSFWS. Emergency housing related assistance will be provided in eligible areas affected by Hurricane Irma except Broward and Dade Counties. Emergency Housing Assistance consist of: payment of rent and/or utilities, rent or utility deposits, temporary shelter payments, access to food, water, gas and personal care items. The assistant is for applicants meeting the eligibility requirements of the attached Training and Employment Guidance Letter (TEGL) 18-16 which provides Program Eligibility and Enrollment Guidance for the National Farmworker Jobs Program, applicable to this program.

The amount awarded is Eight Thousand Dollars (\$8,000) that will be used to provide Emergency Housing Assistance to a minimum of 18 eligible MSFWS consisting of approximately 50 family members.

The method of payment is on a cost reimbursement basis. ALPI shall submit an invoice when payment is needed. The amount of the invoices will be supported by Intake Applications, MSFW Certifications for Hurricane Irma and vendor invoices. FNPH will promptly process the request.

The period of performance of this contract is January 18, 2018 to January 17, 2019. In witness thereof, the parties have executed this agreement.


The Agricultural and Labor Program, Inc.


Deloris Johnson, Chief Executive Officer

March 15, 2018

Date

Florida Non-Profit Housing, Inc.


Selvin McGhee, Executive Director

March 14, 2018

Date

PERFORMANCE MEASURES, STANDARDS, AND REPORTING REQUIREMENTS

The following performance measures, standards, and reporting requirements apply to this agreement. The total award of, \$8,000 will be reserved for the direct provision of temporary and emergency housing related assistance to eligible MSFWS.

1. ALPI will monitor average assistance levels to ensure that a minimum **18** eligible MSFWS consisting of approximately **50** family members. are provided with Emergency Housing Assistance.
2. FNPB sets a maximum of **\$450.00** per client. Each client shall be evaluated on a case by case basis and in accordance with written policies.
3. ALPI will give written notification to FNPB when the funds are depleted.
4. By the 10th of the month following the the end of each quarter, ALPI will submit a programmatic quarterly report, as outlined in the attached Quarterly Narrative Progress Report Template format.
5. **Personally, Identifiable Information (PII):** ALPI is to ensure the privacy of all PII entrusted by participants and other individuals in ALPI's care. PII is not to be sent electronically, unless it is encrypted. Failure to comply or to otherwise improperly disclose or use PII will constitute a material failure to comply with the terms of this agreement and may subject your organization to termination, suspension of funds, or such other actions that FNPB may deem necessary to protect the privacy of participants or the integrity of the data.
6. All clients are to be referred to the Career Source or National Job Training Program.

Agreement Between ALPI and FNPB
January 18, 2018 - January 17, 2019

**Agricultural and Labor Program, Inc.
Hurricane Emergency Assistance
Budget**

January 18, 2018 – January 17, 2019

A. Emergency Assistance	
> Emergency Housing Assistance 18 Clients @ \$450	\$8,000
Sub-total	\$8,000
Total:	\$8,000

MSFW Certification for Hurricane Irma

I _____ certify that I am a Migrant and Seasonal Farmworker and my request for this assistance is a direct result of the damage caused by Hurricane Irma. My losses were the result of: (Please check all that apply)

- Loss of Job or income
- Loss or damage to home
- Other:
- Need assistance with rent
- Need assistance with utilities

Client Signature

Date

Agreement Between ALPI and FNPH
January 18, 2018 - January 17, 2019

ALPI's
Hurricane Relief Grant – Housing Assistance
Quarterly Narrative Progress Report Template
Report Due Date: Ten (10) days after the end of each quarter

Grant Program Name: MSFW Emergency Housing Assistance

Program Year: 01/18/2018 to 01/17/2019

Quarter End Date: _____

Date Report Submitted: _____

Section I. Summary of Grant and Work Plan Progress. This section is an executive summary of grant activities, including planned and actual progress. Grant activities should be aligned with the goals and objectives outlined in your grant Statement of Work (SOW) and ETA approved work plan. Please provide a short summary of all services and activities supported by the grant for the current quarter, highlighting key activities, a description of the type(s) of services, including training activities, how they were delivered, and how they contributed to the project's goals participants' ability to fully participant in grant-funded activities. This information should reflect activities performed by the grantee and any sub-grantees, if applicable.

Additionally, provide any updates for the progress of the ETA approved grant work plan, including program activities implemented this quarter. The following items will be assessed during the progress of the grant: project goals, milestones, activities, and outcomes. Include any challenges or concerns the project has encountered that may have affected or slowed grant progress of the work plan and how the project intends to resolve them. Describe the next steps or key areas of emphases planned for the project in the next quarter.

Section II. Status Update on Strategic Partnership Activities. Report the critical aspects of the grant partnership activities, including establishing and maintaining strategic partnerships, during the reporting period. The purpose of this section is to describe how the partnership is working together to implement the project. This section may: (1) Discuss how partners have been engaged during the current phase of the project; (2) Outline specific roles and contributions of each partner during this quarter; (3) Identify any challenges encountered/resolved in the development and management of the partnership; and (4) Report new partners that may have been brought into the project or identify any previous partners that may have left the project. For example, highlight any new potential partnerships targeted at increasing housing assistance services and supportive services for eligible migrant and seasonal farmworkers and their families.

Section III. Status Update on Leveraged Resources *(if applicable)*. Please use this section of the narrative to provide an update on the status of all leveraged resources. Include community organizations, workforce system partners, etc.

Section IV. Key Issues and Technical Assistance Needs. Summarize any significant opportunities, issues, lessons learned, or challenges encountered during the quarter and any resolution of issues and challenges identified in previous quarters. Describe any actions taken or plans for addressing issues, any question you have for ETA, and any technical assistance needs.

Section V. Accomplishments and Success Stories. Report on any accomplishments and success stories. If appropriate, please highlight one or two grants- or participant-level “success stories” from the grant per quarter, with the participant’s permission (if providing a participant success story). For example, highlight how a specific collaborative partnership contributed to the project’s positive outcomes. In documenting success stories, please describe the background, problem, issue, or concern prior to project involvement; the response or intervention provided by the project; and the results and outcomes, including who benefited and what changed or improved.

Section VI. Additional Information *(if applicable)*. Provide any other grant-specific information considered to be important and not captured in other sections of the quarterly narrative report. Since housing assistance grantees do not submit performance data directly into the Workforce Integrated Performance System (WIPS), ensure that the total number of eligible migrant and seasonal farmworkers and families served are properly recorded on a separate line item in the quarterly narrative report.

Agreement Between ALPI and FNPH
 January 18, 2018 - January 17, 2019

Housing Participation Summary	Cumulative Quarters							
	ALPI January 18, 2018 – January 17, 2019							
	Quarter 1		Quarter 2		Quarter 3		Quarter 4	
	Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual
A. Temporary Housing for Eligible MSFWs Served								
1. Total Current Eligible MSFWs Served (end-of-period)	1		6		14		18	
2. Total New Eligible MSFWs Served								
B. Temporary Housing for Eligible Families Served	Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual
1. Total Current Eligible MSFW Families Served (end-of-period)	3		17		39		50	
2. Total New Eligible MSFW Families Served								

**HEAD START/ EARLY HEAD START
GRANT APPLICATION
(NON-COMPETING CONTINUATION)**

OMB Number: 4040-0004
Expiration Date: 10/31/2019

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): _____ * Other (Specify) _____
* 3. Date Received: 03/29/2018	4. Applicant Identifier: 04CH4739	
5a. Federal Entity Identifier: N/A	5b. Federal Award Identifier: 04CH4739	
State Use Only:		
6. Date Received by State: _____	7. State Application Identifier: _____	
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: _____	
* City: Lake Alfred	County/Parish: Polk County	
* State: FL: Florida	Province: _____	
* Country: USA: UNITED STATES	* Zip / Postal Code: 33850-2576	
e. Organizational Unit:		
Department Name: Head Start	Division Name: ACF	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: Ms.	* First Name: Deloris	Middle Name: _____
* Last Name: Johnson	Suffix: _____	
Title: Chief Executive Officer		
Organizational Affiliation: The Agricultural & Labor Program, Inc.		
* Telephone Number: (863) 956-3491 x206	* Fax Number: (863) 956-3357	
* Email: djohnson@alpi.org		

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.): Fort Pierce, Port St. Lucie, St. Lucie County _____
* 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	FL-009
b. Program/Project	FL-016
Attach an additional list of Program/Project Congressional Districts if needed.	
17. Proposed Project:	
* a. Start Date:	07/01/2018
* b. End Date:	06/30/2019
18. Estimated Funding (\$):	
* a. Federal	7,487,138
* b. Applicant	1,871,785
* c. State	
* d. Local	
* e. Other	0
* f. Program Income	
* g. TOTAL	9,358,923
19. Is Application Subject to Review By State Under Executive Order 12372 Process?	
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on	03/29/2018
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="checkbox"/> c. Program is not covered by E.O. 12372.	
20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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)	
<input checked="" type="checkbox"/> ** 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:	Mr.
* First Name:	William
Middle Name:	
* Last Name:	Holt
Suffix:	
* Title:	Board of Directors Chairperson
* Telephone Number:	(863) 956-3491
Fax Number:	
* Email:	holt0044@aol.com
* Signature of Authorized Representative:	signed by William Holt
* Date Signed:	03/29/2018



Office of Head Start

04CH4739 - Agricultural and Labor Program, Inc.
 FY2018 - 07/01/2018-06/30/2019 - Non-Competing Continuation

Head Start - Application Summary Items

This report uses values from the Budget, Program Schedule and Other Funding tab. This report does not include any values from the SF424A that were not pre-populated from the Budget tab.

1. Administrative Costs:

The maximum allowable expenditure for administrative costs is 15% of the total budget.

	<i>Amount</i>
Total Admin Cost	\$850,147.65
Total Budget	\$6,726,229.00
Admin as a % of Total Budget	12.64%

2. Non-Federal Share:

For most grantees, a minimum of 20% of the total budget must be non-federal share:

	<i>Amount</i>
Total Non-Federal Costs	\$1,345,246.00
Total Budget	\$6,726,229.00
Non-Federal Share as a % of Total Budget	20.00%

3. Average Class Size:

Average class size for CB Program Schedules that involve double sessions should be between 13 and 20.

Average class size for the CB and CO Program Schedules (including double sessions) should be between 15 and 20:

Center-Based Double Sessions	0.00
Center-Based AND Combination Non-double Sessions	0.00
All Center-Based AND Combination Sessions	0.00

4. Cost Per Child and Hours of Service Per Child:

The following table shows information about costs and hours of service for this agency:

	<i>Amount</i>
Total Hours of Service Per Child	0.00
Overall Cost Per Child Per Hour	\$0.00

5. Federal Personnel and Fringe Costs:

	<i>Amount</i>
Federal Personnel Cost	\$3,129,127.00
Federal Fringe Cost	\$850,497.00
Total Federal Budget	\$5,380,983.00
Federal Personnel Cost as a % of Total Federal Budget	58.15%
Federal Fringe Cost as a % of Total Federal Budget	15.81%
Federal Personnel plus Fringe Cost as a % of Total Federal Budget	73.96%

*In general, Personnel costs should account for 60% to 80% of the federal budget.

6. Fringe Rate:

If the fringe cost for an agency is less than 10% or more than 30% of Personnel, there may be an inaccurate entry in Personnel:

	<i>Amount</i>
Total Fringe Cost	\$850,497.00
Total Personnel Cost	\$3,129,127.00
Total Fringe Cost as % of Total Personnel Cost	27.18%

7. Fringe Benefits:

The following shows if this agency pays for health / dental / life and/or retirement benefits:

Health / Dental / Life	Yes
Retirement	Yes

8. Out-of-Town Staff Travel:

Most agencies have out-of-town staff travel costs between \$60 and \$65 per child. If the costs for this agency are higher, check that they are justified:

	<i>Amount</i>
Out-of-Town Staff Travel Cost	\$13,000.00
Out-of-Town Staff Travel Cost Per Child	\$0.00

9. Case Loads:

For Home Visitors, case loads are typically between 8 and 10:

Home Visitor Case Load	0.00
------------------------	------

10. Child and Adult Care Food Program (CACFP) Funds:

	<i>Amount</i>
CACFP Funding	\$707,771.00
CACFP Funding as a percentage of Total Federal Budget	13.15%

Early Head Start - Application Summary Items

This report uses values from the Budget, Program Schedule and Other Funding tab. This report does not include any values from the SF424A that were not pre-populated from the Budget tab.

1. Administrative Costs:

The maximum allowable expenditure for administrative costs is 15% of the total budget.

	<i>Amount</i>
Total Admin Cost	\$335,624.66
Total Budget	\$2,632,694.00
Admin as a % of Total Budget	12.75%

2. Non-Federal Share:

For most grantees, a minimum of 20% of the total budget must be non-federal share:

	<i>Amount</i>
Total Non-Federal Costs	\$526,539.00
Total Budget	\$2,632,694.00
Non-Federal Share as a % of Total Budget	20.00%

3. Average Class Size:

Average class size for CB Program Schedules that involve double sessions should be between 13 and 20.

Average class size for the CB and CO Program Schedules (including double sessions) should be between 15 and 20:

Center-Based Double Sessions	0.00
Center-Based AND Combination Non-double Sessions	0.00
All Center-Based AND Combination Sessions	0.00

4. Cost Per Child and Hours of Service Per Child:

The following table shows information about costs and hours of service for this agency:

	<i>Amount</i>
Total Hours of Service Per Child	0.00
Overall Cost Per Child Per Hour	\$0.00

5. Federal Personnel and Fringe Costs:

	<i>Amount</i>
Federal Personnel Cost	\$1,159,252.00
Federal Fringe Cost	\$315,085.00
Total Federal Budget	\$2,106,155.00
Federal Personnel Cost as a % of Total Federal Budget	55.04%
Federal Fringe Cost as a % of Total Federal Budget	14.96%
Federal Personnel plus Fringe Cost as a % of Total Federal Budget	70.00%

*In general, Personnel costs should account for 60% to 80% of the federal budget.

6. Fringe Rate:

If the fringe cost for an agency is less than 10% or more than 30% of Personnel, there may be an inaccurate entry in Personnel:

	<i>Amount</i>
Total Fringe Cost	\$315,085.00
Total Personnel Cost	\$1,159,252.00
Total Fringe Cost as % of Total Personnel Cost	27.18%

7. Fringe Benefits:

The following shows if this agency pays for health / dental / life and/or retirement benefits:

Health / Dental / Life	Yes
Retirement	Yes

8. Out-of-Town Staff Travel:

Most agencies have out-of-town staff travel costs between \$60 and \$65 per child. If the costs for this agency are higher, check that they are justified:

	<i>Amount</i>
Out-of-Town Staff Travel Cost	\$13,000.00
Out-of-Town Staff Travel Cost Per Child	\$0.00

9. Case Loads:

For Home Visitors, case loads are typically between 8 and 10:

Home Visitor Case Load	0.00
------------------------	------

10. Child and Adult Care Food Program (CACFP) Funds:

	<i>Amount</i>
CACFP Funding	\$130,795.00
CACFP Funding as a percentage of Total Federal Budget	6.21%

**HEAD START/ EARLY HEAD START
GRANT APPLICATION
(HOBE SOUND – MARTIN COUNTY)**

Application for Federal Assistance SF-424		
<p>* 1. Type of Submission:</p> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		
<p>* 2. Type of Application</p> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		
<p>* If Revision, select appropriate letter(s)</p> <input type="text"/> <p>* Other (Specify)</p> <input type="text"/>		
<p>* 3. Date Received:</p> Completed by Grants.gov upon submission.		<p>4. Applicant Identifier</p> 04084730
<p>5a. Federal Entity Identifier:</p> <input type="text"/>		<p>5b. Federal Award Identifier:</p> <input type="text"/>
<p>State Use Only:</p>		
<p>6. Date Received by State</p> <input type="text"/>		<p>7. State Application Identifier</p> <input type="text"/>
<p>8. APPLICANT INFORMATION:</p>		
<p>* a. Legal Name Agricultural and Labor Program, Inc.</p>		
<p>* b. Employer/Taxpayer Identification Number (EIN/TIN)</p> 59-1634148		<p>* c. Organizational DUNS</p> 0400101800000
<p>d. Address:</p>		
<p>* Street1: 300 Lynchburg Road</p>		
<p>* Street2:</p> <input type="text"/>		
<p>* City: Lake Alfred</p>		
<p>* County/Parish: Polk</p>		
<p>* State: FL: Florida</p>		
<p>* Province:</p> <input type="text"/>		
<p>* Country: USA: UNITED STATES</p>		
<p>* Zip / Postal Code: 33850-2576</p>		
<p>e. Organizational Unit:</p>		
<p>Department Name</p> Head Start		<p>Division Name</p> ACF
<p>f. Name and contact information of person to be contacted on matters involving this application:</p>		
<p>Prefix</p> Ms.	<p>* First Name</p> Deloris	
<p>Middle Name:</p> <input type="text"/>		
<p>* Last Name: Johnson</p>		
<p>Suffix:</p> <input type="text"/>		
<p>Title: Chief Executive Officer</p>		
<p>Organizational Affiliation:</p> <input type="text"/>		
<p>* Telephone Number: (863) 956-3491</p>		<p>Fax Number: (863) 956-3357</p>
<p>* Email: djohnson@alpi.org</p>		

Application for Federal Assistance SF-424			
* 9. Type of Applicant 1: Select Applicant Type:			
<input type="text" value="Other (specify)"/>			
Type of Applicant 2: Select Applicant Type			
<input type="text"/>			
Type of Applicant 3: Select Applicant Type			
<input type="text"/>			
* Other (specify)			
<input type="text" value="Non-Profit Community Action"/>			
* 10. Name of Federal Agency:			
<input type="text" value="Administration for Children and Families - HHS"/>			
11. Catalog of Federal Domestic Assistance Number:			
<input type="text" value="91.41"/>			
CFDA Title			
<input type="text" value="Head Start"/>			
* 12. Funding Opportunity Number:			
<input type="text" value="HHS-2019-ACF-OHS-CH-R04-131"/>			
* Title			
<input type="text" value="Early Head Start Grants - The City of Jacksonville, Florida"/>			
13. Competition Identification Number:			
<input type="text" value="HHS-2019-ACF-OHS-CH-R04-131"/>			
Title			
<input type="text" value="Early Head Start Grants - The City of Jacksonville, Florida"/>			
14. Areas Affected by Project (Cities, Counties, States, etc.):			
<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="text"/>	<input type="text"/>
* 15. Descriptive Title of Applicant's Project:			
<input type="text" value="To serve 10 Infants, Toddlers and Pregnant Women in the City of Jacksonville and surrounding areas through Port Salerno, Florida"/>			
Attach supporting documents as specified in agency instructions			
<input type="button" value="Add Attachments"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Application for Federal Assistance SF-424	
16. Congressional Districts Of:	
* a. Applicant: <input type="text" value="FL-009"/>	* b. Program/Project: <input type="text" value="FL-018"/>
Attach an additional list of Program/Project Congressional Districts if needed	
<input type="text"/>	<input type="text" value="Add Attachment"/>
17. Proposed Project:	
* a. Start Date: <input type="text" value="07/01/2016"/>	* b. End Date: <input type="text" value="06/30 2019"/>
18. Estimated Funding (\$):	
* a. Federal	<input type="text" value="183,446.00"/>
* b. Applicant	<input type="text" value="120,862.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="604,308.00"/>
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?	
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on	<input type="text" value="04/09 2018"/>
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="checkbox"/> c. Program is not covered by E.O. 12372.	
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If "Yes", provide explanation and attach	
<input type="text"/>	
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)	
<input checked="" type="checkbox"/> ** 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: <input type="text" value="Ms."/>	* First Name: <input type="text" value="Deborah"/>
Middle Name: <input type="text"/>	
* Last Name: <input type="text" value="Johnson"/>	
Suffix: <input type="text"/>	
* Title: <input type="text" value="Chief Executive Officer"/>	
* Telephone Number: <input type="text" value="(863) 956-3491"/>	Fax Number: <input type="text" value="(863) 956-3307"/>
* Email: <input type="text" value="djohnson@alpi.org"/>	
* Signature of Authorized Representative: <input type="text" value="Completed by Grants.gov upon submission"/>	* Date Signed: <input type="text" value="Completed by Grants.gov upon submission."/>

PROJECT SUMMARY/ABSTRACT**Project Title:** Early Head Start Program**Applicant Name:** Agricultural and Labor Program, Inc.**Address:** 300 Lynchburg Road, Lake Alfred, FL 33850**Contact Phone Numbers:** (863) 956-3491(Voice) (863) 956-3357 (Fax)**E-Mail Address:** admin@alpi.org**Web Site Address:** www.alpi.org

The Agricultural and Labor Program, Inc. is applying for Funding Opportunity Number: HHS-2018-ACF-OHS-CH-R04-1335 to provide a high-quality, comprehensive early education to low-income children and their families in the City of Hobe Sound, Florida. ALPI will be designed to serve pregnant women and children from birth to age 3 and provide services that help to facilitate healthy development, including physical and social/emotional development, and prepare them for school success. ALPI will operate at least 1380 annual hours of planned class operations for the children enrolled in the program. It is our goal to deliver high-quality services that put children on the path to school success and promote continuity of care that supports the rapid development in the earliest years. ALPI will emphasize a family engagement approach that promotes parents as their children's primary teacher and nurturer and implement strategies to engage parents in their children's learning and development and support parent-child relationships including strategies for father engagement. ALPI will operate with innovative ideas that are evidence-based practices to support service delivery and to promote effective educational practices. ALPI will expand collaboration with other partners and early childhood education providers to maximize resources and to prepare children and their families for school.

ALPI will operate center-based program option based on the community needs assessment and data that demonstrates the demographic make-up of the eligible children and families in the City of Hobe Sound, Florida. To reach those most in need, the program has developed a recruitment process that is designed to actively inform all families within the recruitment area of the availability of services and encourage families to apply for services to include specific efforts to actively locate and recruit children with disabilities and other vulnerable including homeless children and children in foster care.

The program will develop partnerships with community licensed child care providers in the City of Hobe Sound and surrounding areas to include Port Salerno, Florida to provide the education and child development service delivery to children participating in the program. The program will collaborate with community agencies to further strengthen the network of support and services available to families. This concept will provide continuous and coordinated care for children and families participating in the program. The population will be: 40 eligible children and families the breakdown will be as follows: 36 infants, toddlers and 4 pregnant women. The funding amount requested for 12 months of operation is \$483,446. The organization will generate non-federal share of the amount of \$120,862.00 utilizing parents/professional volunteers, facilities space, etc. The program is requesting \$75,000.00 as start-up cost. Project start date: July 1, 2018

**CHILDREN'S SERVICES COUNCIL (CSC) COMPUTER ASSISTANCE
TUTORIAL (CAT) PROGRAM**

&

SUMMER EXPANSION PROGRAM

INITIAL 3/8/2018 RECOMMENDATIONS FOR FY 18-19 OST PROGRAM ALLOCATIONS

The CSC Team reviewed 21 Out of School Time (OST) program funding requests in the priority category of Keeping Kids Off the Street with consideration of many factors including: emphasis on CSC funding priorities, program impact and outcome performance, population to be served, quality of service, location of service, and past history (if any).number of children to be served, In developing recommendations, the CSC Team utilized the input provided by the Community Review Team, including their scores and comments. When applicable, CSC Team recommendations were applied to specific program line items.

Overall the initial recommendations that follow indicate a continued level of support for high performing programs as well as expansion into the arts and STEAM. Additionally, expansions or opportunities to provide more services in the growing area of Port St. Lucie were included. Programs that have not met outcomes consistently were either reduced or not included in the initial recommendations. Programs were well aware, before submission, of the likelihood that funding might be limited depending on available funding for FY 18-19. Council members are provided the initial recommendation at the March Council meetings. Programs have a two week window to submit a letter of reconsideration with a final vote of the Council at the April meeting.

INITIAL TOTAL RECOMMENDED \$2,006,178 of the \$4,291,933 requested for the priority. In FY 17/18 this category was funded for \$1,651,053.

KEEPING KIDS OFF THE STREET (14) (21.6% increase) **\$2,006,178**

Programs that provide positive activities and promote self-worth and empowerment of children and youth while helping to keep them off the streets during Out of School Times (OST).

After-School Program - Arc of St. Lucie County

FY 17/18 Budget: \$107,911
FY 18/19 Request: \$107,911
FY 18/19 Recommendation: \$107,911

Continue support of program for children with disabilities that are served year-round at requested level of funding.

Computer Assisted Tutorial – ALPI

FY 17/18 Budget: \$84,599
FY 19/19 Request: \$114,870
FY 18/19 Recommendation: \$108,828

Continue funding for out-of-school program with increase of teachers, weekly and summer hours to serve more children year-round at similar level to prior Summer Learning requests

YMCA Afterschool St Lucie - YMCA of the Treasure Coast

FY 17/18 Budget: \$107,000
FY 18/19 Request: \$182,536
FY 18/19 Recommendation: \$175,734

Continue support of targeted after school activity program with return to three locations (2 in PSL & F. K. Sweet in Ft Pierce) with addition of two summer camp locations in PSL at similar level to prior Summer Learning requests.

Helping Youth Succeed Afterschool - Helping People Succeed

FY 17/18 Budget: \$78,200
FY 18/19 Request: \$80,871

Children's Services Council of St. Lucie County

2017-18 - Summer 2018

Application Status: In Progress

ALPI

Organization Overview

Name of Organization	ALPI
Executive Director	Deloris Johnson, phone: (800) 330-3491, email: Djohnson@alpi.org
Agency Address	P.O. Box 3126, Winter Haven, FL, 33885, U.S.A.
Telephone	(772) 466-2631
Fax	(772) 464-3035

ALPI - Computer Assisted Tutorial (C.A.T.)

Program Services

1) Provide a brief summary of the summer learning program and include how the program will mitigate summer learning loss.

The program will provide students with various forms of high quality individualized instruction and support through a variety of hands on academic experiences that are both rich and engaging through the smaller child/staff ratios that the program will offer. The program will utilize an organized and structured model with a primary focus on supporting the academic concepts the students have learned throughout the prior school year. The staff will also build relationships with the students' family members and communicate on a regular basis providing suggestions, support, and activities that could be implemented at home to better bridge the summer learning loss gap.

The additional 50 students will focus on key literacy and math skills needed for school/grade readiness with integration of cognitive problem solving, science, social studies, and physical development/recreational activities. These activities will require educational resources to ensure that children, staff, and parents have educational materials and supplies to support the learning gains of students and the engagement of parents.

2) Please detail the need for the program/service in the identified area.

The program will primarily target the students in the surrounding low-income neighborhoods to include the 34950, 34947 and 34946 zip codes which are the highest concentrated poverty areas. The rate of violent crimes in Fort Pierce is twice that of both the state and national average. One in six new mothers in this area has less than a high school education and test scores county wide, particularly in this area, are lower than the state average and surrounding areas. The overall community indicators in the area of Fort Pierce support the need for this program. The program will also be open to eligible parents living in Port Saint Lucie who are employed in the targeted Fort Pierce area. The program will begin a waitlist as of March 1, 2018; taking into consideration the availability of additional funding to serve the additional 50 students with a 1:10 staff to student ratio. The program will be made available to elementary and middle school age students.

3) Please detail the educational components and structure, including student assessment and curricula being utilized, and/or career exploration and job readiness skill development.

The program will provide a comprehensive learning program that will include literacy, math, science and social studies. The program will focus on individualized support and instruction based on participating students' current academic levels. The program will use public school academic focus areas as well as student's final grade levels to identify individual areas of improvement. The program will utilize research based teaching and learning materials that are aligned with the Florida Department of Education Common Core Standards. The program will implement the practice computer based FSA (Florida Standards Assessment) that is made available on the Florida Department of Education Website. Each mixed age group will develop a schedule to meet the needs of all children in order to enhance the overall quality of educational services students will receive. Each schedule will allocate a minimum of 30 minutes to focus on engaging literacy based instructional activities each day (i.e. Hooked on Phonics, Reading Websites/Starfall, Reading Comprehension, Decoding, etc.) The program will also have the summer reading list available that is created by the various schools the students attend to better align with the St. Lucie Public Schools Summer expectations. The program will also implement a Character Counts Program Model; focusing on 1 pillar per week (Trustworthiness, Respect, Responsibility, Fairness, Caring, Citizenship, and Decision Making) to promote an Anti-Bullying environment. We will partner with the local college to introduce students to career exploration, visit the local college, and provide career literature to parents.

4) Please detail the physical/recreational activities that will attract participants and encourage high attendance rates. Include frequency and duration of activities.

The program will design physical and recreational activities as part of the daily schedule to include: various planned outdoor/indoor recreational activities i.e., soccer, basketball, kickball, obstacle courses, field days, relay races, organized group creative arts/movement activities, etc. The students will have the opportunity to participate in the physical recreational activities at a minimum of one hour per day (i.e. half hour in the morning and half hour in the afternoon.) Activities will be planned based on student's interest and modified as needed. The only electronic devices the participating students will utilize are the agency/program's computers that contain links to various age appropriate programs.

5) Please detail the nutritional component of the program and whether the program anticipates participating in the Summer Food Service Program.

The program will extend the partnership with the St. Lucie Public Schools to participate in their Summer Feeding Program at no cost to the program.

6) Please detail any planned field trips including plan for adequate insurance coverage, use of safe transportation, and appropriately licensed and trained drivers.

The program will have weekly planned field trips to tie into the academic enrichment for participating students (i.e. Historical Museum, Children's Museum, Heathcote Botanical Gardens, Movie Theater, local community Library, etc. The agency has a policy already in place that addresses 'Driving Agency Vehicles on Agency Business' the employee assigned to the agency owned vehicle must keep their driving record clear of any accidents or convictions of moving violations. The Department Director ensures the employee has a valid driver's license (CDL- with passenger endorsement) to operate the assigned vehicle. All agency employees are required to submit a 3 Year Driving Record issued by the Florida Department of Motor Vehicles along with a copy of their valid Driver's License and a copy of their current Vehicle Insurance card upon hire and bi-annually.

7) Please detail the proposed staffing pattern for summer learning program and include qualifications required for all staff. In addition, please provide the Staff to Child ratio.

The staff will work from 8:00 AM- 4:00 PM Monday through Friday while the children are present and participating in the program. There will be 5 Instructor After School Tutors/Staff: 1 Primary Lead Instructor After School with a minimum of an Associates degree with an emphasis on Education; 4 Instructor After School Aides with a minimum of a Child Development Associates; and 1 Bus Driver with a CDL Licenses and Passenger Endorsement. The Lead Instructor will be responsible for students pre-post assessments, facilitate academic focus areas with a minimum of 45 minutes for each of the focus areas (literacy, math and science) daily. The Instructor After School Aides will implement daily designed lesson plans with small groups and/or one-on-one mentoring assistance. Estimated Staff Ratio 5:50 (5 Instructors paid staff members to 50 enrolled additional students).

8) Please detail the background screening procedure for employees and volunteers (at a minimum must comply with Level 2 screening standards as outlined in Florida Statutes 425.04.

All employees are required by law to be screened and undergo background screenings as a condition of employment. Level 1 and Level 2 are completed prior to commencement of employment and in accordance with the Florida Statute 435.04. Volunteers screening practices are in accordance with the Florida Statute 435.04.

9) Please describe the program's plans for identifying, recruiting, retaining, and following up (tracking) the target population.

The program will primarily target the students in the surrounding low-income neighborhoods to include those high poverty zip codes where at least 33 percent of residents live below the federal poverty level. The

program will utilize a variety of marketing methods to target families word of mouth, distribution of flyers, posters, etc. The program will track population changes and needs via community needs assessment, family surveys, community statics, etc.

10) Please tell us you are not charging families! If your program intends to charge any family or individual fees for this program, please provide the fee structure required for participation. What fees are charged, if any, including registration per child? If using a sliding fee schedule, be specific in detailing the criteria and the amount to be paid by families for their child's enrollment and any provisions for sibling groups or families with inability to pay.

Due to the program targeting families in concentrated low-income areas in St. Lucie County; there will be no fees charged to participants.

Hours of Operation

Monday - Friday, from 8:00 p.m. - 4:00 p.m. (5 days per week, 8 hours per day)

June

In the month of June 2018, the summer program will operate from June 5-29, 2018
(June 1 & 4) Preparation activities

July

In the month of July 2018, the summer program will operate from July 1-31, 2018 except:
(July 4 & 5) Holidays

August

In the month of August 2018, the summer program will operate until August 3rd, 2018.

ALPI - Computer Assisted Tutorial (C.A.T.)**Total Summer Program Budget****Revenues**

	Total Summer Program Budget
Children's Services Council- St. Lucie	30,271.00
Total	30,271.00

Expenditures

	Total Summer Program Budget
Program Salaries	20,956.00
FICA	1,603.00
Retirement	0.00
Life/Health	1,708.00
Workers Compensation	457.00
Re-Employment	1,131.00
Travel-Daily	300.00
Office Supplies	75.00
Utilities	300.00
Occupancy (Building & Grounds)	300.00
Books/Educational Materials	1,000.00
Food & Nutrition	100.00
Other/Miscellaneous	2,341.00
Total	30,271.00

Net Income

	Total Summer Program Budget
REVENUES OVER/UNDER EXPENDITURES	0.00

FL DEPARTMENT OF ECONOMIC OPPORTUNITIES (DEO)
NOTICE OF FUNDS AVAILABILITY
LOW INCOME ENERGY ASSISTANCE PROGRAM (LIHEAP)



Date of Notice:	3/30/18
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Notice of Fund Availability (NFA)

General Information

Subrecipient's DUNS-Registered Name:	Agricultural and Labor Program, Inc.
Subrecipient's DUNS Number:	040210163
Federal Awarding Agency:	U.S. Department of Health and Human Services
Pass-Through Entity:	Florida Department of Economic Opportunity
Federal Award Identification Number:	G-1801FLLIEA
Federal Award Date:	10/1/2017 – 9/30/2019
Total Federal Award to Pass-Through Entity:	\$63,919,474
Catalog of Federal Domestic Assistance Title:	Low Income Home Energy Assistance Program
Catalog of Federal Domestic Assistance Number:	93.568
Project Description: <i>(This is not a research and development award.)</i>	Low Income Household Home Energy Assistance
Action Being Taken:	Issue Award

Subaward Agreement Information

Contract Number:	17EA-0F-07-63-08-001
Program Year in eGrants:	FFY 2018
FLAIR Grant Number:	LEA18
FLAIR Contract Number:	E1953
Award Begin Date:	October 1, 2017
Award End Date:	September 30, 2019
Closeout Due By:	November 30, 2019

Subaward and Fund Availability

	Subaward (Federal Funds Committed - Amount awarded/planned)	Funds Released (Federal Funds Obligated - Amount available for draw)
Current:	\$0	\$0
This Action:	\$3,971,408	\$0
Total (Revised):	\$3,971,408	\$0

**AWARD TERMS & CONDITIONS
AND OTHER INSTRUCTIONS****General Conditions:**

Pursuant to paragraph (18)(a) FUNDING/CONSIDERATION, of the Federal Fiscal Year 2017 LIHEAP Subgrant Agreement by and between DEO and Subrecipient, agreement number 17EA-OF-07-63-08-101 ("the Agreement"), this Notice of Fund Availability (NFA) is notice in writing by DEO that Subrecipient may incur costs and submit for reimbursement in an amount not to exceed the released amount shown above, subject to the terms of the Agreement and any amendments thereto, the availability of funds as determined solely by DEO, the Florida Legislature's appropriation of funds. The indirect cost rate for this subaward, whether federal or non-federal, will be the federally recognized indirect cost rate negotiated between the Subrecipient and the federal government or, if no such rate exists, either a rate negotiated between DEO and the Subrecipient, or the de minimis rate, if optionally elected by the Subrecipient.

Closeout Procedures:

The award must be closed out and all obligations liquidated by the close out date indicated under Subaward Agreement Information. Only liquidated expenditures resulting from obligations incurred during the award period are allowable.

Other Notes/Comments:**Questions:**

Questions regarding these funds should be addressed to Rick Campbell at (850) 717-8468 or via email to rick.campbell@deo.myflorida.com.

FL DEPARTMENT OF ECONOMIC OPPORTUNITIES (DEO)
NOTICE OF FUNDS AVAILABILITY
COMMUNITY SERVICES BLOCK GRANT (CSBG)



Date of Notice:	02/15/2018
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Notice of Fund Availability (NFA)

General Information

Subrecipient's DUNS-Registered Name:	Agricultural and Labor Program, Inc.
Subrecipient's DUNS Number:	040210163
Federal Awarding Agency:	U.S. Department of Health and Human Services
Pass-Through Entity:	Florida Department of Economic Opportunity
Federal Award Identification Number:	G17B2FLCOSR
Federal Award Date:	10/1/2016 – 9/30/2018
Total Federal Award to Pass-Through Entity:	G17B2FLCOSR: \$20,501,942
Catalog of Federal Domestic Assistance Title:	Community Services Block Grant (formula grant)
Catalog of Federal Domestic Assistance Number:	93.569
Project Description: <i>(This is not a research and development award.)</i>	Funding to eligible entities to alleviate the causes and conditions of poverty in communities
Action Being Taken:	Increase Release

Subaward Agreement Information

Contract Number:	17SB-0D-07-63-08-101
Program Year in eGrants:	FFY 2017
FLAIR Grant Number:	SBG17
FLAIR Contract Number:	E1921
Award Period Begin Date:	October 1, 2016
Award Period End Date:	September 30, 2018
Closeout Due By:	November 30, 2018

Subaward and Fund Availability

	Subaward (Federal Funds Committed - Amount awarded/planned)	Funds Released (Federal Funds Obligated – Amount available for draw)
Current:	\$580,645.44	\$566,217.44
This Action:	\$0	\$14,428.00
Total (Revised):	\$580,645.44	\$580,645.44

**AWARD TERMS & CONDITIONS
AND OTHER INSTRUCTIONS****General Conditions:**

Pursuant to paragraph (18)(a) FUNDING/CONSIDERATION, of the Federal Fiscal Year 2017 CSBG Subgrant Agreement by and between DEO and Subrecipient, agreement number 17SB-0D-07-63-08-101 ("the Agreement"), this Notice of Fund Availability (NFA) is notice in writing by DEO that Subrecipient may incur costs and submit for reimbursement in an amount not to exceed the released amount shown above, subject to the terms of the Agreement and any amendments thereto, the availability of funds as determined solely by DEO, the Florida Legislature's appropriation of funds. The indirect cost rate for this subaward, whether federal or non-federal, will be the federally recognized indirect cost rate negotiated between the Subrecipient and the federal government or, if no such rate exists, either a rate negotiated between DEO and the Subrecipient, or the de minimus rate, if optionally elected by the Subrecipient.

Other Notes/Comments:**Questions:**

Questions regarding these funds should be addressed to Gerald Durbin at (850) 717-8458 or via email to gerald.durbin@deo.myflorida.com.

**2018 FLORIDA DEPARTMENT OF EDUCATION
REQUEST FOR APPLICATION (RFA DISCRETIONARY)
EMERGENCY ASSISTANCE**


State Board of Education

Marva Johnson, *Chair*
 Andy Tuck, *Vice Chair*
Members
 Gary Chartrand
 Ben Gibson
 Tom Grady
 Michael Olenick
 Joe York

Pam Stewart
 Commissioner of Education

Rod Duckworth, Chancellor
 Division of Career and Adult Education

MEMORANDUM

TO: Providers of Florida Farmworker Jobs and Education Program

FROM: Rod Duckworth *RD*

DATE: March 9, 2018

SUBJECT: **2018-2019 Florida Farmworker Jobs and Education Program Grant Posted on the Web and Conference Call Scheduled to Review Submission Requirements**

The Florida Farmworker Jobs and Education Program Request for Proposal and Statewide Emergency Assistance Request for Applications are now posted on the division's website at <http://fldoe.org/academics/career-adult-edu/funding-opportunities/>.

These federal funds are authorized under the Workforce Innovation and Opportunity Act of 2014, Title I, Section 167. The purpose of these funds is to strengthen the ability of eligible farmworkers and their families to achieve economic self-sufficiency. The applications are due on or before April 27, 2018.

A scheduled webinar to review the 2018-2019 application submission requirements is listed below. Interested parties are invited to register at the following link:

<https://attendee.gotowebinar.com/register/4915345130994090241>

After registering you will receive a confirmation email containing information about joining the webinar.

Funding Opportunities Webinar	April 4, 2018	10:00 AM – 12:00 PM (EDT)	Accessing the Conference Call Call number: 1-888-670-3525 Conference code: 4627553902 then #
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Additional information regarding this program is available at <http://www.fldoe.org/workforce/fjep/>.

If you have any questions, please contact Judieth Taylor at Judieth.Taylor@fldoe.org or call 850-245-9043.

RD/gsb

EMERGENCY SOLUTIONS GRANT AMENDMENT 2

**Program Operating Amendment 2
2016-2017 Emergency Solutions Grant
Highlands County Coalition for the Homeless
AND
Agricultural and Labor Program, Incorporated (ALPI)**

THIS AMENDMENT, between the Highlands County Coalition for the Homeless (hereinafter called the **Grant Management Agency**) and The Agricultural and Labor Program, Inc., (ALPI) hereinafter called the **Operations Agency**).

The purpose of this amendment is to add \$27,671.00 of Emergency Solution Grant Funding to the contract that must be expended by June 30, 2018, increasing the total contract to \$255,171.00 and a total of new households served to 111. This amendment includes changes as stated below including monthly status reporting for the Emergency Solutions Grant as stated in AMENDMENT 9 of the State of Florida Department of Children and Families attached.

This amendment shall begin on April 1, 2018, or the date on which the amendment has been signed by both parties, which is later.

All provisions in the contract and any attachments thereto in conflict with this amendment shall be and are hereby changed to conform to this amendment.

All provisions not in conflict with this amendment are still in effect and are to be performed at the level specified in the contract.

This amendment and all its attachments are hereby made a part of the contract.

This program Operations Amendment constitutes the entire agreement between the parties hereto. This Program Operations Amendment may be amended only by a written agreement executed by the parties.

Brenda Gray
Highlands County Coalition for the Homeless

April 2, 2018
Date

Patricia Johnson
Agricultural and Labor Program, Inc.

April 2, 2018
Date

Attachments:

- Amendment 9
- Revised Budget

**STATE OF FLORIDA
DEPARTMENT OF CHILDREN AND FAMILIES**

AMENDMENT 9

THIS AMENDMENT, entered into between the State of Florida, Department of Children and Families, hereinafter referred to as the "Department" and Heartland Coalition for the Homeless Inc., hereinafter referred to as the "Provider", amends Contract # TP402.

The purpose of this amendment is to add \$27,671.00 of Emergency Solutions Grant funding to the contract that must be expended by June 30, 2018, increasing the total contract amount to **\$1,337,236.74**. The amendment includes changes to service locations, monthly status report for Challenge Grant, U.S. Federal Poverty Guidelines, ESG deliverables, method of payment and invoice exhibits.

1. Page 1, Florida Department of Children and Families Standard Contract 2016, is hereby deleted in its entirety and replaced with Page 1, Florida Department of Children and Families Standard Contract 2016, Amendment 9, which is attached hereto.
2. Page 17, Florida Department of Children and Families Standard Contract 2016, above signature block, amends the total number of pages in the contract as follows:
"IN WITNESS THEREOF, the parties hereto have caused this 79 page contract to be executed by their undersigned officials as duly authorized."
3. Page 38, Exhibit C2-A, Monthly Status Report, is hereby deleted in its entirety and replaced with Page 38, Exhibit C2-A, Monthly Status Report, Amendment 9, which is attached hereto.
4. Pages 52-54, Exhibit D, Deliverables, are hereby deleted in their entirety and replaced with Pages 52-54, Exhibit D, Deliverables, Amendment 9, which are attached hereto.
5. Page 59, Exhibit F, Method of Payment, are hereby deleted in their entirety and replaced with Page 59, Exhibit F, Method of Payment, Amendment 9, which are attached hereto.
6. Page 63, Exhibit F, Method of Payment, is hereby deleted in its entirety and replaced with Page 63, Exhibit F, Method of Payment, Amendment 9, which is attached hereto.
7. Page 68, Exhibit F1-1, Homeless Unified Contract Monthly Invoice, Homeless Coalition Staffing Grant, is hereby deleted in its entirety and replaced with Page 68, Exhibit F1-1, Homeless Unified Contract Monthly Invoice, Homeless Coalition Staffing Grant, Amendment 9, which is attached hereto.
8. Page 69, Exhibit F1-2, Homeless Unified Contract Monthly Invoice and Match Report, Challenge Grant, is hereby deleted in its entirety and replaced with Page 69, Exhibit F1-2, Homeless Unified Contract Monthly Invoice and Match Report, Challenge Grant, Amendment 9, which are attached hereto.
9. Page 70, Exhibit F1-3, Cost Reimbursement Monthly Invoice and Match Report, Emergency Solutions Grant, is hereby deleted in its entirety and replaced with Pages 70-70a, Exhibit F1-3, Cost Reimbursement Monthly Invoice and Match Report, Emergency Solutions Grant, Amendment 9, which are attached hereto.

This amendment shall begin on April 1, 2018, or the date on which the amendment has been signed by both parties, whichever is later.

All provisions in the contract and any attachments thereto in conflict with this amendment shall be and are hereby changed to conform to this amendment.

All provisions not in conflict with this amendment are still in effect and are to be performed at the level specified in the contract.

This amendment and all its attachments are hereby made a part of the contract.

IN WITNESS THEREOF, the parties hereto have caused this Thirteen (13) page amendment to be executed by their officials thereunto duly authorized.

PROVIDER:
HEARTLAND COALITION FOR THE HOMELESS, INC.

FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES

SIGNED BY: Brenda Gray

SIGNED BY: [Signature]

NAME: Brenda Gray

NAME: William S. D'Aluto

TITLE: Executive Director

TITLE: Regional Managing Director

DATE: April 2, 2018

DATE: 4/2/18

Provider FID 510466286-008

Provider Fiscal Year Ending Date: 12/31

Contract No. TP402
 CFDA No. 93.558 & 14.321
 CSFA No. 60.021

Client Services Non-Client
 Subrecipient Vendor
 Federal Funds State Funds

THIS CONTRACT is entered into between the Florida Department of Children and Families, hereinafter referred to as the "Department" and Heartland Coalition for the Homeless, Inc., hereinafter referred to as the "Provider". If this document is denoted above as a GRANT AGREEMENT, the term "Contract" as it may appear hereinafter shall be construed to mean "Grant" or "Grant Agreement" as the context may provide. Similarly, the term "Provider" shall be construed to mean "Grantee" and the term "Contract Manager" shall be construed to mean "Grant Manager".

The section headings contained in this contract are for reference purposes only and shall not affect the meaning or interpretation of this contract.

The Department and Provider agree as follows:

1. ENGAGEMENT, TERM AND CONTRACT DOCUMENT

1.1. Purpose and Contract Amount

The Department is engaging the Provider for the purpose of of serving as the local Continuum of Care coalition lead agency to plan, network, coordinate, and oversee the delivery of direct client services to the homeless population in the local Continuum of Care; providing Emergency Solutions (ESG) Rapid Rehousing and Outreach Services to homeless individuals and families;; and, servicing individuals or households who are homeless, or at risk of becoming homeless, through the funding of housing, program, or service needs included in the local homeless assistance continuum of care plan, as further described in Section 2, payable as provided in Section 3, in an amount not to exceed \$1,337,236.74

1.2. Official Payee and Party Representatives

1.2.1. The name, address, telephone number and e-mail address of the Provider's official payee to whom the payment shall be directed on behalf of the Provider are

Name: Brenda Gray
 Address 1535 State Road 64 West
 City: Avon Park State: FL Zip Code: 33825-3303
 Phone: 863-314-8901 Ext: _____

E-mail: brendagrays@gmail.com

1.2.2. The name of the contact person and address, telephone, and e-mail address where the Provider's financial and administrative records are maintained are:

Name: Brenda Gray
 Address: 1535 State Road 64 West
 City: Avon Park State: FL Zip Code: 33825-3303
 Phone: 863-314-8901 Ext: _____

E-mail: brendagrays@gmail.com

1.2.3. The name, address, telephone number and e-mail of the Provider's representative responsible for administration of the program under this Contract (and primary point of contact) are

Name: Brenda Gray
 Address 1535 State Road 64 West
 City Avon Park State: FL Zip Code: 33825-3303
 Phone: 863-314-8901 Ext: _____

E-mail: brendagrays@gmail.com

1.2.4. The name, address, telephone number and e-mail address of the Contract Manager for the Department for this Contract are:

Name: Eric Cadourat
 Address: 400 W. Robinson St.
 City Orlando State: FL Zip Code: 32801-1782
 Phone 407-307-5099 Ext. _____

E-mail: cadourat.eric@myflfamilies.com

Per section 402.7305(1)(a), F.S., the Department's Contract Manager is the primary point of contact through which all contracting information flows between the Department and the Provider. Upon change of representatives (names, addresses, telephone numbers or e-mail addresses) by either party, notice shall be provided in writing to the other party.



Office on Homelessness
Unified Homeless Contract

EXHIBIT C2-A

Monthly Status Report of Challenge Grant Activities				
Provider Name	Heartland Coalition for the Homeless, Inc.			
Contract Number	TP402			
Reporting Month				
SERVICES AND OUTCOMES				
Reporting Requirement	Annual Service Target# 67	This Month	Year to Date	Comments
Number of Households Served by Project 1	14			
Number of Households Served by Project 3	53			
Number of Households Served by Project ____				
Number of Households Served by Project ____				
Use the space below to provide any discussion of performance-related details affecting the delivery of services according to the specified targets. (Optional)				
ATTESTATION				
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 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. Additionally, I certify that all reports supporting this invoice have been submitted to the Department in accordance with this agreement.				
Authorized Name and Title <i>(please print)</i>				
Signature		Date		

EXHIBIT D – DELIVERABLES**D-1. SERVICE UNITS**

- D-1.1. **Homeless Coalitions Staffing Grant** - A service unit consists of one (1) month of providing homeless coalition supporting activities as identified in Exhibit C1. The Provider shall meet and maintain compliance with duties and activities required by s. 420.623, F.S., identified in Exhibit C1.
- D-1.2. **Challenge Grant - Effective 10-1-2017**, a unit of service is one (1) month of providing services in a manner consistent with the local continuum of care plan to eligible homeless individuals as described in Exhibit C2.
- D-1.3. **ESG Grant** - A service unit consists of one (1) month of providing Emergency Shelter, Homeless Prevention/Rapid Re-housing, and/or Street Outreach services to eligible homeless individuals as described in Exhibit C3.
- D-1.4. **TANF Grant** - A service unit consists of one (1) month of providing homeless prevention services identified in Exhibit C4.

D-2. ANNUAL SERVICE TARGETS

During each State Fiscal Year, the Provider shall deliver:

- D-2.1. Twelve (12) months of **Local Homeless Coalition** services to support the homeless population receiving the assistance needed to gain self-sufficiency and make suitable living conditions available. The Provider shall demonstrate satisfactory progress towards the service target through the submission of the Monthly Status Report of Coalition Activities, Exhibit C1-A.
- D-2.2. The **Challenge Grant** Project will serve a minimum of 67 individuals/or families each fiscal year. The Provider shall demonstrate satisfactory progress towards the service target through the submission of the Monthly Status Report of Challenge Grant Activities, Exhibit C2-A.
- D-2.3. The **Emergency Solutions Grant** Project will serve a minimum of 111 persons/households for **SFY 2017-18** and a minimum of 96 persons/households for **SFY 2018-19**. The Provider shall demonstrate satisfactory progress towards the service target through the completion of the Monthly Status Report of Emergency Solutions Grant Activities, Exhibit C3-A.
- D-2.4. **TANF Grant** Project will serve a minimum of N/A eligible households (each household may consist of one person or more) each fiscal year. The Provider shall demonstrate satisfactory progress towards the service target through the completion of the Monthly Status Report of Temporary Assistance To Needy Families Grant Activities, Exhibit C4-A.

D-3. MONTHLY DELIVERABLES

- D-3.1. **Coalition Staffing Grant**: The Provider shall deliver each month, at a minimum, the three (3) Coalition Staffing Activities identified in Sections C1-3.1., C1-3.3. and C1-3.4. All other activities identified in Sections C1-2., C1-3., C1-4., C1-5., and C1-6., **Service Tasks**, shall be completed within their catchment area, on an as needed basis, during each fiscal year.
- D-3.2. **Challenge Grant**: Each month, the Provider shall provide eligible services to a minimum of 4 households October, 2017 to May, 2018 and 3 households for June, 2018 and 6 households July 2018 to June 2019.
- D-3.3. **Emergency Solutions Grant**: Effective 7-1-2017, each month, the Provider shall provide eligible services to a minimum of 8 persons/households who are homeless or at risk of homelessness. Effective 4-1-2018, each month, the Provider shall provide eligible services to a minimum of 13 persons/households who are homeless or at risk of homelessness. Effective 7-1-2018, each month, the Provider shall provide eligible services to a minimum of 8 persons/households who are homeless or at risk of homelessness.

D-3.4. TANF Grant: Each month, the Provider shall provide eligible services to a minimum of N/A persons/households who are homeless or at risk of homelessness.

D-3.5. In the event that the Provider has met the Annual Service Targets identified in Sections D-2.2., D-2.3., and D-2.4., prior to the end of each fiscal year, the Minimum Monthly Deliverables identified in Sections D-3.2, D-3.3., and D-3.4. shall no longer apply. The Grantee shall be required to serve a minimum of 1 person/household per month for each achieved service target, for the subsequent service months.

D.4. PERFORMANCE MEASURES FOR THE ACCEPTANCE OF DELIVERABLES

D-4.1. The acceptance of deliverables for each unit of service specified in Section D-1. shall be made independently. The Provider's failure to achieve the minimum service levels for any unit of service shall not prevent acceptance of deliverables and payment for any other unit of service invoiced under this grant.

D-4.2. For the acceptance of deliverables, the Provider shall meet or exceed the minimum output targets specified herein in the performance of the Coalition Staffing Grant service:

Minimum Service Level Requirements for Providing Homeless Coalition Supporting Activities	Qualitative Criteria for Evaluating Successful Completion	Supporting Documentation to Verify Successful Completion	Financial Consequence When Performance is Below the Minimum Service Level
<p>D-4.2.1. Each month the Provider shall deliver at least three (3) of the following activities (but must include at least two (2) different activities) as identified in Sections C1-1., and C1-2., Service Tasks:</p> <ol style="list-style-type: none"> 1. Homeless Coalition Meeting 2. Training/Technical Assistance 3. Public Education and/or Outreach Services 4. Other activities/duties identified in Section C-1 	<p>All three (3) required activities were completed which demonstrated support to the continuum in aiding to ending homeless and increase efforts to improve the lives of the homeless population and those individuals and families in danger of becoming homeless throughout the continuum.</p>	<p>Monthly Report of Coalition Supporting Activities (Exhibit C1-A) and Monthly Performance Data Report (Exhibit C1-B) which document completion of allowable activities or services. Additionally, the provider must maintain the following documentation.</p> <p>For meetings; provide minutes, sign-in sheets and agendas</p> <p>For proof of grant applications or assessments of needs in CoC area, provide copies of acceptance of grant applications, which include submission dates, or minutes or emails where these items were discussed.</p> <p>For outreach activities, provide agendas and sign-in sheets for those who attended.</p> <p>For in person meetings, provide confirmation of meeting with email follow-up indicating date, time and participants and response confirmation from at least one attendee.</p> <p>For new members to CoC, provide a copy of application for membership and acceptance from CoC.</p>	<p>5% of Invoice amount to be deducted from the invoice when the service level does not meet the criteria for successful completion</p>

Office on Homelessness
Unified Homeless Contract

D-4.3. For the acceptance of deliverables, the Provider shall meet or exceed the minimum output targets specified herein in the performance of the Challenge Grant Services:

Minimum Service Requirements	Qualitative Criteria for Evaluating Successful Completion	Supporting Documentation to Verify Successful Completion	Financial Consequence When Performance is Below the Minimum Service Level
D-4.3.1. Monthly, the Provider shall provide eligible services as outlined Section C2-2, which support the continuum of care plan to end homelessness, provide services to the homeless, or to prevent homelessness, to a minimum number of 8 households October, 2017 to May, 2018 and 3 households for June, 2018 and 6 households July 2018 to June 2019.	Services must be provided to a minimum of 67 households. Services provided must be eligible supportive activities outlined Section C2-2, that are related to the continuum of care plan to aid in ending homeless and increase efforts to improve the lives of the homeless population and those individuals and families in danger of becoming homeless throughout the continuum.	HMIS Report identifying clients served and services provided during the service month	5% of Invoice amount to be deducted from the invoice when the service level does not meet the criteria for successful completion

D-4.4. For the acceptance of deliverables, the Provider shall meet or exceed the minimum output targets specified herein in the performance of the Emergency Solutions Grant Services:

Minimum Service Requirements for Providing ESG Activities	Qualitative Criteria for Evaluating Successful Completion	Supporting Documentation to Verify Successful Completion	Financial Consequence When Performance is Below the Minimum Service Level
D-4.4.1.. Monthly, the Provider shall deliver eligible services as identified in Section C3-2, to a minimum of 13 households. Section C3-2, to a minimum of 8 households effective 7-1-2017, 13 households effective 4-1-2018, and 8 households effective 7-1-2018.	A minimum of 111 households for SFY 2017-18 and 96 households for SFY 2018-19, received Homeless Prevention, Rapid Rehousing, Emergency Shelter, and/or Outreach services under the ESG Program.	HMIS Report Identifying clients served and services provided during the service month	5% of Invoice amount to be deducted from the invoice when the service level does not meet the criteria for successful completion
D-4.4.2. The Provider will input data related to all clients assessed and determined to eligible and served with ESG into HMIS.	For clients assessed, determined to be eligible and served with ESG, a CAPER Report will be generated pursuant to HUD guidelines.	A CAPER csv file for all clients assessed, determined eligible and served with ESG funds.	5% of Invoice amount to be deducted from the invoice when the service level does not meet the criteria for successful completion

D-4.4.2.1. The Provider must maintain all submitted documentation to support proof of service delivery, including but not limited to: receipts, case notes, homeless verification/eligibility forms, receipts for any direct client/shelter costs, lease agreements, utility bills, etc. All receipts, check numbers, logs of activities provided, HMIS reports, leases or landlord agreements, and utility bills paid on behalf of clients must be submitted with invoice for payment.

Office on Homelessness
Unified Homeless Contract**EXHIBIT F - METHOD OF PAYMENT****F-1. PAYMENT CLAUSE**

F-1.1. This is a multi-year fixed price (unit cost) and cost reimbursement contract for the provision of services to homeless persons. The Department shall pay the Provider for the delivery of service units provided in accordance with the terms of this contract for a total dollar amount not to exceed \$1,337,236.74 subject to the availability of funds. The total contract amount shall be allocated as follows:

FISCAL YEAR	ANNUAL FUNDING
13-14	\$71,428.57
14-15	\$71,428.56
15-16	\$73,280.06
16-17	\$107,142.85
17-18	\$520,813.85
18-19	\$493,142.85
Total	\$1,337,236.74

F-1.1.1. Homeless Coalition Activities – The Department agrees to pay for the service units at the unit price(s) and limits listed below for Coalition Staffing Activities:

FY	UNIT OF SERVICE	UNITS	RATE	TOTAL AMOUNT	FY AMOUNT
13-14	One Month of Homeless Coalition Activities	9	\$7,142.85	\$64,285.65	
13-14	One Month of Homeless Coalition Activities	1	\$7,142.92	\$7,142.92	\$71,428.57
14-15	One Month of Homeless Coalition Activities	12	\$5,952.38	\$71,428.56	\$71,428.56
15-16	One Month of Homeless Coalition Activities	12	\$5,952.38	\$71,428.56	
15-16	Point in Time Count, January 2016	1	\$1,851.50	\$1,851.50	\$73,280.06
16-17	One Month of Homeless Coalition Activities	11	\$9,199.13	\$101,190.43	
16-17	One Month of Homeless Coalition Activities	1	\$5,952.42	\$5,952.42	\$107,142.85
17-18	One Month of Homeless Coalition Activities	11	\$8,928.57	\$98,214.27	
17-18	One Month of Homeless Coalition Activities	1	\$8,928.58	\$8,928.58	\$107,142.85
18-19	One Month of Homeless Coalition Activities	11	\$8,928.57	\$98,214.27	
18-19	One Month of Homeless Coalition Activities	1	\$8,928.58	\$8,928.58	\$107,142.85
					\$537,565.74

F-1.1.2. Challenge Grant Activities – The Department agrees to pay for the service units at the unit price(s) and limits listed below for Challenge Grant Activities:

FY	UNIT OF SERVICE	UNITS	RATE	TOTAL AMOUNT	FY AMOUNT
17-18	One Month of Challenge Grant Activities	1	\$13,208.37	\$13,208.37	
17-18	One Month of Challenge Grant Activities	11	\$13,208.33	\$145,291.63	\$158,500.00
18-19	One Month of Challenge Grant Activities	1	\$13,208.37	\$13,208.37	
18-19	One Month of Challenge Grant Activities	11	\$13,208.33	\$145,291.63	\$158,500.00
					\$317,000.00

F-1.1.3. Emergency Solutions Grant (ESG) Activities – The Department agrees to reimburse for allowable costs at the limits listed below for eligible ESG Activities:

FY	SERVICE DESCRIPTION	TOTAL AMOUNT
17-18	ESG Service Activities	\$255,171.00
18-19	ESG Service Activities	\$227,500.00
		\$482,671.00

Office on Homelessness
Unified Homeless Contract

F-2.11. Invoice Approval Process

- F-2.11.1.** The Department will have up to five (5) working days from receipt of the invoice to approve or disallow proposed expenditures listed. Disallowance of proposed expenditures will result in rejection of the invoice. The Department will specify, in writing, the reason(s) for rejection and corrective action(s) that must be taken by the Grantee in order to process the invoice for payment. The Grantee will have fifteen (15) days from the date of rejection of the initial invoice to correct and resubmit for payment.
- F-2.11.2.** If the Provider does not submit an initial or corrected invoice within the required timeframes on more than 3 occasions, a financial consequence of five percent (5%) of the late invoice amount will be deducted from the invoice payment.

F-3. COST REIMBURSEMENT

- F-3.1.** The ESG Grant is an advance payment/cost reimbursement grant funded by federal funds pursuant to program guidelines under the Emergency Solutions Grant, 24 CFR, Part 576 and 2 CFR, Part 200, Uniform Grant Guidance. The advance payment may be requested as described in F-4 and shall be no more than 25% of the award total during the first grant cycle year of funding under applicable solicitations, LPZ19. This amount may be
- F-3.1.1.** Costs associated with ESG are funded under the Emergency Solutions Grant and regulated by guidelines set forth in 2 CFR, Part 200, Uniform Grant Guidance.
- F-3.1.2.** Costs associated with carrying out services under this contract will first be paid by the Provider or Subcontractor. The Provider will submit invoices for eligible costs to the Department for reimbursement in accordance with the Department of Financial Services Reference Guide For State Expenditures which is incorporated by reference. A copy can be furnished upon request to the Contract Manager or located at the Florida Department of Financial Services website.
- F-3.1.3.** The Department shall reimburse the Provider up to ~~\$255,471.00~~ in FY 17-18 and ~~\$227,500.00~~ in FY 18-19 for allowable expenditures incurred pursuant to the terms of this contract for a total dollar amount not to exceed ~~\$482,671.00~~ subject to the availability of funds. This project is funded by the Emergency Solutions Grant (ESG) Federal Grant from the Department of Housing and Urban Development.
- F-3.2.** The TANF Grant is a cost reimbursement grant funded by federal funds pursuant to program guidelines under the Temporary Assistance for Needy Families (TANF) Block Grant, 45 CFR, Part 260 and 2 CFR, Part 200, Uniform Grant Guidance
- F-3.2.1.** This is a cost reimbursement contract. Costs associated with carrying out services under this contract are regulated by guidelines set forth in 2 CFR, Part 200, Uniform Grant Guidance. Payments must first be paid by the Provider or Subcontractor. The Provider will submit invoices for eligible costs to the Department for reimbursement in accordance with the Department of Financial Services Reference Guide For State Expenditures. A copy can be requested upon request to the Contract Manager or located at the Florida Department of Financial Services website.
- F-3.2.2.** The Department shall reimburse the Provider for up to ~~\$N/A~~ in FY 17-18 and ~~\$N/A~~ in FY 18-19 for allowable expenditures incurred pursuant to the terms of this contract for a total dollar amount not to exceed ~~\$N/A~~ subject to the availability of funds. This project is funded by the Temporary Assistance for Needy Families (TANF) Block Grant from the Office of Administration for Children and Families

F-4. ADVANCE PAYMENTS

- F-4.1.** Challenge Grants and ESG Grants are eligible for Advance Payments. Advance Payments are only available during the first three months of the initial fiscal year's grant award. All requests for Advance



Office on Homelessness
Unified Homeless Contract

EXHIBIT F1-1
Homeless Unified Contract
Monthly Invoice

Homeless Coalition Staffing Grant

PROVIDER NAME	Heartland Coalition for the Homeless	CONTRACT NO.	TP402
ADDRESS	1535 State Road 64 West Avon Park, FL 33825-3303	FEID #:	F5104066286-009
INVOICE NUMBER		INVOICE PERIOD	
Service Month	Service Unit Description	Service Units	Rate
Insert Month and Year	Homeless Coalition Supporting Activities	1	\$8,928.57
Number of Required Activities:		Number of Required Activities Provided:	
3			
TOTAL AMOUNT OF PREVIOUS PAYMENTS	\$	INVOICE AMOUNT	\$
TOTAL GRANT AMOUNT	\$	GRANT BALANCE AFTER THIS PAYMENT	\$
CERTIFICATION & APPROVAL			
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 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. Additionally, I certify that all reports supporting this invoice have been submitted to the Department in accordance with this agreement.			
Authorized Signature		Authorized Name and Title (Print)	
Date Submitted			

Minimum Number of Required Activities to be Provided	Actual Number of Required Activities Provided
3	
Minimum Service Levels Met? <input type="checkbox"/> YES <input type="checkbox"/> NO	

For DCF Contract Manager Use Only

Date Invoice Received: _____

Date Goods/Services Received: _____

Date Goods Inspected and Approved: _____

Date Invoice Approved: _____

Contract Manager: _____

Contract Manager Signature: _____

Financial Consequences Applied? YES NO

Description: _____

Reduction Amount: \$ _____ Total Payment Amount: \$ _____

ORG: 60 30 34 00 209 OCA: HMLHA EO: AB BE: 60910708 FID: 000326 OBJ: 751000 CAT: 100561



EXHIBIT F1-2
Homeless Unified Contract
Monthly Invoice and Match Report

Challenge Grant													
PROVIDER NAME	Heartland Coalition for the Homeless	CONTRACT NO.	TP402										
ADDRESS	1535 State road 64 West Avon Park, FL 33825-3303	FEID #:	F510466286-009										
INVOICE NUMBER		INVOICE PERIOD											
Service Month	Service Unit Description	Service Units	Rate										
Insert Month and Year	Challenge Grant Supporting Activities	1	<table border="1"> <tr> <td>FY17-18</td> <td>FY18-19</td> </tr> <tr> <td>1@</td> <td>1@</td> </tr> <tr> <td>\$17,611.11</td> <td>\$13,208.37</td> </tr> <tr> <td>8@</td> <td>11@</td> </tr> <tr> <td>\$17,611.12</td> <td>\$13,208.33</td> </tr> </table>	FY17-18	FY18-19	1@	1@	\$17,611.11	\$13,208.37	8@	11@	\$17,611.12	\$13,208.33
FY17-18	FY18-19												
1@	1@												
\$17,611.11	\$13,208.37												
8@	11@												
\$17,611.12	\$13,208.33												
Minimum # of Households to be Served:	8 households October, 2017 to May, 2018 3 households for June, 2018 6 households July 2018 to June 2019.	Actual # of Households Served:											
INVOICE AMOUNT	\$	TOTAL AMOUNT OF PREVIOUS PAYMENTS	\$										
TOTAL GRANT AMOUNT	\$	GRANT BALANCE AFTER THIS PAYMENT	\$										
MATCH AMOUNT	\$	MATCH AMOUNT YTD	\$										
CERTIFICATION & APPROVAL													
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 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. Additionally, I certify that all reports supporting this invoice have been submitted to the Department in accordance with this agreement.													
Authorized Signature		Authorized Name and Title (Print)											
Date Submitted													

CONTRACT MANAGER ONLY

Minimum Service Levels Met? YES NO Financial Consequences Applied? YES NO

Description: _____

Reduction Amount: \$ _____ Recoupment of Advance: \$ _____

Total Payment Amount: \$ _____

ORG: 60 30 34 00 209 OCA: HMLCH EO: AA BE: 60910708 FID: 339128 CAT: 100379 OBJ: 751000

Source of Match

For DCF Contract Manager Use Only
Date Invoice Received: _____
Date Goods/Services Received: _____
Date Goods Inspected and Approved: _____
Date Invoice Approved: _____
Contract Manager: _____
Contract Manager Signature: _____



Office on Homelessness
Unified Homeless Contract

EXHIBIT F1-3
Cost Reimbursement
Monthly Invoice and Match Report (FY 17-18)

Emergency Solutions Grant

PROVIDER NAME	Heartland Coalition for the Homeless	CONTRACT NO.	TP402
ADDRESS	1535 State road 64 West Avon Park, FL 33825-3303	FEID #:	F510466286-009
INVOICE NUMBER		INVOICE PERIOD	
Minimum # of Households To Be Served:	13	Actual # of Households Served:	
Minimum Service Levels Met?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Financial Consequences Applied?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Match Reported This Period: \$		Match Reported YTD: \$	
Source of Match:			

Line Items	Approved Budget	Amount this Invoice	Total Expenditures to Date	Budget Remaining
ESG Prevention (60303024209)	\$ 160,246 20			
ESG Rapid Re-Housing (60303021209)	\$68,861 00			
ESG Essential Services (60303026209)				
ESG Operations (60303027209)				
ESG Rehabilitation (60303028209)				
ESG Outreach (60303025209)				
ESG HMIS (60303023209)	\$ 11,383 55			
ESG Administration (60303022209)	\$14,680 25			
OCA: ESG17 EO: AB BE: 60910708 FID: 261015 CAT: 100550 OBJ: 780000				
SUB-TOTAL	\$255,171.00	\$	\$	\$
FOR USE BY THE CONTRACT MANAGER ONLY				
RECOUPMENT OF ADVANCE - N/A	\$	\$	\$	\$
Financial Consequences	\$	\$	\$	\$
TOTAL	\$	\$	\$	\$

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 Federal 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. Additionally, I certify that all reports supporting this invoice have been submitted to the Department in accordance with this agreement.

Signature of Provider Agency Official

Date

Title of Provider Agency Official

CF Standard
Integrated Contract 2016

70

Contract No. TP402 Amd. 0009
Heartland Coalition for the Homeless



Office on Homelessness
Unified Homeless Contract

EXHIBIT F1-3
Cost Reimbursement
Monthly Invoice and Match Report (FY 18-19)

Emergency Solutions Grant

PROVIDER NAME	Heartland Coalition for the Homeless	CONTRACT NO.	TP402	
ADDRESS	134 N. Ridgewood Dr., Suite 12 Sebring, FL 33870-7200	FEID #:	F510466286-009	
INVOICE NUMBER		INVOICE PERIOD		
Minimum # of Households To Be Served:	8	Actual # of Households Served:		
Minimum Service Levels Met?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Financial Consequences Applied?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Match Reported This Period: \$		Match Reported YTD: \$		
Source of Match:				
Line Items	Approved Budget	Amount this Invoice	Total Expenditures to Date	Budget Remaining
ESG Prevention (60303024209)	\$ 37,264.00			
ESG Rapid Re-Housing (60303021209)	\$168,861.00			
ESG Essential Services (60303026209)				
ESG Operations (60303027209)				
ESG Rehabilitation (60303028209)				
ESG Outreach (60303025209)				
ESG HMIS (60303023209)	\$ 10,000.00			
ESG Administration (60303022209)	\$11,375.00			
OCA: ESG17 EO: BE: 60910708 FID: 261015 CAT: 100550 OBJ: 780000				
SUB-TOTAL	\$227,500.00	\$	\$	\$
FOR USE BY THE CONTRACT MANAGER ONLY				
RECOUPMENT OF ADVANCE - N/A	\$	\$	\$	\$
Financial Consequences	\$	\$	\$	\$
TOTAL	\$	\$	\$	\$

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 Federal 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. Additionally, I certify that all reports supporting this invoice have been submitted to the Department in accordance with this agreement.

Signature of Provider Agency Official	Date	Title of Provider Agency Official
CF Standard Integrated Contract 2016	70a	Contract No. TP402 Amd. 0009 Heartland Coalition for the Homeless

Heartland Coalition for the Homeless

1535 State Road 64 West
Avon Park, FL 33826
Phone: 863-453-8901



P.O. Box 1023
Avon Park, FL 33825
Fax: 863-453-8903

April 3, 2018

Dear Ms. Johnson,

Please see attached Amended Contract for your review, approval and signature per our conversation a few weeks ago. I have also attached a copy of State of Florida DCF Amendment 9 which outlines all the details for the additional funds for the ESG Grant.

Please sign the Amended Contract and email back to me. Also, please see the Budget adjustment as well.

The additional funds added to the remaining amount for the grant are stated below:

	Remaining Balance in Grant as of Feb. 2018 per line item:	New Budget Amt	New Balance in Budget
HMIS (60303027209)	\$2,345.98	\$1,383.55	\$3,729.53
ESG Adm. (6030302209)	\$3,523.45	\$3,305.25	\$6,828.70
HP (60303024209)	\$20,537.52	\$22,982.20	\$43,519.72
RR (60303021209)	\$12,471.28	0.00	\$12,471.28
TOTALS	\$38,878.23	\$27,671.00	\$66,549.23

\$57,644.33/3 = \$19,214.77 Per Month (April, May & June) this includes Case Management, HP & RR must be spent.

ESG Administration ALPI	= \$1,652.63
HP	= \$43,519.72
RR	= <u>\$12,471.98</u>
TOTAL	\$57,644.33

Deloris C. Johnson
Chief Executive Officer

Corporate Office
300 Lynchburg Road
Lake Alfred, Florida 33850-2576
(888) 956-3491
Toll Free 1 (800) 330-3491
Fax (863) 956-9357
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: Citrus, Hendry,
Highlands and Polk Counties
Farmworker Emergency Services
Service Areas: Statewide

LIHEAP Services
Service Areas: Citrus, 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 O
Fl. Pierce, FL 34950
(772) 466-2611
Toll Free: 1 (800) 781-3099
Fax: (772) 464-3035



Brenda Gray
Executive Director
Heartland Coalition for the Homeless
1535 State Road 64 W
Avon Park, FL 33825

February 19, 2018

Dear Ms. Brenda Gray,

Per your email in regards to the additional fund for the Emergency Solution Grant (ESG), ALPI is ecstatic to accept the additional fund. ALPI's staffs will have no problem completing additional five (5) more intakes each month, to serve the homeless population.

For match purposes, ALPI will be able to match the program from our four (4) counties that we provide Community Services Block Grant (CSBG) and our Low-Income Home Energy Assistance Program (LIHEAP). The report that we send to you on a monthly base states, "Cost Summary" for each programs for the match. ALPI should not have any problem with match.

I thank you for informing ALPI of the additional funds, and ALPI is more than happy to assist Heartland Coalition for the Homeless.

Any questions or comments please contact me at 863-956-3491 Ext. 206 or you can email me at Djohnson@alpi.org.

Sincerely,

Deloris Johnson
Chief Executive Officer



LOW INCOME HOME ENERGY ASSISTANCE/MODIFICATION 3

DocuSign Envelope ID: F49BA9A2-58AB-4108-BCA6-SCFB18E11642

**MODIFICATION NUMBER THREE OF AGREEMENT BETWEEN THE
FLORIDA DEPARTMENT OF ECONOMIC OPPORTUNITY
FFY 2017 LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP) AND
THE AGRICULTURAL AND LABOR PROGRAM, INCORPORATED**

CFDA Number: 93.568

Agreement Number: 17EA-0F-07-63-08-001

FEDERALLY FUNDED SUBGRANT AGREEMENT

THIS MODIFICATION Number Three is entered into between 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, a Florida Not for Profit Corporation, hereinafter referred to as "Subrecipient" (each individually a "Party" and collectively "the Parties").

WHEREAS, Paragraph (4)(b) of the Agreement provides that "[m]odifications to this Agreement must be in writing, on DEO-approved forms, as applicable, and duly signed by the Parties"; and

WHEREAS, DEO and Subrecipient have entered into Agreement Number 17EA-0F-07-63-08-001, in which DEO awarded Subrecipient *Four Million Six Hundred One Thousand Three Hundred Forty-Three Dollars and Zero Cents (\$4,601,343.00)* in Low-Income Home Energy Assistance Program (LIHEAP) funds ("the Agreement"); and

WHEREAS, LIHEAP Federal Fiscal Year 2018 funds are available to increase the amount of funding granted to Subrecipient.

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

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

"(a) This is a cost-reimbursement agreement. DEO awards Subrecipient *Eight Million Five Hundred Seventy-Two Thousand Seven Hundred Fifty-One Dollars and Zero Cents (\$8,572,751.00)*, subject to the terms and conditions of this Agreement, availability of funds and appropriate budget authority; however, Subrecipient may incur costs and submit for reimbursement only up to the Total (Revised) Funds Released dollar amount listed in Subrecipient's most recently DEO-issued Notice of Fund Availability (NFA). Each such NFA, and any attachments thereto, duly issued to Subrecipient by DEO, including, but not limited to its special terms, conditions, and instructions, is incorporated into the Agreement by reference."

2. To the extent there is any conflict between the provisions of this Modification, including any attachments and exhibits thereto, and the provisions of the Agreement, including any attachments and exhibits thereto, the provisions of this Modification shall supersede and control.

3. All provisions of the Agreement and Modifications One and Two, including any attachments or exhibits thereto, not amended by or in conflict with this Modification, remain in full force and effect.

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

IN WITNESS WHEREOF, by signature below, the Parties agree to abide by the terms, conditions, and provisions of the Agreement, as modified. This Modification shall be effective on the date last executed by the Parties.

**SUBRECIPIENT
THE AGRICULTURAL AND LABOR PROGRAM,
INCORPORATED**

**STATE OF FLORIDA
DEPARTMENT OF ECONOMIC OPPORTUNITY**

By: 
(Signature)

By: 

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

Debbie Smiley, Chief
Bureau of Economic Self-Sufficiency

Date: 3-27-18

Date: 4/2/18

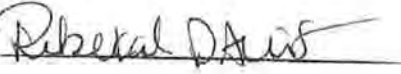
59-1634148
Federal Identification Number

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

040210163
DUNS Number

Office of the General Counsel
Department of Economic Opportunity

17EA-OF-07-63-08-001
Agreement Number

By: 

Approved Date: 3-30-18

SENIOR CONNECTION AMENDMENT 001

THIS AMENDMENT, entered into between Senior Connection Center, Inc., hereinafter referred to as the "agency", and The Agricultural and Labor Program, Inc., hereinafter referred to as the "subrecipient", amends Contract No. EH-17/18-ALPI.

The purpose of this amendment is to:

- 1) amend Section 2(2), Effective Dates;
- 2) increase Section 3, Contract Amount, by \$14,434.00;
- 3) increase Section 5, Source of Funds, by \$14,434.00;
- 4) amend Section 6, Final Budget Revisions and Request for Payment;
- 5) amend Attachment I, Section 12(3), Reports;
- 6) amend Attachment I, Section 16(9), Request for Payment Invoices;
- 7) amend Attachment II, Invoice Schedule; and
- 8) revise and replace Attachment III, Budget Summary.

1. Section 2(2), is hereby amended to read:

(2) Delivery of services shall end on September 30, 2018. This contract shall end on December 31, 2018, in order to provide for the maximization of resources and to allow greater flexibility to pay for services rendered on or before September 30, 2018. Services provided after September 30, 2018 cannot be reimbursed under this contract.

2. Section 3, is hereby amended to read:

3. Contract Amount

The agency agrees to pay for services according to the conditions of ATTACHMENT I an amount not to exceed \$125,308.00, subject to the availability of funds.

3. Section 5, is hereby amended to read:

5. Source of Funds

The costs of services paid under any other contract or from any other source are not eligible for reimbursement under this contract. The funds awarded to the subrecipient pursuant to this contract are in the state grants and aids appropriations and consist of the following:

Program Title	Funding Source	CFDA #	Fund Amounts
Emergency Home Energy Assistance Program	U.S. Department of Health and Human Services	93.568	\$125,308.00
TOTAL FUNDS CONTAINED IN THIS CONTRACT:			\$125,308.00

4. Section 6, is hereby amended to read:

6. Final Budget Revisions and Request for Payment

- (1) Final requests for budget revisions or adjustments to contract funds based on expenditures for services provided through September 30, 2018 must be submitted to the agency by September 30, 2018.
- (2) The subrecipient must submit the final request for payment invoice to the agency by October 15, 2018. If the subrecipient fails to do so, all right to payment is forfeited, and the agency will not honor any requests

submitted after the aforesaid time period. Any payment due under the terms of this contract may be withheld until all reports due from the subrecipient, and necessary adjustments thereto, have been approved by the agency.

(3) If the contract is terminated prior to the contract end date, the subrecipient must submit the final request for payment to the agency no more than **45 days** after the contract is terminated. If the subrecipient fails to do so, all right to payment is forfeited, and the agency will not honor any requests submitted after the aforesaid time period.

5. **ATTACHMENT I**, Section 12(3), is hereby amended to read:

(3) Subrecipient shall ensure timely and accurate CIRTIS data entry of EHEAP activity and submit to the agency the service report entitled "EHEAP Summary" from CIRTIS. The report shall reflect the use of EHEAP in the subrecipient's service area and shall be inclusive of all elders applying for crisis energy assistance during the reporting month or period. The report shall be submitted based on the following schedule:

REPORT	REPORTING PERIOD	SEASON	DATE DUE TO AGENCY
1	04/01/17 – 06/30/17	Cooling Season	July 7, 2017
2	07/01/17 – 09/30/17	Cooling Season	October 7, 2017
3	10/01/17 – 12/31/17	Heating Season	January 7, 2018
4	01/01/18 – 03/31/18	Heating Season	April 7, 2018
5	04/01/18 - 06/30/18	Cooling Season	July 7, 2018
6	07/01/18 – 09/30/18	Cooling Season	October 7, 2018

6. **ATTACHMENT I**, Section 16(9), is hereby amended to read:

(9) The final request for payment invoice shall be due to the agency by **October 15, 2018**.

7. **ATTACHMENT II**, Invoice Schedule, is hereby replaced with the revised **ATTACHMENT II**, Invoice Schedule, attached hereto.

8. **ATTACHMENT III**, Budget Summary, is hereby replaced with the revised **ATTACHMENT III**, Budget Summary, attached hereto.

This amendment shall be effective on the last date that the amendment is signed by both parties.

All provisions in the contract and any attachments thereto in conflict with this amendment shall be and are hereby changed to conform to this amendment.

All provisions not in conflict with this amendment are still in effect and are to be performed at the level specified in the contract.

This amendment and all its attachments are hereby made a part of the contract.

THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK

AMENDMENT 001


Contract No. EH-17/18-ALPI

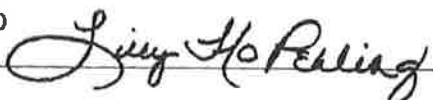
Amendment Page 3

IN WITNESS WHEREOF, the parties hereto have caused this 5 page amendment to be executed by their officials thereunto duly authorized.

SUBRECIPIENT: **The Agricultural and Labor Program, Inc.**

AGENCY: **Senior Connection Center, Inc.**

SIGNED BY: 

SIGNED BY: 

NAME: Deloris Johnson

NAME: Lilly Ho Pehling

TITLE: Chief Executive Officer

TITLE: Chair, Board of Directors

DATE: 3/27/18

DATE: 3/30/18

FEDERAL ID NUMBER: 59-1634148

FISCAL YEAR END DATE: 6/30

ATTACHMENT II**EMERGENCY HOME ENERGY ASSISTANCE PROGRAM
INVOICE SCHEDULE**

<u>Report Number</u>	<u>Based On</u>	<u>Submit to Agency On This Date</u>
1	April Expenditure Report	May 7, 2017
2	May Expenditure Report	June 7, 2017
3	June Expenditure Report	July 7, 2017
4	July Expenditure Report	August 7, 2017
5	August Expenditure Report	September 7, 2017
6	September Expenditure Report	October 7, 2017
7	October Expenditure Report	November 7, 2017
8	November Expenditure Report	December 7, 2017
9	December Expenditure Report	January 7, 2018
10	January Expenditure Report	February 7, 2018
11	February Expenditure Report	March 7, 2018
12	March Expenditure Report	April 7, 2018
13	April Expenditure Report	May 7, 2018
14	May Expenditure Report	June 7, 2018
15	June Expenditure Report	July 7, 2018
16	July Expenditure Report	August 7, 2018
17	August Expenditure Report	September 7, 2018
18	September Expenditure Report	October 7, 2018
19	Final Request for Payment *	October 15, 2018
20	Closeout Report	October 25, 2018

Legend: * Submission of expenditure reports may or may not generate a payment request. If final expenditure report reflects funds due back to the agency, payment is to accompany the report.

ATTACHMENT III**EMERGENCY HOME ENERGY ASSISTANCE PROGRAM****BUDGET SUMMARY**PSA 6Original
Amendment X

SUBRECIPIENT: The Agricultural and Labor Program, Inc. – Polk County

1.	Administration*	\$1,963.00
2.	Outreach *	\$17,390.00
3.	EHEAP Benefits (Crisis)	\$105,955.00
4.	Weather-Related/Supply Shortage **	<u>\$0.00</u>
5.	Total	\$125,308.00
6.	Projected minimum number of Individuals to be served:	381
7.	Projected minimum number of Individuals to be served (Weather- Related/Supply Shortage):	N/A

NOTE: Eligible households may be provided with one benefit per season up to six hundred dollars per benefit. The minimum number of consumers may reflect duplicated consumers if a consumer receives a benefit in both seasons.

* Allowable administrative and outreach expenses are defined in **ATTACHMENT III, EXHIBIT A**. Funds budgeted for administration and outreach may be used for emergency energy assistance benefits upon approval of the agency and a contract amendment.

** Weather Related/Supply Shortage funds are set-aside for emergency assistance. These funds must be held in this budget line item category until November 1 of the program year, for use in response to a possible disaster. Directives for the Weather-Related/Supply Shortage funds are identified in **ATTACHMENT III, EXHIBIT B and EXHIBIT C**.

2018 NEEDS ASSESSMENT PLAN AND AGREEMENT

The Agricultural and Labor Program, Inc. Community Assessment Survey

We are working to gather information about adult and children’s services that you may need and/or use. Please read each question carefully and answer completely and honestly by marking the appropriate answer or filling in the blank. Your responses will be completely confidential – no one will know your answers. The information you give us will help the Agricultural and Labor Program serve the community better.

This survey should be completed by the **head of the household**. When the questionnaire has been completed, please return it in the postage paid envelope enclosed in this packet.

Adult Services

First, we’d like to ask you about services that you, or other adult members of your household, may need and/or use.

For each of the services listed, please tell us:

- If you, or any of the adults in your household, **NEED** the service.
- Then, please tell us if you or other adults in your household have ever **USED** the service.
- If you or other adults in your household **HAVE USED** the service, please tell us whether you or the other adults were **very satisfied (VS)**, **somewhat satisfied (SS)**, or **not at all satisfied (NS)** with the service received.

Please place an “X” in the appropriate boxes to indicate your answers.

Service	Do you need the service?		Have you ever used the service?		IF USED: How satisfied were you?		
	Yes	No	Yes	No	VS	SS	NS
1. Emergency assistance for rent, utilities, food, housing, etc.							
2. Public transportation							
3. Job training							
4. Parenting training							
5. Home-ownership programs							
6. Literacy/Reading programs							
7. High school degree/GED programs							
8. Continuing/Post high school education programs							
9. Adult health-care insurance							
10. Employment/Job placement services							
11. Legal services							
12. Financial/Credit counseling services							

Social Services

For each of the agencies listed, please tell us:

- If you have ever **USED** their services.
- Then, if you **HAVE USED** their services, please tell us whether you were **very satisfied (VS)**, **somewhat satisfied (SS)**, or **not at all satisfied (NS)** with the service received.

Please place an "X" in the appropriate boxes to indicate your answers.

Agency/Organization	Have you ever used the services of this agency?		How satisfied were you?		
	Yes	No	VS	SS	NS
13. Agricultural Labor Program (ALPI)					
14. Salvation Army					
15. United Way					
16. Catholic Charities					
17. Department of Children & Families					
18. Health Department/Walk-in Clinics					
19. Workforce Development					
20. Community Services Department					
21. Access Florida					
22. Other (describe)					

Children's Services

Next, we'd like to ask you about services that you may need and/or use for your child or children **under the age of five**.

Child Care Services

In this section, we'd like to ask you some questions about when you require child care assistance to help you with employment or to attend school.

For each of the child care options listed, please tell us:

- If you **NEED** child care at this time to help you with employment or to attend school.
- Then, please tell us if you **CURRENTLY USE** this type of child care.

Please place an "X" in the appropriate boxes to indicate your answers.

Child Care Options:	Do you need the service?		Do you currently use the service?	
	Yes	No	Yes	No
23. In the morning, before 7:30 AM				
24. In the afternoon, after 5:30 PM				
25. Over-night				
26. Weekends				
27. Holidays				
28. 12 months of the year				

For each of the services listed, please tell us:

- If your child or children under the age of five **NEED(s)** the service.
- Then, please tell us if you have ever **USED** the service for your child or children.
- If you **HAVE USED** the service, please tell us whether you were **very satisfied (VS)**, **somewhat satisfied (SS)**, or **not at all satisfied (NS)** with the service received.

Please place an "X" in the appropriate boxes to indicate your answers.

Service	Do you need the service?		Have you ever used the service?		IF USED: How satisfied were you?		
	Yes	No	Yes	No	VS	SS	NS
29. Pre-Kindergarten Programs (Head Start, Pre-K, VPK, etc.)							
30. Dental Services							
31. Mental Health Services							
32. Vision Services							
33. Nutritional Services							
34. Speech Therapy							
35. Women, Infants, and Children (WIC) Program							
36. Child Care							

37. Do you currently have health insurance for your child or children?					
<input type="radio"/>	Yes	<input type="radio"/>	No	<input type="radio"/>	Not sure
IF YES: Go to Question 37A			IF NO or NOT SURE: Skip to Question 38		

37A. Which of the following types of health care insurance do you have for your child or children? [Please mark ALL that apply.]					
<input type="radio"/>	Children's Medical Services	<input type="radio"/>	Private Insurance	<input type="radio"/>	Healthy Kids
<input type="radio"/>	Medicaid/Medipass	<input type="radio"/>	Not sure		
<input type="radio"/>	Other (please describe)				

38. Have any of your children ever been diagnosed as having a physical or mental disability?					
<input type="radio"/>	Yes	<input type="radio"/>	No	<input type="radio"/>	Not sure
IF YES: Go to Question 38A & B			IF NO or NOT SURE: Skip to Question 39 (Next Page)		

38A. What physical or mental disabilities has your child (or your children) been diagnosed with? [Please list all that apply in the box below.]					
38B. What services has your child (or your children) received related to these physical or mental disabilities? [Please list all that apply in the box below.]					

