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## GROUPS' DISCUSSION/ACTION ITEMS

# BOARD ISSUES PRESENTED FOR DISCUSSION/ACTION GROUP I

Program Performance Outcome Items presented for review/discussion:	
<b>AGENCY SERVICE DELIVERY FOCUS AREA:</b>	<b>CHILD DEVELOPMENT &amp; FAMILY SUPPORT SERVICES</b>
<b>PROGRAM SERVICE DELIVERY TYPE:</b>	HEAD START/EARLY HEAD START
<b>FUNDING AGREEMENT/FUNDING RESOURCES:</b>	ACYF/Office of Head Start, USDA/DOH Child Care Food Program, EARLY LEARNING/School Readiness and VPK (Polk and St. Lucie counties), Children Services Council (St. Lucie County)
<b>STRATEGIC GOAL(S) ADDRESSED:</b>	1, 2, 3, 4, 5,
Program Performance Outcome Items presented for review/discussion:	
<ul style="list-style-type: none"> <li>➤ Head Start/Early Head Start 2014-2015 Self-Assessment Summary</li> <li>➤ Head Start/Early Head Start 2015 - 2016 Self-Assessment Procedures</li> <li>➤ 2014 - 2015 Child Outcomes</li> <li>➤ Teaching Staff Credential &amp; Professional Development Plans Update</li> <li>➤ Review Service Delivery target areas current performance status</li> <li>➤ External Monitoring Performance Reports (July 2014 – June 2015)</li> <li>➤ 2015 - 2016 Funding Applications (Head Start/Early Head Start, Child Care Food, School Readiness/VPK, CSC/CAT)</li> <li>➤ 2015 PIR Report</li> <li>➤ Review 2014-2015 Strategic Plan Performance Report</li> <li>➤ Review Head Start Performance Standards Proposed Changes Overview</li> </ul>	

Program Performance Outcome Items presented for review/discussion:	
<b>AGENCY SERVICE DELIVERY FOCUS AREA:</b>	<b>COMMUNITY SERVICES &amp; ECONOMIC DEVELOPMENT</b>
<b>PROGRAM SERVICE DELIVERY TYPE:</b>	LIHEAP, CSBG, HUD Housing Counseling, Farmworker Emergency Assistance, Training & Employment, Family Self Sufficiency, EHEAP
<b>FUNDING AGREEMENT/FUNDING RESOURCES:</b>	DEO/ LIHEAP, DEO/CSBG, HUD Housing Counseling, Florida Non-Profit Housing, Florida Housing Finance Corporation, Elderly Affairs
<b>STRATEGIC GOAL(S) ADDRESSED:</b>	1, 2, 3, 4, 5,
Program Performance Outcome Items presented for review/discussion:	
<ul style="list-style-type: none"> <li>➤ Quarterly FOCAS Reports (July 2014 – June 2015)</li> <li>➤ Contract Close-Out Reports &amp; IS Survey</li> <li>➤ 2014 - 2015 Contract Performance Outcomes</li> <li>➤ Monthly FRS Reports (July 2014 &amp; June 2015)</li> <li>➤ Staff Professional Development Plans Update</li> <li>➤ Review Service Delivery target areas current performance status</li> <li>➤ External Monitoring Reports (July 2014 – June 2015)</li> <li>➤ 2015 - 2016 Funding Applications (DEO/LIHEAP, DEO/CSBG, FL Non- Profit Housing, HUD Housing Counseling, DOE Farmworker Emergency Assistance, and Elderly Affairs/EHEAP)</li> <li>➤ Review 2014-2015 Strategic Plan Performance Report</li> </ul>	



Program Performance Outcome Items presented for review/discussion:	
<b>AGENCY SERVICE DELIVERY FOCUS AREA:</b>	<b>ADMINISTRATION &amp; OPERATIONS/QUALITY CONTROL</b>
PROGRAM SERVICE DELIVERY TYPE:	Governance, Fundraising, Property Management, Monitoring, Reporting, Marketing, In-Kind Match & Contributions, IT & Marketing Services, Budget & Financial Management, Human Resources, Risk Management
FUNDING AGREEMENT/FUNDING RESOURCES:	All applicable Funding Agreements and Agency Resources
STRATEGIC GOAL(S) ADDRESSED:	1, 2, 3, 4, 5,
Program Performance Outcome Items presented for review/discussion:	
<b><u>Certification of Advisory Council Election Procedures/Results</u></b>	
Action Needed: To review each Regional Advisory Council Election Procedures/Results to determine Membership Eligibility and Corporate Bylaws compliance including but not limited to a review of the following:	
<ul style="list-style-type: none"> <li>➤ Regional Advisory Councils' Annual Meeting Report and Election Process/Outcomes</li> <li>➤ 2015/2016 Regional Advisory Councils Membership Rosters</li> <li>➤ Plan for recruiting new members to fill vacancies</li> </ul>	
<b><u>CERTIFICATION OF HEAD START POLICY COUNCIL ELECTION PROCEDURES/RESULTS</u></b>	
Action Needed: To review the Head Start Policy Council Election Procedures/Results to determine Membership Eligibility, Performance Standards, and Bylaws compliance including but not limited to a review of the following:	
<ul style="list-style-type: none"> <li>➤ Head Start/Early Head Start Policy Council Annual Meeting Report</li> <li>➤ 2015/2016 Policy Council Membership Roster</li> </ul>	
<b><u>CERTIFICATION OF CSBG ORGANIZATION STANDARDS COMPLIANCE</u></b>	
Action Needed: To review the CSBG Organization Standards to ensure compliance and/or recommendations for a Compliance Plan of Action, including but not limited to the following:	
<ul style="list-style-type: none"> <li>➤ Review CSBG Organization Standards</li> <li>➤ Review DEO Grantee Monitoring Field manual</li> </ul>	
<b><u>CERTIFICATION OF DOE GREEN BOOK REVISION REQUIREMENTS COMPLIANCE</u></b>	
Action Needed: To review the DOE Green Book Revisions to ensure compliance and/or recommendations including but not limited to the following:	
<ul style="list-style-type: none"> <li>➤ 2015 Revision of Project Applications &amp; Amendment Procedures</li> <li>➤ DOE 620 Final</li> <li>➤ Section D General Assurances Terms Conditions for Participation</li> </ul>	