About You

39. What type of transportation do you rely on most often?

<input type="radio"/> Own car	<input type="radio"/> Friends or family members	<input type="radio"/> Taxi
<input type="radio"/> Public Transportation	<input type="radio"/> Other (please describe):	

40. Which of the following best describes the type of housing in which you live?

<input type="radio"/> House (own)	<input type="radio"/> Condominium/Townhouse
<input type="radio"/> Rent Apartment/House (Not subsidized)	<input type="radio"/> Manufactured Housing (Mobile Home)
<input type="radio"/> Rent Apartment/House (Section 8, subsidized)	<input type="radio"/> Other (please describe):

41. Which of the following best describes your household? (Please choose only ONE response.)

<input type="radio"/> Single mother household	<input type="radio"/> Single father household
<input type="radio"/> Mother and father household	<input type="radio"/> Foster-parent household
<input type="radio"/> Grandparent/other family household	<input type="radio"/> Other (please describe):

42. What was your total household income before taxes last year?

<input type="radio"/> Below \$5,000	<input type="radio"/> \$5,000 to \$10,000	<input type="radio"/> \$10,001 to \$15,000
<input type="radio"/> \$15,001 to \$20,000	<input type="radio"/> \$20,001 to \$25,000	<input type="radio"/> \$25,001 to \$30,000
<input type="radio"/> \$30,001 to \$35,000	<input type="radio"/> More than \$35,000	<input type="radio"/> Not sure

43. Which of the following best represents your race or ethnicity?

<input type="radio"/> African American/Black	<input type="radio"/> Latino/Hispanic	<input type="radio"/> White/Caucasian
<input type="radio"/> Biracial/Multiracial	<input type="radio"/> Asian	<input type="radio"/> Other:

44. What is your current employment status?

<input type="radio"/> Employed full-time	<input type="radio"/> Disabled	<input type="radio"/> Not employed
<input type="radio"/> Employed part-time	<input type="radio"/> Retired	<input type="radio"/> Other:

45. What is the highest level of education that you completed?

<input type="radio"/> 8 th grade or less	<input type="radio"/> Some high school	<input type="radio"/> High school diploma/GED
<input type="radio"/> Technical/Vocational	<input type="radio"/> Some college	<input type="radio"/> College degree

46. Including yourself, what is the total number of people in your household?

 #

47. How many people in your household are children, age 5 or younger?

 #

47A. Please list the **ages** for each child in your household:

48. What is your 5-digit zip code?

That completes our survey. Thank you for your time and participation. Please return your survey to the FSRC in the enclosed postage-paid envelope.



CONTRACT FOR SERVICES
Between
AGRICULTURE AND LABOR PROGRAM, INC.
and
UNIVERSITY OF FLORIDA BOARD OF TRUSTEES

THIS CONTRACT FOR SERVICES (the "Contract") is made and entered into this 16th day of March, 2018 by and between AGRICULTURE AND LABOR PROGRAM, INC. (hereinafter "ALPI") and UNIVERSITY OF FLORIDA BOARD OF TRUSTEES, for the benefit of the Florida Survey Research Center (hereinafter "UF").

For and in consideration of the mutual promises, covenants and obligations contained herein, ALPI hereby retains UF to undertake the activities described in Attachment A. The parties agree as follows:

1. Term of Agreement: The term of this Agreement will begin April 1, 2018 and end July 30, 2018 unless otherwise terminated under Paragraph 7. The parties reserve the right to extend the agreement for a specified period of time by written amendment signed by both parties.
2. Scope of Work: The scope of work is described in Attachment A, attached hereto and incorporated herein by reference (the "Work"). Upon UF's completion of the Work and full payment of the Fees (as hereinafter defined), ALPI shall have an unlimited, royalty-free license to use, reproduce, translate and publish any reports furnished to it as part of the Work. Appropriate credit shall be given to the Florida Survey Research Center.
3. Compensation:
 - A. Fixed price: ALPI agrees to pay UF the sum of **\$14,500** for the Work, in addition to an indirect fee of 12.74%, which is **\$1848.75** (together the "Fees").
 - i. UF (or the Florida Survey Research Center) will invoice ALPI for one-third of the Fees upon review and revision of the survey instrument.
 - ii. UF (or the Florida Survey Research Center) will invoice ALPI for another third of the Fees upon preparation of the survey packets and delivery of the packets to ALPI.
 - iii. UF (or the Florida Survey Research Center) will invoice ALPI for the balance of the Fees upon completion of the final report and delivery of the bound copies of the reports to ALPI
 - B. Invoices will be sent to the contact listed in Paragraph 9. Payment shall be made by ALPI within thirty (30) days after receipt of each invoice from UF and shall be made in the form of a check to "University of Florida."



- C. UF shall provide, upon request, expenditure documentation in detail sufficient for a proper pre- and post-audit.
4. Independent Contractors: By this Contract the parties intend to establish between themselves the relationship of mutually independent contractors. Each party and the officers, employees, agents, subcontractors or other contractors thereof shall not be deemed by virtue of this Contract to be the officers, agents, or employees of the other party.
5. Non-Discrimination: Work under this Contract will be in compliance with all applicable statutory requirements. The parties agree to comply with all federal, state and local laws prohibiting discrimination and assure each other that neither will discriminate against any employee or applicant for employment because of race, color, religion, creed, sex, national origin, handicap, marital status, or age.
6. Retention of Records: UF agrees to maintain records of all documents relating to this agreement for three (3) years after final payment is made and any other pending matters are closed, and to submit documentation as requested by ALPI for audit purposes.
7. Termination:
- A. Without Cause: Either party may terminate this Contract without cause upon at least thirty (30) days advance written notice to the other party.
- B. With Cause: The failure of either party to comply with any provision of this Contract shall place that party in default. Prior to terminating this Contract with cause, the non-defaulting party shall notify the defaulting party in writing, making specific reference to the provision that gave rise to the default. The defaulting party shall then be entitled to a period of ten (10) working days from receipt of such notice in which to cure the default. If the default is not cured within the ten (10) day period, the non-defaulting party shall serve a written notice of termination on the defaulting party, which shall become effective ten (10) calendar days from that party's receipt of such notice. The failure of either party to exercise this right shall not be considered a waiver of such right in the event of any further default or non-compliance.
- C. Amount Payable Upon Termination: In case of termination under this Paragraph 7, ALPI shall reimburse UF for all costs (direct and indirect), including un-cancelable obligations, incurred in the performance of UF's obligations under this Contract provided, however, that ALPI will not be liable for the portion of such un-cancelable obligations which extend more than three (3) months following termination.



- D. Continuation of Rights. The parties understand and agree that any rights or obligations under this Contract that by their nature extend beyond completion or termination of this Contract, shall survive according to their terms.
8. Liability: ALPI and UF agree to be fully responsible for their own acts of negligence, or their respective agents' acts of negligence when acting within the scope of their employment. ALPI and UF further agree that nothing contained herein shall be construed or interpreted as (1) denying to either party any remedy or defense available to such party under the laws of the State of Florida; (2) the consent of the UF, University of Florida or the State of Florida or their employees or agents to be sued; (3) a waiver of sovereign immunity of UF, University or of the State of Florida beyond the waiver provided in section 768.28 Florida Statutes.
9. Notices: All notices, consents, approvals, and other communications (collectively "Notices") which may be or are required to be given by either party under this Agreement shall be properly given only if made in writing and sent to the address of the other party as set forth below, or as modified in accordance herewith, by hand delivery, U.S. Certified Mail (Return Receipt Requested) or a nationally recognized overnight delivery service.

If to UF:

Michael Scicchitano, Ph.D., Director
 Florida Survey Research Center
 University of Florida
 1731 NW 6th St., Suite A2
 Gainesville, FL 32609
 Phone: (352) 846-2874
 Fax: (352) 392-0876
 Email: msscicc@ufl.edu

If to ALPI:

Ms. Deloris Johnson, CEO
 Agricultural and Labor Program, Inc.
 300 Lynchburg Road
 P.O. Box 3126
 Winter Haven, FL 33881
 Phone: 863-956-3491x206
 Fax: 863-956-3357
 Email: DJohnson@ALPI.org

Either party may change its address for Notices by giving written notice to the other party in accordance with this provision.



10. Use of Names: No party shall, except with prior written consent of the other party on each occasion, make any press or media announcements concerning this Contract, or use the name, logos, or trademarks of the other party, or any version, abbreviation, or representation of them, in any advertising or other form of publicity, without the permission of the party whose name, logo or trademark is sought to be used. Notwithstanding the foregoing, the parties may make factual statements during the term of this Contract to the general effect that this Contract exists, that it is between the parties, and that its purpose is for UF to perform survey services for ALPI.
11. Applicable Law and Venue: This Contract and the rights and obligations of the parties shall be governed by and construed according to the laws of the State of Florida. The venue for any action arising under this Contract shall be Alachua County, Florida.
12. Signatures Required: This Contract is valid and enforceable only upon being fully executed by authorized persons whose signatures are required in order to bind the parties.
13. Captions: The captions to the paragraphs of this Contract are for the convenience of reference only, do not form a part of this Contract, and shall not affect its interpretation.
14. Entire Contract/Modifications: This Contract constitutes the entire agreement of the parties, and is intended as a complete and exclusive statement of the promises, representations, negotiations, discussions and agreements that have been made in connection with this subject. No modification or amendment to this Contract shall be binding on the parties unless the same is in writing and signed by the parties.
15. Conflict of Interest: To the best of its knowledge, UF represents that it presently has no interest, and shall acquire no such interest, financial or otherwise, direct or indirect, nor engage in any business transaction or professional activity, or incur any obligation of any nature, which would conflict in any manner with the performance of the scope of service required hereunder.
16. Severability: In the event any section, sentence, clause, or provision of this Contract is held to be invalid, illegal or unenforceable by a court having jurisdiction over the matter, the remainder of the Contract shall not be affected by such determination and shall remain in full force and effect.
17. Insurance: UF, as a public body corporate, warrants and represents that it is self-funded for liability insurance.



IN WITNESS WHEREOF, ALPI and UF respectively, have caused this Contract to be executed by their duly authorized representatives.

AGRICULTURAL AND LABOR PROGRAM, INC.

By: *Deloris Johnson*

Print Name: Deloris Johnson

Title: Chief Executive Officer

Date: April 5, 2018

THE UNIVERSITY OF FLORIDA BOARD OF TRUSTEES for the benefit of the FLORIDA SURVEY RESEARCH CENTER

Joseph Glover

Joseph Glover, Ph.D.
Provost and Senior Vice President Academic Affairs

Date: 4/2/18



ATTACHMENT A: Scope of Work

The Florida Survey Research Center (FSRC) welcomes the opportunity to provide services to the Agricultural and Labor Program (ALPI) to assist ALPI in gathering the information it needs to better serve low-income children and families in its target area.

To obtain the information that ALPI needs, the FSRC will provide the following services:

1. Off-site consultation to review and revise, if necessary, the 2018 four-page (8.5 by 11 inch page size) survey instrument with ALPI providing final approval;
2. Print the survey instruments;
3. Prepare 3,000 survey packets with each packet containing a survey instrument, a cover letter and a postage-paid return envelope;
4. Deliver the survey packets to the ALPI main office;
5. Data reduce the completed survey instruments and develop a data base;
6. Analyze the survey results;
7. Prepare a detailed report of the survey results for the general ALPI service area and a separate report for the survey respondents from St. Lucie County that will include the following:
 - a. a description of the survey process and methodology;
 - b. an executive summary of the results;
 - c. a detailed description of the results of the survey.
8. Deliver ten bound copies of each report identified above to ALPI, along with a CD-ROM containing copies of the reports.



BYLAWS COMMITTEE MEETING
ALPI Corporate Office - Lake Alfred, FL
April 27, 2018
7:00 pm

AGENDA

I. CALL TO ORDER

- A. Mission Statement**
- B. Roll Call**
 - Kimberly Ross
 - Katie Clarke
 - Shelia Dixon
 - Gena Spivey
 - PaHoua Lee-Yang, Staff Liaison**

II. ITEMS FOR DISCUSSIONS

- **Review Bylaws Section IV – Article 12 (Board Emeritus)**
 - **Add Lester Roberts as a Board Emeritus**

"Grace Miller is hereby designated as Board Members Emeritus and shall serve as a non-voting member of the Board of Directors.

III. ACTION ITEMS/RECOMMENDATIONS FOR BOARD APPROVAL

- **Amend Bylaws Section IV – Article 12 to read:**

"Grace Miller and Lester Roberts are hereby designated as Board Members Emeritus and both shall serve as a non-voting member of the Board of Directors.

IV. ADJOURNMENT

ALPI Mission Statement

The mission of The ALPI is to propose, implement, and advocate developmental and human service delivery programs for the socially and economically disadvantaged; children and families; and farmworkers.



SPECIAL EVENTS COMMITTEE MEETING
Corporate Office - Lake Alfred
April 27, 2018
7:00 p.m.

AGENDA

I. CALL TO ORDER

- A. Mission Statement
- B. Roll Call
 - Marva Hawkins, Chair
 - Glenda Jones
 - Ruby Willix
 - Constance Griffin
 - Aletta Stroder, Staff Liaison**

II. ITEMS FOR DISCUSSIONS

- Establish Annual Picnic Plan/Budget
- Identify Picnic Location
- ALPI Wall of Fame Update & Timelines

III. ACTION ITEMS/RECOMMENDATIONS FOR BOARD APPROVAL

- Annual Picnic Plan/Budget
- Picnic Location
- ALPI Wall of Fame Timelines

IV. ADJOURNMENT

ALPI Mission Statement

The mission of The ALPI is to propose, implement, and advocate developmental and human service delivery programs for the socially and economically disadvantaged; children and families; and farmworkers.

IDENTIFY PICNIC LOCATION

PERMIT FOR PARK FACILITY

2017

WEEKEND CELL: 407-259-8072

Office Phone: (407)688.5103 Office Fax: (407) 688.5083 Office Hours: Mon-Thurs. 7:30am-5:30pm

Date of permit application: 3/27/18 Type of event: Agency Picnic Date of Event: 4/30/18
 Name of applicant: The Agricultural & Home Program Inc Saturday
 # of Guests: 200 Phone #: 863-956-3491 x204
 Mailing address: 300 Lynchburg Rd City: Lake Wales State: _____ Zip Code: 33850
 Park Location: Derby Hours: From 9 To: 5
 Special Requests or Requirements: tax exempt

Moonwalk DJ/Noise permit Waterslide Water Usage (\$30.00)

Date Paid: _____
 CHECK CASH CREDIT CARD

5% \$ 3.25 RR
 Rental Fee: \$ 105.00 US
 Tax: \$ _____ SX
 Other: \$ 100.00 Refundable
 Total: \$ 168.25

5% Recreation Capital Recovery Fund

SMALL SHELTERS	Resident Fees Half Day \$33.60	Non-Resident Fees Half Day \$50.40	Resident Fees Full Day \$56.00	Non-Resident Fees Full Day \$78.40
Academy Manor; Bentley Wilson; Groveview; Lee P. Moore (1); McKibbin; Park on Park; South Pinecrest; Washington Oaks; Marina				
LARGE SHELTERS	Resident Fees Half Day \$50.40	Non-Resident Fees Half Day \$72.80	Resident Fees Full Day \$72.80	Non-Resident Fees Full Day \$112.00
Coastline Park; Derby Park; Lee P. Moore (2)				
HOURLY 2hr. minimum	Centennial	Resident \$15.00	Non-Resident \$25.00	7% tax must be added to hourly fees plus 5% RR fee
	Veterans Memorial	\$15.00	\$15.00	
	Magnolia Square	\$25.00	\$50.00	

A \$100.00 refundable clean-up deposit shall be charged for reservations relating to each Large Shelter or any reservation for use by 100 or more people. All required fees for reservations must be paid in full within one full business week (Monday through Thursday) from date of request for reservations and no later than noon the Wednesday before the event if booked within the week of requested event. Reservation/permit issuance is not confirmed until all fees have been paid. If insurance certificate is required, it must be submitted prior to reservation payment. Permits must be brought to the Park during times of usage. Minimum time is 2 hours rental per shelter. Rental fees are refundable if a Permittee cancels at least 2 full business days prior to the event. Please allow 4 to 6 weeks for a refund. The City does not refund rental fees if weather prevents a Permittee from having an event. However, a Permittee can reschedule for another day. Please call 407-688-5103 to cancel or reschedule.

Overall Park Hours (including the playground) are 8:00 am – Sunset (as determined by the City). **PLEASE NOTE: A PERMITTEE'S RESERVATION ENTITLES THE PERMITTEE TO USE ONLY THE SHELTER(S) THE PERMITTEE HAS RESERVED. THE PARK REMAINS OPEN TO THE GENERAL PUBLIC AT ALL TIMES.** PARKS WILL BE OPENED AND CLEANED ONLY ONCE A DAY IN THE MORNING. PARK RESERVATIONS ARE MADE FOR FACILITIES IN "AS-IN" CONDITIONS IT IS THE RESPONSIBILITY OF ALL USERS TO CLEAN UP AFTER THEIR USE.

Green Space Reservations City of Sanford Resident \$10.00 per Hr. Non Resident \$25.00 per hr

Park green space reservations shall be limited to only City-approved special events and any City-approved youth or adult recreation activities pursuant to a written permit form, or agreement with, the City and may be reserved for a minimum of two (2) hours during the park hours of 8:00 AM. – Sunset absent a controlling agreement with the City. A reservation fee and clean-up deposit will be required at the time the reservation request is made.

Parks with Green space

18 th Street Park	430 W. 18 th Street	Groveview Park	306 Springview Dr
Academy Manor Park	152 W. Academy Drive	Ft. Mellon Park	600 E. 1 st Street
Bay Avenue Park	2430 Bay Avenue	Magnolia Ave. Park	2951 Magnolia Ave.
Bel Air I	1800 Palm Way	McKibbin Park	1201 W 25 th Street
Bel Air II	801 Rose Way	Park on Park	800 Park Ave.
Centennial Park	400 Park Avenue	Red Barber Park	201 E. 13 th Street
Coastline Park	900 W. 9 th Street	Roy G. Williams Park	500 Elliott Ave.
Derby Park	2199 Oregon Avenue		

PARK RULES & REGULATIONS

If a Permittee arrives at a shelter that was assigned to the Permittee and it is occupied by someone who does not have a permit for that shelter, the Permittee inform the occupant that the shelter is reserved by permit. If the other occupant refuses to leave, please notify the **Sanford Police Department Dispatch 407-688-5199**.

Each shelter used shall be left clean and will be subject to City inspection. A fee may be assessed if a shelter is not left in acceptable condition and no further permits will be issued until all fees are paid in full.

If an authorized agent of the City terminates an activity or permit for cause, no refund of fees or deposits will be made.

Events requiring any City services must complete an application for a special event. Call the Leisure Services Department at 407-688-5120 for more information.

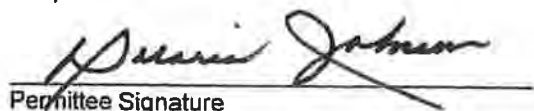
MOONWALKS AND OTHER SPECIAL REQUESTS: (Moonwalks, Waterslides, etc. – Water Usage (\$30) (allowed only for City events at Ft. Mellon Park).

If the Permittee plans to have a moonwalk, waterslide, ponies or other rental play equipment or similar activities, the Permittee must have the renter fax a Certificate of Liability Insurance in the amount of \$1,000,000.00 to the City Parks & Grounds Operations Department (407-688-5083). The City must be listed as an additional insured with regard to General Liability and Automobile insurance. The City's electrical outlets do not have the sufficient amperage for such equipment. Therefore, a safe and suitable generator must be provided by the Permittee for Moonwalks, waterslides, etc. If the Permittee plans to have a DJ or loud music at its event, a noise permit is required. The City Police Department processes such applications (407-688-5070).

HOLD HARMLESS: The Permittee hereby promises and agrees to indemnify and save harmless the City and its officers, officials, agents, and employees, from and against any and all liability, claims, damages, demands, expenses, fees, fines, penalties, suits, proceedings, actions and costs of actions to include, but not be limited to, attorneys' fees for trial and on appeal, of any kind and nature arising from or growing out of, or in any way connected with, the use of City facilities. The Permittee assumes any and all costs arising from the use of patented, trademarked or copyrighted materials, equipment, devices, processes, or dramatic rights. The Permittee agrees to defend the City from any and all suits and actions regardless of whether it is groundless or fraudulent. The Permittee agrees to review and abide by all City ordinances, rules and regulations and agrees to hold the City and its officers, officials and employees harmless from any loss, cost or damage that may be suffered during the use of City facilities. This provision shall be jointly and severally applicable to the undersigned and the organization on whose behalf this application is made.

CERTIFICATION BY APPLICANT: I certify that I have read this application and the terms and conditions of the permit and that all information contained in this application is true and correct. I understand this permit may be cancelled by the Chief of Police or The Fire Chief should any conditions/stipulations of the permit or City ordinances, rules and regulations or State law be violated and that no refund will be due in such cases. I certify that I am authorized by the organization named herein to act as its agent for the herein described activity. I understand and agree to all terms and conditions of this permit.

Fax or mail to: 407-688-5083
 City of Sanford Parks & Grounds
 P.O. Box 1788, Sanford, FL 32772


 Permittee Signature

3/28/2018
 Date

Name: Deloris Johnson, CEO
 The Agricultural and Labor Program, Inc.

Park: _____ Date: _____

Please sign and return this page only



RETIREMENT COMMITTEE MEETING

Corporate Office - Lake Alfred, FL

April 28, 2018

8:00 AM

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. ALPI/RETIREMENT PLAN

Financial Statements and Supplemental Schedule w/Independent Auditor's Report
(June 30, 2017 and 2016)

III. ANNUAL RETURN/REPORT OF EMPLOYEE BENEFIT PLAN

IRS FORM 5500 REPORT/RETIREMENT BENEFIT

IV. ACTION ITEMS

- Approval of Financial Statements and Supplemental Schedule w/Independent Auditor's Report
- Approval of IRS Form 5500 Report/RETIREMENT PLAN

V. OTHER BUSINESS

VI. ADJOURNMENT

ALPI Mission Statement

The mission of The ALPI is to propose, implement, and advocate developmental and human service delivery programs for the socially and economically disadvantaged; children and families; and farmworkers.

**FINANCIAL STATEMENTS and SUPPLEMENTAL SCHEDULE
w/INDEPENDENT AUDITOR'S REPORT**

VESTAL WILER

April 13, 2018

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 (the Plan) for the year ended June 30, 2017 and have issued our report thereon dated April 13, 2018. 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 September 15, 2017. 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. No new accounting policies were adopted and the application of existing policies was not changed during 2017. 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 trivial, and communicate them to the appropriate level of management.

Disagreements with Management

For purposes of this letter, a disagreement with management is 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 April 13, 2018.

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

In April 2017, the AICPA issued an exposure draft on a proposed Statement on Auditing Standards (SAS) on *Forming An Opinion And Reporting On Financial Statements Of Employee Benefit Plans Subject To ERISA*. This proposed standard, if approved as drafted, would require the auditor to report the required auditing procedures performed in the audit as well as any findings from these procedures. The proposed SAS would be effective for audits of financial statements for periods ending on or after December 15, 2018.

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 & Wilen

Certified Public Accountants



THE AGRICULTURAL AND LABOR PROGRAM, INC.
RETIREMENT PLAN

FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULE

WITH INDEPENDENT AUDITOR'S REPORT

June 30, 2017 and 2016

THE AGRICULTURAL AND LABOR PROGRAM, INC. RETIREMENT PLAN

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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, 2017 and 2016, and the related statement of changes in net assets available for benefits for the year ended June 30, 2017, 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, 2017 and 2016, and for the year ended June 30, 2017, 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, 2017, 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.

**Certified Public Accountants**

April 13, 2018

THE AGRICULTURAL AND LABOR PROGRAM, INC. RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

June 30, 2017 and 2016

	<u>2017</u>	<u>2016</u>
ASSETS:		
INVESTMENTS - at fair value:		
Fixed annuities	\$ 2,616,567	\$ 2,457,377
Variable annuities	<u>229,392</u>	<u>227,006</u>
TOTAL INVESTMENTS	<u>2,845,959</u>	<u>2,684,383</u>
RECEIVABLES:		
Employer nonelective contribution	220,582	218,304
Notes receivable from participants	<u>46,380</u>	<u>48,713</u>
TOTAL RECEIVABLES	<u>266,962</u>	<u>267,017</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 3,112,921</u>	<u>\$ 2,951,400</u>

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, 2017

ADDITIONS TO NET ASSETS ATTRIBUTED TO:	
Investment income:	
Net appreciation in fair value of investments	\$ 84,521
Interest	11,425
	<u>95,946</u>
Total investment income	95,946
Interest income on notes receivable from participants	<u>2,799</u>
Contributions:	
Participant	113,381
Employer nonelective	220,582
	<u>333,963</u>
Total contributions	333,963
TOTAL ADDITIONS	<u>432,708</u>
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:	
Benefits paid to participants	270,007
Administrative expenses	1,180
	<u>271,187</u>
TOTAL DEDUCTIONS	271,187
NET INCREASE	161,521
NET ASSETS AVAILABLE FOR BENEFITS - Beginning of year	<u>2,951,400</u>
NET ASSETS AVAILABLE FOR BENEFITS - End of year	<u>\$ 3,112,921</u>

See notes to financial statements.

THE AGRICULTURAL AND LABOR PROGRAM, INC. RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

June 30, 2017 and 2016

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, 2017, 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, 2017, the Program made a \$220,582 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.

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% (ReliaStar), as defined. Principal and interest are paid ratably through biweekly payroll deductions.

THE AGRICULTURAL AND LABOR PROGRAM, INC. RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

June 30, 2017 and 2016

NOTE 1 DESCRIPTION OF PLAN (Continued)

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, 2017 and 2016, the Plan had no forfeitures, nor were any used during the year ended June 30, 2017.

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

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, 2017 and 2016. 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 13, 2018, the date which the financial statements were available to be issued.

THE AGRICULTURAL AND LABOR PROGRAM, INC. RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

June 30, 2017 and 2016

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, 2017 and 2016, net appreciation in fair value of investments, and interest income for the year ended June 30, 2017, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by Great-West and ReliaStar.

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, 2017 and 2016:

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 AGRICULTURAL AND LABOR PROGRAM, INC. RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

June 30, 2017 and 2016

NOTE 4 FAIR VALUE MEASUREMENTS (Continued)

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, 2017 and 2016. Classification with the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement.

	2017	2016
Fixed annuities	\$ 2,616,567	\$ 2,457,377
Variable annuities	229,392	227,006
Total assets at fair value	<u>\$ 2,845,959</u>	<u>\$ 2,684,383</u>

At June 30, 2017 and 2016, there are no assets measured using Level 1 or Level 3 inputs.

Transfers between Levels

For year ended June 30, 2017, 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, therefore, these transactions qualify as party in interest transactions. 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.

THE AGRICULTURAL AND LABOR PROGRAM, INC. RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

June 30, 2017 and 2016

NOTE 7 TAX STATUS (Continued)

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.

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 THE FORM 5500

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

	2017	2016
Net assets available for benefits per the financial statements	\$ 3,112,921	\$ 2,951,400
Less: contributions receivable	220,582	218,304
Less: miscellaneous adjustments	8,781	12,734
Net assets available for benefits per Form 5500	<u>\$ 2,883,558</u>	<u>\$ 2,720,362</u>

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

	2017
Net increase in net assets available for benefits per the financial statements	\$ 161,521
Plus: contributions receivable - beginning of year	218,304
Less: contributions receivable - end of year	220,582
Plus: miscellaneous adjustments	3,953
Net increase in net assets available for benefits per Form 5500	<u>\$ 163,196</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, 2017

(a)	(b) Identity of Issue	(c) Description of Issue	(d) Cost	(e) Current Value
*	Great-West Life & Annuity Insurance Company	Great-West Aggressive Profile		\$ 15,054
*	Great-West Life & Annuity Insurance Company	Great-West Mod Aggr Profile		5,478
*	Great-West Life & Annuity Insurance Company	Great-West Moderate Profile		15,825
*	Great-West Life & Annuity Insurance Company	Great-West MFS Intl Value Fund		7,714
*	Great-West Life & Annuity Insurance Company	Oppenheimer Global Fund		90
*	Great-West Life & Annuity Insurance Company	Putnam International Capital Opp R		53
*	Great-West Life & Annuity Insurance Company	Great-West S&P Small Cap 600 Index Fund		4,267
*	Great-West Life & Annuity Insurance Company	Great-West Loomis Sayles Small Cap Value Fund		176
*	Great-West Life & Annuity Insurance Company	Ridgeworth Small Cap Growth Stock		94
*	Great-West Life & Annuity Insurance Company	RS Select Growth		234
*	Great-West Life & Annuity Insurance Company	RS Small Cap Growth		234
*	Great-West Life & Annuity Insurance Company	Columbia Mid Cap Value Fund		101
*	Great-West Life & Annuity Insurance Company	Great-West Ariel Mid Cap Value Fund		16,948
*	Great-West Life & Annuity Insurance Company	Great-West T Rowe Price Midcap Growth Fund		1,018
*	Great-West Life & Annuity Insurance Company	American Century Equity Income Fund		433
*	Great-West Life & Annuity Insurance Company	American Funds Growth Fund		171
*	Great-West Life & Annuity Insurance Company	Federated Equity Income		6,111
*	Great-West Life & Annuity Insurance Company	Fidelity VIP Growth Portfolio		56,212
*	Great-West Life & Annuity Insurance Company	Fidelity VIP II Contrafund		625
*	Great-West Life & Annuity Insurance Company	Great-West Stock Index Fund		54,975
*	Great-West Life & Annuity Insurance Company	Great-West T. Rowe Price Equity Inc		1,907
*	Great-West Life & Annuity Insurance Company	Jensen Quality Growth		38
*	Great-West Life & Annuity Insurance Company	Legg Mason Cap Mgmt Value Trust		157
*	Great-West Life & Annuity Insurance Company	MFS Core Growth		97
*	Great-West Life & Annuity Insurance Company	Oppenheimer Capital Appreciation		47
*	Great-West Life & Annuity Insurance Company	Great-West Bond Index Fund		2,899
*	Great-West Life & Annuity Insurance Company	Great-West Loomis Sayles Bond Fund		796
*	Great-West Life & Annuity Insurance Company	Great-West US Govt Mortgage Secur Fund		525
*	Great-West Life & Annuity Insurance Company	Putnam High Yield Advantage R		99
*	Great-West Life & Annuity Insurance Company	Great-West Guaranteed Fixed Fund**		319,964
*	Great-West Life & Annuity Insurance Company	Guaranteed Interest Fund**		6,611
*	Great-West Life & Annuity Insurance Company	Great-West Money Market Fund		37,014
*	ReliaStar Life Insurance Company	Fixed account investment funds**		2,289,992
*	Participant loans	5.25% - 5.50%		46,380

*Denotes a party-in-interest

**Fixed annuity

The Agricultural and Labor Program, Inc.
Retirement Plan
EIN 59-1634048, Plan 002
Attachment to 2016 Form 5500
Schedule H

ANNUAL RETURN/REPORT OF EMPLOYEE BENEFIT PLAN
IRS FORM 5500 REPORT/RETIREMENT PLAN

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <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 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> <hr/> <p style="text-align: center; font-size: 1.2em;">2016</p> <hr/> <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 2016 or fiscal plan year beginning 07/01/2016 and ending 06/30/2017

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

a single-employer plan a DFE (specify) _____

B This return/report is: 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 The Agricultural and Labor Program, Inc, Retirement Plan</p>	<p>1b Three-digit plan number (PN) ▶</p>	<p>001</p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., 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) The Agricultural and Labor Program, Inc</p> <p>300 Lynchburg Road</p> <p>Lake Alfred FL 33850</p>	<p>1c Effective date of plan 07/01/1993</p> <p>2b Employer Identification Number (EIN) 59-1634148</p> <p>2c Plan Sponsor's telephone number 800-330-3491</p> <p>2d Business code (see instructions) 624100</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		04/16/2018	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

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
--	---

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	359
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).		
a(1) Total number of active participants at the beginning of the plan year	6a(1)	189
a(2) Total number of active participants at the end of the plan year	6a(2)	168
b Retired or separated participants receiving benefits	6b	0
c Other retired or separated participants entitled to future benefits	6c	176
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	344
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	2
f Total. Add lines 6d and 6e	6f	346
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g	346
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 2A 2E 2G 2L 2M 2T 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) **R** (Retirement Plan Information)
- (2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1) **H** (Financial Information)
- (2) **I** (Financial Information - Small Plan)
- (3) ² **A** (Insurance Information)
- (4) **C** (Service Provider Information)
- (5) **D** (DFE/Participating Plan Information)
- (6) **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) Yes No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) Yes No

11c Enter the Receipt Confirmation Code for the 2016 Form M-1 annual report. If the plan was not required to file the 2016 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No 1210-0110</p> <hr/> <p>2016</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2016 or fiscal plan year beginning 07/01/2016 and ending 06/30/2017

A Name of plan The Agricultural and Labor Program, Inc, Retirement Plan	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 The Agricultural and Labor Program, Inc	D Employer Identification Number (EIN) 59-1634148	

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
ReliaStar Life Insurance Company

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
41-0451140	67105	0229	300	07/01/2016	06/30/2017

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
15,799	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons)

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

Laws & Associates
3818 Arrowhead Dr

St Augustine FL 32086

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
10,587			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

OV Williams and Associates
1601 Mason Ave

Daytona Beach FL 32117

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2,582			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

Brittany Laws
PO Box 904

St Augustine FL 32085

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1,615			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

Mildred Lambert
PO Box 904

St Augustine FL 32085

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
887			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

Kenneth Seimore
13 Masters Dr

St. Augustine FL 32084

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
128			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier

6b	
-----------	--

c Premiums due but unpaid at the end of the year

6c	
-----------	--

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.

6d	
-----------	--

Specify nature of costs ▶

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶ Annuity Contract

b Balance at the end of the previous year

7b	2,094,591
-----------	-----------

c Additions: (1) Contributions deposited during the year

7c(1)	326,096
7c(2)	55,000
7c(3)	
7c(4)	
7c(5)	25,356

▶ loan payments

(6) Total additions

7c(6)	406,452
--------------	---------

d Total of balance and additions (add lines **7b** and **7c(6)**)

7d	2,501,043
-----------	-----------

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year

7e(1)	173,094
7e(2)	
7e(3)	
7e(4)	37,957

▶ loans taken

(5) Total deductions

7e(5)	211,051
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f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)

7f	2,289,992
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Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

- 8** Benefit and contract type (check all applicable boxes)
- | | | | |
|--|--|---|--|
| <input type="checkbox"/> a Health (other than dental or vision) | <input type="checkbox"/> b Dental | <input type="checkbox"/> c Vision | <input type="checkbox"/> d Life insurance |
| <input type="checkbox"/> e Temporary disability (accident and sickness) | <input type="checkbox"/> f Long-term disability | <input type="checkbox"/> g Supplemental unemployment | <input type="checkbox"/> h Prescription drug |
| <input type="checkbox"/> i Stop loss (large deductible) | <input type="checkbox"/> j HMO contract | <input type="checkbox"/> k PPO contract | <input type="checkbox"/> l Indemnity contract |
| <input type="checkbox"/> m Other (specify) ▶ | | | |

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Eamed ((1) + (2) - (3)).....		9a(4)	0
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	0
(4) Claims charged.....		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) –			
(A) Commissions.....	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes.....	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves.....		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....		9e	
10 Nonexperience-rated contracts:			
a Total premiums or subscription charges paid to carrier.....		10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.....		10b	
Specify nature of costs.			

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No 1210-0110</p> <hr/> <p>2016</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2016 or fiscal plan year beginning 07/01/2016 and ending 06/30/2017

<p>A Name of plan The Agricultural and Labor Program, Inc, Retirement Plan</p>	<p>B Three-digit plan number (PN) ▶ <u>001</u></p>
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<p>C Plan sponsor's name as shown on line 2a of Form 5500 <u>The Agricultural and Labor Program, Inc</u></p>	<p>D Employer Identification Number (EIN) <u>59-1634148</u></p>
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Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
Great West Life

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
<u>84-0467907</u>	<u>7692</u>	<u>95764-01</u>	<u>97</u>	<u>07/01/2016</u>	<u>06/30/2017</u>

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	326,574
5 Current value of plan's interest under this contract in separate accounts at year end	5	229,392

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier..... **6b**

c Premiums due but unpaid at the end of the year..... **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount **6d**
 Specify nature of costs ▶

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶ Group Annuity Contract

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶ Group Annuity Contract

b Balance at the end of the previous year.....	7b	362,786
c Additions: (1) Contributions deposited during the year.....	7c(1)	1,231
(2) Dividends and credits	7c(2)	0
(3) Interest credited during the year	7c(3)	11,425
(4) Transferred from separate account.....	7c(4)	2
(5) Other (specify below)	7c(5)	2,623
▶ loan pmts		
(6) Total additions.....	7c(6)	15,281
d Total of balance and additions (add lines 7b and 7c(6))	7d	378,067
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	50,939
(2) Administration charge made by carrier	7e(2)	554
(3) Transferred to separate account.....	7e(3)	
(4) Other (specify below)	7e(4)	
▶		
(5) Total deductions.....	7e(5)	51,493
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	326,574

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

- 8** Benefit and contract type (check all applicable boxes)
- | | | | |
|---|---|--|---|
| <input type="checkbox"/> a Health (other than dental or vision) | <input type="checkbox"/> b Dental | <input type="checkbox"/> c Vision | <input type="checkbox"/> d Life insurance |
| <input type="checkbox"/> e Temporary disability (accident and sickness) | <input type="checkbox"/> f Long-term disability | <input type="checkbox"/> g Supplemental unemployment | <input type="checkbox"/> h Prescription drug |
| <input type="checkbox"/> i Stop loss (large deductible) | <input type="checkbox"/> j HMO contract | <input type="checkbox"/> k PPO contract | <input type="checkbox"/> l Indemnity contract |
| <input type="checkbox"/> m Other (specify) ▶ | | | |

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	0
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	0
(4) Claims charged.....		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) –			
(A) Commissions.....	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes.....	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves.....		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....		9e	
10 Nonexperience-rated contracts:			
a Total premiums or subscription charges paid to carrier.....		10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.....		10b	
Specify nature of costs.			

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

<p>SCHEDULE C (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <p>Department of Labor Employee Benefits Security Administration</p> <p>Pension Benefit Guaranty Corporation</p>	<p>Service Provider Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p>	<p>OMB No. 1210-0110</p> <p>2016</p> <p>This Form is Open to Public Inspection.</p>
<p>For calendar plan year 2016 or fiscal plan year beginning <u>07/01/2016</u> and ending <u>06/30/2017</u></p>		
<p>A Name of plan</p> <p>The Agricultural and Labor Program, Inc, Retirement Plan</p>	<p>B Three-digit plan number (PN) ▶</p> <p style="text-align: right;">001</p>	
<p>C Plan sponsor's name as shown on line 2a of Form 5500</p> <p>The Agricultural and Labor Program, Inc</p>	<p>D Employer Identification Number (EIN)</p> <p>59-1634148</p>	

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions). Yes No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

ReliaStar Life Insurance Company 41-0451140
 20 Washington Avenue South
 Minneapolis MN 55401

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions)

(a) Enter name and EIN or address (see instructions)

ReliaStar Life Insurance Company 41-0451140
 20 Washington Avenue South
 Minneapolis MN 55401

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	11,786	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	Service Provider	0				

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ReliaStar Life Insurance Company	64	11,786
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ING Fixed Fund 41-0451140	Record-Keeping Fees	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

<p align="center">SCHEDULE D (Form 5500)</p> <p align="center"><small>Department of the Treasury Internal Revenue Service</small></p> <hr/> <p align="center"><small>Department of Labor Employee Benefits Security Administration</small></p>	<p>DFE/Participating Plan Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p>	<p align="center"><small>OMB No 1210-0110</small></p> <hr/> <p align="center">2016</p> <hr/> <p align="center">This Form is Open to Public Inspection.</p>
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For calendar plan year 2016 or fiscal plan year beginning 07/01/2016 and ending 06/30/2017

A Name of plan The Agricultural and Labor Program, Inc, Retirement Plan	B Three-digit plan number (PN) ▶	001
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C Plan or DFE sponsor's name as shown on line 2a of Form 5500 The Agricultural and Labor Program, Inc	D Employer Identification Number (EIN) 59-1634148
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Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: Great West Life

b Name of sponsor of entity listed in (a): Great West Life

c EIN-PN 84-0467907 003	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	229,392
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a Name of MTIA, CCT, PSA, or 103-12 IE: MAP Contract Separate Account D

b Name of sponsor of entity listed in (a): ING Life Insurance & Annuity Company

c EIN-PN 71-0294708 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2,289,992
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

SCHEDULE H (Form 5500) <small>Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No 1210-0110 2016 This Form is Open to Public Inspection
For calendar plan year 2016 or fiscal plan year beginning 07/01/2016 and ending 06/30/2017		
A Name of plan The Agricultural and Labor Program, Inc, Retirement Plan	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 The Agricultural and Labor Program, Inc	D Employer Identification Number (EIN) 59-1634148	

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions.....	1b(1)	
(2) Participant contributions.....	1b(2)	
(3) Other.....	1b(3)	
c General investments:		
(1) Interest-bearing cash (Include money market accounts & certificates of deposit).....	1c(1)	
(2) U.S. Government securities.....	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred.....	1c(3)(A)	
(B) All other.....	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred.....	1c(4)(A)	
(B) Common.....	1c(4)(B)	
(5) Partnership/joint venture interests.....	1c(5)	
(6) Real estate (other than employer real property).....	1c(6)	
(7) Loans (other than to participants).....	1c(7)	
(8) Participant loans.....	1c(8)	35,978
(9) Value of interest in common/collective trusts.....	1c(9)	37,599
(10) Value of interest in pooled separate accounts.....	1c(10)	227,006
(11) Value of interest in master trust investment accounts.....	1c(11)	
(12) Value of interest in 103-12 investment entities.....	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	2,457,378
(15) Other.....	1c(15)	2,616,567

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities	1d(1)	
(2)	Employer real property	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	2,720,362 2,883,558
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness	1i	
j	Other liabilities	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	0 0
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	2,720,362 2,883,558

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	216,250
	(B) Participants	2a(1)(B)	112,841
	(C) Others (including rollovers)	2a(1)(C)	
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)	329,091
b	Earnings on investments:		
(1)	Interest:		
(A)	Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	
(B)	U.S. Government securities	2b(1)(B)	
(C)	Corporate debt instruments	2b(1)(C)	
(D)	Loans (other than to participants)	2b(1)(D)	
(E)	Participant loans	2b(1)(E)	2,060
(F)	Other	2b(1)(F)	
(G)	Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	2,060
(2)	Dividends: (A) Preferred stock	2b(2)(A)	
	(B) Common stock	2b(2)(B)	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	
(D)	Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)	0
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	0
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		11,425
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		84,521
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		427,097

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	256,142	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		256,142
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		6,579
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	1,180	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		1,180
j Total expenses. Add all expense amounts in column (b) and enter total	2j		263,901

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		163,196
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) Unqualified (2) Qualified (3) Disclaimer (4) Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? Yes No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: Vestal & Wiler, CPAs (2) EIN: 59-3198021

d The opinion of an independent qualified public accountant is **not attached** because:

(1) This form is filed for a CCT, PSA, or MTIA. (2) It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)

	Yes	No	Amount
4a		X	
4b		X	

		Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e		X	
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			
o Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	4o			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year. Yes No **Amount:**

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? Yes No Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year. (See instructions.)

Part V Trust Information

6a Name of trust	6b Trust's EIN
6c Name of trustee or custodian	6d Trustee's or custodian's telephone number

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2016 This Form is Open to Public Inspection.
--	---	---

For calendar plan year 2016 or fiscal plan year beginning 07/01/2016 and ending 06/30/2017

A Name of plan <u>The Agricultural and Labor Program, Inc, Retirement Plan</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>The Agricultural and Labor Program, Inc</u>	D Employer Identification Number (EIN) <u>59-1634148</u>	

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions 1 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 71-0294708 84-0467907

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year 3

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? Yes No N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? Yes No N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... Increase Decrease Both No

Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? Yes No

11 a Does the ESOP hold any preferred stock? Yes No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) Yes No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? Yes No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a	Name of contributing employer		
b	EIN	c	Dollar amount contributed by employer
d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____		
e	Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)		
	(1) Contribution rate (in dollars and cents) _____		
	(2) Base unit measure: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify): _____		
a	Name of contributing employer		
b	EIN	c	Dollar amount contributed by employer
d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____		
e	Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)		
	(1) Contribution rate (in dollars and cents) _____		
	(2) Base unit measure: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify): _____		
a	Name of contributing employer		
b	EIN	c	Dollar amount contributed by employer
d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____		
e	Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)		
	(1) Contribution rate (in dollars and cents) _____		
	(2) Base unit measure: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify): _____		
a	Name of contributing employer		
b	EIN	c	Dollar amount contributed by employer
d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____		
e	Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)		
	(1) Contribution rate (in dollars and cents) _____		
	(2) Base unit measure: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify): _____		
a	Name of contributing employer		
b	EIN	c	Dollar amount contributed by employer
d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____		
e	Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)		
	(1) Contribution rate (in dollars and cents) _____		
	(2) Base unit measure: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify): _____		
a	Name of contributing employer		
b	EIN	c	Dollar amount contributed by employer
d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____		
e	Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)		
	(1) Contribution rate (in dollars and cents) _____		
	(2) Base unit measure: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify): _____		
a	Name of contributing employer		
b	EIN	c	Dollar amount contributed by employer
d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____		
e	Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)		
	(1) Contribution rate (in dollars and cents) _____		
	(2) Base unit measure: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify): _____		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See Instructions. Complete as many entries as needed to report all applicable employers.

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment.

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment.