# BOARD ISSUES PRESENTED FOR DISCUSSION/ACTION GROUP II

Program Performance Outcome Items presented for review/discussion:	
<b>AGENCY SERVICE DELIVERY FOCUS AREA:</b>	<b>ADMINISTRATION &amp; OPERATIONS/QUALITY CONTROL</b>
PROGRAM SERVICE DELIVERY TYPE:	Governance, Fundraising, Property Management, Monitoring, Reporting, Marketing, In-Kind Match & Contributions, IT & Marketing Services, Budget & Financial Management, Human Resources, Risk Management
FUNDING AGREEMENT/FUNDING RESOURCES:	All applicable Funding Agreements and Agency Resources
STRATEGIC GOAL(S) ADDRESSED:	1, 2, 3, 4, 5,
Program Performance Outcome Items presented for review/discussion:	
<ul style="list-style-type: none"> <li>• <b><u>2015 ANNUAL FINANCIAL OVERVIEW</u></b>  <b>Action Needed:</b> To review the 2015 Audit Report draft with the independent auditing firm and recommend to the Board of Directors for approval including but not limited to the following: <ul style="list-style-type: none"> <li>➤ Agency's Financial Statement Position</li> <li>➤ Future Audit Schedule</li> <li>➤ Management Audit Findings and Recommendations</li> <li>➤ 2016 Audit Engagement Procedures/Timelines</li> </ul> </li> <li>• <b><u>2015 FORM 990</u></b>  <b>Action Needed:</b> To review 2014/2015 Form 990 and recommend/ratify to the Board of Directors for approval.</li> <li>• <b><u>QUARTERLY FINANCIAL REPORT ANALYSIS</u></b>  <b>Action Needed:</b> To review THE 2015 quarterly financial report and present the findings/recommendations to the Board for approval including but not limited to the followings: <ul style="list-style-type: none"> <li>➤ June 30, 2015 Final Grant Close-out Report</li> <li>➤ Review Financial Reports (July 2015 – September 2015)</li> <li>➤ Agencywide 2015-2016 Operating Budget Revisions</li> </ul> </li> <li>• <b><u>MARKETING AND RESOURCE DEVELOPMENT</u></b>  <b>Action Needed:</b> To explore different options for Marketing and Resource Development, including but not limited to the following: <ul style="list-style-type: none"> <li>➤ 2016 Fundraising Activities (Update)</li> <li>➤ Board/Employee Annual Assessments</li> <li>➤ 2016 Annual Meeting Program Ads/Sponsorships Solicitation List</li> <li>➤ Non-Restrictive Funds (E-Rate)</li> </ul> </li> <li>• <b><u>CERTIFICATION OF CSBG ORGANIZATION STANDARDS COMPLIANCE</u></b>  <b>Action Needed:</b> To review the CSBG Organization Standards to ensure compliance and/or recommendations for a Compliance Plan of Action, including but not limited to the following sections: <ul style="list-style-type: none"> <li>➤ Board Governance</li> <li>➤ Administration</li> <li>➤ Fiscal</li> </ul> </li> <li>• <b><u>CERTIFICATION OF DOE GREEN BOOK REVISION REQUIREMENTS COMPLIANCE</u></b>  <b>Action Needed:</b> To review the DOE GREEN Book Revisions to ensure compliance and/or recommendations for a Compliance Plan of Action, including but not limited to the following sections: <ul style="list-style-type: none"> <li>➤ 2015 Revision of Project Applications &amp; Amendment Procedures</li> <li>➤ DOE 620 Final</li> <li>➤ Section D General Assurances Terms Conditions for Participation</li> </ul> </li> </ul>	



# BOARD ISSUES PRESENTED FOR DISCUSSION/ACTION GROUP III

Program Performance Outcome Items presented for review/discussion:	
<b>AGENCY SERVICE DELIVERY FOCUS AREA:</b>	<b>ADMINISTRATION &amp; OPERATIONS/QUALITY CONTROL</b>
PROGRAM SERVICE DELIVERY TYPE:	Governance, Fundraising, Property Management, Monitoring, Reporting, Marketing, In-Kind Match & Contributions, IT & Marketing Services, Budget & Financial Management, Human Resources, Risk Management
FUNDING AGREEMENT/FUNDING RESOURCES:	All applicable Funding Agreements and Agency Resources
STRATEGIC GOAL(S) ADDRESSED:	1, 2, 3, 4, 5,
Program Performance Outcome Items presented for review/discussion:	
<ul style="list-style-type: none"> <li>• <b><u>2016 ANNUAL MEETING</u></b>  <b>Action Needed:</b> To review and recommend to the Board an established 2016 Annual Meeting Plan including but not limited to the following: <ul style="list-style-type: none"> <li>➤ Annual Meeting Program Agenda - Final Draft</li> <li>➤ Keynote Speaker - Confirmation</li> <li>➤ Board Appreciation and Recognition Tokens</li> <li>➤ Annual Meeting Draft Invitation &amp; Save the Date Notice</li> <li>➤ Annual Meeting Invitation Mailing List</li> <li>➤ Annual Meeting Logistic Plan - Follow-up</li> <li>➤ Annual Meeting Notices - 1<sup>st</sup> mail out</li> <li>➤ Corporate Sponsorship Solicitation</li> <li>➤ Greetings and Proclamation Solicitation Letter (Draft)</li> <li>➤</li> </ul> </li> <li>• <b><u>2016 ANNUAL AWARDS RECIPIENTS</u></b>  <b>Action Needed:</b> To review and approve 2016 recipients to be considered for the Community Recognition Award including but not limited to the following: <ul style="list-style-type: none"> <li>➤ Review Selection Process</li> <li>➤ Review and Select 2015 Recipients</li> <li>➤ Submit names to Staff Liaison</li> </ul> </li> <li>• <b><u>SPECIAL EVENTS CALENDAR</u></b>  <b>Action Needed:</b> To review and develop the Board's Special Events Calendar for 2015 including but not limited to the following: <ul style="list-style-type: none"> <li>➤ Review 2015 Special Events Activities - Prepare Annual Report Draft</li> <li>➤ Proposed 2016 Special Events Activities</li> <li>➤ Review the ALPI "Wall of Fame" Plan Update</li> <li>➤</li> </ul> </li> <li>• <b><u>ROBERT BRYANT, JR. AWARD SELECTION PROCESS</u></b>  <b>Action Needed:</b> Review and select the 2016 award recipient including but not limited to the following: <ul style="list-style-type: none"> <li>➤ Review Selection Process</li> <li>➤ Select 2016 Recipient</li> </ul> </li> <li>• <b><u>CERTIFICATION OF CSBG ORGANIZATION STANDARDS COMPLIANCE</u></b>  <b>Action Needed:</b> To review the CSBG Organization Standards to ensure compliance and/or recommendations for a Compliance Plan of Action, including but not limited to the following sections: <ul style="list-style-type: none"> <li>➤ Board Governance</li> </ul> </li> </ul>	