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
 Stock: 0.0% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
 0-3 years 3-6 years 6-9 years 9-12 years 12-15 years 15-18 years 18-21 years 21 years or more

c What duration measure was used to calculate line 19(b)?
 Effective duration Macaulay duration Modified duration Other (specify): _____

Part VII IRS Compliance Questions

20a Is the plan a 401(k) plan? If "No," skip b	<input type="checkbox"/> Yes	<input type="checkbox"/> No
20b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	<input type="checkbox"/> Design-based safe harbor	<input type="checkbox"/> "Prior year" ADP test
	<input type="checkbox"/> "Current year" ADP test	<input type="checkbox"/> N/A
21a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	<input type="checkbox"/> Ratio percentage test	<input type="checkbox"/> Average benefit test <input type="checkbox"/> N/A
21b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
22a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter _____ and the serial number _____		
22b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter _____		



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

**FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULE**

WITH INDEPENDENT AUDITOR'S REPORT

June 30, 2017 and 2016

VESTAL WILER
CERTIFIED PUBLIC ACCOUNTANTS

THE AGRICULTURAL AND LABOR PROGRAM, INC. RETIREMENT PLAN**TABLE OF CONTENTS**

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SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)	10



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, 2017 and 2016, and the related statement of changes in net assets available for benefits for the year ended June 30, 2017, 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, 2017 and 2016, and for the year ended June 30, 2017, 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, 2017, 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.



Certified Public Accountants

April 13, 2018

THE AGRICULTURAL AND LABOR PROGRAM, INC. RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

June 30, 2017 and 2016

	<u>2017</u>	<u>2016</u>
ASSETS:		
INVESTMENTS - at fair value:		
Fixed annuities	\$ 2,616,567	\$ 2,457,377
Variable annuities	<u>229,392</u>	<u>227,006</u>
TOTAL INVESTMENTS	<u>2,845,959</u>	<u>2,684,383</u>
RECEIVABLES:		
Employer nonelective contribution	220,582	218,304
Notes receivable from participants	<u>46,380</u>	<u>48,713</u>
TOTAL RECEIVABLES	<u>266,962</u>	<u>267,017</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 3,112,921</u>	<u>\$ 2,951,400</u>

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, 2017

ADDITIONS TO NET ASSETS ATTRIBUTED TO:	
Investment income:	
Net appreciation in fair value of investments	\$ 84,521
Interest	11,425
Total investment income	<u>95,946</u>
Interest income on notes receivable from participants	<u>2,799</u>
Contributions:	
Participant	113,381
Employer nonelective	220,582
Total contributions	<u>333,963</u>
TOTAL ADDITIONS	<u>432,708</u>
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:	
Benefits paid to participants	270,007
Administrative expenses	1,180
TOTAL DEDUCTIONS	<u>271,187</u>
NET INCREASE	161,521
NET ASSETS AVAILABLE FOR BENEFITS - Beginning of year	<u>2,951,400</u>
NET ASSETS AVAILABLE FOR BENEFITS - End of year	<u>\$ 3,112,921</u>

See notes to financial statements.

THE AGRICULTURAL AND LABOR PROGRAM, INC. RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

June 30, 2017 and 2016

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, 2017, 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, 2017, the Program made a \$220,582 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.

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% (ReliaStar), as defined. Principal and interest are paid ratably through biweekly payroll deductions.

THE AGRICULTURAL AND LABOR PROGRAM, INC. RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

June 30, 2017 and 2016

NOTE 1 DESCRIPTION OF PLAN (Continued)

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, 2017 and 2016, the Plan had no forfeitures, nor were any used during the year ended June 30, 2017.

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

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, 2017 and 2016. 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 13, 2018, the date which the financial statements were available to be issued.

THE AGRICULTURAL AND LABOR PROGRAM, INC. RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

June 30, 2017 and 2016

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, 2017 and 2016, net appreciation in fair value of investments, and interest income for the year ended June 30, 2017, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by Great-West and ReliaStar.

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, 2017 and 2016:

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 AGRICULTURAL AND LABOR PROGRAM, INC. RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

June 30, 2017 and 2016

NOTE 4 FAIR VALUE MEASUREMENTS (Continued)

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, 2017 and 2016. Classification with the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement.

	2017	2016
Fixed annuities	\$ 2,616,567	\$ 2,457,377
Variable annuities	229,392	227,006
Total assets at fair value	<u>\$ 2,845,959</u>	<u>\$ 2,684,383</u>

At June 30, 2017 and 2016, there are no assets measured using Level 1 or Level 3 inputs.

Transfers between Levels

For year ended June 30, 2017, 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, therefore, these transactions qualify as party in interest transactions. 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.

THE AGRICULTURAL AND LABOR PROGRAM, INC. RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

June 30, 2017 and 2016

NOTE 7 TAX STATUS (Continued)

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.

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 THE FORM 5500

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

	2017	2016
Net assets available for benefits per the financial statements	\$ 3,112,921	\$ 2,951,400
Less: contributions receivable	220,582	218,304
Less: miscellaneous adjustments	8,781	12,734
Net assets available for benefits per Form 5500	<u>\$ 2,883,558</u>	<u>\$ 2,720,362</u>

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

	2017
Net increase in net assets available for benefits per the financial statements	\$ 161,521
Plus: contributions receivable - beginning of year	218,304
Less: contributions receivable - end of year	220,582
Plus: miscellaneous adjustments	3,953
Net increase in net assets available for benefits per Form 5500	<u>\$ 163,196</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, 2017

(a)	(b) Identity of Issue	(c) Description of Issue	(d) Cost	(e) Current Value
*	Great-West Life & Annuity Insurance Company	Great-West Aggressive Profile		\$ 15,054
*	Great-West Life & Annuity Insurance Company	Great-West Mod Aggr Profile		5,478
*	Great-West Life & Annuity Insurance Company	Great-West Moderate Profile		15,825
*	Great-West Life & Annuity Insurance Company	Great-West MFS Intl Value Fund		7,714
*	Great-West Life & Annuity Insurance Company	Oppenheimer Global Fund		90
*	Great-West Life & Annuity Insurance Company	Putnam International Capital Opp R		53
*	Great-West Life & Annuity Insurance Company	Great-West S&P Small Cap 600 Index Fund		4,267
*	Great-West Life & Annuity Insurance Company	Great-West Loomis Sayles Small Cap Value Fund		176
*	Great-West Life & Annuity Insurance Company	Ridgeworth Small Cap Growth Stock		94
*	Great-West Life & Annuity Insurance Company	RS Select Growth		234
*	Great-West Life & Annuity Insurance Company	RS Small Cap Growth		234
*	Great-West Life & Annuity Insurance Company	Columbia Mid Cap Value Fund		101
*	Great-West Life & Annuity Insurance Company	Great-West Ariel Mid Cap Value Fund		16,948
*	Great-West Life & Annuity Insurance Company	Great-West T Rowe Price Midcap Growth Fund		1,018
*	Great-West Life & Annuity Insurance Company	American Century Equity Income Fund		433
*	Great-West Life & Annuity Insurance Company	American Funds Growth Fund		171
*	Great-West Life & Annuity Insurance Company	Federated Equity Income		6,111
*	Great-West Life & Annuity Insurance Company	Fidelity VIP Growth Portfolio		56,212
*	Great-West Life & Annuity Insurance Company	Fidelity VIP II Contrafund		625
*	Great-West Life & Annuity Insurance Company	Great-West Stock Index Fund		54,975
*	Great-West Life & Annuity Insurance Company	Great-West T. Rowe Price Equity Inc		1,907
*	Great-West Life & Annuity Insurance Company	Jensen Quality Growth		38
*	Great-West Life & Annuity Insurance Company	Legg Mason Cap Mgmt Value Trust		157
*	Great-West Life & Annuity Insurance Company	MFS Core Growth		97
*	Great-West Life & Annuity Insurance Company	Oppenheimer Capital Appreciation		47
*	Great-West Life & Annuity Insurance Company	Great-West Bond Index Fund		2,899
*	Great-West Life & Annuity Insurance Company	Great-West Loomis Sayles Bond Fund		796
*	Great-West Life & Annuity Insurance Company	Great-West US Govt Mortgage Secur Fund		525
*	Great-West Life & Annuity Insurance Company	Putnam High Yield Advantage R		99
*	Great-West Life & Annuity Insurance Company	Great-West Guaranteed Fixed Fund**		319,964
*	Great-West Life & Annuity Insurance Company	Guaranteed Interest Fund**		6,611
*	Great-West Life & Annuity Insurance Company	Great-West Money Market Fund		37,014
*	ReliaStar Life Insurance Company	Fixed account investment funds**		2,289,992
*	Participant loans	5.25% - 5.50%	-	46,380

*Denotes a party-in-interest

**Fixed annuity

The Agricultural and Labor Program, Inc.
Retirement Plan
EIN 59-1634048, Plan 002
Attachment to 2016 Form 5500
Schedule H

<p>Form 5500</p> <p>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 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="font-size: 24pt; font-weight: bold; text-align: center;">2016</p> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information

For calendar plan year 2016 or fiscal plan year beginning 07/01/2016 and ending 06/30/2017

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

a single-employer plan a DFE (specify) _____

B This return/report is: 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 The Agricultural and Labor Program, Inc, Retirement Plan</p>	<p>1b Three-digit plan number (PN) <u>001</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., 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) The Agricultural and Labor Program, Inc</p> <p>300 Lynchburg Road</p> <p>Lake Alfred FL 33850</p>	<p>1c Effective date of plan 07/01/1993</p> <p>2b Employer Identification Number (EIN) 59-1634148</p> <p>2c Plan Sponsor's telephone number 800-330-3491</p> <p>2d Business code (see instructions) 624100</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		Date	4-13-18 Deloris Johnson
	Signature of plan administrator		Enter name of individual signing as plan administrator
SIGN HERE		Date	Enter name of individual signing as employer or plan sponsor
	Signature of employer/plan sponsor		Enter name of individual signing as employer or plan sponsor
SIGN HERE		Date	Enter name of individual signing as DFE
	Signature of DFE		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	

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) Yes No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) Yes No

11c Enter the Receipt Confirmation Code for the 2016 Form M-1 annual report. If the plan was not required to file the 2016 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____



GOVERNMENT AFFAIRS
Chain O'Lakes - Winter Haven
April 28, 2018
8:30 a.m.

AGENDA

I. CALL TO ORDER

- Mission Statement
- Roll Call
Josephine Howard, Chair
Glenda Jones
Kim Johnson
Chester McNorton
Constance Griffin
Christine Samuel, Staff Liaison

II. ITEMS FOR DISCUSSIONS

- Review Agency 2018/2019 Legislative Proposed Agenda/Plan
- NCAF Legislative Conference Update

III. ACTION ITEMS/RECOMMENDATIONS FOR BOARD APPROVAL

- Agency 2018/2019 Legislative Agenda Plan

IV. ADJOURNMENT

ALPI Mission Statement

The mission of The ALPI is to propose, implement, and advocate developmental and human service delivery programs for the socially and economically disadvantaged; children and families; and farmworkers.



MEMBERSHIP COMMITTEE MEETING
Chain O'Lakes Complex - Winter Haven
April 28, 2018
9:00 a.m.

AGENDA

I. CALL TO ORDER

- A. Mission Statement
- B. Roll Call
 - Patricia Gamble, Chair
 - Sheila Dixon
 - LaVita Holmes
 - Shannyn Serrano
 - Terry Wellington
 - Cheryl Burnham, Staff Liaison**

II. ITEMS FOR DISCUSSIONS

- Review Advisory Councils Membership Recruitment Plan
- Review Head Start/Early Head Start Policy Council Membership Recruitment Plan

III. ACTION ITEMS/RECOMMENDATIONS FOR BOARD APPROVAL

- Advisory Council/Committee Membership Recruitment Plan
- Head Start/Early Head Start Policy Council Membership Recruitment

IV. ADJOURNMENT

ALPI Mission Statement

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ADVISORY COUNCIL 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



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 _____

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

**ALPI HEAD START/EARLY HEAD START
OPERATIONAL POLICIES AND PROCEDURES
PART 1 – PROGRAM GOVERNANCE**

SUBJECT	Program Governance
45 CFR SECTION:	1301.3 Policy Council and Policy Committee
PERFORMANCE OBJECTIVE:	To establish and maintain a formal structure for program governance for the oversight of quality services for Head Start children and families and for making decisions related to program design and implementation.

§1301.3 POLICY COUNCIL

a) ALPI establish and maintain a Policy Council at the agency level and is responsible for the direction of the Head Start and Early Head Start program, including program design and operations, long/short-term planning goals and objectives, taking into account the annual communitywide strategic planning, needs assessment and self-assessment.

b) Composition – ALPI’s Policy Council composition consist of parents of children who are currently enrolled in the Head Start and Early Head Start program, which constitute of the majority (74%) of the members of the policy council; and members at large of the community served by the program who may include parents of children who were formerly enrolled in the program and one Board of Directors (governing body) representative.

ALPI establish and maintain a process that ensures that members of the policy council do not have a conflict of interest in accordance with Head Start Act. No staff or members of their immediate families will serve on the policy council except parents who occasionally substitute as staff.

c) Duties and Responsibilities –

(1) ALPI’s Policy Council is responsible for activities specified §642(c)(2)(D) of the Head Start Act; which activities shall approve and submit to the Board of Directors (governing body) decisions to include the following:

- Activities that support the active involvement of parents in supporting program operations, including policies to ensure that the program is responsive to the community and parent’s needs;
- Program recruitment, selection, and enrollment priorities;
- Applications for funding and amendments to applications for funding for programs prior to submission of the applications;

- Budget planning for program expenditures, including policies for reimbursement and participation in policy council activities;
- Bylaws for the operation of the policy council;
- Program personnel policies and decisions regarding the employment of program staff, consistent with the Head Start Act §642(1)(E)(iv)(IX), including but are not limited to the following:
 - Personnel policies and procedures, including policies and procedures regarding the hiring, evaluation, compensation, and termination of the Executive Director, Head Start Director, Director of Human Resources, Chief Fiscal Officer, and any other person in an equivalent position with the agency;
 - Personnel policies regarding the hiring, evaluation, termination, and compensation of employees.
- Developing procedures for how members of the policy council will be elected
- Recommendations on the selection of delegate agencies and the service areas of such agencies.

(2) The Policy Council uses ongoing monitoring results, data on school readiness goals, other information described in §1302.102, and information described in section (642(d)(2) of the Head Start Act to conduct its responsibilities to include but are not limited to:

- Financial statements including credit card expenditures
- Program progress summaries reports
- Program enrollment and attendance reports including children partially enrolled in subsidize care
- Meals and snacks provided through the Child Care Food Program/USDA
- Financial audit
- Program annual self-assessment report and improvement plan
- Agency's communitywide strategic planning, and needs assessment of the program including annual updates
- Communication and guidance from the funders
- The annual Program Information Report (PIR).

d) Term

- (1) A member will serve for one year term
- (2) If the member intends to serve for another year, she or he will stand for re-election

(3) The Policy Council at the agency level in its bylaws will include how many one-year terms, not to exceed five terms, a person may serve

(4) The program seats the successor policy council, before the existing policy council is dissolved (October).

e) Reimbursement

The program will reimburse low-income parents participating in the policy council for reasonable expenses incurred if necessary.

OPERATIONAL PROCEDURE:

Composition

1. ALPI Board of Directors is responsible for the total membership 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 centers with 5 or more classrooms elect two representatives and two alternates. Refer to the approved membership matrix per center in item #6 of this procedure.
2. The Program Operations Directors are responsible for submitting a potential list of members at large of the community served to the Deputy Director and subsequently to the Chief Executive Officer for review and approval and to the Board of Directors.
3. Family Service staff will provide information to parents upon the recruitment and enrollment process about program opportunities; i.e., parent committees, Policy Council, advisory committees, etc.
4. The Child Development Services Managers and Contracted Center Directors are responsible for establishing and maintaining the Parent Committees at the center level and its structure in September of the program year, and provide training to include but are not limited to the following:
 - Parliamentary Procedures
 - Roles and Responsibilities of Parents
 - Parent's Rights
 - Program Governance
 - Education and Child Development Program Services
 - Health Program Services
 - Family and Community Engagement Program Services

5. The Child Development Services Managers and Contracted Center Directors during the first Parent Committee Meeting in September with the assistance of the Family Support Services Coordinators and/or the Family and Community Partnerships Managers are responsible for facilitating the election process that will consist of the following officers:
- President
 - Vice-president
 - Secretary
 - Treasurer
 - Policy Council Representative(s)
 - Policy Council Alternate(s)
6. The Child Development Services Managers will ensure that the established parent committee elects policy council representative(s) and alternates at the first parent committee meeting in September, the membership per center will consist of the following:

Directly operated centers:

2 Classrooms Francina Duval HS Center	1 Representative & 1 Alternate
6 Classrooms Lincoln Park HS Center	2 Representatives & 2 alternates
5 Classrooms Garden Terrace HS Center	2 Representatives & 2 Alternates
9 Classrooms George W. Truitt FS Center	2 Representatives & 2 Alternates
9 Classrooms Child Dev. & FS Center	2 Representatives & 2 Alternates
6 Classrooms Frostproof Child Dev. Center	2 Representatives & 2 Alternates
14 Classrooms Queen Townsend HS Center II	2 Representatives & 2 Alternates

Contracted centers:

Loving Care Child Development & Learning Tree Academy will work together with the Child Development Services Manager (liaison) from Francina Duval Head Start Center to elect 1 representative and 1 alternate.

JumpStart Development Center will work together with the Child Development Services Manager (liaison) from the Frostproof Child Development Center for the JumpStart parents to be represented by the elected members at the Frostproof Child Development Center.

7. Within 72 hours of the conclusion of the first Parent Committee Meeting, the Child Development Services Managers and Contracted Center Directors through the liaison will submit: name, address, home/work telephone numbers of the members elected to serve on the Policy Council to the Program Operations Directors.

8. Along with the information will be the signed certification of each elected members stating 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.
9. Policy Council members are elected or re-elected annually. (Community Representatives are selected annually). 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 five (5) years. Any part of the year served will be considered as a full term.
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.
12. The Program Operations Director or designee will develop a Policy Council Roster and forward it to the Deputy Director and the Chief Executive Officer within 72 hours after receiving the necessary information from the centers.

Orientation

1. The Deputy Director and the Program Operations Directors will provide Orientation/Training to the Policy Council, and Board of Directors in October on various topics to include, but not limited to the following:
 - Composition of the Board of Directors
 - Responsibilities of the Board of Directors
 - Responsibilities of the Policy Council
 - Responsibilities and Rights of Parents
 - ERSEA
 - Funding Sources
 - Program Structure and Program Option
 - Delivery of Services

2. During the first Policy Council Meeting in October, the Deputy Director and Program Operations Directors are responsible for formally organizing the Policy Council. At this meeting, and prior to facilitating the election process, the Directors will submit the list of potential Community Representative Candidates approved by the Chief Executive Officer and the Board of Directors to the Policy Council for approval. After obtaining the approval of the Community Representatives, the Deputy Director and the Program Operations Directors or consultant will facilitate the election process by which, all positions are declared open and new officers are elected. These officers are:
 - Chairperson
 - Vice-chairperson
 - Secretary
 - Treasurer
 - Board of Directors Representative
 - Parliamentarian (if applicable)
3. Additional training is provided to Parents and Policy Council through monthly meetings, workshops, conferences, etc.
4. The Program Operations Directors are responsible for submitting the names of the elected officers to the Deputy Director and the Chief Executive Officer within 72 hours of the election.



BUDGET & FINANCE COMMITTEE MEETING
 Chain O'Lakes Complex
 April 28, 2018
 9:00 a.m.

AGENDA

I. CALL TO ORDER

A. Mission Statement

B. Roll Call

Marjorie Gaskin, Chair
 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
- 2018-2019 Preliminary Operating Budget
- 2018 Independent Audit RFP Issuance and Timelines
- 2016-2017 Form 990/Return of Organization Exempt from Income Tax
- E-Rate Direct Deposit Report
- Board Fundraising Report To-date

III. ACTION ITEMS/RECOMMENDATIONS FOR BOARD APPROVAL

- Financial Reports
- 2018-2019 Preliminary Operating Budget
- 2018 Independent Audit RFP Issuance and Timelines
- 2016-2017 Form 990/Return of Organization Exempt from Income Tax
- E-Rate Direct Deposit Report

IV. ADJOURNMENT

ALPI Mission Statement

The mission of The ALPI is to propose, implement, and advocate developmental and human service delivery programs for the socially and economically disadvantaged; children and families; and farmworkers.

FINANCIAL REPORTS

THE AGRICULTURAL AND LABOR PROGRAM, INC

BALANCE SHEET

Jan 31, 2018

ASSETS

CASH	1,580,134	
ACCOUNTS RECEIVABLE	913,667	
TOTAL CURRENT ASSETS		2,493,801
PREPAID EXPENSES	18,447	
FIXED ASSETS	233,396	
LAND	545,000	
ASSET HELD FOR SALE	37,480	
TOTAL LONG TERM ASSETS		834,323
TOTAL ASSETS		3,328,124

LIABILITIES

ACCOUNTS PAYABLE	829,436	
DEFERRED REVENUE	305,341	
PAYROLL PAYABLE	331,811	
TOTAL LIABILITIES		1,466,588

EQUITY

CURRENT YEAR ACTIVITY	96,691	
UNRESTRICTED FUND BALANCE	1,207,094	
INVESTMENT IN FIXED ASSETS	557,751	
TOTAL EQUITY		1,861,536
TOTAL LIABILITIES AND EQUITY		3,328,124

Balance Sheet

The Agricultural And Labor Program, Inc.

Period Ending: 01/31/18

With Category Summary- Format: 1 Board of Directors Financial Report

Run Date: 4/18/18

Run Time: 2:20:33 pm

Page 1 of 1

Assets:

Cash	1,580,134.21
Accounts Receivable	913,666.89
Prepaid Expenses	18,446.90
Fixed Assets	233,396.58
Land	545,000.00
Asset Held for Sale	37,479.68

Total Assets:

\$3,328,124.26

Liabilities:

Accounts Payable	829,435.86
Payroll Payable	331,811.07
Deferred Revenue	305,340.55
Cost Allocation Control	0.24

Total Liabilities:

\$1,466,587.72

Equity:

ALPI Child Care Centers	20,171.34
Food Service	-129.83
Computer Assisted Tutorial	2,389.98
St. Lucie VPK	27,761.16
Polk VPK	166.91
Emergency Solutions Grant	2,006.65
EHEAP	13,137.20
ALPI Technical Education	716.45
DOE Emergency Assistance	6,657.53
CSBG	1,433.75
FI Non- Profit Housing, Inc	-198.22
HUD Housing Counseling	18.63
General Fund	22,560.41
Unrestricted Fund Balance	1,207,093.89
Invested In Fixed Assets	557,750.69

Total Equity:

\$1,861,536.54

Total Liabilities and Equity

\$3,328,124.26

Balance:

\$0.00

Balance Sheet

The Agricultural And Labor Program, Inc.

Period From : 07/01/17 to 01/31/18

Run Date: 4/18/18
Run Time: 2:12:45 pm
Page 1 of 3

Assets:

10010	Cash in Bank-Citizens Bank-Frostproof	68,895.84
10020	Cash in Bank-Headstart-SunTrust	4,960.91
10022	Cash in Bank-Sunshine SunTrust Chking	15,317.67
10025	Cash in Bank-Agency-SunTrust Savings	234,049.01
10030	Cash in Bank-Ft. Pierce Wells Fargo	13,077.35
10040	Cash in Bank BOA Business Interest Maximizer	70,296.45
10060	Cash in bank - BOA Checking Account	300,564.77
10070	Cash in bank - BOA Grant advances	595,854.80
10080	Cash in Bank Wells Fargo Savings Lake Alfred	276,817.41
10085	Cash in bank -Wells Fargo Checking Lake Alfred	100.00
12010	Petty Cash Frostproof	200.00
13000	A/R - DOE Food	130,745.40
13200	A/R - DOE Training/Emergency	27,215.26
13250	A/R - Sr Connection EHEAP	23,469.54
13300	A/R - DEO Liheap	318,200.90
13310	A/R - DEO CSBG	49,516.17
13350	A/R - Emergency Solutions Grant	11,991.64
13410	A/R - CC Polk Co. ELC	8,515.24
13420	A/R - ELC Polk VPK	19,373.06
13700	A/R - Headstart	114,550.15
13800	A/R - CC St. Lucie ELC	167,024.74
14110	A/R - FL Non-Profit Housing	5,573.85
14130	A/R - HUD Housing Couseling	12,560.16
14310	A/R - CSC St. Lucie C.A.T.	14,745.35
16500	Employee Advances	7,007.34
16600	A/R - Advances - Board	3,178.09
16800	Deposits Utility	10,448.10
17000	Prepaid Insurance	-30,363.64
17010	Prepaid Insurance - W/C	31,637.44
17020	Prepaid Other	6,725.00
18000	Buildings	2,449,474.89
18010	Accum Depr - Buildings	-2,283,193.85
18100	Furniture & Fixtures	237,586.01
18110	Accum Depr - Furniture & Fixtures	-240,924.39
18200	Machinery and Equipment	761,193.06
18210	Accum Depr - Mach/Equipment	-742,628.40
18300	Recreation Equipment	521,836.76
18310	Accum Depr - Recreational Equipment	-513,108.78
18400	Leasehold Equipment	233,082.64
18410	Accum Depr - Lease Improvements	-189,921.36
19000	Land	545,000.00
19050	Asset Held for Sale	37,479.68

Total Assets:

\$3,328,124.26

Liabilities:

20000	Accounts payable	829,179.54
20500	FICA W/H Payable	-0.01

Balance Sheet

The Agricultural And Labor Program, Inc.

Run Date: 4/18/18
Run Time: 2:12:45 pm
Page 2 of 3

Period From : 07/01/17 to 01/31/18

20510 Medicare Withholding Payable	12.87
20600 Federal W/H Payable	0.02
20800 Life/ALPI/SunLife	2,592.26
21000 U/W Polk W/H Payable	132.94
21100 U/W H/S W/H Payable	175.60
21300 Child Support W/H Payable	0.40
21600 Health Insurance W/H Payable	49,134.85
22100 St/Lt Disability W/H Payable	2,518.74
22110 Option Emp Life Payable	7,369.98
22200 Dental Ins. W/H Payable	10,252.25
22300 Vision Care W/H Payable	424.57
22400 Prepaid Legal W/H Payable	943.41
22500 403b W/H Payable	218,751.14
23010 Accrued State Unemployment	27,859.74
23020 Accrued Salaries	11,642.31
24110 Grant funds interest payable	256.32
24500 Deferred Revenue - Other	305,340.55

Total Liabilities:

\$1,466,587.48

Projects

30218 17/18 ALPI Child Care	20,171.34
30618 17/18 VPK Polk County	166.91
31017 16/17 Food Service	-137.67
31018 17/18 Food Service	7.84
32417 16/17 CAT CSC	223.13
32418 17/18 CAT CSC	2,166.85
33018 17/18 VPK St. Lucie County	27,761.16
36018 17/18 ALPI Technical Education	716.45
36118 17/18 EHEAP 4/1/17-9/30/18	13,137.20
36317 16/17 DOE Emergency Assistance	-1,336.50
36318 17/18 DOE Emergency Assistance	7,994.03
36418 17/18 Emergency Solutions Grant	2,006.65
36517 16/17 CSBG	1,433.75
36618 17/18 Florida Non-Profit Housing, Inc.	-198.22
36918 HUD 17/18 Housing Counseling	18.63
37018 17/18 Agency General	3,152.39
37518 17/18 Advisory Council Activities	2,798.90
37618 17/18 Sunshine Account Activities	15,317.67
37718 17/18 Frostproof CDC Activities	1.45
37818 17/18 LVP Beautification Project	1,290.00
39400 Unrestricted Fund Balance	1,207,093.89
39500 Invested/Fixed Assets - Corporate	557,750.69

Total Projects

\$1,861,536.54

Total Liabilities and Projects

3,328,124.02

Net Difference to be Reconciled

\$0.24

Balance Sheet

The Agricultural And Labor Program, Inc.

Period From : 07/01/17 to 01/31/18

Run Date: 4/18/18
Run Time: 2:12:45 pm
Page 3 of 3

Total Adjustment	\$0.24
Unreconciled Balance	\$0.00

Reconciling Items

(1)	Paid Salaries are Timesheets show Difference	3,328,548.87 3,328,548.87	0.00
(2)	Leave accrued this year	0.17	
(3)	Fringe Pool is Fringe allocated Difference	894,331.15 894,331.18	0.03
(4)	Common Cost Pool is Common Cost Allocated Difference	0.00 0.00	0.00
(5)	M & G Cost Pool is M & G Cost Alloca Difference	546,579.37 546,579.41	0.04
	Total adjustments	\$0.24	

Agencywide R&E by Category

The Agricultural And Labor Program, Inc.

Run Date: 4/18/2018
Run Time: 2:11:59 pm
Page 1 of 1

Period Ending: 01/31/18

Format: 1 Board of Directors Financial Report
With Indirect Cost Detail

Code & Description	Budget	Current	YTD	Un/Ovr	% Bud
Revenues					
Federal Revenue	7,504,665.00	738,333.27	4,033,765.29	3,470,899.71	53.75%
State Revenue	8,543,428.00	638,391.30	4,580,998.64	3,962,429.36	53.62%
Local Revenue	2,143,926.00	96,594.19	673,753.10	1,470,172.90	31.43%
Revenues	18,192,019.00	1,473,318.76	9,288,517.03	8,903,501.97	51.06%
Expenses					
Salaries And Wages	6,802,449.00	526,946.86	3,328,549.04	3,473,899.96	48.93%
Fringe Benefits	1,823,133.00	204,171.50	962,548.73	860,584.27	52.80%
Communication	589,440.00	56,968.70	275,455.64	313,984.36	46.73%
Travel	137,085.00	29,536.89	87,442.29	49,642.71	63.79%
Food	482,843.00	41,178.85	225,968.83	256,874.17	46.80%
Rent / Utilities	441,133.00	35,515.27	251,340.25	189,792.75	56.98%
Vehicle Oper. / Maint.	58,050.00	1,175.77	22,964.17	35,085.83	39.56%
Contractual Services	516,048.00	24,395.43	248,542.27	267,505.73	48.16%
Supplies And Materials	867,033.00	163,277.19	542,754.36	324,278.64	62.60%
Capital Expenditures	6,025.00	0.00	0.00	6,025.00	0.00%
Grant, Subsidies, Contributions	4,529,597.00	328,166.80	2,687,449.26	1,842,147.74	59.33%
In-Kind	1,871,785.00	64,445.33	499,245.20	1,372,539.80	26.67%
Other Expenses	67,398.00	11,903.26	59,564.99	7,833.01	88.38%
Expenses	18,192,019.00	1,487,681.85	9,191,825.03	9,000,193.97	50.53%
Agency Balance	0.00	-14,363.09	96,692.00		

Agencywide R&E by Category

The Agricultural And Labor Program, Inc.

Run Date: 4/18/2018
Run Time: 2:24:13 pm
Page 1 of 1

Period Ending: 01/31/18

Format: 1 Board of Directors Financial Report
With Indirect Cost Detail

Code & Description	Budget	Current	YTD	Un/Ovr	% Bud
Revenues					
Federal Revenue	7,504,665.00	738,333.27	4,033,765.29	3,470,899.71	53.75%
State Revenue	8,543,428.00	638,391.30	4,580,998.64	3,962,429.36	53.62%
Local Revenue	2,143,926.00	96,594.19	673,753.10	1,470,172.90	31.43%
Revenues	18,192,019.00	1,473,318.76	9,288,517.03	8,903,501.97	51.06%
Expenses					
Salaries And Wages	6,802,449.00	526,946.86	3,328,549.04	3,473,899.96	48.93%
Fringe Benefits	1,823,133.00	204,171.50	962,548.73	860,584.27	52.80%
Communication	589,440.00	56,968.70	275,455.64	313,984.36	46.73%
Travel	137,085.00	29,536.89	87,442.29	49,642.71	63.79%
Food	482,843.00	41,178.85	225,968.83	256,874.17	46.80%
Rent / Utilities	441,133.00	35,515.27	251,340.25	189,792.75	56.98%
Vehicle Oper. / Maint.	58,050.00	1,175.77	22,964.17	35,085.83	39.56%
Contractual Services	516,048.00	24,395.43	248,542.27	267,505.73	48.16%
Supplies And Materials	867,033.00	163,277.19	542,754.36	324,278.64	62.60%
Capital Expenditures	6,025.00	0.00	0.00	6,025.00	0.00%
Grant, Subsidies, Contributions	4,529,597.00	328,166.80	2,687,449.26	1,842,147.74	59.33%
In-Kind	1,871,785.00	64,445.33	499,245.20	1,372,539.80	26.67%
Other Expenses	67,398.00	11,903.26	59,564.99	7,833.01	88.38%
Expenses	18,192,019.00	1,487,681.85	9,191,825.03	9,000,193.97	50.53%
Agency Balance	0.00	-14,363.09	96,692.00		

Agencywide Line Item Revenues and Expenditures

The Agricultural And Labor Program, Inc.

Run Date: 04/18/2018

Run Time: 2:26:28 pm

Page 1 of 3

Period: 07/01/2017 to 01/31/2018

With Indirect Detail

Code & Description	Budget	Current	YTD	Un/Ovr	% Bud
Revenues					
40000 DOH - Food Program	798,805.00	51,264.89	331,799.20	467,005.80	41.54%
40100 LIHEAP	4,528,358.00	334,311.15	2,747,767.05	1,780,590.95	60.68%
40150 EHEAP Operations	123,345.00	16,815.91	94,121.95	29,223.05	76.31%
40151 EHEAP Admin	1,963.00	-3.60	248.81	1,714.19	12.67%
40200 Head Start	4,865,769.00	452,745.98	2,625,625.45	2,240,143.55	53.96%
40300 Early Headstart	1,926,806.00	186,936.23	1,009,775.10	917,030.90	52.41%
40510 Polk ELC - CC	8,000.00	3,712.75	11,077.57	-3,077.57	138.47%
40520 Polk ELC VPK	30,766.00	-2,535.47	15,357.82	15,408.18	49.92%
40521 Polk VPK Admin	990.00	45.03	1,346.11	-356.11	135.97%
40700 St Lucie ELC VPK	774,008.00	72,179.52	428,685.90	345,322.10	55.39%
40800 St Lucie ELC - Center	13,400.00	65.48	3,541.40	9,858.60	26.43%
41100 DOE Emergency Services	50,000.00	4,011.46	29,550.42	20,449.58	59.10%
41200 ATEC Tuition	10,100.00	-300.00	1,750.00	8,350.00	17.33%
41410 CSC St Lucie CAT	103,647.00	7,582.23	41,030.12	62,616.88	39.59%
41500 CSBG	1,518,251.00	53,140.72	570,665.73	947,585.27	37.59%
41510 CSBG Admin	179,727.00	62,358.70	97,988.68	81,738.32	54.52%
41520 CSBG Indirect Admin	89,333.00	9,832.15	37,439.44	51,893.56	41.91%
41540 Emergency Solutions Grant	60,000.00	4,648.03	26,066.54	33,933.46	43.44%
41545 Emer Solutions Grant Adm	5,688.00	1,430.85	8,825.85	-3,137.85	155.17%
41600 FL Non Profit Housing	26,400.00	133.57	19,150.29	7,249.71	72.54%
41800 HUD Housing Counseling	15,990.00	1,063.56	12,970.08	3,019.92	81.11%
41810 HUD HC Administration	1,537.00	326.57	1,245.06	291.94	81.01%
44000 DOH Food Administration	126,397.00	8,983.90	58,326.84	68,070.16	46.15%
44110 Polk ELC CC Admin	2,475.00	1,797.66	1,797.66	677.34	72.63%
44300 St Lucie VPK Admin	92,400.00	0.00	39,529.62	52,870.38	42.78%
44400 St Lucie ELC Admin	1,749.00	-845.56	506.75	1,242.25	28.97%
44500 LIHEAP Admin	72,985.00	12,022.51	47,711.41	25,273.59	65.37%
44800 Early Headstart Admin	179,349.00	25,215.34	97,729.46	81,619.54	54.49%
44900 Headstart Admin	515,214.00	72,045.59	286,420.14	228,793.86	55.59%
45000 Food Indirect Admin	38,388.00	5,021.65	9,493.60	28,894.40	24.73%
46100 Client Fees	3,000.00	534.30	2,341.25	658.75	78.04%
46200 Private Pay CC Fees	24,088.00	4,557.50	26,799.61	-2,711.61	111.26%
46300 Fundraising	35,000.00	18,802.50	55,841.72	-20,841.72	159.55%
46400 Interest Income	145.00	12.33	85.51	59.49	58.97%
46500 Other Revenue	1,000.00	960.00	46,659.69	-45,659.69	4,665.97%
46700 E-rate	95,161.00	0.00	0.00	95,161.00	0.00%
47000 In-Kind Revenue	1,871,785.00	64,445.33	499,245.20	1,372,539.80	26.67%
Revenues	18,192,019.00	1,473,318.76	9,288,517.03	8,903,501.97	51.06%
Expenses					
50000 Salaries	6,802,449.00	526,946.86	3,328,549.04	3,473,899.96	48.93%
50500 Fringe Benefits	1,680,562.00	192,684.16	894,331.18	786,230.82	53.22%
52000 Direct Fringe - Workers Comp	142,571.00	11,487.34	68,217.55	74,353.45	47.85%
52100 Professional Services	174,450.00	11,897.46	125,467.78	48,982.22	71.92%
52300 Travel	137,085.00	29,536.89	87,196.51	49,888.49	63.61%

Agencywide Line Item Revenues and Expenditures

The Agricultural And Labor Program, Inc.

Run Date: 04/18/2018

Run Time: 2:26:28 pm

Page 2 of 3

Period: 07/01/2017 to 01/31/2018

With Indirect Detail

Code & Description	Budget	Current	YTD	Un/Ovr	% Bud
52500 Board Expenses	26,000.00	5,494.76	11,267.58	14,732.42	43.34%
52600 Advisory Council Expenses	7,806.00	3,126.96	8,484.41	-678.41	108.69%
52700 Employee & Board Relations	35,319.00	16,690.32	31,475.80	3,843.20	89.12%
52800 Community Relations	32,400.00	14,296.83	34,164.40	-1,764.40	105.45%
52900 Printing	49,257.00	13,170.16	35,703.20	13,553.80	72.48%
53000 Office Supplies	90,848.00	9,716.55	46,895.41	43,952.59	51.62%
53100 Program Supplies	112,637.00	6,295.53	34,338.92	78,298.08	30.49%
53200 Non-food Supplies	12,000.00	1,039.83	7,149.64	4,850.36	59.58%
53300 Food Costs	470,843.00	40,139.02	218,819.19	252,023.81	46.47%
53400 Lease/Rent - Facilities	75,510.00	6,528.08	35,525.40	39,984.60	47.05%
53500 Utilities	224,365.00	18,158.34	144,185.72	80,179.28	64.26%
53600 Telephone	280,359.00	16,154.45	128,797.03	151,561.97	45.94%
53700 Data Communications	280,022.00	38,814.44	136,827.83	143,194.17	48.86%
53800 Postage	21,974.00	1,999.81	9,053.78	12,920.22	41.20%
53900 Dues & Subscriptions	17,950.00	400.00	12,539.94	5,410.06	69.86%
54000 Insurance - Automobile	53,800.00	2,983.91	23,290.84	30,509.16	43.29%
54010 Insurance - Liability	99,537.00	5,667.06	45,171.40	54,365.60	45.38%
54020 Insurance - Property/Building/ Cont	162,548.00	1,827.23	41,163.87	121,384.13	25.32%
54030 Insurance - Child Accident	7,083.00	733.49	4,317.07	2,765.93	60.95%
54040 Insurance - Bonding	8,630.00	598.17	4,187.19	4,442.81	48.52%
54050 Profession'l Liab. & Crime	10,000.00	688.11	4,944.12	5,055.88	49.44%
54500 Fines & Penalties	5,000.00	0.00	0.00	5,000.00	0.00%
54600 Licenses and Fees	24,000.00	2,861.97	17,156.96	6,843.04	71.49%
54700 Advertising	7,085.00	0.00	777.00	6,308.00	10.97%
55000 In-Service Training	246,669.00	78,573.34	146,272.02	100,396.98	59.30%
55100 Registration Fees	0.00	0.00	245.78	-245.78	0.00%
55200 Parent Activities	8,000.00	96.26	2,609.93	5,390.07	32.62%
55400 Subcontractor Expense	322,738.00	20,738.61	116,718.17	206,019.83	36.16%
55410 Sub-Recipient Direct Services	101,400.00	4,050.00	40,730.00	60,670.00	40.17%
55500 Building Maintenance & Supplies	294,443.00	37,364.08	228,783.30	65,659.70	77.70%
55600 Vehicle Operation and Maintenananc	58,050.00	1,175.77	22,964.17	35,085.83	39.56%
55810 Equipment Purchase <5000	6,025.00	0.00	0.00	6,025.00	0.00%
56500 Other Expense	8,000.00	419.57	22,656.04	-14,656.04	283.20%
56600 In-Kind Expense	1,871,785.00	64,445.33	499,245.20	1,372,539.80	26.67%
57810 Emergency Assistance	107,000.00	8,542.01	72,482.28	34,517.72	67.74%
57820 Client Services- Other	281,963.00	37,965.90	185,598.50	96,364.50	65.82%
58010 Home Energy Assistance	1,893,988.00	146,122.05	1,077,566.40	816,421.60	56.89%
58020 Crisis Energy Assistance	1,684,153.00	93,267.20	1,085,981.41	598,171.59	64.48%
58040 Crisis EHEAP Energy Assistance	105,955.00	3,184.20	74,208.10	31,746.90	70.04%
58100 Equipment Maintenance	11,910.00	970.95	4,135.84	7,774.16	34.73%
58200 Leases/Rent - Equipment	71,458.00	3,813.01	30,517.90	40,940.10	42.71%
58300 Leases/ Rent Vehicles	69,800.00	7,015.84	41,111.23	28,688.77	58.90%
58850 Other Expense Adjustment	-3,500.00	0.00	0.00	-3,500.00	0.00%
58900 Indirect Adjustment	92.00	0.00	0.00	92.00	0.00%
Expenses	18,192,019.00	1,487,681.85	9,191,825.03	9,000,193.97	50.53%

Agencywide Line Item Revenues and Expenditures

The Agricultural And Labor Program, Inc.

Run Date: 04/18/2018
 Run Time: 2:26:28 pm
 Page 3 of 3

Period: 07/01/2017 to 01/31/2018

With Indirect Detail

Code & Description	Budget	Current	YTD	Un/Ovr	% Bud
Agency Balance	0.00	-14,363.09	96,692.00		

Project Financial Report

The Agricultural And Labor Program, Inc.

Run Date: 04/18/2018

Run Time: 2:28:22 pm

Page 1 of 1

Period Ending: 01/31/18

Expenditures

Code	Description	Budget	Curr Month	Project Total	Un/Over	% Budget	Revenues	Balance
30218	17/18 ALPI Child Care	52,712.00	11,695.23	25,892.90	26,819.10	49.12%	46,064.24	20,171.34
30618	17/18 VPK Polk County	31,756.00	2,313.74	16,537.02	15,218.98	52.08%	16,703.93	166.91
31017	16/17 Food Service	942,634.00	0.00	687,100.12	255,533.88	72.89%	687,100.12	0.00
31018	17/18 Food Service	963,590.00	80,176.34	293,496.34	670,093.66	30.46%	293,504.18	7.84
32417	16/17 CAT CSC	103,647.00	0.00	91,061.34	12,585.66	87.86%	91,284.47	223.13
32418	17/18 CAT CSC	84,599.00	5,909.52	21,019.73	63,579.27	24.85%	23,186.58	2,166.85
33018	17/18 VPK St. Lucie Coun	866,408.00	79,733.06	440,454.36	425,953.64	50.84%	468,215.52	27,761.16
34018	17/18 Early Head Start	2,632,694.00	224,534.20	1,231,097.98	1,401,596.02	46.76%	1,231,097.98	0.00
35018	17/18 Head Start	6,726,229.00	576,854.27	3,287,697.37	3,438,531.63	48.88%	3,287,697.37	0.00
36018	17/18 ALPI Technical Edu	10,100.00	0.00	1,033.55	9,066.45	10.23%	1,750.00	716.45
36118	17/18 EHEAP 4/1/17-9	125,308.00	4,113.62	96,158.96	29,149.04	76.74%	110,374.38	14,215.42
36218	17/18 LIHEAP 4/1/17-3/	4,601,343.00	346,333.66	3,588,046.55	1,013,296.45	77.98%	3,588,046.55	0.00
36317	16/17 DOE Emergency As	60,000.00	0.00	60,000.00	0.00	100.00%	60,000.00	0.00
36318	17/18 DOE Emergency As	50,000.00	5,364.92	19,221.23	30,778.77	38.44%	27,215.26	7,994.03
36418	17/18 Emergency Solutio	65,688.00	5,809.10	32,885.74	32,802.26	50.06%	34,892.39	2,006.65
36517	16/17 CSBG	1,787,311.00	125,331.57	1,598,854.94	188,456.06	89.46%	1,598,854.94	0.00
36618	17/18 Florida Non-Profit F	26,400.00	332.02	19,348.51	7,051.49	73.29%	19,150.29	-198.22
36918	HUD 17/18 Housing Co	17,527.00	1,371.50	15,898.16	1,628.84	90.71%	15,916.79	18.63
37018	17/18 Agency General	131,306.00	17,809.13	76,261.51	55,044.49	58.08%	79,413.90	3,152.39
37518	17/18 Advisory Council A	0.00	0.00	3,750.00	-3,750.00	0.00%	6,548.90	2,798.90
37618	17/18 Sunshine Account A	0.00	0.00	15.00	-15.00	0.00%	15,332.67	15,317.67
37718	17/18 Frostproof CDC Act	0.00	0.00	0.00	0.00	0.00%	1.45	1.45
37818	17/18 LVP Beautification	0.00	0.00	0.00	0.00	0.00%	1,290.00	1,290.00
Totals:		<u>19,279,252.00</u>	<u>1,487,681.88</u>	<u>11,605,831.31</u>	<u>7,673,420.69</u>	<u>60.20%</u>	<u>11,703,641.91</u>	<u>97,810.60</u>

Revenue and Expenditure Report by Project

The Agricultural And Labor Program, Inc.