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**2015-2016 OPERATING BUDGET  
REVISIONS**



**The Agricultural and Labor Program, Inc.**  
**Fiscal Year 2015-2016**  
**Agency Budget**

<b>REVENUES</b>	<b>FY 16</b>	<b>FY15</b>
Head Start / Early Head Start (St. Lucie/Polk Counties)	7,284,907	7,284,907
ALPI Child Care Centers (St. Lucie/Polk Counties)	43,200	43,200
St Lucie County Early Learning VPK	867,528	867,528
USDA Food	1,189,748	1,159,571
Children's Services Council	84,599	84,599
Department of Economic Opportunity LIHEAP	4,555,571	5,037,562
Senior Connection Center, Inc. EHEAP	113,008	31,813
Department of Economic Opportunity CSBG	1,110,027	1,037,836
Department of Education EA/ET	60,000	50,000
Florida Non Profit Housing	47,053	47,470
H.U.D. Housing Counseling	13,447	12,964
ATEC	10,100	10,100
FACA/OAG	59,000	0
E-rate	94,582	129,681
Fund Raiser	23,000	23,000
Other	61,600	2,600
In-Kind / Cash Match	1,821,227	1,821,227
<b>TOTAL REVENUE</b>	<b>17,438,597</b>	<b>17,644,058</b>
<b>EXPENSES</b>		
Salaries and Wages	6,512,790	6,346,115
Fringe Benefits	1,653,341	1,565,582
Communications	175,240	204,606
Travel	108,702	154,481
Food	756,440	802,448
Rent and Utilities	503,232	565,157
Contractual Services	421,474	437,910
Materials and Supplies	654,531	731,756
Training	230,161	206,268
Grants, Subsidies and Contributions	3,983,765	4,243,006
Subcontractors	529,464	459,106
In-Kind	1,821,227	1,821,227
Other	88,230	106,396
<b>TOTAL EXPENSES</b>	<b>17,438,597</b>	<b>17,644,058</b>

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**CHILD CARE FOOD RENEWAL APPLICATION  
(Ratify)**





Florida Department of Health

**FY 2015-2016 Child Care Food Program (CCFP) Renewal  
Certification of Accuracy and Truthfulness**

**Instructions:**

- The authorized representative uses this form to certify that the CCFP online renewal submission(s) is true and correct.
- Complete this form, print, sign, scan, and upload a copy in the designated upload section for this form at the bottom of the contractor renewal screen (electronic signatures are not accepted).
- The person signing this form must be authorized to sign legally binding documents on behalf of the contracting organization. (i.e., Chief Executive Officer, Executive Director, Board Chairman/President, Majority Owner, or Delegated Authority)
- If this form is signed by a delegated authority, make sure to also upload the Delegation of Signing Authority form in the designated upload section for this form at the bottom of the contractor renewal screen.
- The signature date on this form must match or be earlier than the date of CCFP renewal submission.

CCFP Authorization Number: S-501

CCFP Contractor's Legal Name: The Agricultural and Labor Program, Inc.