Run Date: 04/18/2018

Run Time: 2:13:45 pm

Period 07/01/17 to 01/31/18

Page 1 of 27

Project Code & Description	Budget	Prior Year	Current	YTD	Proj Tot	Un/Ovr	% Bud
30218 17/18 ALPI Child Care				Project Period	7/1/2017	to 6/30/2018	
Revenues							
40510 Polk ELC - CC	8,000.00	0.00	3,712.75	11,077.57	11,077.57	-3,077.57	138.47%
40800 St Lucie ELC - Center	13,400.00	0.00	65.48	3,541.40	3,541.40	9,858.60	26.43%
44110 Polk ELC CC Admin	2,475.00	0.00	1,797.66	1,797.66	1,797.66	677.34	72.63%
44400 St Lucie ELC Admin	1,749.00	0.00	-845.56	506.75	506.75	1,242.25	28.97%
46100 Client Fees	3,000.00	0.00	534.30	2,341.25	2,341.25	658.75	78.04%
46200 Private Pay CC Fees	24,088.00	0.00	4,557.50	26,799.61	26,799.61	-2,711.61	111.26%
Revenues	52,712.00	0.00	9,822.13	46,064.24	46,064.24	6,647.76	87.39%
Expenses							
50000 Salaries	25,600.00	0.00	3,173.62	12,340.41	12,340.41	13,259.59	48.20%
50500 Fringe Benefits	6,250.00	0.00	800.24	2,119.24	2,119.24	4,130.76	33.91%
52000 Direct Fringe - Worker	450.00	0.00	94.96	295.56	295.56	154.44	65.68%
52300 Travel	50.00	0.00	0.00	210.71	210.71	-160.71	421.42%
52700 Employee & Board R	0.00	0.00	132.37	224.37	224.37	-224.37	0.00%
53000 Office Supplies	1,500.00	0.00	18.23	58.93	58.93	1,441.07	3.93%
53100 Program Supplies	6,500.00	0.00	6,179.04	6,179.04	6,179.04	320.96	95.06%
53800 Postage	95.00	0.00	4.85	26.44	26.44	68.56	27.83%
54010 Insurance - Liability	0.00	0.00	108.57	719.31	719.31	-719.31	0.00%
54600 Licenses and Fees	0.00	0.00	0.00	79.71	79.71	-79.71	0.00%
55500 Building Maintenance	8,043.00	0.00	388.60	1,334.77	1,334.77	6,708.23	16.60%
59700 Indirect Costs	4,224.00	0.00	794.75	2,304.41	2,304.41	1,919.59	54.56%
Expenses	52,712.00	0.00	11,695.23	25,892.90	25,892.90	26,819.10	49.12%
Project Revenues:	52,712.00	0.00	9,822.13	46,064.24	46,064.24	6,647.76	87.39%
Project Expenses:	52,712.00	0.00	11,695.23	25,892.90	25,892.90	26,819.10	49.12%
Project Balance:	0.00	0.00	-1,873.10	20,171.34	20,171.34		

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30618 17/18 VPK Polk County				Project Period	7/1/2017	to 6/30/2018	
Revenues							
40520 Polk ELC VPK	30,766.00	0.00	-2,535.47	15,357.82	15,357.82	15,408.18	49.92%
40521 Polk VPK Admin	990.00	0.00	45.03	1,346.11	1,346.11	-356.11	135.97%
Revenues	<u>31,756.00</u>	<u>0.00</u>	<u>-2,490.44</u>	<u>16,703.93</u>	<u>16,703.93</u>	<u>15,052.07</u>	<u>52.60%</u>
Expenses							
50000 Salaries	6,000.00	0.00	1,139.93	7,208.65	7,208.65	-1,208.65	120.14%
50500 Fringe Benefits	1,500.00	0.00	424.51	1,980.20	1,980.20	-480.20	132.01%
52000 Direct Fringe - Worker	120.00	0.00	24.34	141.21	141.21	-21.21	117.68%
52100 Professional Services	2,396.00	0.00	9.63	3,289.56	3,289.56	-893.56	137.29%
52300 Travel	0.00	0.00	0.00	84.28	84.28	-84.28	0.00%
52700 Employee & Board R	0.00	0.00	52.95	89.75	89.75	-89.75	0.00%
52900 Printing	1,000.00	0.00	49.91	288.11	288.11	711.89	28.81%
53000 Office Supplies	1,500.00	0.00	49.86	308.79	308.79	1,191.21	20.59%
53100 Program Supplies	4,000.00	0.00	0.74	1,293.90	1,293.90	2,706.10	32.35%
53500 Utilities	2,500.00	0.00	30.08	30.08	30.08	2,469.92	1.20%
53600 Telephone	1,000.00	0.00	29.63	29.63	29.63	970.37	2.96%
53700 Data Communications	1,000.00	0.00	1.60	1.60	1.60	998.40	0.16%
54010 Insurance - Liability	1,000.00	0.00	21.71	143.84	143.84	856.16	14.38%
54020 Insurance - Property/B	3,500.00	0.00	0.00	0.00	0.00	3,500.00	0.00%
54700 Advertising	0.00	0.00	0.00	155.40	155.40	-155.40	0.00%
55500 Building Maintenance	4,500.00	0.00	121.88	135.48	135.48	4,364.52	3.01%
58200 Leases/Rent - Equipm	750.00	0.00	10.30	10.43	10.43	739.57	1.39%
59700 Indirect Costs	990.00	0.00	346.67	1,346.11	1,346.11	-356.11	135.97%
Expenses	<u>31,756.00</u>	<u>0.00</u>	<u>2,313.74</u>	<u>16,537.02</u>	<u>16,537.02</u>	<u>15,218.98</u>	<u>52.08%</u>
Project Revenues:	<u>31,756.00</u>	<u>0.00</u>	<u>-2,490.44</u>	<u>16,703.93</u>	<u>16,703.93</u>	<u>15,052.07</u>	<u>52.60%</u>
Project Expenses:	<u>31,756.00</u>	<u>0.00</u>	<u>2,313.74</u>	<u>16,537.02</u>	<u>16,537.02</u>	<u>15,218.98</u>	<u>52.08%</u>
Project Balance:	<u>0.00</u>	<u>0.00</u>	<u>-4,804.18</u>	<u>166.91</u>	<u>166.91</u>		

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31017 16/17 Food Service				Project Period	10/1/2016	to 9/30/2017	
Revenues							
40000 DOH - Food Program	798,805.00	482,177.62	0.00	90,198.15	572,375.77	226,429.23	71.65%
44000 DOH Food Adminis	105,413.00	76,707.06	0.00	15,917.31	92,624.37	12,788.63	87.87%
45000 Food Indirect Admin	38,416.00	22,099.98	0.00	0.00	22,099.98	16,316.02	57.53%
Revenues	<u>942,634.00</u>	<u>580,984.66</u>	<u>0.00</u>	<u>106,115.46</u>	<u>687,100.12</u>	<u>255,533.88</u>	<u>72.89%</u>
Expenses							
50000 Salaries	232,825.00	142,726.35	0.00	35,172.22	177,898.57	54,926.43	76.41%
50500 Fringe Benefits	55,301.00	35,059.10	0.00	8,671.90	43,731.00	11,570.00	79.08%
52000 Direct Fringe - Worker	2,209.00	2,893.89	0.00	706.06	3,599.95	-1,390.95	162.97%
52100 Professional Services	0.00	4,832.66	0.00	5.41	4,838.07	-4,838.07	0.00%
52300 Travel	16,387.00	2,783.71	0.00	207.50	2,991.21	13,395.79	18.25%
52700 Employee & Board R	500.00	1,205.90	0.00	11.61	1,217.51	-717.51	243.50%
52800 Community Relations	25.00	0.00	0.00	0.29	0.29	24.71	1.16%
52900 Printing	600.00	1,533.48	0.00	0.00	1,533.48	-933.48	255.58%
53000 Office Supplies	10,000.00	6,647.48	0.00	1,199.18	7,846.66	2,153.34	78.47%
53100 Program Supplies	12,000.00	53.19	0.00	0.00	53.19	11,946.81	0.44%
53200 Non-food Supplies	12,000.00	6,764.58	0.00	2,593.13	9,357.71	2,642.29	77.98%
53300 Food Costs	483,996.00	233,280.09	0.00	38,552.01	271,832.10	212,163.90	56.16%
53400 Lease/Rent - Facilities	1,000.00	137.18	0.00	0.00	137.18	862.82	13.72%
53500 Utilities	10,500.00	23,508.35	0.00	805.09	24,313.44	-13,813.44	231.56%
53600 Telephone	3,000.00	17,948.58	0.00	662.24	18,610.82	-15,610.82	620.36%
53700 Data Communications	5,500.00	22,301.32	0.00	1,566.85	23,868.17	-18,368.17	433.97%
53800 Postage	700.00	2,011.77	0.00	32.45	2,044.22	-1,344.22	292.03%
53900 Dues & Subscriptions	50.00	73.15	0.00	24.13	97.28	-47.28	194.56%
54000 Insurance - Automobile	9,000.00	4,062.75	0.00	1,614.30	5,677.05	3,322.95	63.08%
54010 Insurance - Liability	300.00	3,613.06	0.00	800.35	4,413.41	-4,113.41	1,471.14%
54020 Insurance - Property/B	0.00	612.30	0.00	0.00	612.30	-612.30	0.00%
54700 Advertising	75.00	0.00	0.00	0.00	0.00	75.00	0.00%
55000 In-Service Training	9,000.00	6,587.87	0.00	0.00	6,587.87	2,412.13	73.20%
55300 Field Trips	0.00	342.38	0.00	0.00	342.38	-342.38	0.00%
55500 Building Maintenance	8,000.00	10,290.46	0.00	1,756.61	12,047.07	-4,047.07	150.59%
55600 Vehicle Operation an	5,000.00	2,396.88	0.00	468.68	2,865.56	2,134.44	57.31%
58100 Equipment Maintenan	50.00	1,000.44	0.00	0.42	1,000.86	-950.86	2,001.72%
58200 Leases/Rent - Equipm	11,200.00	20,662.88	0.00	1,007.02	21,669.90	-10,469.90	193.48%
58300 Leases/ Rent Vehicles	15,000.00	5,417.21	0.00	3,051.90	8,469.11	6,530.89	56.46%
59700 Indirect Costs	38,416.00	22,099.98	0.00	7,343.78	29,443.76	8,972.24	76.64%
Expenses	<u>942,634.00</u>	<u>580,846.99</u>	<u>0.00</u>	<u>106,253.13</u>	<u>687,100.12</u>	<u>255,533.88</u>	<u>72.89%</u>

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Project Revenues:	942,634.00	580,984.66	0.00	106,115.46	687,100.12	255,533.88	72.89%
Project Expenses:	942,634.00	580,846.99	0.00	106,253.13	687,100.12	255,533.88	72.89%
Project Balance:	0.00	137.67	0.00	-137.67	0.00		

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31018 17/18 Food Service				Project Period	10/1/2017	to 9/30/2018	
Revenues							
40000 DOH - Food Program	791,300.00	0.00	51,264.89	241,601.05	241,601.05	549,698.95	30.53%
44000 DOH Food Adminis	133,902.00	0.00	8,983.90	42,409.53	42,409.53	91,492.47	31.67%
45000 Food Indirect Admin	38,388.00	0.00	5,021.65	9,493.60	9,493.60	28,894.40	24.73%
Revenues	<u>963,590.00</u>	<u>0.00</u>	<u>65,270.44</u>	<u>293,504.18</u>	<u>293,504.18</u>	<u>670,085.82</u>	<u>30.46%</u>
Expenses							
50000 Salaries	232,654.00	0.00	13,650.12	54,994.47	54,994.47	177,659.53	23.64%
50500 Fringe Benefits	61,254.00	0.00	4,893.72	14,742.01	14,742.01	46,511.99	24.07%
52000 Direct Fringe - Worker	4,662.00	0.00	301.50	1,166.57	1,166.57	3,495.43	25.02%
52100 Professional Services	4,600.00	0.00	16.08	3,452.61	3,452.61	1,147.39	75.06%
52300 Travel	23,603.00	0.00	864.85	1,786.18	1,786.18	21,816.82	7.57%
52700 Employee & Board R	500.00	0.00	422.05	511.89	511.89	-11.89	102.38%
52800 Community Relations	25.00	0.00	11.19	11.19	11.19	13.81	44.76%
52900 Printing	1,600.00	0.00	1,873.41	3,786.38	3,786.38	-2,186.38	236.65%
53000 Office Supplies	19,000.00	0.00	1,386.62	5,158.98	5,158.98	13,841.02	27.15%
53100 Program Supplies	12,000.00	0.00	0.00	0.00	0.00	12,000.00	0.00%
53200 Non-food Supplies	12,000.00	0.00	961.65	4,439.24	4,439.24	7,560.76	36.99%
53300 Food Costs	468,245.00	0.00	35,700.57	153,665.08	153,665.08	314,579.92	32.82%
53400 Lease/Rent - Facilities	1,284.00	0.00	15.90	15.90	15.90	1,268.10	1.24%
53500 Utilities	12,500.00	0.00	1,525.78	5,916.20	5,916.20	6,583.80	47.33%
53600 Telephone	3,000.00	0.00	1,461.04	4,877.73	4,877.73	-1,877.73	162.59%
53700 Data Communications	5,000.00	0.00	1,306.58	3,101.02	3,101.02	1,898.98	62.02%
53800 Postage	700.00	0.00	135.56	380.28	380.28	319.72	54.33%
53900 Dues & Subscriptions	75.00	0.00	0.00	2.66	2.66	72.34	3.55%
54000 Insurance - Automobile	9,000.00	0.00	424.21	1,696.84	1,696.84	7,303.16	18.85%
54010 Insurance - Liability	1,200.00	0.00	195.42	781.68	781.68	418.32	65.14%
54700 Advertising	200.00	0.00	0.00	155.40	155.40	44.60	77.70%
55000 In-Service Training	18,000.00	0.00	6,534.37	7,794.98	7,794.98	10,205.02	43.31%
55500 Building Maintenance	4,500.00	0.00	1,931.79	5,490.77	5,490.77	-990.77	122.02%
55600 Vehicle Operation and	5,000.00	0.00	115.40	981.27	981.27	4,018.73	19.63%
58100 Equipment Maintenance	1,400.00	0.00	3.54	12.98	12.98	1,387.02	0.93%
58200 Leases/Rent - Equipment	8,200.00	0.00	1,191.66	5,011.23	5,011.23	3,188.77	61.11%
58300 Leases/ Rent Vehicles	15,000.00	0.00	1,017.30	4,069.20	4,069.20	10,930.80	27.13%
59700 Indirect Costs	38,388.00	0.00	4,236.03	9,493.60	9,493.60	28,894.40	24.73%
Expenses	<u>963,590.00</u>	<u>0.00</u>	<u>80,176.34</u>	<u>293,496.34</u>	<u>293,496.34</u>	<u>670,093.66</u>	<u>30.46%</u>
Project Revenues:	<u>963,590.00</u>	<u>0.00</u>	<u>65,270.44</u>	<u>293,504.18</u>	<u>293,504.18</u>	<u>670,085.82</u>	<u>30.46%</u>
Project Expenses:	<u>963,590.00</u>	<u>0.00</u>	<u>80,176.34</u>	<u>293,496.34</u>	<u>293,496.34</u>	<u>670,093.66</u>	<u>30.46%</u>
Project Balance:	<u>0.00</u>	<u>0.00</u>	<u>-14,905.90</u>	<u>7.84</u>	<u>7.84</u>		

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32417 16/17 CAT CSC				Project Period	10/1/2016	to 9/30/2017	
Revenues							
41410 CSC St Lucie CAT	103,647.00	73,440.93	0.00	17,843.54	91,284.47	12,362.53	88.07%
Revenues	<u>103,647.00</u>	<u>73,440.93</u>	<u>0.00</u>	<u>17,843.54</u>	<u>91,284.47</u>	<u>12,362.53</u>	<u>88.07%</u>
Expenses							
50000 Salaries	64,605.00	44,825.11	0.00	10,130.02	54,955.13	9,649.87	85.06%
50500 Fringe Benefits	7,921.00	9,657.91	0.00	2,439.88	12,097.79	-4,176.79	152.73%
52000 Direct Fringe - Worker	1,702.00	952.94	0.00	218.88	1,171.82	530.18	68.85%
52100 Professional Services	450.00	78.00	0.00	0.00	78.00	372.00	17.33%
53000 Office Supplies	900.00	480.07	0.00	577.85	1,057.92	-157.92	117.55%
53100 Program Supplies	4,745.00	3,838.07	0.00	95.83	3,933.90	811.10	82.91%
53300 Food Costs	2,188.00	920.84	0.00	556.29	1,477.13	710.87	67.51%
53500 Utilities	2,600.00	951.04	0.00	260.34	1,211.38	1,388.62	46.59%
53800 Postage	450.00	326.67	0.00	89.27	415.94	34.06	92.43%
54010 Insurance - Liability	1,538.00	1,149.39	0.00	383.13	1,532.52	5.48	99.64%
54600 Licenses and Fees	0.00	0.00	0.00	12.18	12.18	-12.18	0.00%
55300 Field Trips	3,100.00	1,903.90	0.00	0.00	1,903.90	1,196.10	61.42%
55500 Building Maintenance	2,000.00	1,258.74	0.00	412.50	1,671.24	328.76	83.56%
58200 Leases/Rent - Equipm	1,068.00	316.35	0.00	0.00	316.35	751.65	29.62%
58850 Other Expense Adjust	6,360.00	3,766.90	0.00	1,439.24	5,206.14	1,153.86	81.86%
58900 Indirect Adjustment	4,020.00	3,015.00	0.00	1,005.00	4,020.00	0.00	100.00%
Expenses	<u>103,647.00</u>	<u>73,440.93</u>	<u>0.00</u>	<u>17,620.41</u>	<u>91,061.34</u>	<u>12,585.66</u>	<u>87.86%</u>
Project Revenues:	<u>103,647.00</u>	<u>73,440.93</u>	<u>0.00</u>	<u>17,843.54</u>	<u>91,284.47</u>	<u>12,362.53</u>	<u>88.07%</u>
Project Expenses:	<u>103,647.00</u>	<u>73,440.93</u>	<u>0.00</u>	<u>17,620.41</u>	<u>91,061.34</u>	<u>12,585.66</u>	<u>87.86%</u>
Project Balance:	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>223.13</u>	<u>223.13</u>		

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32418 17/18 CAT CSC				Project Period	10/1/2017	to 9/30/2018	
Revenues							
41410 CSC St Lucie CAT	84,599.00	0.00	7,582.23	23,186.58	23,186.58	61,412.42	27.41%
Revenues	<u>84,599.00</u>	<u>0.00</u>	<u>7,582.23</u>	<u>23,186.58</u>	<u>23,186.58</u>	<u>61,412.42</u>	<u>27.41%</u>
Expenses							
50000 Salaries	53,391.00	0.00	3,139.72	11,540.43	11,540.43	41,850.57	21.61%
50500 Fringe Benefits	6,967.00	0.00	1,072.45	2,897.33	2,897.33	4,069.67	41.59%
52000 Direct Fringe - Worker	1,287.00	0.00	71.77	253.35	253.35	1,033.65	19.69%
52100 Professional Services	450.00	0.00	0.00	260.28	260.28	189.72	57.84%
52300 Travel	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
53000 Office Supplies	470.00	0.00	101.91	313.76	313.76	156.24	66.76%
53100 Program Supplies	3,490.00	0.00	0.00	0.00	0.00	3,490.00	0.00%
53300 Food Costs	1,200.00	0.00	108.42	343.54	343.54	856.46	28.63%
53500 Utilities	1,808.00	0.00	150.00	593.80	593.80	1,214.20	32.84%
53800 Postage	450.00	0.00	44.73	201.42	201.42	248.58	44.76%
54010 Insurance - Liability	1,283.00	0.00	64.79	315.98	315.98	967.02	24.63%
54030 Insurance - Child Acci	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
55300 Field Trips	800.00	0.00	0.00	0.00	0.00	800.00	0.00%
55500 Building Maintenance	1,300.00	0.00	124.91	853.02	853.02	446.98	65.62%
55600 Vehicle Operation an	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
58200 Leases/Rent - Equipm	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
58850 Other Expense Adjust	7,683.00	0.00	695.82	2,106.82	2,106.82	5,576.18	27.42%
58900 Indirect Adjustment	4,020.00	0.00	335.00	1,340.00	1,340.00	2,680.00	33.33%
Expenses	<u>84,599.00</u>	<u>0.00</u>	<u>5,909.52</u>	<u>21,019.73</u>	<u>21,019.73</u>	<u>63,579.27</u>	<u>24.85%</u>
Project Revenues:	<u>84,599.00</u>	<u>0.00</u>	<u>7,582.23</u>	<u>23,186.58</u>	<u>23,186.58</u>	<u>61,412.42</u>	<u>27.41%</u>
Project Expenses:	<u>84,599.00</u>	<u>0.00</u>	<u>5,909.52</u>	<u>21,019.73</u>	<u>21,019.73</u>	<u>63,579.27</u>	<u>24.85%</u>
Project Balance:	<u>0.00</u>	<u>0.00</u>	<u>1,672.71</u>	<u>2,166.85</u>	<u>2,166.85</u>		

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33018 17/18 VPK St. Lucie County				Project Period	7/1/2017	to 6/30/2018	
Revenues							
40700 St Lucie ELC VPK	774,008.00	0.00	72,179.52	428,685.90	428,685.90	345,322.10	55.39%
44300 St Lucie VPK Admin	92,400.00	0.00	0.00	39,529.62	39,529.62	52,870.38	42.78%
Revenues	<u>866,408.00</u>	<u>0.00</u>	<u>72,179.52</u>	<u>468,215.52</u>	<u>468,215.52</u>	<u>398,192.48</u>	<u>54.04%</u>
Expenses							
50000 Salaries	560,000.00	0.00	43,147.29	283,174.73	283,174.73	276,825.27	50.57%
50500 Fringe Benefits	134,400.00	0.00	15,847.35	75,472.41	75,472.41	58,927.59	56.16%
52000 Direct Fringe - Worke	5,600.00	0.00	931.66	5,795.30	5,795.30	-195.30	103.49%
52100 Professional Services	6,500.00	0.00	26.14	6,982.77	6,982.77	-482.77	107.43%
52300 Travel	0.00	0.00	0.00	1,476.46	1,476.46	-1,476.46	0.00%
52700 Employee & Board R	0.00	0.00	925.44	925.44	925.44	-925.44	0.00%
52900 Printing	5,000.00	0.00	1,219.27	3,233.85	3,233.85	1,766.15	64.68%
53000 Office Supplies	3,800.00	0.00	2,568.25	4,044.83	4,044.83	-244.83	106.44%
53100 Program Supplies	8,000.00	0.00	22.35	1,080.61	1,080.61	6,919.39	13.51%
53500 Utilities	8,500.00	0.00	134.51	-1,615.89	-1,615.89	10,115.89	-19.01%
53600 Telephone	5,000.00	0.00	148.19	148.19	148.19	4,851.81	2.96%
53700 Data Communications	5,000.00	0.00	22.02	22.02	22.02	4,977.98	0.44%
54010 Insurance - Liability	4,000.00	0.00	477.68	3,164.82	3,164.82	835.18	79.12%
54020 Insurance - Property/B	10,708.00	0.00	0.00	0.00	0.00	10,708.00	0.00%
54600 Licenses and Fees	1,500.00	0.00	58.13	572.98	572.98	927.02	38.20%
54700 Advertising	0.00	0.00	0.00	155.40	155.40	-155.40	0.00%
55200 Parent Activities	0.00	0.00	0.00	1,789.79	1,789.79	-1,789.79	0.00%
55500 Building Maintenance	15,000.00	0.00	841.74	887.08	887.08	14,112.92	5.91%
58200 Leases/Rent - Equipm	1,000.00	0.00	13.74	264.65	264.65	735.35	26.47%
59700 Indirect Costs	92,400.00	0.00	13,349.30	52,878.92	52,878.92	39,521.08	57.23%
Expenses	<u>866,408.00</u>	<u>0.00</u>	<u>79,733.06</u>	<u>440,454.36</u>	<u>440,454.36</u>	<u>425,953.64</u>	<u>50.84%</u>
Project Revenues:	<u>866,408.00</u>	<u>0.00</u>	<u>72,179.52</u>	<u>468,215.52</u>	<u>468,215.52</u>	<u>398,192.48</u>	<u>54.04%</u>
Project Expenses:	<u>866,408.00</u>	<u>0.00</u>	<u>79,733.06</u>	<u>440,454.36</u>	<u>440,454.36</u>	<u>425,953.64</u>	<u>50.84%</u>
Project Balance:	<u>0.00</u>	<u>0.00</u>	<u>-7,553.54</u>	<u>27,761.16</u>	<u>27,761.16</u>		

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34018 17/18 Early Head Start							
				Project Period	7/1/2017	to 6/30/2018	
Revenues							
40300 Early Headstart	1,926,806.00	0.00	186,936.23	1,009,775.10	1,009,775.10	917,030.90	52.41%
44800 Early Headstart Admi	179,349.00	0.00	25,215.34	97,729.46	97,729.46	81,619.54	54.49%
47000 In-Kind Revenue	526,539.00	0.00	12,382.63	123,593.42	123,593.42	402,945.58	23.47%
Revenues	<u>2,632,694.00</u>	<u>0.00</u>	<u>224,534.20</u>	<u>1,231,097.98</u>	<u>1,231,097.98</u>	<u>1,401,596.02</u>	<u>46.76%</u>
Expenses							
50000 Salaries	1,086,959.00	0.00	83,044.06	523,356.31	523,356.31	563,602.69	48.15%
50500 Fringe Benefits	246,741.00	0.00	30,724.01	142,856.95	142,856.95	103,884.05	57.90%
52000 Direct Fringe - Worker	19,673.00	0.00	1,786.94	10,677.67	10,677.67	8,995.33	54.28%
52100 Professional Services	14,100.00	0.00	691.74	13,708.58	13,708.58	391.42	97.22%
52300 Travel	14,000.00	0.00	5,291.19	12,853.67	12,853.67	1,146.33	91.81%
52700 Employee & Board R	5,000.00	0.00	2,616.65	4,079.56	4,079.56	920.44	81.59%
52800 Community Relations	700.00	0.00	57.03	106.45	106.45	593.55	15.21%
52900 Printing	4,000.00	0.00	1,219.26	3,143.38	3,143.38	856.62	78.58%
53000 Office Supplies	9,800.00	0.00	1,098.15	9,520.72	9,520.72	279.28	97.15%
53100 Program Supplies	20,000.00	0.00	41.93	11,160.90	11,160.90	8,839.10	55.80%
53200 Non-food Supplies	0.00	0.00	78.18	117.27	117.27	-117.27	0.00%
53300 Food Costs	6,000.00	0.00	729.49	4,330.11	4,330.11	1,669.89	72.17%
53500 Utilities	35,666.00	0.00	2,289.20	27,615.64	27,615.64	8,050.36	77.43%
53600 Telephone	22,500.00	0.00	1,959.48	16,375.78	16,375.78	6,124.22	72.78%
53700 Data Communications	30,000.00	0.00	7,385.58	20,460.75	20,460.75	9,539.25	68.20%
53800 Postage	2,000.00	0.00	119.29	1,094.42	1,094.42	905.58	54.72%
53900 Dues & Subscriptions	1,000.00	0.00	0.00	502.28	502.28	497.72	50.23%
54000 Insurance - Automobli	4,000.00	0.00	359.54	2,806.38	2,806.38	1,193.62	70.16%
54010 Insurance - Liability	10,966.00	0.00	911.94	7,382.79	7,382.79	3,583.21	67.32%
54020 Insurance - Property/B	5,500.00	0.00	176.68	3,720.52	3,720.52	1,779.48	67.65%
54030 Insurance - Child Acci	1,500.00	0.00	123.58	727.31	727.31	772.69	48.49%
54600 Licenses and Fees	2,000.00	0.00	76.69	1,928.81	1,928.81	71.19	96.44%
54700 Advertising	0.00	0.00	0.00	155.40	155.40	-155.40	0.00%
55000 In-Service Training	49,369.00	0.00	23,280.36	40,267.62	40,267.62	9,101.38	81.56%
55200 Parent Activities	3,000.00	0.00	16.22	167.71	167.71	2,832.29	5.59%
55400 Subcontractor Expens	246,832.00	0.00	13,891.76	85,476.75	85,476.75	161,355.25	34.63%
55500 Building Maintenance	73,300.00	0.00	7,890.30	56,603.61	56,603.61	16,696.39	77.22%
55600 Vehicle Operation an	3,000.00	0.00	115.40	1,945.25	1,945.25	1,054.75	64.84%
56600 In-Kind Expense	526,539.00	0.00	12,382.63	123,593.42	123,593.42	402,945.58	23.47%
58200 Leases/Rent - Equipm	4,600.00	0.00	403.92	3,763.62	3,763.62	836.38	81.82%
58300 Leases/ Rent Vehicles	4,600.00	0.00	557.66	2,868.89	2,868.89	1,731.11	62.37%
59700 Indirect Costs	179,349.00	0.00	25,215.34	97,729.46	97,729.46	81,619.54	54.49%
Expenses	<u>2,632,694.00</u>	<u>0.00</u>	<u>224,534.20</u>	<u>1,231,097.98</u>	<u>1,231,097.98</u>	<u>1,401,596.02</u>	<u>46.76%</u>

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35018 17/18 Head Start							
				Project Period	7/1/2017	to 6/30/2018	
Revenues							
40200 Head Start	4,865,769.00	0.00	452,745.98	2,625,625.45	2,625,625.45	2,240,143.55	53.96%
44900 Headstart Admin	515,214.00	0.00	72,045.59	286,420.14	286,420.14	228,793.86	55.59%
47000 In-Kind Revenue	1,345,246.00	0.00	52,062.70	375,651.78	375,651.78	969,594.22	27.92%
Revenues	<u>6,726,229.00</u>	<u>0.00</u>	<u>576,854.27</u>	<u>3,287,697.37</u>	<u>3,287,697.37</u>	<u>3,438,531.63</u>	<u>48.88%</u>
Expenses							
50000 Salaries	3,122,510.00	0.00	232,122.37	1,533,823.91	1,533,823.91	1,588,686.09	49.12%
50500 Fringe Benefits	780,628.00	0.00	85,948.82	413,008.95	413,008.95	367,619.05	52.91%
52000 Direct Fringe - Worker	50,880.00	0.00	4,953.94	31,262.99	31,262.99	19,617.01	61.44%
52100 Professional Services	36,500.00	0.00	1,222.23	35,430.21	35,430.21	1,069.79	97.07%
52300 Travel	33,944.00	0.00	14,109.93	33,900.59	33,900.59	43.41	99.87%
52700 Employee & Board R	9,000.00	0.00	5,653.68	9,351.78	9,351.78	-351.78	103.91%
52800 Community Relations	1,000.00	0.00	119.27	125.15	125.15	874.85	12.52%
52900 Printing	12,000.00	0.00	5,228.41	12,339.47	12,339.47	-339.47	102.83%
53000 Office Supplies	16,000.00	0.00	1,323.69	14,877.59	14,877.59	1,122.41	92.98%
53100 Program Supplies	53,200.00	0.00	51.47	14,528.64	14,528.64	38,671.36	27.31%
53300 Food Costs	25,000.00	0.00	3,600.54	21,372.16	21,372.16	3,627.84	85.49%
53500 Utilities	133,768.00	0.00	12,199.10	95,350.41	95,350.41	38,417.59	71.28%
53600 Telephone	38,000.00	0.00	3,341.42	27,119.43	27,119.43	10,880.57	71.37%
53700 Data Communications	55,000.00	0.00	19,157.67	42,935.99	42,935.99	12,064.01	78.07%
53800 Postage	3,500.00	0.00	297.26	2,314.49	2,314.49	1,185.51	66.13%
53900 Dues & Subscriptions	5,600.00	0.00	0.00	5,584.46	5,584.46	15.54	99.72%
54000 Insurance - Automobile	24,000.00	0.00	1,996.24	15,581.62	15,581.62	8,418.38	64.92%
54010 Insurance - Liability	41,747.00	0.00	3,148.37	25,488.29	25,488.29	16,258.71	61.05%
54020 Insurance - Property/B	51,000.00	0.00	1,516.00	33,682.77	33,682.77	17,317.23	66.04%
54030 Insurance - Child Acci	6,300.00	0.00	609.91	3,589.76	3,589.76	2,710.24	56.98%
54600 Licenses and Fees	6,900.00	0.00	442.33	7,809.72	7,809.72	-909.72	113.18%
54700 Advertising	0.00	0.00	0.00	155.40	155.40	-155.40	0.00%
55000 In-Service Training	59,136.00	0.00	24,876.24	45,427.23	45,427.23	13,708.77	76.82%
55200 Parent Activities	5,000.00	0.00	80.04	652.43	652.43	4,347.57	13.05%
55400 Subcontractor Expens	70,156.00	0.00	6,846.85	31,241.42	31,241.42	38,914.58	44.53%
55500 Building Maintenance	134,000.00	0.00	17,495.75	113,764.47	113,764.47	20,235.53	84.90%
55600 Vehicle Operation an	40,000.00	0.00	944.97	19,568.97	19,568.97	20,431.03	48.92%
56600 In-Kind Expense	1,345,246.00	0.00	52,062.70	375,651.78	375,651.78	969,594.22	27.92%
58200 Leases/Rent - Equipm	14,000.00	0.00	1,153.94	8,189.60	8,189.60	5,810.40	58.50%
58300 Leases/ Rent Vehicles	37,000.00	0.00	4,305.54	27,147.55	27,147.55	9,852.45	73.37%
59700 Indirect Costs	515,214.00	0.00	72,045.59	286,420.14	286,420.14	228,793.86	55.59%
Expenses	<u>6,726,229.00</u>	<u>0.00</u>	<u>576,854.27</u>	<u>3,287,697.37</u>	<u>3,287,697.37</u>	<u>3,438,531.63</u>	<u>48.88%</u>

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36018 17/18 ALPI Technical Education				Project Period	7/1/2017	to 6/30/2018	
Revenues							
41200 ATEC Tuition	10,100.00	0.00	-300.00	1,750.00	1,750.00	8,350.00	17.33%
Revenues	<u>10,100.00</u>	<u>0.00</u>	<u>-300.00</u>	<u>1,750.00</u>	<u>1,750.00</u>	<u>8,350.00</u>	<u>17.33%</u>
Expenses							
53900 Dues & Subscriptions	2,150.00	0.00	0.00	117.05	117.05	2,032.95	5.44%
55000 In-Service Training	0.00	0.00	0.00	269.86	269.86	-269.86	0.00%
55400 Subcontractor Expens	5,750.00	0.00	0.00	0.00	0.00	5,750.00	0.00%
57820 Client Services- Other	2,200.00	0.00	0.00	646.64	646.64	1,553.36	29.39%
Expenses	<u>10,100.00</u>	<u>0.00</u>	<u>0.00</u>	<u>1,033.55</u>	<u>1,033.55</u>	<u>9,066.45</u>	<u>10.23%</u>
Project Revenues:	<u>10,100.00</u>	<u>0.00</u>	<u>-300.00</u>	<u>1,750.00</u>	<u>1,750.00</u>	<u>8,350.00</u>	<u>17.33%</u>
Project Expenses:	<u>10,100.00</u>	<u>0.00</u>	<u>0.00</u>	<u>1,033.55</u>	<u>1,033.55</u>	<u>9,066.45</u>	<u>10.23%</u>
Project Balance:	<u>0.00</u>	<u>0.00</u>	<u>-300.00</u>	<u>716.45</u>	<u>716.45</u>		

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36118 17/18 EHEAP 4/1/17-9/30/18				Project Period	4/1/2017	to 9/30/2018	
Revenues							
40150 EHEAP Operations	123,345.00	14,898.11	16,815.91	94,121.95	109,020.06	14,324.94	88.39%
40151 EHEAP Admin	1,963.00	1,105.51	-3.60	248.81	1,354.32	608.68	68.99%
Revenues	125,308.00	16,003.62	16,812.31	94,370.76	110,374.38	14,933.62	88.08%
Expenses							
50000 Salaries	10,718.00	2,287.92	539.88	3,471.34	5,759.26	4,958.74	53.73%
50500 Fringe Benefits	2,679.00	573.34	202.10	953.56	1,526.90	1,152.10	57.00%
52000 Direct Fringe - Worker	234.00	45.59	11.44	71.48	117.07	116.93	50.03%
52100 Professional Services	0.00	52.18	0.00	0.00	52.18	-52.18	0.00%
52300 Travel	605.00	7.34	0.00	52.06	59.40	545.60	9.82%
52900 Printing	530.00	120.00	0.00	531.10	651.10	-121.10	122.85%
53000 Office Supplies	957.00	528.97	0.00	278.42	807.39	149.61	84.37%
53500 Utilities	251.00	43.34	0.00	124.67	168.01	82.99	66.94%
53600 Telephone	859.00	409.53	0.00	586.97	996.50	-137.50	116.01%
53700 Data Communications	482.00	221.40	10.56	255.92	477.32	4.68	99.03%
53800 Postage	270.00	80.84	0.00	51.72	132.56	137.44	49.10%
58030 Weather Related Cri	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
58040 Crisis EHEAP Energy	105,955.00	10,438.90	3,184.20	74,208.10	84,647.00	21,308.00	79.89%
59700 Indirect Costs	1,768.00	116.05	165.44	648.22	764.27	1,003.73	43.23%
Expenses	125,308.00	14,925.40	4,113.62	81,233.56	96,158.96	29,149.04	76.74%
Project Revenues:	125,308.00	16,003.62	16,812.31	94,370.76	110,374.38	14,933.62	88.08%
Project Expenses:	125,308.00	14,925.40	4,113.62	81,233.56	96,158.96	29,149.04	76.74%
Project Balance:	0.00	1,078.22	12,698.69	13,137.20	14,215.42		

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36317 16/17 DOE Emergency Assistance				Project Period	7/1/2016	to 9/30/2017	
Revenues							
41100 DOE Emergency Se	60,000.00	57,664.84	0.00	2,335.16	60,000.00	0.00	100.00%
Revenues	<u>60,000.00</u>	<u>57,664.84</u>	<u>0.00</u>	<u>2,335.16</u>	<u>60,000.00</u>	<u>0.00</u>	<u>100.00%</u>
Expenses							
50000 Salaries	17,969.00	17,781.29	0.00	1,085.57	18,866.86	-897.86	105.00%
50500 Fringe Benefits	4,492.00	4,509.68	0.00	206.32	4,716.00	-224.00	104.99%
52000 Direct Fringe - Worker	408.00	376.05	0.00	25.70	401.75	6.25	98.47%
52100 Professional Services	400.00	39.80	0.00	0.00	39.80	360.20	9.95%
52300 Travel	1,424.00	900.02	0.00	0.00	900.02	523.98	63.20%
52900 Printing	200.00	210.00	0.00	-35.35	174.65	25.35	87.33%
53000 Office Supplies	395.00	159.07	0.00	235.14	394.21	0.79	99.80%
53500 Utilities	255.00	267.75	0.00	-5.74	262.01	-7.01	102.75%
53800 Postage	200.00	202.38	0.00	-14.68	187.70	12.30	93.85%
55000 In-Service Training	200.00	0.00	0.00	0.00	0.00	200.00	0.00%
57810 Emergency Assistance	31,200.00	29,200.00	0.00	2,000.00	31,200.00	0.00	100.00%
58900 Indirect Adjustment	2,857.00	2,682.30	0.00	174.70	2,857.00	0.00	100.00%
Expenses	<u>60,000.00</u>	<u>56,328.34</u>	<u>0.00</u>	<u>3,671.66</u>	<u>60,000.00</u>	<u>0.00</u>	<u>100.00%</u>
Project Revenues:	<u>60,000.00</u>	<u>57,664.84</u>	<u>0.00</u>	<u>2,335.16</u>	<u>60,000.00</u>	<u>0.00</u>	<u>100.00%</u>
Project Expenses:	<u>60,000.00</u>	<u>56,328.34</u>	<u>0.00</u>	<u>3,671.66</u>	<u>60,000.00</u>	<u>0.00</u>	<u>100.00%</u>
Project Balance:	<u>0.00</u>	<u>1,336.50</u>	<u>0.00</u>	<u>-1,336.50</u>	<u>0.00</u>		

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36318 17/18 DOE Emergency Assistance							
				Project Period	7/1/2017	to 6/30/2018	
Revenues							
41100 DOE Emergency Se	50,000.00	0.00	4,011.46	27,215.26	27,215.26	22,784.74	54.43%
Revenues	<u>50,000.00</u>	<u>0.00</u>	<u>4,011.46</u>	<u>27,215.26</u>	<u>27,215.26</u>	<u>22,784.74</u>	<u>54.43%</u>
Expenses							
50000 Salaries	15,720.00	0.00	1,773.31	8,424.76	8,424.76	7,295.24	53.59%
50500 Fringe Benefits	3,773.00	0.00	629.11	2,406.14	2,406.14	1,366.86	63.77%
52000 Direct Fringe - Worker	379.00	0.00	40.56	171.64	171.64	207.36	45.29%
52100 Professional Services	500.00	0.00	0.00	65.77	65.77	434.23	13.15%
52300 Travel	900.00	0.00	106.92	106.92	106.92	793.08	11.88%
52900 Printing	300.00	0.00	0.00	286.63	286.63	13.37	95.54%
53000 Office Supplies	346.00	0.00	0.00	223.54	223.54	122.46	64.61%
53800 Postage	250.00	0.00	35.51	164.98	164.98	85.02	65.99%
55000 In-Service Training	450.00	0.00	124.03	155.55	155.55	294.45	34.57%
57810 Emergency Assistance	25,000.00	0.00	2,400.00	6,300.00	6,300.00	18,700.00	25.20%
58900 Indirect Adjustment	2,382.00	0.00	255.48	915.30	915.30	1,466.70	38.43%
Expenses	<u>50,000.00</u>	<u>0.00</u>	<u>5,364.92</u>	<u>19,221.23</u>	<u>19,221.23</u>	<u>30,778.77</u>	<u>38.44%</u>
Project Revenues:	<u>50,000.00</u>	<u>0.00</u>	<u>4,011.46</u>	<u>27,215.26</u>	<u>27,215.26</u>	<u>22,784.74</u>	<u>54.43%</u>
Project Expenses:	<u>50,000.00</u>	<u>0.00</u>	<u>5,364.92</u>	<u>19,221.23</u>	<u>19,221.23</u>	<u>30,778.77</u>	<u>38.44%</u>
Project Balance:	<u>0.00</u>	<u>0.00</u>	<u>-1,353.46</u>	<u>7,994.03</u>	<u>7,994.03</u>		

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36418 17/18 Emergency Solutions Grant							
				Project Period	7/1/2017	to 6/30/2018	
Revenues							
41540 Emergency Solutions (60,000.00	0.00	4,648.03	26,066.54	26,066.54	33,933.46	43.44%
41545 Emer Solutions Grant	5,688.00	0.00	1,430.85	8,825.85	8,825.85	-3,137.85	155.17%
Revenues	<u>65,688.00</u>	<u>0.00</u>	<u>6,078.88</u>	<u>34,892.39</u>	<u>34,892.39</u>	<u>30,795.61</u>	<u>53.12%</u>
Expenses							
50000 Salaries	41,849.00	0.00	4,116.91	24,313.36	24,313.36	17,535.64	58.10%
50500 Fringe Benefits	10,471.00	0.00	1,501.55	6,678.82	6,678.82	3,792.18	63.78%
52000 Direct Fringe - Workel	795.00	0.00	90.64	499.75	499.75	295.25	62.86%
52300 Travel	8,544.00	0.00	0.00	723.58	723.58	7,820.42	8.47%
53000 Office Supplies	1,779.00	0.00	0.00	270.23	270.23	1,508.77	15.19%
53400 Lease/Rent - Facilities	2,250.00	0.00	100.00	400.00	400.00	1,850.00	17.78%
Expenses	<u>65,688.00</u>	<u>0.00</u>	<u>5,809.10</u>	<u>32,885.74</u>	<u>32,885.74</u>	<u>32,802.26</u>	<u>50.06%</u>
Project Revenues:	<u>65,688.00</u>	<u>0.00</u>	<u>6,078.88</u>	<u>34,892.39</u>	<u>34,892.39</u>	<u>30,795.61</u>	<u>53.12%</u>
Project Expenses:	<u>65,688.00</u>	<u>0.00</u>	<u>5,809.10</u>	<u>32,885.74</u>	<u>32,885.74</u>	<u>32,802.26</u>	<u>50.06%</u>
Project Balance:	<u>0.00</u>	<u>0.00</u>	<u>269.78</u>	<u>2,006.65</u>	<u>2,006.65</u>		

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36517 16/17 CSBG							
				Project Period	10/1/2016	to 3/31/2018	
Revenues							
41500 CSBG	1,518,251.54	705,616.53	53,140.72	570,665.73	1,276,282.26	241,969.28	84.06%
41510 CSBG Admin	179,726.81	142,884.44	62,358.70	97,988.68	240,873.12	-61,146.31	134.02%
41520 CSBG Indirect Admin	89,332.65	44,260.12	9,832.15	37,439.44	81,699.56	7,633.09	91.46%
Revenues	<u>1,787,311.00</u>	<u>892,761.09</u>	<u>125,331.57</u>	<u>706,093.85</u>	<u>1,598,854.94</u>	<u>188,456.06</u>	<u>89.46%</u>
Expenses							
50000 Salaries	545,820.00	274,020.69	31,526.95	210,450.75	484,471.44	61,348.56	88.76%
50500 Fringe Benefits	127,763.50	66,293.70	11,374.24	52,589.66	118,883.36	8,880.14	93.05%
52000 Direct Fringe - Work	11,333.08	5,696.17	707.02	4,398.28	10,094.45	1,238.63	89.07%
52100 Professional Services	67,000.00	40,811.48	0.00	15,278.33	56,089.81	10,910.19	83.72%
52300 Travel	46,741.00	18,647.18	3,764.37	16,620.45	35,267.63	11,473.37	75.45%
52700 Employee & Board R	7,920.00	3,712.15	244.53	625.02	4,337.17	3,582.83	54.76%
52800 Community Relations	3,600.00	155.57	415.17	551.98	707.55	2,892.45	19.65%
52900 Printing	9,450.00	6,991.14	86.83	86.83	7,077.97	2,372.03	74.90%
53000 Office Supplies	34,200.00	18,532.76	501.22	3,620.81	22,153.57	12,046.43	64.78%
53400 Lease/Rent - Facilities	33,660.00	13,187.50	2,412.62	11,352.62	24,540.12	9,119.88	72.91%
53500 Utilities	19,260.00	12,261.14	348.11	3,845.40	16,106.54	3,153.46	83.63%
53600 Telephone	95,400.00	46,403.26	660.48	10,208.73	56,611.99	38,788.01	59.34%
53700 Data Communications	117,540.00	52,591.05	4,958.70	38,863.49	91,454.54	26,085.46	77.81%
53800 Postage	5,909.00	4,283.11	363.50	1,284.00	5,567.11	341.89	94.21%
53900 Dues & Subscriptions	5,350.00	2,724.92	0.00	2,977.63	5,702.55	-352.55	106.59%
54010 Insurance - Liability	2,964.00	2,340.81	195.42	1,582.03	3,922.84	-958.84	132.35%
54020 Insurance - Property/B	5,220.00	2,968.86	67.01	1,266.88	4,235.74	984.26	81.14%
54040 Insurance - Bonding	4,230.00	2,099.27	231.66	1,621.62	3,720.89	509.11	87.96%
54600 Licenses and Fees	0.00	0.00	495.00	495.00	495.00	-495.00	0.00%
55000 In-Service Training	96,400.00	58,782.94	11,060.50	31,200.36	89,983.30	6,416.70	93.34%
55410 Sub-Recipient Direct S	54,000.00	26,890.00	0.00	13,310.00	40,200.00	13,800.00	74.44%
55500 Building Maintenance	55,080.00	44,503.49	1,104.14	8,507.58	53,011.07	2,068.93	96.24%
55810 Equipment Purchase <	1,024.79	348.30	0.00	0.00	348.30	676.49	33.99%
56810 Depreciation - Furnit	0.00	1,379.06	0.00	0.00	1,379.06	-1,379.06	0.00%
56820 Depreciation - Equipm	0.00	54.69	0.00	0.00	54.69	-54.69	0.00%
57810 Emergency Assistance	58,000.00	14,350.24	6,142.01	46,100.79	60,451.03	-2,451.03	104.23%
57820 Client Services- Other	279,762.98	126,134.82	37,965.90	184,951.86	311,086.68	-31,323.70	111.20%
58100 Equipment Maintenanc	7,560.00	3,950.53	830.22	2,927.32	6,877.85	682.15	90.98%
58200 Leases/Rent - Equipm	2,790.00	1,679.19	43.82	643.94	2,323.13	466.87	83.27%
59700 Indirect Costs	89,332.65	42,400.82	9,832.15	39,298.74	81,699.56	7,633.09	91.46%
Expenses	<u>1,787,311.00</u>	<u>894,194.84</u>	<u>125,331.57</u>	<u>704,660.10</u>	<u>1,598,854.94</u>	<u>188,456.06</u>	<u>89.46%</u>

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Project Revenues:	1,787,311.00	892,761.09	125,331.57	706,093.85	1,598,854.94	188,456.06	89.46%
Project Expenses:	1,787,311.00	894,194.84	125,331.57	704,660.10	1,598,854.94	188,456.06	89.46%
Project Balance:	0.00	-1,433.75	0.00	1,433.75	0.00		

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36618 17/18 Florida Non-Profit Housing, Inc.							
				Project Period	7/1/2017	to 6/30/2018	
Revenues							
41600 FL Non Profit Housi	26,400.00	0.00	133.57	19,150.29	19,150.29	7,249.71	72.54%
Revenues	<u>26,400.00</u>	<u>0.00</u>	<u>133.57</u>	<u>19,150.29</u>	<u>19,150.29</u>	<u>7,249.71</u>	<u>72.54%</u>
Expenses							
50000 Salaries	1,563.00	0.00	205.76	854.47	854.47	708.53	54.67%
50500 Fringe Benefits	391.42	0.00	68.43	234.72	234.72	156.70	59.97%
52000 Direct Fringe - Worker	29.70	0.00	5.10	18.27	18.27	11.43	61.52%
52300 Travel	157.98	0.00	0.00	0.00	0.00	157.98	0.00%
57810 Emergency Assistance	24,000.00	0.00	0.00	18,081.49	18,081.49	5,918.51	75.34%
59700 Indirect Costs	257.90	0.00	52.73	159.56	159.56	98.34	61.87%
Expenses	<u>26,400.00</u>	<u>0.00</u>	<u>332.02</u>	<u>19,348.51</u>	<u>19,348.51</u>	<u>7,051.49</u>	<u>73.29%</u>
Project Revenues:	<u>26,400.00</u>	<u>0.00</u>	<u>133.57</u>	<u>19,150.29</u>	<u>19,150.29</u>	<u>7,249.71</u>	<u>72.54%</u>
Project Expenses:	<u>26,400.00</u>	<u>0.00</u>	<u>332.02</u>	<u>19,348.51</u>	<u>19,348.51</u>	<u>7,051.49</u>	<u>73.29%</u>
Project Balance:	<u>0.00</u>	<u>0.00</u>	<u>-198.45</u>	<u>-198.22</u>	<u>-198.22</u>		

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36918 HUD 17/18 Housing Counseling							
				Project Period	10/1/2016	to 3/31/2018	
Revenues							
41800 HUD Housing Coun	15,990.00	1,787.07	1,063.56	12,970.08	14,757.15	1,232.85	92.29%
41810 HUD HC Administ	1,537.00	-85.42	326.57	1,245.06	1,159.64	377.36	75.45%
Revenues	17,527.00	1,701.65	1,390.13	14,215.14	15,916.79	1,610.21	90.81%
Expenses							
50000 Salaries	9,314.00	1,121.63	1,090.29	6,667.45	7,789.08	1,524.92	83.63%
50500 Fringe Benefits	2,422.00	276.84	401.85	1,831.53	2,108.37	313.63	87.05%
52000 Direct Fringe - Worker	185.00	22.93	23.65	133.57	156.50	28.50	84.59%
52100 Professional Services	0.00	8.33	0.00	0.00	8.33	-8.33	0.00%
52700 Employee & Board R	0.00	0.00	-12.82	0.00	0.00	0.00	0.00%
52900 Printing	0.00	0.00	7.38	7.38	7.38	-7.38	0.00%
53000 Office Supplies	1,069.00	68.97	56.42	459.91	528.88	540.12	49.47%
55000 In-Service Training	3,000.00	288.37	-521.84	3,851.61	4,139.98	-1,139.98	138.00%
59700 Indirect Costs	1,537.00	-85.42	326.57	1,245.06	1,159.64	377.36	75.45%
Expenses	17,527.00	1,701.65	1,371.50	14,196.51	15,898.16	1,628.84	90.71%
Project Revenues:	17,527.00	1,701.65	1,390.13	14,215.14	15,916.79	1,610.21	90.81%
Project Expenses:	17,527.00	1,701.65	1,371.50	14,196.51	15,898.16	1,628.84	90.71%
Project Balance:	0.00	0.00	18.63	18.63	18.63		

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37018 17/18 Agency General				Project Period	7/1/2017	to 6/30/2018	
Revenues							
46300 Fundraising	35,000.00	0.00	18,802.50	32,668.70	32,668.70	2,331.30	93.34%
46400 Interest Income	145.00	0.00	12.33	85.51	85.51	59.49	58.97%
46500 Other Revenue	1,000.00	0.00	960.00	46,659.69	46,659.69	-45,659.69	4,665.97%
46700 E-rate	95,161.00	0.00	0.00	0.00	0.00	95,161.00	0.00%
Revenues	131,306.00	0.00	19,774.83	79,413.90	79,413.90	51,892.10	60.48%
Expenses							
52100 Professional Services	5,500.00	0.00	0.00	2,200.00	2,200.00	3,300.00	40.00%
52300 Travel	2,000.00	0.00	1,567.15	1,567.15	1,567.15	432.85	78.36%
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	735.00	735.00	71.00	91.19%
52700 Employee & Board R	10,000.00	0.00	3,047.27	11,531.85	11,531.85	-1,531.85	115.32%
52800 Community Relations	26,000.00	0.00	13,452.75	29,716.73	29,716.73	-3,716.73	114.30%
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%
53500 Utilities	2,000.00	0.00	0.00	4.60	4.60	1,995.40	0.23%
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	18.21	18.21	18.21	1,481.79	1.21%
53900 Dues & Subscriptions	3,000.00	0.00	0.00	2,052.53	2,052.53	947.47	68.42%
54010 Insurance - Liability	5,000.00	0.00	0.00	0.00	0.00	5,000.00	0.00%
54020 Insurance - Property/B	5,000.00	0.00	0.00	335.40	335.40	4,664.60	6.71%
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	4,428.74	4,428.74	5,571.26	44.29%
54700 Advertising	6,000.00	0.00	0.00	0.00	0.00	6,000.00	0.00%
55000 In-Service Training	0.00	0.00	0.00	3,706.32	3,706.32	-3,706.32	0.00%
55500 Building Maintenance	10,000.00	0.00	0.00	855.00	855.00	9,145.00	8.55%
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	419.57	22,656.04	22,656.04	-14,656.04	283.20%
58850 Other Expense Adjust	-3,500.00	0.00	-695.82	-3,546.06	-3,546.06	46.06	101.32%
Expenses	131,306.00	0.00	17,809.13	76,261.51	76,261.51	55,044.49	58.08%
Project Revenues:	131,306.00	0.00	19,774.83	79,413.90	79,413.90	51,892.10	60.48%
Project Expenses:	131,306.00	0.00	17,809.13	76,261.51	76,261.51	55,044.49	58.08%
Project Balance:	0.00	0.00	1,965.70	3,152.39	3,152.39		

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37518 17/18 Advisory Council Activities				Project Period	7/1/2017	to 6/30/2018	
Revenues							
46300 Fundraising	0.00	0.00	0.00	6,548.90	6,548.90	-6,548.90	0.00%
Revenues	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>6,548.90</u>	<u>6,548.90</u>	<u>-6,548.90</u>	<u>0.00%</u>
Expenses							
52600 Advisory Council Ex	0.00	0.00	0.00	500.00	500.00	-500.00	0.00%
52800 Community Relations	0.00	0.00	0.00	3,250.00	3,250.00	-3,250.00	0.00%
Expenses	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>3,750.00</u>	<u>3,750.00</u>	<u>-3,750.00</u>	<u>0.00%</u>
Project Revenues:	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>6,548.90</u>	<u>6,548.90</u>	<u>-6,548.90</u>	<u>0.00%</u>
Project Expenses:	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>3,750.00</u>	<u>3,750.00</u>	<u>-3,750.00</u>	<u>0.00%</u>
Project Balance:	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>2,798.90</u>	<u>2,798.90</u>		

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Project Code & Description	Budget	Prior Year	Current	YTD	Proj Tot	Un/Ovr	% Bud
37618 17/18 Sunshine Account Activities				Project Period	7/1/2017	to 6/30/2018	
Revenues							
46300 Fundraising	0.00	0.00	0.00	15,332.67	15,332.67	-15,332.67	0.00%
Revenues	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>15,332.67</u>	<u>15,332.67</u>	<u>-15,332.67</u>	<u>0.00%</u>
Expenses							
54600 Licenses and Fees	0.00	0.00	0.00	15.00	15.00	-15.00	0.00%
Expenses	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>15.00</u>	<u>15.00</u>	<u>-15.00</u>	<u>0.00%</u>
Project Revenues:	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>15,332.67</u>	<u>15,332.67</u>	<u>-15,332.67</u>	<u>0.00%</u>
Project Expenses:	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>15.00</u>	<u>15.00</u>	<u>-15.00</u>	<u>0.00%</u>
Project Balance:	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>15,317.67</u>	<u>15,317.67</u>		

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Project Code & Description	Budget	Prior Year	Current	YTD	Proj Tot	Un/Ovr	% Bud
37718 17/18 Frostproof CDC Activities							
				Project Period	7/1/2017	to 6/30/2018	
Revenues							
46300 Fundraising	0.00	0.00	0.00	1.45	1.45	-1.45	0.00%
Revenues	0.00	0.00	0.00	1.45	1.45	-1.45	0.00%
Project Revenues:	0.00	0.00	0.00	1.45	1.45	-1.45	0.00%
Project Expenses:	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
Project Balance:	0.00	0.00	0.00	1.45	1.45		

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Project Code & Description	Budget	Prior Year	Current	YTD	Proj Tot	Un/Ovr	% Bud
37818 17/18 LVP Beautification Project				Project Period	7/1/2017	to 6/30/2018	
Revenues							
46300 Fundraising	0.00	0.00	0.00	1,290.00	1,290.00	-1,290.00	0.00%
Revenues	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>1,290.00</u>	<u>1,290.00</u>	<u>-1,290.00</u>	<u>0.00%</u>
Project Revenues:	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>1,290.00</u>	<u>1,290.00</u>	<u>-1,290.00</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>1,290.00</u>	<u>1,290.00</u>		
Report Total:			<u>-14,363.12</u>	<u>96,691.96</u>			

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30218 17/18 ALPI Child Care

Project Period 7/1/2017 to 6/30/2018

Element Code & Description	Budget	Prior Year	Current	YTD	Proj Tot	Un/Ovr	% Bud
300018 17/18 Early Childhood Learning Frostproof							
<u>Revenues</u>							
40510 Polk ELC - CC	8,000.00	0.00	3,712.75	11,077.57	11,077.57	-3,077.57	138.47%
44110 Polk ELC CC Admin	2,475.00	0.00	1,797.66	1,797.66	1,797.66	677.34	72.63%
44400 St Lucie ELC Admin	0.00	0.00	-996.13	0.00	0.00	0.00	0.00%
46100 Client Fees	500.00	0.00	534.30	2,141.25	2,141.25	-1,641.25	428.25%
46200 Private Pay CC Fees	22,675.00	0.00	4,347.50	24,816.00	24,816.00	-2,141.00	109.44%
Revenues	<u>33,650.00</u>	<u>0.00</u>	<u>9,396.08</u>	<u>39,832.48</u>	<u>39,832.48</u>	<u>-6,182.48</u>	<u>118.37%</u>
<u>Expenses</u>							
50000 Salaries	15,000.00	0.00	2,768.66	9,626.70	9,626.70	5,373.30	64.18%
50500 Fringe Benefits	3,750.00	0.00	646.63	1,373.79	1,373.79	2,376.21	36.63%
52000 Direct Fringe - Workers C	300.00	0.00	86.55	240.82	240.82	59.18	80.27%
52300 Travel	50.00	0.00	0.00	84.28	84.28	-34.28	168.56%
52700 Employee & Board Rela	0.00	0.00	52.95	89.75	89.75	-89.75	0.00%
53000 Office Supplies	500.00	0.00	6.10	19.67	19.67	480.33	3.93%
53100 Program Supplies	5,000.00	0.00	6,179.04	6,179.04	6,179.04	-1,179.04	123.58%
53800 Postage	95.00	0.00	4.85	26.44	26.44	68.56	27.83%
54010 Insurance - Liability	0.00	0.00	43.43	287.74	287.74	-287.74	0.00%
55500 Building Maintenance &	6,480.00	0.00	313.08	1,002.07	1,002.07	5,477.93	15.46%
59700 Indirect Costs	2,475.00	0.00	668.22	1,797.66	1,797.66	677.34	72.63%
Expenses	<u>33,650.00</u>	<u>0.00</u>	<u>10,769.51</u>	<u>20,727.96</u>	<u>20,727.96</u>	<u>12,922.04</u>	<u>61.60%</u>
Balance:	<u>0.00</u>	<u>0.00</u>	<u>-1,373.43</u>	<u>19,104.52</u>	<u>19,104.52</u>		

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30218 17/18 ALPI Child Care

Project Period 7/1/2017 to 6/30/2018

Element Code & Description	Budget	Prior Year	Current	YTD	Proj Tot	Un/Ovr	% Bud
300318 17/18 George W Truitt Child Care							
Revenues							
40800 St Lucie ELC - Center	13,400.00	0.00	65.48	3,541.40	3,541.40	9,858.60	26.43%
44400 St Lucie ELC Admin	1,749.00	0.00	150.57	506.75	506.75	1,242.25	28.97%
46100 Client Fees	2,500.00	0.00	0.00	200.00	200.00	2,300.00	8.00%
46200 Private Pay CC Fees	1,413.00	0.00	210.00	1,983.61	1,983.61	-570.61	140.38%
Revenues	<u>19,062.00</u>	<u>0.00</u>	<u>426.05</u>	<u>6,231.76</u>	<u>6,231.76</u>	<u>12,830.24</u>	<u>32.69%</u>
Expenses							
50000 Salaries	10,600.00	0.00	404.96	2,713.71	2,713.71	7,886.29	25.60%
50500 Fringe Benefits	2,500.00	0.00	153.61	745.45	745.45	1,754.55	29.82%
52000 Direct Fringe - Workers C	150.00	0.00	8.41	54.74	54.74	95.26	36.49%
52300 Travel	0.00	0.00	0.00	126.43	126.43	-126.43	0.00%
52700 Employee & Board Rela	0.00	0.00	79.42	134.62	134.62	-134.62	0.00%
53000 Office Supplies	1,000.00	0.00	12.13	39.26	39.26	960.74	3.93%
53100 Program Supplies	1,500.00	0.00	0.00	0.00	0.00	1,500.00	0.00%
54010 Insurance - Liability	0.00	0.00	65.14	431.57	431.57	-431.57	0.00%
54600 Licenses and Fees	0.00	0.00	0.00	79.71	79.71	-79.71	0.00%
55500 Building Maintenance &	1,563.00	0.00	75.52	332.70	332.70	1,230.30	21.29%
59700 Indirect Costs	1,749.00	0.00	126.53	506.75	506.75	1,242.25	28.97%
Expenses	<u>19,062.00</u>	<u>0.00</u>	<u>925.72</u>	<u>5,164.94</u>	<u>5,164.94</u>	<u>13,897.06</u>	<u>27.10%</u>
Balance:	<u>0.00</u>	<u>0.00</u>	<u>-499.67</u>	<u>1,066.82</u>	<u>1,066.82</u>		

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30218 17/18 ALPI Child Care

Project Period 7/1/2017 to 6/30/2018

Element Code & Description	Budget	Prior Year	Current	YTD	Proj Tot	Un/Ovr	% Bud
Project Revenues:	52,712.00	0.00	9,822.13	46,064.24	46,064.24	6,647.76	87.39%
Project Expense:	52,712.00	0.00	11,695.23	25,892.90	25,892.90	26,819.10	49.12%
Project Balance:	0.00	0.00	-1,873.10	20,171.34	20,171.34		

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30618 17/18 VPK Polk County Project Period 7/1/2017 to 6/30/2018

Element Code & Description	Budget	Prior Year	Current	YTD	Proj Tot	Un/Ovr	% Bud
306018 17/18 VPK Polk County							
<u>Revenues</u>							
40520 Polk ELC VPK	30,766.00	0.00	-2,535.47	15,357.82	15,357.82	15,408.18	49.92%
40521 Polk VPK Admin	990.00	0.00	45.03	1,346.11	1,346.11	-356.11	135.97%
Revenues	<u>31,756.00</u>	<u>0.00</u>	<u>-2,490.44</u>	<u>16,703.93</u>	<u>16,703.93</u>	<u>15,052.07</u>	<u>52.60%</u>
<u>Expenses</u>							
50000 Salaries	6,000.00	0.00	1,139.93	7,208.65	7,208.65	-1,208.65	120.14%
50500 Fringe Benefits	1,500.00	0.00	424.51	1,980.20	1,980.20	-480.20	132.01%
52000 Direct Fringe - Workers C	120.00	0.00	24.34	141.21	141.21	-21.21	117.68%
52100 Professional Services	2,396.00	0.00	9.63	3,289.56	3,289.56	-893.56	137.29%
52300 Travel	0.00	0.00	0.00	84.28	84.28	-84.28	0.00%
52700 Employee & Board Rela	0.00	0.00	52.95	89.75	89.75	-89.75	0.00%
52900 Printing	1,000.00	0.00	49.91	288.11	288.11	711.89	28.81%
53000 Office Supplies	1,500.00	0.00	49.86	308.79	308.79	1,191.21	20.59%
53100 Program Supplies	4,000.00	0.00	0.74	1,293.90	1,293.90	2,706.10	32.35%
53500 Utilities	2,500.00	0.00	30.08	30.08	30.08	2,469.92	1.20%
53600 Telephone	1,000.00	0.00	29.63	29.63	29.63	970.37	2.96%
53700 Data Communications	1,000.00	0.00	1.60	1.60	1.60	998.40	0.16%
54010 Insurance - Liability	1,000.00	0.00	21.71	143.84	143.84	856.16	14.38%
54020 Insurance - Property/Buil	3,500.00	0.00	0.00	0.00	0.00	3,500.00	0.00%
54700 Advertising	0.00	0.00	0.00	155.40	155.40	-155.40	0.00%
55500 Building Maintenance &	4,500.00	0.00	121.88	135.48	135.48	4,364.52	3.01%
58200 Leases/Rent - Equipment	750.00	0.00	10.30	10.43	10.43	739.57	1.39%
59700 Indirect Costs	990.00	0.00	346.67	1,346.11	1,346.11	-356.11	135.97%
Expenses	<u>31,756.00</u>	<u>0.00</u>	<u>2,313.74</u>	<u>16,537.02</u>	<u>16,537.02</u>	<u>15,218.98</u>	<u>52.08%</u>
Balance:	<u>0.00</u>	<u>0.00</u>	<u>-4,804.18</u>	<u>166.91</u>	<u>166.91</u>		

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30618 17/18 VPK Polk County

Project Period 7/1/2017 to 6/30/2018

Element Code & Description	Budget	Prior Year	Current	YTD	Proj Tot	Un/Ovr	% Bud
Project Revenues:	31,756.00	0.00	-2,490.44	16,703.93	16,703.93	15,052.07	52.60%
Project Expense:	31,756.00	0.00	2,313.74	16,537.02	16,537.02	15,218.98	52.08%
Project Balance:	0.00	0.00	-4,804.18	166.91	166.91		

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31017 16/17 Food Service

Project Period 10/1/2016 to 9/30/2017

Element Code & Description	Budget	Prior Year	Current	YTD	Proj Tot	Un/Ovr	% Bud
100017 16/17 Food Service Administration							
Revenues							
44000 DOH Food Administra	105,413.00	76,707.06	0.00	15,917.31	92,624.37	12,788.63	87.87%
45000 Food Indirect Admin	5,478.00	3,884.40	0.00	0.00	3,884.40	1,593.60	70.91%
Revenues	<u>110,891.00</u>	<u>80,591.46</u>	<u>0.00</u>	<u>15,917.31</u>	<u>96,508.77</u>	<u>14,382.23</u>	<u>87.03%</u>
Expenses							
50000 Salaries	33,203.00	25,463.72	0.00	8,210.41	33,674.13	-471.13	101.42%
50500 Fringe Benefits	8,301.00	6,216.07	0.00	1,622.18	7,838.25	462.75	94.43%
52000 Direct Fringe - Workers C	1,022.00	520.65	0.00	170.99	691.64	330.36	67.68%
52100 Professional Services	0.00	680.26	0.00	5.41	685.67	-685.67	0.00%
52300 Travel	13,387.00	1,248.29	0.00	2.09	1,250.38	12,136.62	9.34%
52700 Employee & Board Rela	500.00	1,205.90	0.00	11.61	1,217.51	-717.51	243.50%
52800 Community Relations	25.00	0.00	0.00	0.29	0.29	24.71	1.16%
52900 Printing	600.00	1,533.48	0.00	0.00	1,533.48	-933.48	255.58%
53000 Office Supplies	5,000.00	4,239.41	0.00	421.18	4,660.59	339.41	93.21%
53100 Program Supplies	0.00	5.12	0.00	0.00	5.12	-5.12	0.00%
53400 Lease/Rent - Facilities	1,000.00	137.18	0.00	0.00	137.18	862.82	13.72%
53500 Utilities	9,000.00	20,002.53	0.00	691.34	20,693.87	-11,693.87	229.93%
53600 Telephone	3,000.00	17,948.58	0.00	660.75	18,609.33	-15,609.33	620.31%
53700 Data Communications	2,500.00	11,767.49	0.00	929.34	12,696.83	-10,196.83	507.87%
53800 Postage	400.00	1,147.80	0.00	19.11	1,166.91	-766.91	291.73%
53900 Dues & Subscriptions	50.00	28.15	0.00	24.13	52.28	-2.28	104.56%
54000 Insurance - Automobile	9,000.00	4,062.75	0.00	1,614.30	5,677.05	3,322.95	63.08%
54010 Insurance - Liability	300.00	1,041.34	0.00	266.77	1,308.11	-1,008.11	436.04%
54700 Advertising	75.00	0.00	0.00	0.00	0.00	75.00	0.00%
55000 In-Service Training	9,000.00	6,587.87	0.00	0.00	6,587.87	2,412.13	73.20%
55500 Building Maintenance &	2,000.00	2,878.82	0.00	1,054.37	3,933.19	-1,933.19	196.66%
58100 Equipment Maintenance	50.00	1,000.44	0.00	0.42	1,000.86	-950.86	2,001.72
58200 Leases/Rent - Equipment	7,000.00	12,935.07	0.00	629.35	13,564.42	-6,564.42	193.78%
59700 Indirect Costs	5,478.00	3,884.40	0.00	1,714.30	5,598.70	-120.70	102.20%
Expenses	<u>110,891.00</u>	<u>124,535.32</u>	<u>0.00</u>	<u>18,048.34</u>	<u>142,583.66</u>	<u>-31,692.66</u>	<u>128.58%</u>
Balance:	<u>0.00</u>	<u>-43,943.86</u>	<u>0.00</u>	<u>-2,131.03</u>	<u>-46,074.89</u>		

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31017 16/17 Food Service

Project Period 10/1/2016 to 9/30/2017

Element Code & Description	Budget	Prior Year	Current	YTD	Proj Tot	Un/Ovr	% Bud
200017 16/17 Food Service Operations							
Revenues							
40000 DOH - Food Program	798,805.00	482,177.62	0.00	90,198.15	572,375.77	226,429.23	71.65%
45000 Food Indirect Admin	32,938.00	18,215.58	0.00	0.00	18,215.58	14,722.42	55.30%
Revenues	831,743.00	500,393.20	0.00	90,198.15	590,591.35	241,151.65	71.01%
Expenses							
50000 Salaries	199,622.00	117,262.63	0.00	26,961.81	144,224.44	55,397.56	72.25%
50500 Fringe Benefits	47,000.00	28,843.03	0.00	7,049.72	35,892.75	11,107.25	76.37%
52000 Direct Fringe - Workers C	1,187.00	2,373.24	0.00	535.07	2,908.31	-1,721.31	245.01%
52100 Professional Services	0.00	4,152.40	0.00	0.00	4,152.40	-4,152.40	0.00%
52300 Travel	3,000.00	1,535.42	0.00	205.41	1,740.83	1,259.17	58.03%
53000 Office Supplies	5,000.00	2,408.07	0.00	778.00	3,186.07	1,813.93	63.72%
53100 Program Supplies	12,000.00	48.07	0.00	0.00	48.07	11,951.93	0.40%
53200 Non-food Supplies	12,000.00	6,764.58	0.00	2,593.13	9,357.71	2,642.29	77.98%
53300 Food Costs	483,996.00	233,280.09	0.00	38,552.01	271,832.10	212,163.90	56.16%
53500 Utilities	1,500.00	3,505.82	0.00	113.75	3,619.57	-2,119.57	241.30%
53600 Telephone	0.00	0.00	0.00	1.49	1.49	-1.49	0.00%
53700 Data Communications	3,000.00	10,533.83	0.00	637.51	11,171.34	-8,171.34	372.38%
53800 Postage	300.00	863.97	0.00	13.34	877.31	-577.31	292.44%
53900 Dues & Subscriptions	0.00	45.00	0.00	0.00	45.00	-45.00	0.00%
54010 Insurance - Liability	0.00	2,571.72	0.00	533.58	3,105.30	-3,105.30	0.00%
54020 Insurance - Property/Buil	0.00	612.30	0.00	0.00	612.30	-612.30	0.00%
55300 Field Trips	0.00	342.38	0.00	0.00	342.38	-342.38	0.00%
55500 Building Maintenance &	6,000.00	7,411.64	0.00	702.24	8,113.88	-2,113.88	135.23%
55600 Vehicle Operation and M	5,000.00	2,396.88	0.00	468.68	2,865.56	2,134.44	57.31%
58200 Leases/Rent - Equipment	4,200.00	7,727.81	0.00	377.67	8,105.48	-3,905.48	192.99%
58300 Leases/ Rent Vehicles	15,000.00	5,417.21	0.00	3,051.90	8,469.11	6,530.89	56.46%
59700 Indirect Costs	32,938.00	18,215.58	0.00	5,629.48	23,845.06	9,092.94	72.39%
Expenses	831,743.00	456,311.67	0.00	88,204.79	544,516.46	287,226.54	65.47%
Balance:	0.00	44,081.53	0.00	1,993.36	46,074.89		

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31017 16/17 Food Service

Project Period 10/1/2016 to 9/30/2017

Element Code & Description	Budget	Prior Year	Current	YTD	Proj Tot	Un/Ovr	% Bud
Project Revenues:	942,634.00	580,984.66	0.00	106,115.46	687,100.12	255,533.88	72.89%
Project Expense:	942,634.00	580,846.99	0.00	106,253.13	687,100.12	255,533.88	72.89%
Project Balance:	0.00	137.67	0.00	-137.67	0.00		

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31018 17/18 Food Service

Project Period 10/1/2017 to 9/30/2018

Element Code & Description	Budget	Prior Year	Current	YTD	Proj Tot	Un/Ovr	% Bud
100018 17/18 Food Service Administration							
Revenues							
44000 DOH Food Administra	133,902.00	0.00	8,983.90	42,409.53	42,409.53	91,492.47	31.67%
45000 Food Indirect Admin	5,121.00	0.00	806.67	1,616.10	1,616.10	3,504.90	31.56%
Revenues	<u>139,023.00</u>	<u>0.00</u>	<u>9,790.57</u>	<u>44,025.63</u>	<u>44,025.63</u>	<u>94,997.37</u>	<u>31.67%</u>
Expenses							
50000 Salaries	31,036.00	0.00	2,510.41	9,624.30	9,624.30	21,411.70	31.01%
50500 Fringe Benefits	10,829.00	0.00	710.65	1,922.31	1,922.31	8,906.69	17.75%
52000 Direct Fringe - Workers C	650.00	0.00	66.58	224.08	224.08	425.92	34.47%
52100 Professional Services	600.00	0.00	0.00	386.86	386.86	213.14	64.48%
52300 Travel	18,603.00	0.00	748.43	1,021.20	1,021.20	17,581.80	5.49%
52700 Employee & Board Rela	500.00	0.00	422.05	511.89	511.89	-11.89	102.38%
52800 Community Relations	25.00	0.00	11.19	11.19	11.19	13.81	44.76%
52900 Printing	1,600.00	0.00	1,849.74	3,762.71	3,762.71	-2,162.71	235.17%
53000 Office Supplies	15,000.00	0.00	1,166.61	3,848.16	3,848.16	11,151.84	25.65%
53400 Lease/Rent - Facilities	1,284.00	0.00	15.90	15.90	15.90	1,268.10	1.24%
53500 Utilities	11,000.00	0.00	1,342.70	5,206.28	5,206.28	5,793.72	47.33%
53600 Telephone	3,000.00	0.00	1,461.04	4,877.73	4,877.73	-1,877.73	162.59%
53700 Data Communications	2,500.00	0.00	1,099.21	2,020.79	2,020.79	479.21	80.83%
53800 Postage	400.00	0.00	77.47	217.53	217.53	182.47	54.38%
53900 Dues & Subscriptions	75.00	0.00	0.00	2.66	2.66	72.34	3.55%
54000 Insurance - Automobile	9,000.00	0.00	424.21	1,696.84	1,696.84	7,303.16	18.85%
54010 Insurance - Liability	1,200.00	0.00	65.14	651.40	651.40	548.60	54.28%
54700 Advertising	200.00	0.00	0.00	155.40	155.40	44.60	77.70%
55000 In-Service Training	18,000.00	0.00	6,534.37	7,794.98	7,794.98	10,205.02	43.31%
55500 Building Maintenance &	2,000.00	0.00	858.55	2,362.20	2,362.20	-362.20	118.11%
58100 Equipment Maintenance	1,400.00	0.00	3.54	12.98	12.98	1,387.02	0.93%
58200 Leases/Rent - Equipment	5,000.00	0.00	726.56	3,055.57	3,055.57	1,944.43	61.11%
59700 Indirect Costs	5,121.00	0.00	806.67	1,616.10	1,616.10	3,504.90	31.56%
Expenses	<u>139,023.00</u>	<u>0.00</u>	<u>20,901.02</u>	<u>50,999.06</u>	<u>50,999.06</u>	<u>88,023.94</u>	<u>36.68%</u>
Balance:	<u>0.00</u>	<u>0.00</u>	<u>-11,110.45</u>	<u>-6,973.43</u>	<u>-6,973.43</u>		

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31018 17/18 Food Service

Project Period 10/1/2017 to 9/30/2018

Element Code & Description	Budget	Prior Year	Current	YTD	Proj Tot	Un/Ovr	% Bud
200018 17/18 Food Service Operations							
Revenues							
40000 DOH - Food Program	791,300.00	0.00	51,264.89	241,601.05	241,601.05	549,698.95	30.53%
45000 Food Indirect Admin	33,267.00	0.00	4,214.98	7,877.50	7,877.50	25,389.50	23.68%
Revenues	824,567.00	0.00	55,479.87	249,478.55	249,478.55	575,088.45	30.26%
Expenses							
50000 Salaries	201,618.00	0.00	11,139.71	45,370.17	45,370.17	156,247.83	22.50%
50500 Fringe Benefits	50,425.00	0.00	4,183.07	12,819.70	12,819.70	37,605.30	25.42%
52000 Direct Fringe - Workers C	4,012.00	0.00	234.92	942.49	942.49	3,069.51	23.49%
52100 Professional Services	4,000.00	0.00	16.08	3,065.75	3,065.75	934.25	76.64%
52300 Travel	5,000.00	0.00	116.42	764.98	764.98	4,235.02	15.30%
52900 Printing	0.00	0.00	23.67	23.67	23.67	-23.67	0.00%
53000 Office Supplies	4,000.00	0.00	220.01	1,310.82	1,310.82	2,689.18	32.77%
53100 Program Supplies	12,000.00	0.00	0.00	0.00	0.00	12,000.00	0.00%
53200 Non-food Supplies	12,000.00	0.00	961.65	4,439.24	4,439.24	7,560.76	36.99%
53300 Food Costs	468,245.00	0.00	35,700.57	153,665.08	153,665.08	314,579.92	32.82%
53500 Utilities	1,500.00	0.00	183.08	709.92	709.92	790.08	47.33%
53700 Data Communications	2,500.00	0.00	207.37	1,080.23	1,080.23	1,419.77	43.21%
53800 Postage	300.00	0.00	58.09	162.75	162.75	137.25	54.25%
54010 Insurance - Liability	0.00	0.00	130.28	130.28	130.28	-130.28	0.00%
55500 Building Maintenance &	2,500.00	0.00	1,073.24	3,128.57	3,128.57	-628.57	125.14%
55600 Vehicle Operation and M	5,000.00	0.00	115.40	981.27	981.27	4,018.73	19.63%
58200 Leases/Rent - Equipment	3,200.00	0.00	465.10	1,955.66	1,955.66	1,244.34	61.11%
58300 Leases/ Rent Vehicles	15,000.00	0.00	1,017.30	4,069.20	4,069.20	10,930.80	27.13%
59700 Indirect Costs	33,267.00	0.00	3,429.36	7,877.50	7,877.50	25,389.50	23.68%
Expenses	824,567.00	0.00	59,275.32	242,497.28	242,497.28	582,069.72	29.41%
Balance:	0.00	0.00	-3,795.45	6,981.27	6,981.27		

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31018 17/18 Food Service

Project Period 10/1/2017 to 9/30/2018

Element Code & Description	Budget	Prior Year	Current	YTD	Proj Tot	Un/Ovr	% Bud
Project Revenues:	963,590.00	0.00	65,270.44	293,504.18	293,504.18	670,085.82	30.46%
Project Expense:	963,590.00	0.00	80,176.34	293,496.34	293,496.34	670,093.66	30.46%
Project Balance:	0.00	0.00	-14,905.90	7.84	7.84		

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Period 07/01/17 to 01/31/18

32417 16/17 CAT CSC

Project Period 10/1/2016 to 9/30/2017

Element Code & Description	Budget	Prior Year	Current	YTD	Proj Tot	Un/Ovr	% Bud
324117 16/17 CAT CSC							
Revenues							
41410 CSC St Lucie CAT Revenues	103,647.00	73,440.93	0.00	17,843.54	91,284.47	12,362.53	88.07%
	<u>103,647.00</u>	<u>73,440.93</u>	<u>0.00</u>	<u>17,843.54</u>	<u>91,284.47</u>	<u>12,362.53</u>	<u>88.07%</u>
Expenses							
50000 Salaries	64,605.00	44,825.11	0.00	10,130.02	54,955.13	9,649.87	85.06%
50500 Fringe Benefits	7,921.00	9,657.91	0.00	2,439.88	12,097.79	-4,176.79	152.73%
52000 Direct Fringe - Workers C	1,702.00	952.94	0.00	218.88	1,171.82	530.18	68.85%
52100 Professional Services	450.00	78.00	0.00	0.00	78.00	372.00	17.33%
53000 Office Supplies	900.00	480.07	0.00	577.85	1,057.92	-157.92	117.55%
53100 Program Supplies	4,745.00	3,838.07	0.00	95.83	3,933.90	811.10	82.91%
53300 Food Costs	2,188.00	920.84	0.00	556.29	1,477.13	710.87	67.51%
53500 Utilities	2,600.00	951.04	0.00	260.34	1,211.38	1,388.62	46.59%
53800 Postage	450.00	326.67	0.00	89.27	415.94	34.06	92.43%
54010 Insurance - Liability	1,538.00	1,149.39	0.00	383.13	1,532.52	5.48	99.64%
54600 Licenses and Fees	0.00	0.00	0.00	12.18	12.18	-12.18	0.00%
55300 Field Trips	3,100.00	1,903.90	0.00	0.00	1,903.90	1,196.10	61.42%
55500 Building Maintenance &	2,000.00	1,258.74	0.00	412.50	1,671.24	328.76	83.56%
58200 Leases/Rent - Equipment	1,068.00	316.35	0.00	0.00	316.35	751.65	29.62%
58850 Other Expense Adjustme	6,360.00	3,766.90	0.00	1,439.24	5,206.14	1,153.86	81.86%
58900 Indirect Adjustment	4,020.00	3,015.00	0.00	1,005.00	4,020.00	0.00	100.00%
Expenses	<u>103,647.00</u>	<u>73,440.93</u>	<u>0.00</u>	<u>17,620.41</u>	<u>91,061.34</u>	<u>12,585.66</u>	<u>87.86%</u>
Balance:	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>223.13</u>	<u>223.13</u>		

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32417 16/17 CAT CSC

Project Period 10/1/2016 to 9/30/2017

Element Code & Description	Budget	Prior Year	Current	YTD	Proj Tot	Un/Ovr	% Bud
Project Revenues:	103,647.00	73,440.93	0.00	17,843.54	91,284.47	12,362.53	88.07%
Project Expense:	103,647.00	73,440.93	0.00	17,620.41	91,061.34	12,585.66	87.86%
Project Balance:	0.00	0.00	0.00	223.13	223.13		

Revenue and Expenditure Report by Element

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32418 17/18 CAT CSC

Project Period 10/1/2017 to 9/30/2018

Element Code & Description	Budget	Prior Year	Current	YTD	Proj Tot	Un/Ovr	% Bud
324118 17/18 CAT CSC							
Revenues							
41410 CSC St Lucie CAT Revenues	84,599.00	0.00	7,582.23	23,186.58	23,186.58	61,412.42	27.41%
	<u>84,599.00</u>	<u>0.00</u>	<u>7,582.23</u>	<u>23,186.58</u>	<u>23,186.58</u>	<u>61,412.42</u>	<u>27.41%</u>
Expenses							
50000 Salaries	53,391.00	0.00	3,139.72	11,540.43	11,540.43	41,850.57	21.61%
50500 Fringe Benefits	6,967.00	0.00	1,072.45	2,897.33	2,897.33	4,069.67	41.59%
52000 Direct Fringe - Workers C	1,287.00	0.00	71.77	253.35	253.35	1,033.65	19.69%
52100 Professional Services	450.00	0.00	0.00	260.28	260.28	189.72	57.84%
52300 Travel	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
53000 Office Supplies	470.00	0.00	101.91	313.76	313.76	156.24	66.76%
53100 Program Supplies	3,490.00	0.00	0.00	0.00	0.00	3,490.00	0.00%
53300 Food Costs	1,200.00	0.00	108.42	343.54	343.54	856.46	28.63%
53500 Utilities	1,808.00	0.00	150.00	593.80	593.80	1,214.20	32.84%
53800 Postage	450.00	0.00	44.73	201.42	201.42	248.58	44.76%
54010 Insurance - Liability	1,283.00	0.00	64.79	315.98	315.98	967.02	24.63%
54030 Insurance - Child Accider	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
55300 Field Trips	800.00	0.00	0.00	0.00	0.00	800.00	0.00%
55500 Building Maintenance &	1,300.00	0.00	124.91	853.02	853.02	446.98	65.62%
55600 Vehicle Operation and M	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
58200 Leases/Rent - Equipment	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
58850 Other Expense Adjustme	7,683.00	0.00	695.82	2,106.82	2,106.82	5,576.18	27.42%
58900 Indirect Adjustment	4,020.00	0.00	335.00	1,340.00	1,340.00	2,680.00	33.33%
Expenses	<u>84,599.00</u>	<u>0.00</u>	<u>5,909.52</u>	<u>21,019.73</u>	<u>21,019.73</u>	<u>63,579.27</u>	<u>24.85%</u>
Balance:	<u>0.00</u>	<u>0.00</u>	<u>1,672.71</u>	<u>2,166.85</u>	<u>2,166.85</u>		

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32418 17/18 CAT CSC

Project Period 10/1/2017 to 9/30/2018

Element Code & Description	Budget	Prior Year	Current	YTD	Proj Tot	Un/Ovr	% Bud
Project Revenues:	84,599.00	0.00	7,582.23	23,186.58	23,186.58	61,412.42	27.41%
Project Expense:	84,599.00	0.00	5,909.52	21,019.73	21,019.73	63,579.27	24.85%
Project Balance:	0.00	0.00	1,672.71	2,166.85	2,166.85		

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33018 17/18 VPK St. Lucie County Project Period 7/1/2017 to 6/30/2018

Element Code & Description	Budget	Prior Year	Current	YTD	Proj Tot	Un/Ovr	% Bud
430018 17/18 VPK St. Lucie Co.							
Revenues							
40700 St Lucie ELC VPK	774,008.00	0.00	72,179.52	428,685.90	428,685.90	345,322.10	55.39%
44300 St Lucie VPK Admin	92,400.00	0.00	0.00	39,529.62	39,529.62	52,870.38	42.78%
Revenues	866,408.00	0.00	72,179.52	468,215.52	468,215.52	398,192.48	54.04%
Expenses							
50000 Salaries	560,000.00	0.00	43,147.29	283,174.73	283,174.73	276,825.27	50.57%
50500 Fringe Benefits	134,400.00	0.00	15,847.35	75,472.41	75,472.41	58,927.59	56.16%
52000 Direct Fringe - Workers C	5,600.00	0.00	931.66	5,795.30	5,795.30	-195.30	103.49%
52100 Professional Services	6,500.00	0.00	26.14	6,982.77	6,982.77	-482.77	107.43%
52300 Travel	0.00	0.00	0.00	1,476.46	1,476.46	-1,476.46	0.00%
52700 Employee & Board Rela	0.00	0.00	925.44	925.44	925.44	-925.44	0.00%
52900 Printing	5,000.00	0.00	1,219.27	3,233.85	3,233.85	1,766.15	64.68%
53000 Office Supplies	3,800.00	0.00	2,568.25	4,044.83	4,044.83	-244.83	106.44%
53100 Program Supplies	8,000.00	0.00	22.35	1,080.61	1,080.61	6,919.39	13.51%
53500 Utilities	8,500.00	0.00	134.51	-1,615.89	-1,615.89	10,115.89	-19.01%
53600 Telephone	5,000.00	0.00	148.19	148.19	148.19	4,851.81	2.96%
53700 Data Communications	5,000.00	0.00	22.02	22.02	22.02	4,977.98	0.44%
54010 Insurance - Liability	4,000.00	0.00	477.68	3,164.82	3,164.82	835.18	79.12%
54020 Insurance - Property/Buil	10,708.00	0.00	0.00	0.00	0.00	10,708.00	0.00%
54600 Licenses and Fees	1,500.00	0.00	58.13	572.98	572.98	927.02	38.20%
54700 Advertising	0.00	0.00	0.00	155.40	155.40	-155.40	0.00%
55200 Parent Activities	0.00	0.00	0.00	1,789.79	1,789.79	-1,789.79	0.00%
55500 Building Maintenance &	15,000.00	0.00	841.74	887.08	887.08	14,112.92	5.91%
58200 Leases/Rent - Equipment	1,000.00	0.00	13.74	264.65	264.65	735.35	26.47%
59700 Indirect Costs	92,400.00	0.00	13,349.30	52,878.92	52,878.92	39,521.08	57.23%
Expenses	866,408.00	0.00	79,733.06	440,454.36	440,454.36	425,953.64	50.84%
Balance:	0.00	0.00	-7,553.54	27,761.16	27,761.16		