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

Printed Name: Deloris Johnson

Signature: 

Title: Chief Executive Officer ☒  
Chief Executive Officer, Executive Director, Board Chairman/President,  
Majority Owner, or Delegated Authority

Date: 9/2/15

Organization Name: The Agricultural and Labor Program, Inc.

Authorization #: S-501

### Delegation of Signing Authority for the Child Care Food Program

By means of this letter, I, William Holt (the Delegating Official, which is the Board Chairman, Executive Director, President or Majority Owner), delegate the authority herein described, to Deloris Johnson (my representative), on the following terms and conditions:

1. My representative may sign, on my behalf, any documents pertaining to the Child Care Food Program (CCFP).
2. The designated effective time period of this delegation is as follows:
  - a. For a prospective contractor, this delegation will be in effect from the date that the CCFP application checklist or contract is signed, whichever date occurs earlier, through September 30, 2016 or until revoked in writing by the delegating official, whichever date occurs earlier.
  - b. For a renewing contractor, this delegation will be in effect from the date that the CCFP Annual Information Update and Certification or contract amendment (when applicable) is signed, whichever date occurs earlier, through September 30, 2016 or until revoked in writing by the delegating official, whichever date occurs earlier.
3. The authority delegated is not subject to sub-delegation without my prior and written consent.
4. I understand that this delegation does not relieve me of responsibility to manage and supervise operation of the Child Care Food Program, that I may be liable for repayment of funds received and that I may be subject to disqualification from future participation in the Child Care Food Program should the terms of the contract with DOH for participation in the Child Care Food Program not be fulfilled.

**Delegating Official**

  
Signature (Delegating Official)

William Holt

Name

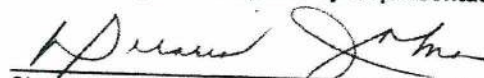
Board Chairman

Title (Board Chairman, Executive Director,  
President or Majority Owner)

09/02/15

Date

**Acknowledged and agreed by Representative**

  
Signature (Representative)

Deloris Johnson

Name

Chief Executive Officer

Title

09/02/15

Date



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

S501

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

### 1. Required Administrative Duties

Job Duty	Employee Name
Administrative Oversight	Elizabeth Young
Bookkeeping	Tanya Montgomery
Checking and Approving Menus	Hilda Walker
Compiling Claim Data	Hilda Walker
Checking and Filing Claims	Hilda Walker
Determining Site Eligibility (A Only)	Hilda Walker

Job Duty	Employee Name
Training	Hilda Walker & Elizabeth Young
Financial Management	Elizabeth Young
Monitoring	Hilda Walker & Elizabeth Young
Technical Assistance	Hilda Walker & Elizabeth Young
Classifying Free and Reduced Meal Apps (S Only)	Hilda Walker
Maintaining Enrollment Roster (S Only)	Hilda Walker

Columns I and J document the allocation of the total allowable costs for annual salary and benefits. Complete column I by inputting the portion of the total allowable salary and benefit amount for each employee that will be paid with CCFP funds. The amount in column I cannot be more than the amount listed in column H. The total amount listed in column I cannot exceed the 15% sponsor administrative cap listed on the PEW, and must match the amount listed on the budget for administrative salaries and benefits in the CCFP Funds column. The difference between the total allowable salary and benefits (H) and the amount to be charged (I) is calculated in column J. The total calculated at the bottom of column J must match the amount listed on the budget for administrative salaries and benefits in the Other Funds column.

[illegible]



Authorization Number:	S501	Sponsoring Organization Name:	The Agricultural and Labor Program, Inc.		
Instructions: Mark "Yes" or "No" for questions 3, 6 and 7 below by placing an X in the cell. Complete the remaining questions as specified.					
3. The sponsor conducts MONITORING REVIEWS at least as often as required by 7 CFR, Part 226.16(d)(4)(iii).		YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>
A yes answer indicates that the sponsoring organization, at a minimum, conducts unannounced CCFP monitoring reviews as follows:					
<ul style="list-style-type: none"> <li>Each new site is reviewed within the first four weeks of CCFP operations.</li> <li>Each existing site is reviewed three times yearly with not more than a six-month lapse between reviews. If using review averaging, contractor meets review averaging requirements.</li> <li>Follow-up reviews are conducted within 30 days of issuing a disallowance and/or identifying areas of noncompliance.</li> </ul>					
4. How many sites do you currently sponsor?			<input type="text" value="7"/>		
5. MONITORING STAFF - Complete this section only if your organization sponsors 25 or more sites or if you anticipate sponsoring 25 or more sites during this fiscal year.					
<p>In column A below, list all employees who perform monitoring activities, and describe the specific activities each employee performs in column B. Monitoring activities include, but are not limited to, conducting on-site reviews, planning the review schedule, travel for reviews, supervisory oversight of monitors, writing review reports, follow-up reviews, pre-approval visits, household contacts, technical assistance, and desk reviews of claim documentation. For each employee listed, indicate the number of hours per month spent on monitoring in column C, and the total monthly hours spent on the CCFP in column D (refer back to table 2, column C). The percentage of each employee's monitoring time will auto-calculate in column E, and the total number of FTEs performing monitoring activities will be calculated in the bottom row. Please Note: Monitoring ratios for sponsors must equal at least one FTE (2080 hours/year or 173.33 hours/month) for 25 to 150 sites.</p>					
A.	B.	C.	D.	E.	
Employee Name	Description of Monitoring Activities	# of Hours per Month Spent on Monitoring*	Total Hours per Month Spent on CCFP (should be the same number of hours listed in table 2, column C)	% of Monthly CCFP Hours Spent Monitoring	
				#DIV/0!	
				#DIV/0!	
				#DIV/0!	
				#DIV/0!	
				#DIV/0!	
				#DIV/0!	
TOTAL =		0	Number of FTEs =	0.00	
<p>* Sponsors with twenty-five (25) or more sites are required to employ at least one full time equivalent (FTE) monitor per 25-150 sites. However, to ensure adequate monitoring, there should be approximately one FTE monitor for not more than 85 sites. An FTE equals one staff year (2080 hours) or a staff month (173.33 hours) and could be one full time staff person who monitors full time; two half time staff who spend all of their time monitoring; two full time staff who spend half of their time monitoring; three full time staff, one of whom monitors 40% of the time, with the other two each spending 30% of their time monitoring, etc.</p>					
6. The sponsor completes training on all required topics at least once a year.		YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>
<b>Required Training Topics</b> <ul style="list-style-type: none"> <li>Menu Planning &amp; Meal Pattern Requirements <ul style="list-style-type: none"> <li>Meal Count Procedures</li> </ul> </li> <li>Claim Review &amp; Submission Procedures <ul style="list-style-type: none"> <li>Reimbursement System</li> <li>Civil Rights Requirements</li> </ul> </li> </ul>		<b>Recommended Training Topics</b> <ul style="list-style-type: none"> <li>Food Safety &amp; Sanitation</li> <li>Nutrition Education</li> </ul>			
*** Note: A sign-in sheet and agenda must be maintained for each training session.					
7. The sponsor REVIEWS ALL CCFP RECORDS for accuracy and compliance.		YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>
8. List the Florida address(es) where CCFP records will be maintained:					
The Agricultural and Labor Program, Inc. Corporate Office, 300 Lynchburg Road, Lake Alfred, Florida 33850					
I certify that all information on the Management Plan is true and correct.					
Signature of Authorized Employee			<div style="border: 1px solid black; padding: 2px; text-align: center;">10/23/2015</div> Date		
<div style="border: 1px solid black; padding: 2px; text-align: center;">Hilda Walker</div> Printed Name			<div style="border: 1px solid black; padding: 2px; text-align: center;">Food Service Coordinator</div> Title		



# Projected Earnings Worksheet - FY 2015-16

Auth #: S501 Organization Name: The Agricultural and Labor Program, Inc.