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33018 17/18 VPK St. Lucie County

Project Period 7/1/2017 to 6/30/2018

Element Code & Description	Budget	Prior Year	Current	YTD	Proj Tot	Un/Ovr	% Bud
Project Revenues:	866,408.00	0.00	72,179.52	468,215.52	468,215.52	398,192.48	54.04%
Project Expense:	866,408.00	0.00	79,733.06	440,454.36	440,454.36	425,953.64	50.84%
Project Balance:	0.00	0.00	-7,553.54	27,761.16	27,761.16		

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Period 07/01/17 to 01/31/18

36018 17/18 ALPI Technical Education **Project Period 7/1/2017 to 6/30/2018**

Element Code & Description	Budget	Prior Year	Current	YTD	Proj Tot	Un/Ovr	% Bud
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600018 17/18 ALPI Technical Education Center

Revenues

41200 ATEC Tuition	10,100.00	0.00	-300.00	1,750.00	1,750.00	8,350.00	17.33%
Revenues	<u>10,100.00</u>	<u>0.00</u>	<u>-300.00</u>	<u>1,750.00</u>	<u>1,750.00</u>	<u>8,350.00</u>	<u>17.33%</u>

Expenses

53900 Dues & Subscriptions	2,150.00	0.00	0.00	117.05	117.05	2,032.95	5.44%
55000 In-Service Training	0.00	0.00	0.00	269.86	269.86	-269.86	0.00%
55400 Subcontractor Expense	5,750.00	0.00	0.00	0.00	0.00	5,750.00	0.00%
57820 Client Services- Other	2,200.00	0.00	0.00	646.64	646.64	1,553.36	29.39%
Expenses	<u>10,100.00</u>	<u>0.00</u>	<u>0.00</u>	<u>1,033.55</u>	<u>1,033.55</u>	<u>9,066.45</u>	<u>10.23%</u>
Balance:	<u>0.00</u>	<u>0.00</u>	<u>-300.00</u>	<u>716.45</u>	<u>716.45</u>		

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36018 17/18 ALPI Technical Education **Project Period** 7/1/2017 to 6/30/2018

Element Code & Description	Budget	Prior Year	Current	YTD	Proj Tot	Un/Ovr	% Bud
Project Revenues:	10,100.00	0.00	-300.00	1,750.00	1,750.00	8,350.00	17.33%
Project Expense:	10,100.00	0.00	0.00	1,033.55	1,033.55	9,066.45	10.23%
Project Balance:	0.00	0.00	-300.00	716.45	716.45		

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Period 07/01/17 to 01/31/18

36118 17/18 EHEAP 4/1/17-9/30/18

Project Period 4/1/2017 to 9/30/2018

Element Code & Description	Budget	Prior Year	Current	YTD	Proj Tot	Un/Ovr	% Bud
502018 17/18 EHEAP Operations							
Revenues							
40150 EHEAP Operations	123,345.00	14,898.11	16,815.91	94,121.95	109,020.06	14,324.94	88.39%
Revenues	<u>123,345.00</u>	<u>14,898.11</u>	<u>16,815.91</u>	<u>94,121.95</u>	<u>109,020.06</u>	<u>14,324.94</u>	<u>88.39%</u>
Expenses							
50000 Salaries	9,637.00	1,611.34	570.93	4,086.95	5,698.29	3,938.71	59.13%
50500 Fringe Benefits	2,409.00	402.35	221.36	1,122.67	1,525.02	883.98	63.31%
52000 Direct Fringe - Workers C	210.00	32.16	11.44	81.20	113.36	96.64	53.98%
52300 Travel	485.00	6.36	0.00	0.00	6.36	478.64	1.31%
52900 Printing	530.00	120.00	0.00	531.10	651.10	-121.10	122.85%
53000 Office Supplies	872.00	526.48	0.00	262.23	788.71	83.29	90.45%
53500 Utilities	251.00	43.34	0.00	124.67	168.01	82.99	66.94%
53600 Telephone	734.00	401.35	0.00	529.36	930.71	-196.71	126.80%
53700 Data Communications	482.00	221.40	10.56	255.92	477.32	4.68	99.03%
53800 Postage	190.00	66.51	0.00	41.99	108.50	81.50	57.11%
58030 Weather Related Crisis	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
58040 Crisis EHEAP Energy As	105,955.00	10,438.90	3,184.20	74,208.10	84,647.00	21,308.00	79.89%
59700 Indirect Costs	1,590.00	31.99	184.13	763.18	795.17	794.83	50.01%
Expenses	<u>123,345.00</u>	<u>13,902.18</u>	<u>4,182.62</u>	<u>82,007.37</u>	<u>95,909.55</u>	<u>27,435.45</u>	<u>77.76%</u>
Balance:	<u>0.00</u>	<u>995.93</u>	<u>12,633.29</u>	<u>12,114.58</u>	<u>13,110.51</u>		

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36118 17/18 EHEAP 4/1/17-9/30/18

Project Period 4/1/2017 to 9/30/2018

Element Code & Description	Budget	Prior Year	Current	YTD	Proj Tot	Un/Ovr	% Bud
502118 17/18 EHEAP Administration							
Revenues							
40151 EHEAP Admin Revenues	1,963.00	1,105.51	-3.60	248.81	1,354.32	608.68	68.99%
	<u>1,963.00</u>	<u>1,105.51</u>	<u>-3.60</u>	<u>248.81</u>	<u>1,354.32</u>	<u>608.68</u>	<u>68.99%</u>
Expenses							
50000 Salaries	1,081.00	676.58	-31.05	-615.61	60.97	1,020.03	5.64%
50500 Fringe Benefits	270.00	170.99	-19.26	-169.11	1.88	268.12	0.70%
52000 Direct Fringe - Workers C	24.00	13.43	0.00	-9.72	3.71	20.29	15.46%
52100 Professional Services	0.00	52.18	0.00	0.00	52.18	-52.18	0.00%
52300 Travel	120.00	0.98	0.00	52.06	53.04	66.96	44.20%
53000 Office Supplies	85.00	2.49	0.00	16.19	18.68	66.32	21.98%
53600 Telephone	125.00	8.18	0.00	57.61	65.79	59.21	52.63%
53800 Postage	80.00	14.33	0.00	9.73	24.06	55.94	30.08%
59700 Indirect Costs	178.00	84.06	-18.69	-114.96	-30.90	208.90	-17.36%
Expenses	<u>1,963.00</u>	<u>1,023.22</u>	<u>-69.00</u>	<u>-773.81</u>	<u>249.41</u>	<u>1,713.59</u>	<u>12.71%</u>
Balance:	<u>0.00</u>	<u>82.29</u>	<u>65.40</u>	<u>1,022.62</u>	<u>1,104.91</u>		

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36118 17/18 EHEAP 4/1/17-9/30/18

Project Period 4/1/2017 to 9/30/2018

Element Code & Description	Budget	Prior Year	Current	YTD	Proj Tot	Un/Ovr	% Bud
Project Revenues:	125,308.00	16,003.62	16,812.31	94,370.76	110,374.38	14,933.62	88.08%
Project Expense:	125,308.00	14,925.40	4,113.62	81,233.56	96,158.96	29,149.04	76.74%
Project Balance:	0.00	1,078.22	12,698.69	13,137.20	14,215.42		

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36317 16/17 DOE Emergency Assistance Project Period 7/1/2016 to 9/30/2017

Element Code & Description	Budget	Prior Year	Current	YTD	Proj Tot	Un/Ovr	% Bud
507217 16/17 DOE Emergency Assistance							
Revenues							
41100 DOE Emergency Servi	60,000.00	57,664.84	0.00	2,335.16	60,000.00	0.00	100.00%
Revenues	60,000.00	57,664.84	0.00	2,335.16	60,000.00	0.00	100.00%
Expenses							
50000 Salaries	17,969.00	17,781.29	0.00	1,085.57	18,866.86	-897.86	105.00%
50500 Fringe Benefits	4,492.00	4,509.68	0.00	206.32	4,716.00	-224.00	104.99%
52000 Direct Fringe - Workers C	408.00	376.05	0.00	25.70	401.75	6.25	98.47%
52100 Professional Services	400.00	39.80	0.00	0.00	39.80	360.20	9.95%
52300 Travel	1,424.00	900.02	0.00	0.00	900.02	523.98	63.20%
52900 Printing	200.00	210.00	0.00	-35.35	174.65	25.35	87.33%
53000 Office Supplies	395.00	159.07	0.00	235.14	394.21	0.79	99.80%
53500 Utilities	255.00	267.75	0.00	-5.74	262.01	-7.01	102.75%
53800 Postage	200.00	202.38	0.00	-14.68	187.70	12.30	93.85%
55000 In-Service Training	200.00	0.00	0.00	0.00	0.00	200.00	0.00%
57810 Emergency Assistance	31,200.00	29,200.00	0.00	2,000.00	31,200.00	0.00	100.00%
58900 Indirect Adjustment	2,857.00	2,682.30	0.00	174.70	2,857.00	0.00	100.00%
Expenses	60,000.00	56,328.34	0.00	3,671.66	60,000.00	0.00	100.00%
Balance:	0.00	1,336.50	0.00	-1,336.50	0.00		

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36317 16/17 DOE Emergency Assistance **Project Period** 7/1/2016 to 9/30/2017

Element Code & Description	Budget	Prior Year	Current	YTD	Proj Tot	Un/Ovr	% Bud
Project Revenues:	60,000.00	57,664.84	0.00	2,335.16	60,000.00	0.00	100.00%
Project Expense:	60,000.00	56,328.34	0.00	3,671.66	60,000.00	0.00	100.00%
Project Balance:	0.00	1,336.50	0.00	-1,336.50	0.00		

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36318 17/18 DOE Emergency Assistance Project Period 7/1/2017 to 6/30/2018

Element Code & Description	Budget	Prior Year	Current	YTD	Proj Tot	Un/Ovr	% Bud
507218 17/18 DOE Emergency Assistance							
Revenues							
41100 DOE Emergency Servi	50,000.00	0.00	4,011.46	27,215.26	27,215.26	22,784.74	54.43%
Revenues	50,000.00	0.00	4,011.46	27,215.26	27,215.26	22,784.74	54.43%
Expenses							
50000 Salaries	15,720.00	0.00	1,773.31	8,424.76	8,424.76	7,295.24	53.59%
50500 Fringe Benefits	3,773.00	0.00	629.11	2,406.14	2,406.14	1,366.86	63.77%
52000 Direct Fringe - Workers C	379.00	0.00	40.56	171.64	171.64	207.36	45.29%
52100 Professional Services	500.00	0.00	0.00	65.77	65.77	434.23	13.15%
52300 Travel	900.00	0.00	106.92	106.92	106.92	793.08	11.88%
52900 Printing	300.00	0.00	0.00	286.63	286.63	13.37	95.54%
53000 Office Supplies	346.00	0.00	0.00	223.54	223.54	122.46	64.61%
53800 Postage	250.00	0.00	35.51	164.98	164.98	85.02	65.99%
55000 In-Service Training	450.00	0.00	124.03	155.55	155.55	294.45	34.57%
57810 Emergency Assistance	25,000.00	0.00	2,400.00	6,300.00	6,300.00	18,700.00	25.20%
58900 Indirect Adjustment	2,382.00	0.00	255.48	915.30	915.30	1,466.70	38.43%
Expenses	50,000.00	0.00	5,364.92	19,221.23	19,221.23	30,778.77	38.44%
Balance:	0.00	0.00	-1,353.46	7,994.03	7,994.03		

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36318 17/18 DOE Emergency Assistance Project Period 7/1/2017 to 6/30/2018

Element Code & Description	Budget	Prior Year	Current	YTD	Proj Tot	Un/Ovr	% Bud
Project Revenues:	50,000.00	0.00	4,011.46	27,215.26	27,215.26	22,784.74	54.43%
Project Expense:	50,000.00	0.00	5,364.92	19,221.23	19,221.23	30,778.77	38.44%
Project Balance:	0.00	0.00	-1,353.46	7,994.03	7,994.03		

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36418 17/18 Emergency Solutions Grant **Project Period 7/1/2017 to 6/30/2018**

Element Code & Description	Budget	Prior Year	Current	YTD	Proj Tot	Un/Ovr	% Bud
541018 17/18 ESG Operations							
Revenues							
41540 Emergency Solutions Gr	60,000.00	0.00	4,648.03	26,066.54	26,066.54	33,933.46	43.44%
41545 Emer Solutions Grant A	0.00	0.00	0.00	1,585.73	1,585.73	-1,585.73	0.00%
Revenues	<u>60,000.00</u>	<u>0.00</u>	<u>4,648.03</u>	<u>27,652.27</u>	<u>27,652.27</u>	<u>32,347.73</u>	<u>46.09%</u>
Expenses							
50000 Salaries	38,688.00	0.00	3,648.20	21,684.80	21,684.80	17,003.20	56.05%
50500 Fringe Benefits	9,672.00	0.00	1,333.16	5,956.76	5,956.76	3,715.24	61.59%
52000 Direct Fringe - Workers C	735.00	0.00	80.10	446.43	446.43	288.57	60.74%
52300 Travel	7,476.00	0.00	0.00	0.00	0.00	7,476.00	0.00%
53000 Office Supplies	1,179.00	0.00	0.00	238.16	238.16	940.84	20.20%
53400 Lease/Rent - Facilities	2,250.00	0.00	100.00	400.00	400.00	1,850.00	17.78%
Expenses	<u>60,000.00</u>	<u>0.00</u>	<u>5,161.46</u>	<u>28,726.15</u>	<u>28,726.15</u>	<u>31,273.85</u>	<u>47.88%</u>
Balance:	<u>0.00</u>	<u>0.00</u>	<u>-513.43</u>	<u>-1,073.88</u>	<u>-1,073.88</u>		

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36418 17/18 Emergency Solutions Grant **Project Period 7/1/2017 to 6/30/2018**

<u>Element Code & Description</u>	<u>Budget</u>	<u>Prior Year</u>	<u>Current</u>	<u>YTD</u>	<u>Proj Tot</u>	<u>Un/Ovr</u>	<u>% Bud</u>
541118 17/18 ESG Administration							
Revenues							
41545 Emer Solutions Grant A	5,688.00	0.00	1,430.85	7,240.12	7,240.12	-1,552.12	127.29%
Revenues	5,688.00	0.00	1,430.85	7,240.12	7,240.12	-1,552.12	127.29%
Expenses							
50000 Salaries	3,161.00	0.00	468.71	2,628.56	2,628.56	532.44	83.16%
50500 Fringe Benefits	799.00	0.00	168.39	722.06	722.06	76.94	90.37%
52000 Direct Fringe - Workers C	60.00	0.00	10.54	53.32	53.32	6.68	88.87%
52300 Travel	1,068.00	0.00	0.00	723.58	723.58	344.42	67.75%
53000 Office Supplies	600.00	0.00	0.00	32.07	32.07	567.93	5.35%
Expenses	5,688.00	0.00	647.64	4,159.59	4,159.59	1,528.41	73.13%
Balance:	0.00	0.00	783.21	3,080.53	3,080.53		

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36418 17/18 Emergency Solutions Grant

Project Period 7/1/2017 to 6/30/2018

Element Code & Description	Budget	Prior Year	Current	YTD	Proj Tot	Un/Ovr	% Bud
Project Revenues:	65,688.00	0.00	6,078.88	34,892.39	34,892.39	30,795.61	53.12%
Project Expense:	65,688.00	0.00	5,809.10	32,885.74	32,885.74	32,802.26	50.06%
Project Balance:	0.00	0.00	269.78	2,006.65	2,006.65		

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36517 16/17 CSBG

Project Period 10/1/2016 to 3/31/2018

Element Code & Description	Budget	Prior Year	Current	YTD	Proj Tot	Un/Ovr	% Bud
365017 16/17 CSBG Program							
Revenues							
41500 CSBG	821,585.84	398,293.39	0.00	191,197.13	589,490.52	232,095.32	71.75%
41510 CSBG Admin	0.00	0.00	32,527.66	32,527.66	32,527.66	-32,527.66	0.00%
Revenues	<u>821,585.84</u>	<u>398,293.39</u>	<u>32,527.66</u>	<u>223,724.79</u>	<u>622,018.18</u>	<u>199,567.66</u>	<u>75.71%</u>
Expenses							
50000 Salaries	190,603.00	86,993.70	10,886.92	74,486.87	161,480.57	29,122.43	84.72%
50500 Fringe Benefits	47,650.75	22,007.54	4,157.17	20,451.75	42,459.29	5,191.46	89.11%
52000 Direct Fringe - Workers C	3,888.30	1,785.66	223.63	1,492.18	3,277.84	610.46	84.30%
52100 Professional Services	55,000.00	27,473.67	0.00	10,185.55	37,659.22	17,340.78	68.47%
52300 Travel	45,629.00	17,562.53	2,641.72	14,114.69	31,677.22	13,951.78	69.42%
52700 Employee & Board Rela	5,400.00	1,786.01	18.10	94.41	1,880.42	3,519.58	34.82%
52800 Community Relations	3,600.00	158.70	415.17	548.85	707.55	2,892.45	19.65%
52900 Printing	8,100.00	5,371.79	71.60	71.60	5,443.39	2,656.61	67.20%
53000 Office Supplies	31,500.00	16,605.46	95.11	2,660.41	19,265.87	12,234.13	61.16%
53400 Lease/Rent - Facilities	33,300.00	13,187.50	2,401.48	11,101.48	24,288.98	9,011.02	72.94%
53500 Utilities	16,560.00	10,248.98	305.87	3,351.99	13,600.97	2,959.03	82.13%
53600 Telephone	90,000.00	42,182.76	595.96	9,263.96	51,446.72	38,553.28	57.16%
53700 Data Communications	108,000.00	47,932.35	3,314.55	34,038.72	81,971.07	26,028.93	75.90%
53800 Postage	4,500.00	3,208.93	252.99	867.96	4,076.89	423.11	90.60%
53900 Dues & Subscriptions	0.00	1,950.00	0.00	-1,950.00	0.00	0.00	0.00%
54010 Insurance - Liability	0.00	513.07	130.28	-382.79	130.28	-130.28	0.00%
54600 Licenses and Fees	0.00	0.00	495.00	495.00	495.00	-495.00	0.00%
55000 In-Service Training	67,300.00	31,833.00	5,557.36	21,975.36	53,808.36	13,491.64	79.95%
55410 Sub-Recipient Direct Se	54,000.00	26,890.00	0.00	13,310.00	40,200.00	13,800.00	74.44%
55500 Building Maintenance &	45,180.00	34,170.68	125.71	2,994.83	37,165.51	8,014.49	82.26%
55810 Equipment Purchase <50	1,024.79	348.30	0.00	0.00	348.30	676.49	33.99%
56810 Depreciation - Furniture &	0.00	1,379.06	0.00	0.00	1,379.06	-1,379.06	0.00%
56820 Depreciation - Equipmen	0.00	54.69	0.00	0.00	54.69	-54.69	0.00%
57820 Client Services- Other	0.00	453.04	-35.00	-453.04	0.00	0.00	0.00%
58100 Equipment Maintenance	7,560.00	3,950.53	830.22	2,927.32	6,877.85	682.15	90.98%
58200 Leases/Rent - Equipment	2,790.00	1,679.19	43.82	643.94	2,323.13	466.87	83.27%
Expenses	<u>821,585.84</u>	<u>399,727.14</u>	<u>32,527.66</u>	<u>222,291.04</u>	<u>622,018.18</u>	<u>199,567.66</u>	<u>75.71%</u>
Balance:	<u>0.00</u>	<u>-1,433.75</u>	<u>0.00</u>	<u>1,433.75</u>	<u>0.00</u>		

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36517 16/17 CSBG

Project Period 10/1/2016 to 3/31/2018

Element Code & Description	Budget	Prior Year	Current	YTD	Proj Tot	Un/Ovr	% Bud
Project Revenues:	1,787,311.00	892,761.09	125,331.57	706,093.85	1,598,854.94	188,456.06	89.46%
Project Expense:	1,787,311.00	894,194.84	125,331.57	704,660.10	1,598,854.94	188,456.06	89.46%
Project Balance:	0.00	-1,433.75	0.00	1,433.75	0.00		

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36618 17/18 Florida Non-Profit Housing, Inc. Project Period 7/1/2017 to 6/30/2018

Element Code & Description	Budget	Prior Year	Current	YTD	Proj Tot	Un/Ovr	% Bud
366018 17/18 Florida Non-Profit Housing, Inc.							
Revenues							
41600 FL Non Profit Housing Revenues	26,400.00	0.00	133.57	19,150.29	19,150.29	7,249.71	72.54%
	<u>26,400.00</u>	<u>0.00</u>	<u>133.57</u>	<u>19,150.29</u>	<u>19,150.29</u>	<u>7,249.71</u>	<u>72.54%</u>
Expenses							
50000 Salaries	1,563.00	0.00	205.76	854.47	854.47	708.53	54.67%
50500 Fringe Benefits	391.42	0.00	68.43	234.72	234.72	156.70	59.97%
52000 Direct Fringe - Workers C	29.70	0.00	5.10	18.27	18.27	11.43	61.52%
52300 Travel	157.98	0.00	0.00	0.00	0.00	157.98	0.00%
57810 Emergency Assistance	24,000.00	0.00	0.00	18,081.49	18,081.49	5,918.51	75.34%
59700 Indirect Costs	257.90	0.00	52.73	159.56	159.56	98.34	61.87%
Expenses	<u>26,400.00</u>	<u>0.00</u>	<u>332.02</u>	<u>19,348.51</u>	<u>19,348.51</u>	<u>7,051.49</u>	<u>73.29%</u>
Balance:	<u>0.00</u>	<u>0.00</u>	<u>-198.45</u>	<u>-198.22</u>	<u>-198.22</u>		

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36618 17/18 Florida Non-Profit Housing, Inc. Project Period 7/1/2017 to 6/30/2018

Element Code & Description	Budget	Prior Year	Current	YTD	Proj Tot	Un/Ovr	% Bud
Project Revenues:	26,400.00	0.00	133.57	19,150.29	19,150.29	7,249.71	72.54%
Project Expense:	26,400.00	0.00	332.02	19,348.51	19,348.51	7,051.49	73.29%
Project Balance:	0.00	0.00	-198.45	-198.22	-198.22		

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36918 HUD 17/18 Housing Counseling **Project Period** 10/1/2016 to 3/31/2018

Element Code & Description	Budget	Prior Year	Current	YTD	Proj Tot	Un/Ovr	% Bud
369018 17/18 HUD Housing Counseling							
Revenues							
41800 HUD Housing Counsel	15,990.00	1,787.07	1,063.56	12,970.08	14,757.15	1,232.85	92.29%
41810 HUD HC Administration	1,537.00	-85.42	326.57	1,245.06	1,159.64	377.36	75.45%
Revenues	<u>17,527.00</u>	<u>1,701.65</u>	<u>1,390.13</u>	<u>14,215.14</u>	<u>15,916.79</u>	<u>1,610.21</u>	<u>90.81%</u>
Expenses							
50000 Salaries	9,314.00	1,121.63	1,090.29	6,667.45	7,789.08	1,524.92	83.63%
50500 Fringe Benefits	2,422.00	276.84	401.85	1,831.53	2,108.37	313.63	87.05%
52000 Direct Fringe - Workers C	185.00	22.93	23.65	133.57	156.50	28.50	84.59%
52100 Professional Services	0.00	8.33	0.00	0.00	8.33	-8.33	0.00%
52700 Employee & Board Rela	0.00	0.00	-12.82	0.00	0.00	0.00	0.00%
52900 Printing	0.00	0.00	7.38	7.38	7.38	-7.38	0.00%
53000 Office Supplies	1,069.00	68.97	56.42	459.91	528.88	540.12	49.47%
55000 In-Service Training	3,000.00	288.37	-521.84	3,851.61	4,139.98	-1,139.98	138.00%
59700 Indirect Costs	1,537.00	-85.42	326.57	1,245.06	1,159.64	377.36	75.45%
Expenses	<u>17,527.00</u>	<u>1,701.65</u>	<u>1,371.50</u>	<u>14,196.51</u>	<u>15,898.16</u>	<u>1,628.84</u>	<u>90.71%</u>
Balance:	<u>0.00</u>	<u>0.00</u>	<u>18.63</u>	<u>18.63</u>	<u>18.63</u>		

Revenue and Expenditure Report by Element

The Agricultural And Labor Program, Inc.

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Period 07/01/17 to 01/31/18

36918 HUD 17/18 Housing Counseling

Project Period 10/1/2016 to 3/31/2018

Element Code & Description	Budget	Prior Year	Current	YTD	Proj Tot	Un/Ovr	% Bud
Project Revenues:	17,527.00	1,701.65	1,390.13	14,215.14	15,916.79	1,610.21	90.81%
Project Expense:	17,527.00	1,701.65	1,371.50	14,196.51	15,898.16	1,628.84	90.71%
Project Balance:	0.00	0.00	18.63	18.63	18.63		

Revenue and Expenditure Report by Element

The Agricultural And Labor Program, Inc.

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Period 07/01/17 to 01/31/18

37018 17/18 Agency General Project Period 7/1/2017 to 6/30/2018

Element Code & Description	Budget	Prior Year	Current	YTD	Proj Tot	Un/Ovr	% Bud
800518 800518 17/18 Agency General							
Revenues							
46300 Fundraising	35,000.00	0.00	18,802.50	32,668.70	32,668.70	2,331.30	93.34%
46400 Interest Income	145.00	0.00	12.33	85.51	85.51	59.49	58.97%
46500 Other Revenue	1,000.00	0.00	960.00	46,659.69	46,659.69	-45,659.69	4,665.97%
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>19,774.83</u>	<u>79,413.90</u>	<u>79,413.90</u>	<u>51,892.10</u>	<u>60.48%</u>
Expenses							
52100 Professional Services	5,500.00	0.00	0.00	2,200.00	2,200.00	3,300.00	40.00%
52300 Travel	2,000.00	0.00	1,567.15	1,567.15	1,567.15	432.85	78.36%
52500 Board Expenses	2,000.00	0.00	0.00	0.00	0.00	2,000.00	0.00%
52600 Advisory Council Expens	806.00	0.00	0.00	735.00	735.00	71.00	91.19%
52700 Employee & Board Rela	10,000.00	0.00	3,047.27	11,531.85	11,531.85	-1,531.85	115.32%
52800 Community Relations	26,000.00	0.00	13,452.75	29,716.73	29,716.73	-3,716.73	114.30%
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%
53500 Utilities	2,000.00	0.00	0.00	4.60	4.60	1,995.40	0.23%
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	18.21	18.21	18.21	1,481.79	1.21%
53900 Dues & Subscriptions	3,000.00	0.00	0.00	2,052.53	2,052.53	947.47	68.42%
54010 Insurance - Liability	5,000.00	0.00	0.00	0.00	0.00	5,000.00	0.00%
54020 Insurance - Property/Buil	5,000.00	0.00	0.00	335.40	335.40	4,664.60	6.71%
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	4,428.74	4,428.74	5,571.26	44.29%
54700 Advertising	6,000.00	0.00	0.00	0.00	0.00	6,000.00	0.00%
55000 In-Service Training	0.00	0.00	0.00	3,706.32	3,706.32	-3,706.32	0.00%
55500 Building Maintenance &	10,000.00	0.00	0.00	855.00	855.00	9,145.00	8.55%
55810 Equipment Purchase <50	5,000.00	0.00	0.00	0.00	0.00	5,000.00	0.00%
56500 Other Expense	8,000.00	0.00	419.57	22,656.04	22,656.04	-14,656.04	283.20%
58850 Other Expense Adjustme	-3,500.00	0.00	-695.82	-3,546.06	-3,546.06	46.06	101.32%
Expenses	<u>131,306.00</u>	<u>0.00</u>	<u>17,809.13</u>	<u>76,261.51</u>	<u>76,261.51</u>	<u>55,044.49</u>	<u>58.08%</u>
Balance:	<u>0.00</u>	<u>0.00</u>	<u>1,965.70</u>	<u>3,152.39</u>	<u>3,152.39</u>		

Revenue and Expenditure Report by Element

The Agricultural And Labor Program, Inc.

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Period 07/01/17 to 01/31/18

37018 17/18 Agency General

Project Period 7/1/2017 to 6/30/2018

Element Code & Description	Budget	Prior Year	Current	YTD	Proj Tot	Un/Ovr	% Bud
Project Revenues:	131,306.00	0.00	19,774.83	79,413.90	79,413.90	51,892.10	60.48%
Project Expense:	131,306.00	0.00	17,809.13	76,261.51	76,261.51	55,044.49	58.08%
Project Balance:	0.00	0.00	1,965.70	3,152.39	3,152.39		

Revenue and Expenditure Report by Element

The Agricultural And Labor Program, Inc.

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Period 07/01/17 to 01/31/18

37518 17/18 Advisory Council Activities Project Period 7/1/2017 to 6/30/2018

Element Code & Description	Budget	Prior Year	Current	YTD	Proj Tot	Un/Ovr	% Bud
750118 17/18 Fundraiser Northern Region							
Revenues							
46300 Fundraising	0.00	0.00	0.00	1,183.20	1,183.20	-1,183.20	0.00%
Revenues	0.00	0.00	0.00	1,183.20	1,183.20	-1,183.20	0.00%
Expenses							
52600 Advisory Council Expens	0.00	0.00	0.00	500.00	500.00	-500.00	0.00%
Expenses	0.00	0.00	0.00	500.00	500.00	-500.00	0.00%
Balance:	0.00	0.00	0.00	683.20	683.20		

Revenue and Expenditure Report by Element

The Agricultural And Labor Program, Inc.

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Period 07/01/17 to 01/31/18

37518 17/18 Advisory Council Activities

Project Period 7/1/2017 to 6/30/2018

Element Code & Description	Budget	Prior Year	Current	YTD	Proj Tot	Un/Ovr	% Bud
750218 17/18 Fundraiser Eastern Region							
<u>Revenues</u>							
46300 Fundraising	0.00	0.00	0.00	3,000.70	3,000.70	-3,000.70	0.00%
Revenues	0.00	0.00	0.00	3,000.70	3,000.70	-3,000.70	0.00%
<u>Expenses</u>							
52800 Community Relations	0.00	0.00	0.00	2,250.00	2,250.00	-2,250.00	0.00%
Expenses	0.00	0.00	0.00	2,250.00	2,250.00	-2,250.00	0.00%
Balance:	0.00	0.00	0.00	750.70	750.70		

Revenue and Expenditure Report by Element

The Agricultural And Labor Program, Inc.

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Period 07/01/17 to 01/31/18

37518 17/18 Advisory Council Activities Project Period 7/1/2017 to 6/30/2018

Element Code & Description	Budget	Prior Year	Current	YTD	Proj Tot	Un/Ovr	% Bud
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750318 17/18 Fundraiser Central Region

Revenues

46300 Fundraising	0.00	0.00	0.00	1,315.00	1,315.00	-1,315.00	0.00%
Revenues	0.00	0.00	0.00	1,315.00	1,315.00	-1,315.00	0.00%
Balance:	0.00	0.00	0.00	1,315.00	1,315.00		

Revenue and Expenditure Report by Element

The Agricultural And Labor Program, Inc.

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Period 07/01/17 to 01/31/18

37518 17/18 Advisory Council Activities Project Period 7/1/2017 to 6/30/2018

Element Code & Description	Budget	Prior Year	Current	YTD	Proj Tot	Un/Ovr	% Bud
----------------------------	--------	------------	---------	-----	----------	--------	-------

750418 17/18 Fundraiser Southern Region

Revenues

46300 Fundraising	0.00	0.00	0.00	1,050.00	1,050.00	-1,050.00	0.00%
Revenues	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>1,050.00</u>	<u>1,050.00</u>	<u>-1,050.00</u>	<u>0.00%</u>

Expenses

52800 Community Relations	0.00	0.00	0.00	1,000.00	1,000.00	-1,000.00	0.00%
Expenses	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>1,000.00</u>	<u>1,000.00</u>	<u>-1,000.00</u>	<u>0.00%</u>
Balance:	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>50.00</u>	<u>50.00</u>		

Revenue and Expenditure Report by Element

The Agricultural And Labor Program, Inc.

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Period 07/01/17 to 01/31/18

37518 17/18 Advisory Council Activities Project Period 7/1/2017 to 6/30/2018

Element Code & Description	Budget	Prior Year	Current	YTD	Proj Tot	Un/Ovr	% Bud
Project Revenues:	0.00	0.00	0.00	6,548.90	6,548.90	-6,548.90	0.00%
Project Expense:	0.00	0.00	0.00	3,750.00	3,750.00	-3,750.00	0.00%
Project Balance:	0.00	0.00	0.00	2,798.90	2,798.90		

Revenue and Expenditure Report by Element

The Agricultural And Labor Program, Inc.

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Period 07/01/17 to 01/31/18

37618 17/18 Sunshine Account Activities **Project Period 7/1/2017 to 6/30/2018**

Element Code & Description	Budget	Prior Year	Current	YTD	Proj Tot	Un/Ovr	% Bud
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760118 17/18 Sunshine Account

Revenues

46300 Fundraising	0.00	0.00	0.00	15,332.67	15,332.67	-15,332.67	0.00%
Revenues	0.00	0.00	0.00	15,332.67	15,332.67	-15,332.67	0.00%
	0.00	0.00	0.00	15,332.67	15,332.67	-15,332.67	0.00%

Expenses

54600 Licenses and Fees	0.00	0.00	0.00	15.00	15.00	-15.00	0.00%
Expenses	0.00	0.00	0.00	15.00	15.00	-15.00	0.00%
	0.00	0.00	0.00	15,317.67	15,317.67		
Balance:	0.00	0.00	0.00	15,317.67	15,317.67		

Revenue and Expenditure Report by Element

The Agricultural And Labor Program, Inc.

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Period 07/01/17 to 01/31/18

37618 17/18 Sunshine Account Activities **Project Period 7/1/2017 to 6/30/2018**

Element Code & Description	Budget	Prior Year	Current	YTD	Proj Tot	Un/Ovr	% Bud
Project Revenues:	0.00	0.00	0.00	15,332.67	15,332.67	-15,332.67	0.00%
Project Expense:	0.00	0.00	0.00	15.00	15.00	-15.00	0.00%
Project Balance:	0.00	0.00	0.00	15,317.67	15,317.67		

Revenue and Expenditure Report by Element

The Agricultural And Labor Program, Inc.

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Period 07/01/17 to 01/31/18

37718 17/18 Frostproof CDC Activities Project Period 7/1/2017 to 6/30/2018

Element Code & Description	Budget	Prior Year	Current	YTD	Proj Tot	Un/Ovr	% Bud
----------------------------	--------	------------	---------	-----	----------	--------	-------

770118 17/18 Frostproof CDC Fundraiser

Revenues

46300 Fundraising	0.00	0.00	0.00	1.45	1.45	-1.45	0.00%
Revenues	0.00	0.00	0.00	1.45	1.45	-1.45	0.00%
Balance:	0.00	0.00	0.00	1.45	1.45		

Revenue and Expenditure Report by Element

The Agricultural And Labor Program, Inc.

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Period 07/01/17 to 01/31/18

37718 17/18 Frostproof CDC Activities Project Period 7/1/2017 to 6/30/2018

Element Code & Description	Budget	Prior Year	Current	YTD	Proj Tot	Un/Ovr	% Bud
Project Revenues:	0.00	0.00	0.00	1.45	1.45	-1.45	0.00%
Project Expense:	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
Project Balance:	0.00	0.00	0.00	1.45	1.45		

Revenue and Expenditure Report by Element

The Agricultural And Labor Program, Inc.

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Period 07/01/17 to 01/31/18

37818 17/18 LVP Beautification Project

Project Period 7/1/2017 to 6/30/2018

Element Code & Description	Budget	Prior Year	Current	YTD	Proj Tot	Un/Ovr	% Bud
----------------------------	--------	------------	---------	-----	----------	--------	-------

780118 17/18 LVP Beautification Project

Revenues

46300 Fundraising	0.00	0.00	0.00	1,290.00	1,290.00	-1,290.00	0.00%
Revenues	0.00	0.00	0.00	1,290.00	1,290.00	-1,290.00	0.00%
Balance:	0.00	0.00	0.00	1,290.00	1,290.00		

Revenue and Expenditure Report by Element

The Agricultural And Labor Program, Inc.

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Period 07/01/17 to 01/31/18

37818 17/18 LVP Beautification Project **Project Period** 7/1/2017 to 6/30/2018

Element Code & Description	Budget	Prior Year	Current	YTD	Proj Tot	Un/Ovr	% Bud
Project Revenues:	0.00	0.00	0.00	1,290.00	1,290.00	-1,290.00	0.00%
Project Expense:	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
Project Balance:	0.00	0.00	0.00	1,290.00	1,290.00		
Report Total:			-14,363.12	96,691.96			

2018/2019

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)	7,487,138	7,414,082
ALPI Child Care Centers (St. Lucie/Polk Counties)	52,712	52,712
Polk ELC VPK	31,756	31,756
St Lucie County Early Learning VPK	866,408	866,408
USDA Food	963,590	942,634
Children's Services Council	103,647	84,599
Department of Economic Opportunity LIHEAP	4,601,343	4,374,828
Senior Connection Center, Inc. EHEAP	125,308	114,623
Department of Economic Opportunity CSBG	1,787,311	1,772,883
Emergency Solutions Grant	65,688	48,500
Department of Education EA	50,000	60,000
Florida Non Profit Housing	26,400	26,400
H.U.D. Housing Counseling	17,527	15,363
ATEC	10,100	10,100
FACA/OAG	-	19,647
E-rate	95,161	95,161
Fund Raiser	35,000	35,000
Other	1,145	1,145
In-Kind / Cash Match	1,871,785	1,856,521
TOTAL REVENUE	18,192,019	17,820,362
EXPENSES		
Salaries and Wages	6,802,449	6,914,678
Fringe Benefits	1,823,133	1,749,019
Communications	301,996	225,756
Travel	137,085	120,085
Food	470,843	506,384
Rent and Utilities	721,492	549,776
Contractual Services	516,048	484,325
Materials and Supplies	685,574	679,480
Training	246,669	232,056
Grants, Subsidies and Contributions	4,105,459	4,004,333
Subcontractors	424,138	400,016
In-Kind	1,871,785	1,853,521
Other	85,348	100,933
TOTAL EXPENSES	18,192,019	17,820,362

2018

INDEPENDENT AUDIT RFP ISSUANCE AND TIMELINES

REQUEST FOR PROPOSAL

**THE AGRICULTURAL AND LABOR PROGRAM, INC.
AUDIT COMMITTEE
Request for Proposal
for
Professional Auditing Services
April 6, 2018**

**P.O. Box 3126
Winter Haven, FL 33885**

The Agricultural and Labor Program, Inc.

REQUEST FOR PROPOSAL

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**THE AGRICULTURAL AND LABOR PROGRAM, INC.
REQUEST FOR PROPOSAL**

I. INTRODUCTION

A. General Information

The Agricultural and Labor Program, Inc. is requesting proposals from qualified firms of certified public accountants to audit its financial statements for the fiscal year June 30, 2018, with the option of auditing its financial statements for each of the four (4) subsequent fiscal years. These audits are to be performed in accordance with generally accepted auditing standards, the standards set forth for financial audits in the U.S., Comptroller General, *Government Auditing Standards*, U.S. Office of Management and Budget (OMB) Circular A-133, *Audits of States, Local Governments, and Non-Profits Organizations*.

There is no expressed or implied obligation for The Agricultural and Labor Program, Inc. to reimburse responding firms for any expenses incurred in preparing proposals in response to this request.

Unless there are a prohibitive number of proposers, each firm may request in writing an appointment to review the books of the Agency. In the event of a prohibitive number of proposers, a pre-proposal conference of all proposers will be held. All proposers will be given adequate notification. Any inquiries concerning the request for proposals should be addressed to Deloris Johnson, Chief Executive Officer.

To be considered, five (5) copies of the proposal must be received by Deloris Johnson, Chief Executive Officer at Post Office Box 3126, Winter Haven, Florida 33885 by 4:30 p.m. on April 27, 2018. The Agricultural and Labor Program, Inc. reserves the right to reject any or all proposals submitted. Proposals submitted will be evaluated by a four (4) member Evaluation Committee selected by the Board of Directors consisting of Deloris Johnson, Chief Executive Officer; Dennis Gniewek, Finance Director; Kenneth Davis, Senior Accountant; and Marjorie Gaskin, Treasurer of the Board of Directors.

During the evaluation process, the Evaluation Committee and The Agricultural and Labor Program, Inc. reserve the right, where it may serve The Agricultural and Labor Program, Inc.'s best interest, to request additional information or clarifications from proposers, or to allow corrections of errors or omissions. At the discretion of The Agricultural and Labor Program, Inc. or the Evaluation Committee, firms submitting proposals may be requested to make oral presentations as part of the evaluation process.

The Agricultural and Labor Program, Inc. reserves the right to retain all proposals submitted and to use any ideas in a proposal regardless of whether that proposal is selected. Submission of a proposal indicates acceptance by the firm of the conditions contained in this request for proposals, unless clearly and specifically noted in the proposal submitted and confirmed in the contract between The Agricultural and Labor Program, Inc. and the firm selected.

It is anticipated that the selection of a firm will be completed by May 11, 2018. Following the notification of the selected firm it is expected a contract will be executed between both parties by June 15, 2018.

B. Term of Engagement

A five (5) year contract is contemplated, subject to the annual review and recommendation of the Evaluation Committee, the satisfactory negotiation of terms (including a price acceptable to both The Agricultural and Labor Program, Inc. and the selected firm), the concurrence of The Agricultural and Labor Program, Inc. Board of Director, and the annual availability of an appropriation.

C. Subcontracting

Firms submitting proposals are encouraged to consider subcontracting portions of the engagement to small audit firms owned and controlled by socially and economically disadvantaged individuals. If this is to be done, that fact, and the name of the proposed subcontracting firms, must be clearly identified in the proposal. Following the award of the audit contract, no additional subcontracting, will be allowed without the express prior written consent of The Agricultural and Labor Program, Inc.

II. NATURE OF SERVICES REQUIRED

A. General

The Agricultural and Labor Program, Inc. is soliciting the services of qualified firms of certified public accountants to audit its financial statements for the fiscal year ending June 30, 2018, with the option to audit The Agricultural and Labor Program, Inc.'s financial statements for each of the four (4) subsequent fiscal years. These audits are to be performed in accordance with the provisions contained in this request for proposals.

B. Scope of Work to be Performed

The Agricultural and Labor Program, Inc. desires the auditors to express an opinion on the fair presentation of its general purpose financial statements in conformity with generally accepted accounting principles.

C. Auditing Standards to be Followed

To meet the requirements of this request for proposals, the audit shall be performed in accordance with generally accepted auditing standards as set forth by the American Institute of Certified Public Accountants, the standards for financial audits set forth in the U.S., Comptroller General, *Government Auditing Standards*, U.S. Office of Management and Budget (OMB) Circular A-133, *Audits of States, Local Governments, and Non-Profits Organizations*.

D. Reports to be Issued

Following the completion of the audit of the fiscal year's financial statements, the auditor shall issue:

1. A report on the fair presentation of the financial statements in conformity with generally accepted accounting principles;
2. A report on the internal control structure based on the auditor's understanding of the control structure and assessment of control risk;
3. A report on compliance with applicable laws and regulations;
4. An "in-relation to" report on the schedule on federal financial assistance;
5. A report on the internal control structure used in administering federal financial assistance programs; and
6. A report on compliance with laws and regulations related to major and non major federal financial assistance programs. This report should include an opinion on compliance with specific requirements applicable to major federal financial assistance programs, a report on compliance with general requirements applicable to major federal financial assistance programs, and a report on compliance with laws and regulations applicable to non major federal financial assistance program transactions tested.

In the required report(s) on internal controls, the auditor shall communicate any reportable conditions found during the audit to the Chief Executive Officer. A reportable condition shall be defined as a significant deficiency in the design or operation of the internal control structure, which could adversely affect the organization's ability to record, process, summarize, and report financial data consistent with the assertions of management in the financial statements.

The reports on compliance shall include all instances of non-compliance.

IRREGULARITIES AND ILLEGAL ACTS. Auditors shall be required to make an immediate, written report of all irregularities and illegal acts or indications of illegal acts of which they become aware to the following parties: the Board of Directors of The Agricultural and Labor Program, Inc. and the Department of Management Studies and Audits.

REPORTING TO THE BOARD OF DIRECTORS. Auditors shall assure themselves that The Agricultural and Labor Program, Inc.'s Board of Directors is informed of each of the following:

1. The auditor's responsibility under general accepted auditing standards;
2. Significant accounting policies;
3. Management judgements and accounting estimates;
4. Significant audit adjustments;
5. Other information in documents containing audited financial statements;
6. Disagreements with management;
7. Management consultation with other accountants;
8. Major issues discussed with management prior to retention;
9. Difficulties encountered in performing the audit.

E. Special Considerations

The schedule of federal financial assistance and related auditor's report, as well as reports on the internal control structure and compliance are to be issued as part of the comprehensive annual financial report.

F. Working Paper Retention and Access to Working Papers

All working papers and reports must be retained, at the auditor's expense, for a minimum of three (3) years, unless the firm is notified in writing by The Agricultural and Labor Program, Inc. of the need to extend the retention period.

The auditor will be required to make working papers available, upon request, to the following parties or their designees:

- ▶ The Agricultural and Labor Program, Inc.
- ▶ Department of Management Studies and Audits
- ▶ Parties designated by the federal or state governments or by The Agricultural and Labor Program, Inc. as part of an audit quality review process
- ▶ Auditors of entities of which The Agricultural and Labor Program, Inc. is a sub-recipient of grant funds

In addition, the firm shall respond to the reasonable inquiries of successor auditors and allow successor auditors to receive working papers relating to matters of continuing account significance.

III. DESCRIPTION OF THE AGRICULTURAL AND LABOR PROGRAM, INC.

A. Name and Telephone Number of Contact Persons/Organizational Chart/Location of Offices.

The auditor's contact with The Agricultural and Labor Program, Inc. will be Deloris Johnson, Chief Executive Officer, or a designated representative, who will coordinate the assistance to be provided by The Agricultural and Labor Program, Inc. to the auditor.

An organizational chart (Appendix B) and a list of key personnel with the location of their principal offices (Appendix C) are attached.

B. Background Information

The Agricultural and Labor Program, Inc.'s fiscal year begins on July 1st and ends on June 30th.

The Agricultural and Labor Program, Inc. provides the following services to its children and families: Child Care, Head Start, Farmworker Emergency Assistance, Affordable Housing, and Energy Assistance (List not all inclusive).

The Agricultural and Labor Program, Inc. had a total payroll of \$6,219,660 in 2017 fiscal year, covering 231 full-time and part-time employees.

The accounting and financial reporting functions of The Agricultural and Labor, Inc. are centralized.

C. Fund Structure/Federal and State Financial Assistance:

The Chart below is representative of the fiscal year's estimated major funding sources. Proposers should understand that increases and/or decreases in funding may occur after the issuance of this RFP. The Agricultural and Labor Program, Inc. administers the funds and maintains eleven (11) bank account on its general ledger:

Grant	Contract Period(s)	Amount Budgeted
Department of Health		
Food and Nutrition	10/01/17 - 09/30/18	\$963,590
DHHS/ACF		
Head Start/Early Head Start		
Federal Share	07/01/17 - 06/30/18	\$7,487,138
Non-federal Share	07/01/17 - 06/30/18	\$1,871,785
Dept. of Education		
Farmworkers Jobs and Ed. Program	07/01/17 - 06/30/18	\$60,000
Florida Non-Profit Housing	07/01/17 - 06/30/18	\$26,400
Dept. of Economic Opportunity		
LIHEAP	04/01/17 - 03/31/18	\$4,537,519
CSBG	10/01/16 - 03/31/18	\$1,772,883
Early Learning Coalition		
VPK St Lucie	07/01/17 - 06/30/18	\$866,408
VPK Polk	07/01/17 - 06/31/18	\$31,756
Children's Services Council		
C.A.T.	10/01/16 - 09/30/17 10/01/17 - 09/30/18	\$103,647

D. Flex One Section 125 Cafeteria Plan

The Agricultural and Labor Program, Inc. participates in a qualified benefits cafeteria plan. Assistance with this plan is provided by Lincoln National Life. The auditor should be prepared to file Form 5500.

E. Magnitude of Finance Operations

The Finance Department is supervised by Dennis Gniewek, Finance Director and consists of four (4) additional employees. The Human Resource Department maintains personnel records.

F. Computer Systems

Hardware

<u>Manufacturer</u>	<u>Model</u>	
Hewlett Packard	ProLiant DL380 G6 Series	<p><u>Main/File Server</u> HP ProLiant DL380 G6 series server chassis with 8 GB of memory 8 x 146 GB SAS hot swap drives in RAID 5 with one hot stand-by. DVD optical drive. Dual gigabit network interface and iLO interface. This server is the Active Directory Server, File Server, DNS Server and DHCP Server. All program and user data is stored on this server.</p> <p><u>Mail Server</u> HP ProLiant DL380 G6 series server chassis with 8 GB of memory 8 x 146 GB SAS hot swap drives in RAID 5 with one hot stand-by. DVD optical drive. Dual gigabit network interface and iLO interface. This server is the Secondary Active Directory controller. DNS Server and Exchange 2010 Server.</p> <p><u>3 x Terminal Servers</u> HP ProLiant DL380 G6 series server chassis with 8 GB of memory 3 x 146 GB SAS hot swap drives in RAID1 with one hot stand-by. DVD optical drive. Dual gigabit network interface and iLO interface. These servers are load balanced to provide best performance and high availability. Running Microsoft Office 2010.</p>
Barracuda	Backup 490	<p><u>Data Security</u> Barracuda Backup Appliance with local backup and offsite data storage.</p>
Barracuda	Spam & Virus Firewall - 300	<p><u>Spam and Virus Firewall</u> Complete protection of email infrastructure. Eliminates spam and virus intrusions while safeguarding organization's reputation through content inspection based on policy for both inbound and outbound email, strong filtering, etc.</p>
Astaro Security	Gateway 200	<p><u>Network Security</u> Astaro Security Gateway with Network Security to limit the exposure to services opened to the Internet. It also includes Intrusion Protection, Denial of Service Attacks, and Port Scan Blocking. This also secures access between the sites using VPN Tunnels and Astaro RED Devices.</p> <p><u>Internet Security</u> Astaro Security Gateway with Web Security to limit the sites that users are allowed to access and block spyware before it gets to the workstations.</p>
APC 2200		<u>Uninterrupted Power Supply</u>
HP & BlueShark	Terminals: 36	
HP	Personal Computers: 54	

G. Availability of Prior Audit Reports and Working Papers

Interested proposers who wish to receive prior years audit and management letters should contact Deloris Johnson, Chief Executive Officer at Post Office Box 3126, Winter Haven, Florida 33885 or call (863) 956-3491. The Agricultural and Labor Program, Inc. uses its best efforts to make prior audit reports and supporting working papers available to proposers to aid their response to this request for proposals.

IV. TIME REQUIREMENTS

A. Proposal Calendar

The following is a list of key dates up to and including the date proposals are due to be submitted:

Request for Proposals Issued	April 6, 2018
Due Date for Notification of Interest	April 13, 2018
On-site Inspection	April 16-20, 2018
Due Date for Proposal	April 27, 2018

B. Notification and Contract Dates

Selected firm notified	May 11, 2018
Contract Date	June 15, 2018

C. Meeting & Planning August 14, 2018

The Agricultural and Labor Program, Inc. will have all management personnel available to meet with the firm's personnel as of August 14, 2018.

D. Schedule for the 2018 Fiscal Year Audit (a similar schedule will be developed for audits of future fiscal years if The Agricultural and Labor Program, Inc. exercises its option for additional audits).

Each of the following shall be completed by the auditor no later than the dates indicated.

1. Detailed Audit Plan - The auditor shall provide The Agricultural and Labor Program, Inc. by August 14, 2018 both a detailed audit plan and a list of all schedules to be prepared by The Agricultural and Labor Program, Inc.
2. Fieldwork - The auditor shall complete all fieldwork by October 12, 2018.
3. Draft Reports - The auditor shall have drafts of the audit report(s) and recommendations to management available for review by the Evaluation Committee and the Chief Executive Officer by October 26, 2018.

E. Entrance Conferences and Exit Conferences (a similar time schedule will be developed for audits of future fiscal years if The Agricultural and Labor Program, Inc. exercises its option for additional audit).

At a minimum, the following conferences should be held by the dates indicated on the schedule:

Entrance Conference with Deloris Johnson and Dennis Gniewek	<u>Week of</u> 25 June 2018
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Entrance Conference with all key Finance Department personnel and department heads of key offices or programs.	25 June 2018
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*** The purpose of this meeting will be to discuss prior audit problems and the interim work to be performed. This meeting will also be used to establish overall liaison for the audit and to make arrangements for work space and other needs of the auditor.**

Entrance Conference with Dennis Gniewek to commence year-end audit work	25 June 2018
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Exit Conference with Deloris Johnson, Chief Executive Officer and/or department heads of key offices or programs	26 October 2018
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*** The purpose of this meeting will be to summarize the results of the field work and to review significant findings.**

F. Date Final Report Is Due

A draft auditor's report(s), shall be delivered to the Evaluation Committee by October 26, 2018. The Chief Executive Officer and the Finance Committee will complete their review of the draft report as expeditiously as possible. It is not expected that this process should exceed one (1) week. During that period, the auditor should be available for any meetings that may be necessary to discuss the audit reports. Once all issues for discussion are resolved, the final signed report shall be delivered to Deloris Johnson, Chief Executive Officer.

V. ASSISTANCE TO BE PROVIDED TO THE AUDITOR AND REPORT PREPARATION

A. Finance Department and Clerical Assistance

The Finance Department staff and responsible management personnel will be available during the audit to assist the firm by providing information, documentation and explanations.. The preparation of confirmation will be responsibility of the auditor. In addition clerical support will be made available to the auditor for the preparation of routine letters and memoranda.

B. Electronic Data Processing (EDP) Assistance

The auditor will be provided computer time, if needed, and the use of The Agricultural and Labor Program, Inc.'s computer WIFI system.

C. Statements and Schedules to be prepared by the Staff of the Finance Department of The Agricultural and Labor Program, Inc.

The Finance Department staff of The Agricultural and Labor Program, Inc. will prepare the following statements and schedules for the auditor by dates indicated:

<u>Statement or Schedule</u>	<u>Date</u>
Balance Sheet	September 28, 2018
Accruals	September 28, 2018
FASB 117	September 28, 2018
Perpetual Inventory	September 28, 2018
Closeout Package	September 28, 2018
Bank Account Reconciliation	September 28, 2018
Revenue Recognition	September 28, 2018

D. Work Area, Telephones, Photocopying and Fax Machine

The Agricultural and Labor Program, Inc. will provide the auditor with reasonable work space, desks, and chairs. The auditor will also be provided with access to one (1) telephone line, photocopying facilities and fax machine, subject to the following restrictions:

- All long distance and fax machine must be billed to the auditor's phone. The Agricultural and Labor Program, Inc. will not provide any long distance services.

E. Report Preparation

Report preparation, editing and printing shall be the responsibility of the auditor.

VI. PROPOSAL REQUIREMENTS

A. General Requirements

1. Onsite Inspections - Onsite inspections will be scheduled with individual proposers during the week of April 16 - 20, 2018. Representatives of the various departments within The Agricultural and Labor Program, Inc. will be available to discuss their operations and conduct onsite inspections for interested proposers.

2. Inquiries

Inquiries concerning the request for proposals and the subject of the request for proposals must be made to:

Deloris Johnson, Chief Executive Officer
Post Office Box 3126
Winter Haven, FL 33885
(863) 956-3491

Contact with personnel of The Agricultural and Labor Program, Inc. other than Deloris Johnson, Chief Executive Officer regarding this request for proposals may be grounds for elimination from the selection process.

3. Submission of Proposals

The following material is required to be received by April 27, 2018 for a proposing firm to be considered:

- a. A master copy (so marked) of a Technical Proposal and four (4) copies to include the following:
- (1) Title Page - Title Page showing the request for proposals' subject; the firm's name; the name, address and telephone number of a contact person and the date of the proposal.
 - (2) Table of Contents
 - (3) Transmittal Letter - A signed letter of transmittal briefly stating the proposer's understanding of the work within the time period, a statement why the firm believes itself to be best qualified to perform the engagement and a statement that the proposal is a firm and irrevocable offer.
 - (4) Detailed Proposal - The detailed proposal should follow the order set forth in Section VI B of this request for proposals.
 - (5) Executed copies of Proposer Guarantees and Proposals - Warranties, attached to this request for proposals (Appendix D and Appendix E)
- b. The proposer shall submit an original and one (1) copy of a dollar cost bid in a separate sealed envelope marked as follows:

**SEALED DOLLAR COST BID
PROPOSAL FOR
THE AGRICULTURAL AND LABOR PROGRAM, INC.
FOR
PROFESSIONAL AUDITING SERVICES
April 27, 2018**

- c. Proposers should send the completed proposal consisting of the two (2) separate envelopes to the following address:

**Deloris Johnson, Chief Executive Officer
The Agricultural and Labor Program, Inc.
P.O. Box 3126
Winter Haven, FL 33885**

B. Technical Proposal

1. General Requirements - The purpose of the technical proposal is to demonstrate the qualifications, competence and capacity of the firms seeking undertake an independent audit of The Agricultural and Labor Program, Inc. in conformity with the requirements of this request for proposals. As such, the substance of proposals will carry more weight than their form or manner of presentation. The technical proposal should demonstrate the qualifications of the firm and of the particular staff to be assigned to this engagement. It should also specify an audit approach that will meet the request for proposals requirements.

There should be no dollar units or total costs included in the technical proposal document

The technical proposal should address all the points outlined in the request for proposals (excluding any cost information which should only be included in the sealed dollar cost bid).

The proposal should be prepared simply and economically, providing a straightforward, concise description of the proposer's capabilities to satisfy the requirements of the request for proposals. While additional data may be presented, the following subjects, items #'s 2 through 10, must be included. They represent the criteria against which the proposal will be evaluated.

2. Independence

The firm should provide an affirmative statement that it is independent of The Agricultural and Labor Program, Inc. as defined by generally accepted auditing

3. License to Practice in Florida

An affirmative statement should be included indicating that the firm and all assigned key professional staff are properly licensed to practice Florida.

4. Firm Qualification and Experience

The proposal should state the size of the firm, the size of the firm's governmental audit staff, the location of the office from which the work on this engagement is to be performed and the number and nature of the professional staff to be employed in this engagement on a full-time basis and the number and nature of the staff to be so employed on a part-time basis.

If the proposer is a joint venture or consortium, the qualifications of each firm comprising the joint venture or consortium should be separately identified and the firm that is to serve as the principal auditor should be noted, if applicable.

The firm is also required to submit a copy of the report on its most recent external quality control review, with a statement whether that quality control review included a review of specific non-profit engagements.

The firm shall also provide information on the results of all federal or state desk reviews of field reviews of its audits during the past three (3) years. In addition, the firm shall provide information on the circumstances and status of any disciplinary action taken or pending against the firm during the past three (3) years with state regulatory bodies or professional organizations.

5. Partner, Supervisory and Staff Qualifications and Experience

The firm should identify the principal supervisory and management staff, including engagement partners, managers, other supervisors and specialists, who would be assigned to the engagement and indicate whether each such person is licensed to practice as a certified public accountant in Florida. The firm also should provide information on the non-profit auditing experience of each person, including information on relevant continuing professional education for the past three (3) years and membership in professional organizations relevant to the performance of this audit.

The firm should provide as much information as possible regarding the number, qualifications, experience and training, including relevant continuing professional education, of the specific staff to be assigned to this agreement. The firm also should indicate how the quality of staff over the term of the agreement will be assured.

The proposer should identify the extent to which staff to be assigned to the audit reflect The Agricultural and Labor Program, Inc.'s commitment to Affirmative Action.

Engagement partners, managers, other supervisory staff and specialists may be changed if those personnel leave the firm, are promoted or are assigned to another office. These personnel may also be changed for other reasons with the express prior written permission of The Agricultural and Labor Program, Inc. retains the right to approve or reject replacements.

Other audit personnel may be changed at the discretion of the proposer provided that replacements have substantially the same or better qualifications or experience.

6. Consulting Services and Technical Assistance

The firm should list separately applicable experience within the last five (5) years, relating to indirect cost proposals, management advisory services and other related areas of technical assistance which an agency such as The Agricultural and Labor Program, Inc. might require.

7. Similar Engagements With Other Non-Profits

For the firm's office that will be assigned responsibility for the audit, list the most significant engagements (maximum of 5) performed in the last five (5) years that are similar to the engagement described in this request for proposals. These engagements should be ranked on the basis of total staff hours.

Indicate the scope of work, date, engagement partners, total hours, and the name and telephone number of the principal client contact. Indicate also your permission to contact these references.

8. Specific Audit Approach

The proposal should set forth a work plan, including an explanation of the audit methodology to be followed, to perform the service required in Section 11 of this request for proposals. In developing the work plan, reference should be made to such sources of information as The Agricultural and Labor Program, Inc.'s budget and related materials, organizational charts, manuals, and programs, and financial and other management information systems.

Proposers will be required to provide the following information on their audit approach:

- a. Proposed segmentation of the engagement.
- b. Level of staff and number of hours to be assigned to each proposed segment of the engagement.
- c. Sample sizes and the extent to which statistical sampling is to be used in the engagement.
- d. Extent of use of EDP software in the engagement.
- e. Type and extent of analytical procedures to be used in the engagement.
- f. Approach to be taken to gain and document an understanding of The Agricultural and Labor Program, Inc.'s internal control structure.
- g. Approach to be taken in determining laws and regulations that will be subject to audit test work.
- h. Approach to be taken in drawing audit samples for purposes of test of compliance.

9. Identification of Anticipated Potential Audit Problems

The proposal should identify and describe any anticipated potential audit problems, the

firm's approach to resolving these problems and any special assistance that will be requested from The Agricultural and Labor Program, Inc.

10. Reports

The proposal should identify reports that will be included in the audit.

NO DOLLAR SHOULD BE INCLUDED IN THE TECHNICAL PROPOSAL.

C. Sealed Dollar Cost Bid

1. Total All Inclusive Maximum Price

The sealed dollar cost bid should contain all pricing information relative to performing the audit engagement as described in this request for proposals. The total all inclusive maximum price to be bid is to contain all direct and indirect costs including all out-of-pocket expenses. Price quoted should be a fixed price.

The Agricultural and Labor Program, Inc. will not be responsible for expenses incurred in preparing and submitting the technical proposal or the sealed dollar cost bid. Such costs should not be included in the proposal.

The first page of the sealed dollar cost bid should include the following proposal.

- a. Name of Firm
- b. Certification that the person signing the proposal is entitled to represent the firm, empowered to submit the bid and authorized to sign a contract with The Agricultural and Labor Program, Inc.
- c. A total all inclusive maximum price for the 2018, 2019, 2020, 2021 and 2022 engagements.

2. Rates by Partner, Specialist, Supervisory and Staff Level Times Hours Anticipated for Each

The second page of the sealed dollar cost bid should include a schedule of professional fees and expenses, presented in the format provided in the attachment (Appendix F, part 1), that supports the total all inclusive maximum price. The cost of special services described in Section 11E of this request for proposals should be disclosed as separate components of the total all inclusive maximum price using the format provided in Appendix F, parts 2 and 3.

3. Out-of-pocket Expenses Included in the Total All Inclusive Maximum Price and Reimbursement Rates

Out-of-pocket expenses for firm personnel (e.g. travel, lodging and subsistence) will be reimbursed at the rates used by The Agricultural and Labor Program, Inc. for its employees. All estimated out-of-pocket expenses to be reimbursed should be presented in the sealed dollar cost bid in the format provided in the attachment (Appendix F). All expense reimbursements will be charged against the total all inclusive maximum price submitted by the firm.

In addition, a statement must be included in the sealed dollar cost bid stating the firm will accept reimbursement for travel, lodging and subsistence at the prevailing The Agricultural and Labor Program, Inc. rates for its employees.

4. Rates for Additional Professional Services

If it should become necessary for The Agricultural and Labor Program, Inc. to request the auditor to render any additional services to either supplement the services requested in this request for proposals or to perform additional work as result of the specific recommendations included in any report issued on this engagement, then such additional work shall be performed only if set forth in an addendum to the contract between The Agricultural and Labor Program, Inc. and the firm shall be performed at the same rates set forth in the schedule of fees and expenses included in the sealed dollar cost bid.

5. Manner of Payment

The Agricultural and Labor Program, Inc. will pay the audit fees from grant funds after submittance of invoices from the auditing firm in the following manner:

1 st payment (1/4)	Due upon signing
2 nd payment (1/4)	Due upon completion of field work
3 rd payment (1/4)	Due upon receiving draft plan
4 th payment (1/4)	Due upon receiving final report

VII. EVALUATION PROCEDURES

A. Evaluation Committee

Proposals submitted will be evaluated by an Evaluation Committee selected by the Board of Directors, consisting of Deloris Johnson, Chief Executive Officer; Dennis Gniewek, Finance Director; Kenneth Davis, Senior Accountant; and Marjorie Gaskin, Treasurer of the Board of Directors.

B. Review of Proposals

The Evaluation Committee will use a point formula during the review process to score proposals. Each member of the Evaluation Committee will first score each technical proposal by each of the criteria described in Section II C below. The full Evaluation Committee will then convene to review and discuss these evaluations and to combine the individual scores to arrive at a composite technical score for each firm. At this point, firms with an unacceptable low technical score will be eliminated from further consideration.

After the composite technical score for each firm has been established, the sealed dollar cost bid will be opened and additional points will be added to the technical score based on the price bid. The maximum score for price will be assigned to the firm offering the lowest total all inclusive maximum price. Appropriate fractional scores will be assigned to other proposers.

The Agricultural and Labor Program, Inc. reserves the right to retain all proposals submitted and use any idea in a proposal regardless of whether that proposal is selected.

C. Evaluation Criteria

Proposals will be evaluated using three (3) sets of criteria. Firms meeting the mandatory criteria will have their proposals evaluated and scored for both technical qualifications and price. The following represent the principal selection criteria which will be considered during the evaluation process.

1. Mandatory Elements

- a. The audit firm is independent and licensed to practice in Florida.
- b. The audit firm's professional personnel have received adequate continuing professional education within the preceding two (2) years.
- c. The firm has no conflict with regard to any other work performed by the firm for The Agricultural and Labor Program, Inc.
- d. The firm submits a copy of its most recent external quality control review report and the firm has a record of quality audit work.
- e. The firm adheres to the instructions in this request for proposal on preparing and submitting the proposal.

2. Technical Qualifications: (Maximum Points - 100)

- a. Expertise and Experience (Maximum Points - 50)
 - (1) The firm's past experience and performance on comparable non-profit engagements (35)
 - (2) The quality of the firm's professional personnel to be assigned to the engagement and the quality of the firm's management support personnel to be available for technical assistance (15)
- b. Audit Approach (Maximum Points - 25)
 - (1) Adequacy of proposed staffing plan for various segments of the engagement.
 - (2) Adequacy of sampling techniques
 - (3) Adequacy of analytical procedures

3. Price: (Maximum Points - 25)

COST WILL NOT BE THE PRIMARY FACTOR IN THE SELECTION OF AN AUDIT FIRM.

D. Oral Presentations

During the evaluation process, the Evaluation Committee may, at its discretion, request any one or all firms to make oral presentations. Such presentations will provide firms with an opportunity to answer any questions the Evaluation Committee may have on a firm's proposal. Not all firms may be asked to make such oral presentations.

E. Final Selection

The Agricultural and Labor Program, Inc., Board of Directors' Executive Committee will select a firm based upon the recommendation of the Evaluation Committee.

It is anticipated that a firm will be selected by May 11, 2018. Following notification of the firm selected, it is expected a contract will be executed between both parties by June 15, 2018.

APPENDIX A

**FINDINGS FROM RECENT EXTERNAL AUDIT
(available upon request)**

APPENDIX C

LIST OF KEY PERSONNEL OFFICE LOCATIONS AND TELEPHONE NUMBERS

<u>Name and Title</u>	<u>Location of Office</u>	<u>Telephone</u>
Deloris Johnson Chief Executive Officer	300 Lynchburg Road Lake Alfred, FL 33850	863/956-3491
Dennis Gniewek Finance Director	300 Lynchburg Road Lake Alfred, FL 33850	863/956-3491
Kenneth Davis Senior Account	300 Lynchburg Road Lake Alfred, FL 33850	863/956-3491
Christine Samuel Human Resource Director	300 Lynchburg Road Lake Alfred, FL 33850	863/956-3491
Al Miller C&EDS Deputy Director	300 Lynchburg Road Lake Alfred, FL 33850	863/956-3491
Elizabeth Young CD&FS Deputy Director	300 Lynchburg Road Lake Alfred, FL 33850	863/956-3491
Twila Smith Operations & QC Director	300 Lynchburg Road Lake Alfred, FL 33850	863/956-3491
Myrna Rodriguez Program Operations Director (SLC)	720 Delaware Avenue Ft. Pierce, FL 34950	772/466-2631
Aletta Stroder Program Operations Director (PC)	701 Hopson Road Frostproof, FL33843	863/635-3396
Cheryl Burnham LIHEAP/Community Service Director	300 Lynchburg Road Lake Alfred, FL 33850	863/956-3491
PaHoua Lee-Yang CSBG/Economic Service Director	300 Lynchburg Road Lake Alfred, FL 33850	863/956-3491

APPENDIX D

PROPOSER GUARANTEES

The proposer certifies it can and will provide and make available, at a minimum, all services set forth in Section II, Nature of Services Required.

Signature of Official: _____

Name (typed): _____

Title: _____

Firm: _____

Date: _____

APPENDIX E

PROPOSER WARRANTIES

- A. Proposer warrants that it is willing and able to comply with the State of Florida laws with respect to foreign (non-state of Florida) corporations.
- B. Proposer warrants that it is willing and able to obtain an errors and omissions insurance policy providing a prudent amount of coverage for the willful or negligent acts, or omissions of any officers, employees or agents thereof.
- C. Proposer warrants that it will not delegate or subcontract its responsibilities under an agreement without the express prior written permission of The Agricultural and Labor Program, Inc.
- D. Proposer warrants that all information provided by it in connection with this proposal is true and accurate.

Signature of Official: _____

Name (typed): _____

Title: _____

Firm: _____

Date: _____

APPENDIX F

**SCHEDULE OF PROFESSIONAL FEES AND EXPENSES
FOR THE AUDIT OF THE 2017 - 2018 FINANCIAL STATEMENTS**

	Hours	Standard Hourly Rates	Quoted Hourly Rates	Total
Partners	_____	\$ _____	\$ _____	\$ _____
Managers	_____	_____	_____	_____
Supervisory Staff	_____	_____	_____	_____
Other (specify) _____	_____	_____	_____	_____
Subtotal				\$ _____
Total for services described in Sections II & IIID of the request for proposal (detail on subsequent schedules)				\$ _____
Out-of-pocket expenses:				
Meals & Lodging				_____
Transportation				_____
Other (specify) _____				_____
Total All Inclusive Maximum Price for 2018 Audit				\$ _____

Note: The rate quoted should not be presented as a general percentage of the standard hourly rate or as a gross deduction from the Total All Inclusive Maximum Price.

2016 - 2017

FORM 990/RETURN of ORGANIZATION EXEMPT

from INCOME TAX

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

2016
Open to Public Inspection

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.

A For the 2016 calendar year, or tax year beginning **JUL 1, 2016** and ending **JUN 30, 2017**

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.		D Employer identification number 59-1634148
	Doing business as		E Telephone number 863-956-3491
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 14,640,904.
	P.O. BOX 3126		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code WINTER HAVEN, FL 33885		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
F Name and address of principal officer: DELORIS JOHNSON SAME AS C ABOVE		H(c) Group exemption number ▶	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) 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	20
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	20
	5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	214
	6 Total number of volunteers (estimate if necessary)	6	1276
	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	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	14,920,243.	14,549,273.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	22,809.	44,279.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-22,151.	-11,968.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	37,415.	46,979.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	14,958,316.	14,628,563.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	4,192,537.	3,837,519.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	7,908,951.	7,855,000.
	b Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,959,655.	2,930,767.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	15,061,143.	14,623,286.
19 Revenue less expenses. Subtract line 18 from line 12	-102,827.	5,277.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	2,769,137.	2,892,836.
	22 Net assets or fund balances. Subtract line 21 from line 20	953,675.	1,072,097.
		1,815,462.	1,820,739.

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	Date			
	DELORIS JOHNSON, CEO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name THERESA A. BURDINE, CPA	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P00362629
	Firm's name ▶ RSM US LLP	Firm's EIN ▶ 42-0714325		Phone no. 321-751-6200	
	Firm's address ▶ 7351 OFFICE PARK PL MELBOURNE, FL 32940				

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? No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? 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 \$ 1,496,403. including grants of \$ 309.) (Revenue \$ 46,650.) 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 \$ 5,216,015. including grants of \$ 3,520,857.) (Revenue \$ 0.) EMERGENCY ASSISTANCE PROGRAMS INCLUDING ENERGY, USDA RURAL DEVELOPMENT, AND FARM WORKER PROGRAMS UNDER CONTRACT FROM THE STATE OF FLORIDA DEPARTMENT OF EDUCATION. ESTIMATED ACTIVITY - 22,589 CLIENTS SERVED.

4c (Code:) (Expenses \$ 6,884,865. including grants of \$ 316,353.) (Revenue \$ 0.) 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.)

4e Total program service expenses 13,597,283.

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		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? If "Yes," complete Schedule I, Parts I and II	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? If "Yes," complete Schedule I, Parts I and III	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		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? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 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? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	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)? If "Yes," complete Schedule R, Part V, line 2		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		
Note. All Form 990 filers are required to complete Schedule O	X	

Form 990 (2016)

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7 Organizations that may receive deductible contributions under section 170(c).			
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
9 Sponsoring organizations maintaining donor advised funds.			
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10 Section 501(c)(7) organizations. Enter:			
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11 Section 501(c)(12) organizations. Enter:			
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

Form 990 (2016)

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

	1a	1b	2	3	4	5	6	7a	7b	8a	8b	9	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	20													
b Enter the number of voting members included in line 1a, above, who are independent		20												
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?														X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?														X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?														X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?														X
6 Did the organization have members or stockholders?														X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?														X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?														X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:														
a The governing body?										X				
b Each committee with authority to act on behalf of the governing body?														X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O														X

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

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

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. Indicate how you made these available. Check all that apply.
 Own website
 Another's website
 Upon request
 Other (explain in Schedule O)
- 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) WILLIAM HOLT CHAIRPERSON	4.00	X		X			0.	0.	0.	
(2) DAVID WALKER VICE CHAIRPERSON	4.00	X		X			0.	0.	0.	
(3) JOSEPHINE HOWARD SECRETARY	4.00	X		X			0.	0.	0.	
(4) MARJORIE GASKIN TREASURER	4.00	X		X			0.	0.	0.	
(5) STACY CAMPBELL-DOMINECK DIRECTOR	4.00	X					0.	0.	0.	
(6) KATIE CLARKE DIRECTOR	4.00	X					0.	0.	0.	
(7) DOROTHY CURRY DIRECTOR	4.00	X					0.	0.	0.	
(8) PATRICIA GAMBLE DIRECTOR	4.00	X					0.	0.	0.	
(9) MARVA HAWKINS DIRECTOR	4.00	X					0.	0.	0.	
(10) LAVITA HOLMES DIRECTOR	4.00	X					0.	0.	0.	
(11) KIM JOHNSON DIRECTOR	4.00	X					0.	0.	0.	
(12) GLENDA JONES DIRECTOR	4.00	X					0.	0.	0.	
(13) VERNON MCQUEEN DIRECTOR	4.00	X					0.	0.	0.	
(14) CHESTER MCNORTON DIRECTOR	4.00	X					0.	0.	0.	
(15) LESTER ROBERTS DIRECTOR	4.00	X					0.	0.	0.	
(16) ANNIE ROBINSON DIRECTOR	4.00	X					0.	0.	0.	
(17) KIMBERLY ROSS 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) SAMUEL THOMAS DIRECTOR	4.00	X						0.	0.	0.
(19) COREY WILLIAMS DIRECTOR	4.00	X						0.	0.	0.
(20) RUBY WILLIX DIRECTOR	4.00	X						0.	0.	0.
(21) DELORIS JOHNSON CHIEF EXECUTIVE OFFICER	40.00			X				155,639.	0.	25,455.
(22) DENNIS GNIEWEK FINANCE DIRECTOR	40.00			X				67,128.	0.	16,174.
1b Sub-total								222,767.	0.	41,629.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								222,767.	0.	41,629.

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
NONE		

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 **0**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	14,549,273.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f		14,549,273.			
Program Service Revenue	2 a	CHILD CARE FEES	Business Code 624410	44,279.	44,279.		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		44,279.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		373.		373.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real	(ii) Personal			
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
b	Less: cost or other basis and sales expenses		12,341.				
c	Gain or (loss)		-12,341.				
d	Net gain or (loss)		-12,341.		-12,341.		
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a	44,608.				
b	Less: direct expenses	b	0.				
c	Net income or (loss) from fundraising events		44,608.		44,608.		
9 a	Gross income from gaming activities. See Part IV, line 19	a					
b	Less: direct expenses	b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	a					
b	Less: cost of goods sold	b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code				
11 a	OTHER REVENUE	900099	2,371.	2,371.			
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		2,371.				
12	Total revenue. See instructions.		14,628,563.	46,650.	0.	32,640.	

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	431,866.	431,866.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	3,405,653.	3,405,653.		
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	6,219,660.	5,600,656.	619,004.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	1,635,340.	1,470,711.	164,629.	
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.)	162,898.	148,166.	14,732.	
12 Advertising and promotion	4,208.	3,455.	753.	
13 Office expenses	896,085.	845,119.	50,966.	
14 Information technology				
15 Royalties				
16 Occupancy	414,497.	384,597.	29,900.	
17 Travel	163,832.	151,548.	12,284.	
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	274,057.	224,937.	49,120.	
23 Insurance	154,677.	140,657.	14,020.	
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	397,985.	397,939.	46.	
b IN-SERVICE TRAINING	195,673.	160,669.	35,004.	
c EQUIPMENT RENTAL	118,151.	110,684.	7,467.	
d VEHICLE OPERATION & MAI	47,017.	38,606.	8,411.	
e All other expenses	101,687.	82,020.	19,667.	
25 Total functional expenses. Add lines 1 through 24e	14,623,286.	13,597,283.	1,026,003.	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	1,239,065.	1	1,217,969.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	428,323.	3	814,239.
	4	Accounts receivable, net	1,987.	4	1,057.
	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	34,146.	8	37,480.
	9	Prepaid expenses and deferred charges	13,266.	9	33,245.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,748,174.		
	b	Less: accumulated depreciation	10b 3,969,776.	10c	778,398.
	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)	2,769,137.	16	2,892,836.	
Liabilities	17	Accounts payable and accrued expenses	907,062.	17	1,018,934.
	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	46,613.	25	53,163.
	26	Total liabilities. Add lines 17 through 25	953,675.	26	1,072,097.
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	1,815,462.	27	1,820,739.
	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	1,815,462.	33	1,820,739.	
34	Total liabilities and net assets/fund balances	2,769,137.	34	2,892,836.	

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	14,628,563.
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,623,286.
3	Revenue less expenses. Subtract line 2 from line 1	3	5,277.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,815,462.
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	1,820,739.

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	

Form 990 (2016)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

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.

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ 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
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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 12, 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - 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 1-10 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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	15,916,595.	15,651,240.	15,236,019.	14,920,213.	14,549,723.	76,273,790.
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	15,916,595.	15,651,240.	15,236,019.	14,920,213.	14,549,723.	76,273,790.
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						76,273,790.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	15,916,595.	15,651,240.	15,236,019.	14,920,213.	14,549,723.	76,273,790.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	641.	1,010.	2,735.	606.	373.	5,365.
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.)	21,112.	40,606.	30,163.	37,415.	46,979.	176,275.
11 Total support. Add lines 7 through 10						76,455,430.
12 Gross receipts from related activities, etc. (see instructions)					12	133,432.
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 2016 (line 6, column (f) divided by line 11, column (f))	14	99.76 %
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	99.80 %
16a 33 1/3% support test - 2016. 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 - 2015. 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 - 2016. 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 - 2015. 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 10 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

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part 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

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2015. 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 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had 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 (explain in Part VI.) 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 2016 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-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7:			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

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

2016

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 foundationCheck 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. Don't 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 isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't 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) (2016)**

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	<u>U.S. DEPT OF HEALTH & HUMAN SERVICES</u> <u>99 JESSE HILL JR DRIVE NE</u> <u>ATLANTA, GA 30303</u>	\$ <u>7,414,082.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<u>VOLUNTARY PREKINDERGARTEN EDUCATION PROGRAM (VPK)</u> <u>8301 CYPRESS PLAZA DRIVE</u> <u>JACKSONVILLE, FL 32256</u>	\$ <u>830,696.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<u>STATE OF FL DEPT OF ECONOMIC OPPORTUNITY</u> <u>107 E MADISON STREET</u> <u>TALLAHASSEE, FL 32399</u>	\$ <u>5,050,419.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<u>STATE OF FL DEPT OF EDUCATON & HEALTH</u> <u>4052 BALD CYPRESS WAY</u> <u>TALLAHASSEE, FL 32399</u>	\$ <u>773,561.</u>	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.)

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

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ 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.

OMB No. 1545-0047

2016

Open to Public Inspection

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.

	(a) Donor advised funds	(b) Funds and other accounts
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

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)? Yes No

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.

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.

b 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 ▶ \$ _____

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Schedule D (Form 990) 2016

832051 09-29-18

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:

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
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:

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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		2,449,475.	2,283,194.	166,281.
c Leasehold improvements		233,083.	189,921.	43,162.
d Equipment		1,283,030.	1,255,737.	27,293.
e Other		237,586.	240,924.	-3,338.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				778,398.

Schedule D (Form 990) 2016

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	53,163.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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	15,746,027.
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	1,105,123.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	12,341.	
e	Add lines 2a through 2d	2e		1,117,464.
3	Subtract line 2e from line 1	3		14,628,563.
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		14,628,563.

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	15,740,750.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	1,105,123.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	12,341.	
e	Add lines 2a through 2d	2e		1,117,464.
3	Subtract line 2e from line 1	3		14,623,286.
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		14,623,286.

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, 2014.

Part XIII Supplemental Information (continued)

PART XI, LINE 2D - OTHER ADJUSTMENTS:

LOSS ON DISPOSAL OF FIXED ASSETS 12,341.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

LOSS ON DISPOSAL OF FIXED ASSETS 12,341.

Multiple horizontal lines for supplemental information.

Schedule G (Form 990 or 990-EZ) 2016 **THE AGRICULTURAL AND LABOR PROGRAM, INC. 59-1634148** Page 2

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	44,608.		44,608.
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)	44,608.		44,608.
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)			44,608.

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: _____

Schedule G (Form 990 or 990-EZ) 2016 THE AGRICULTURAL AND LABOR PROGRAM, INC. 59-1634148 Page 3

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

2016

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** Describes 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 noncash assistance	(h) Purpose of grant or assistance
BIG BROTHERS BIG SISTERS OF THE SUN COAST - 279 U.S. HWY 27 - NORTH SEBRING, FL 33871	59-1361826	501(C)(3)	13,000.	0.			CSBG
BOYS & GIRLS CLUBS OF LAKELAND, INC. - POST OFFICE BOX 763 - LAKELAND, FL 33802	59-0171815	501(C)(3)	9,600.	0.			CSBG
CENTER FOR INDEPENDENT LIVING IN CENTRAL FLORIDA, 720 NORTH DENNING DRIVE - WINTER PARK, FL 32789	59-1828770	501(C)(3)	33,662.	0.			CSBG
GOODWILL INDUSTRIES OF SOUTHWEST FLORIDA, INC - 5100 TICE STREET - FT. MYERS, FL 33905	59-6196141	501(C)(3)	12,702.	0.			LINEAP / CSBG
JUMPSTART DEVELOPMENT CENTER 1068 PINE AVENUE LAKE WALES, FL 33853	80-0339886	501(C)(3)	135,765.	0.			EARLY HEAD START
LEARNING TREE ACADEMY, INC., 752 BENTCREEK DRIVE FT. PIERCE, FL 34947	65-0215212	501(C)(3)	69,656.	0.			HEAD START

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ **10.**
- 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) (2016)

Schedule I (Form 990) **THE AGRICULTURAL AND LABOR PROGRAM, INC.** 59-1634148 Page 1

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
LOVING CARE CHILD DEV. CENTER, INC. - 1207 SOUTH 28TH STREET - FT. PIERCE, FL 34947	59-2007570	501(C)(3)	54,472.	0.			EARLY HEAD START
SUNRISE COUNTRY PRESCHOOL - H/S 2706 SUNRISE BLVD. FT. PIERCE, FL 34982	65-0031584	501(C)(3)	54,472.	0.			EARLY HEAD START
THE SALVATION ARMY P.O. BOX 218 LABELLE, FL 33975	56-0660607	501(C)(3)	6,757.	0.			CSBG
WOMENS RESOURCE CENTER OF FLORIDA 165 AVENUE A NW WINTER HAVEN, FL 33881	59-2344584	501(C)(3)	21,259.	0.			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	3,405,653.	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

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.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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 (such as, 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 on 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 checked="" 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? If "Yes" on line 5a or 5b, describe in Part III.	5b	X
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? If "Yes" on line 6a or 6b, describe in Part III.	6b	X
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed 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" on 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) 2016

Schedule J (Form 990) 2016 **THE AGRICULTURAL AND LABOR PROGRAM, INC. 59-1634148**

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
{1} DELORIS JOHNSON CHIEF EXECUTIVE OFFICER	(i)	145,029.	10,610.	0.	14,072.	11,383.	181,094.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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

2016

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 11B:

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

2016

Open to Public Inspection

Name of the organization

THE AGRICULTURAL AND LABOR PROGRAM, INC.

Employer identification number
59-1634148

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 33885	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) 2016

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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.

	Yes	No
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?		
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 (e-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.

E-RATE DIRECT DEPOSIT REPORT

Twila Steward

Subject: FW: FINAL eRate Statement

From: Maria Crespo
Sent: Tuesday, April 17, 2018 12:42 PM
To: Twila Steward <TSteward@alpi.org>
Subject: FINAL eRate Statement

**SCHOOLS AND LIBRARIES BEAR PROGRAM REMITTANCE STATEMENT
AS OF MARCH 22, 2018**

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
3/22/2018 143004824 BellSouth Telecommunications, LLC 1799106123 JUL17-MAR18 ATT Applicant Name:THE AGRICULTURAL AND LABOR PROGRAM, INC.;SLD Invoice Number:2791776;BEAR Letter Date:03/22/2018;Line Item Detail Number:9106029;Amount Requested:35975.53;	\$35,975.53
3/22/2018 143001435 Frontier Florida LLC 1799105688 JUL17-MAR18 FRONTIER Applicant Name:THE AGRICULTURAL AND LABOR PROGRAM, INC.;SLD Invoice Number:2791777;BEAR Letter Date:03/22/2018;Line Item Detail Number:9106030;Amount Requested:2428.05;	\$2,428.05
3/22/2018 143003990 Comcast Business Communications 1799105453 JUL17-MAR18 COMCAST Applicant Name:THE AGRICULTURAL AND LABOR PROGRAM, INC.;SLD Invoice Number:2791779;BEAR Letter Date:03/22/2018;Line Item Detail Number:9106032;Amount Requested:6229.00;	\$6,229.00
3/22/2018 143016611 Bright House Networks, LLC 1799104272 JUL17-MAR18 SPECTRUM net Applicant Name:THE AGRICULTURAL AND LABOR PROGRAM, INC.;SLD Invoice	\$7,218.54

Twila Steward

Subject: FW: eRate Statement

From: Marla Crespo
Sent: Tuesday, April 17, 2018 12:21 PM
To: Twila Steward <TSteward@alpi.org>
Subject: eRate Statement

**SCHOOLS AND LIBRARIES BEAR PROGRAM REMITTANCE STATEMENT
AS OF APRIL 09, 2018**

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
4/9/2018 143004824 BellSouth Telecommunications, LLC 1799106123 APR 2018 ATT Applicant Name:THE AGRICULTURAL AND LABOR PROGRAM, INC.;SLD Invoice Number:2796691;BEAR Letter Date:04/09/2018;Line Item Detail Number:9128993;Amount Requested:3301.12;	\$3,301.12
Total Approved Disbursement	<u>\$3,301.12</u>
Total Actual Disbursement:	<u>\$3,301.12</u>

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Twila Steward

Subject: FW: YOUR E-RATE PROGRAM REMITTANCE STATEMENT: 443004679

From: Maria Crespo
Sent: Tuesday, April 17, 2018 12:32 PM
To: Twila Steward <TSteward@alpi.org>
Subject: YOUR E-RATE PROGRAM REMITTANCE STATEMENT: 443004679

**SCHOOLS AND LIBRARIES BEAR PROGRAM REMITTANCE STATEMENT
AS OF MARCH 29, 2018**

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
3/29/2018 143000677 Verizon Wireless (Cellco Partnership) 1799105838 JUL17-MAR18 VERIZON WIRE Applicant Name:THE AGRICULTURAL AND LABOR PROGRAM, INC.;SLD Invoice Number:2791778;BEAR Letter Date:03/29/2018;Line Item Detail Number:9106031;Amount Requested:2238.70;	\$2,238.70
Total Approved Disbursement	<u>\$2,238.70</u>
Total Actual Disbursement:	<u>\$2,238.70</u>

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**BOARD FUNDRAISING REPORT
TO-DATE**

**THE AGRICULTURAL AND LABOR PROGRAM, INC
2018 BOARD OF DIRECTORS**

	Assessed	Contributed To Date	Balance Due
Katie Clark	1,000.00	165.00	835.00
Sheila Dixon	1,000.00	35.00	965.00
Kim Johnson	1,000.00	-	1,000.00
Kimberly Ross	1,000.00	1,000.00	-
Marjorie Gaskin	1,000.00	210.00	790.00
Marva Hawkins	1,000.00	400.00	600.00
William Holt	1,000.00	1,120.00	(120.00)
Josephine Howard	1,000.00	700.00	300.00
Pat Gamble	1,000.00	175.00	825.00
Annette Jones	1,000.00	70.00	930.00
Glenda Jones	1,000.00	270.00	730.00
Chester McNorton	1,000.00	500.00	500.00
Vernon McQueen	1,000.00	10,000.00	(9,000.00)
Vacant	1,000.00	-	1,000.00
Stacy Campbell-Domineck	1,000.00	1,000.00	-
David Walker	1,000.00	95.00	905.00
Barbara Grace	1,000.00	105.00	895.00
Ruby Willix	1,000.00	105.00	895.00
Shannyn Serrano	1,000.00	-	1,000.00
LaVita Holmes	1,000.00	1,000.00	-
Samuel Thomas	1,000.00	-	1,000.00
Total	21,000.00	16,950.00	4,050.00

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

4/24/2018