Requires User Input Automatically Calculates

Please Answer these Questions

Enrollment

776 Number of children eligible for free meals  
 Number of children eligible for reduced meals  
 Number of children eligible for non-needy meals  
 776 Total number of enrolled children (a+b+c)

Average Attendance per Day

776 (Cannot exceed total number of enrolled children)

Days Operating

22 Total number days operating (per month)  
 12 Total number months operating per year

Put a "Y" in each category that applies:

Y Claiming Breakfast?  
 Y Claiming Morning Snack?  
 Y Claiming Lunch?  
 Claiming Afternoon Snack?  
 Claiming Supper?  
 Claiming Evening Snack?

Total Number of Meals Served in One Month to Eligible Children

(Number of Operating Days x Average Attendance per Day)

17072 Breakfast  
 0 AM Snack  
 17072 Lunch  
 17072 PM Snack  
 0 Supper  
 0 Evening Snack

Rates	
July 1, 2015 - June 30, 2016	
Breakfast:	
Free	\$1.66
Reduced	\$1.36
Non-Needy	\$0.29
Lunch/Supper:	
Free	\$3.07
Reduced	\$2.67
Non-Needy	\$0.29
Snacks:	
Free	\$0.84
Reduced	\$0.42
Non-Needy	\$0.07
Cash-in-Lieu:	\$0.2375

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

1) Calculation to Determine Percentage

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

a. Number free	776	/ total enrolled	776	=	100.00%
b. Number reduced price	0	/ total enrolled	776	=	0.00%
c. Number nonneedy	0	/ total enrolled	776	=	0.00%
Total Percentage:					100.00%

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

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

Type Meal Category Percentage (Number 2) above multiplied by assigned meal reimbursement rate (password protected)					
Breakfast	Category %	# Meals Served	# of Meals by Category	Rate	Reimbursement Amount
a. Free %	1.000	17072	17072	\$ 1.66	\$ 28,339.52
b. Reduced Price %	0.000	17072	0	\$ 1.36	\$ -
c. Nonneedy %	0.000	17072	0	\$ 0.29	\$ -
Total Number of Breakfast Claimed			17072		\$ 28,339.52
Lunch/Supper					
a. Free %	1.000	17072	17072	\$ 3.07	\$ 52,411.04
b. Reduced Price %	0.000	17072	0	\$ 2.67	\$ -
c. Nonneedy %	0.000	17072	0	\$ 0.29	\$ -
Total Number of Lunches and Suppers Claimed			17072		\$ 52,411.04
Snacks					
a. Free %	1.000	17072	17072	\$ 0.84	\$ 14,340.48
b. Reduced Price %	0.000	17072	0	\$ 0.42	\$ -
c. Nonneedy %	0.000	17072	0	\$ 0.07	\$ -
Total Number of Snacks Claimed			17072		\$ 14,340.48

Commodities Reimbursement*			
a. Lunch	17072	X	0.2375
b. Supper	0	X	0.2375
			\$4,054.60
			\$0.00
			\$4,054.60

Projected Meal Earnings for One Month	\$ 95,091.04
<b>Total Projected Meal Earnings for One Year</b>	<b>\$ 1,141,092.48</b>

Projected Commodity Reimbursement for One Month	\$4,054.60
<b>Projected Commodity Reimbursement for One Year</b>	<b>\$48,655.20</b>

<b>Total Projected Earnings for One Year</b>	<b>\$1,189,747.68</b>
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<b>Projected Earnings Rounded for use in the Budget</b>	<b>\$1,189,748.00</b>
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<b>Sponsor Administrative Cap</b>	\$ 171,163.87
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 The Sponsor Administrative Cap does not apply to independent contractors

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

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

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

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

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

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

FOOD SERVICE (OPERATIONAL) COSTS	CCFP FUNDS (List amounts)	NON-CCFP FUNDS (List amounts)	CATEGORY TOTALS (CCFP + Non-CCFP Funds)
Food Purchases*	\$751,180	\$0	\$751,180
Food Service Labor and Benefits	\$247,809	\$0	\$247,809
Non-Contracted Purchased Services	\$18,350	\$0	\$18,350
Non-Food Supplies	\$12,332	\$0	\$12,332
Food Service Equipment	\$5,850	\$0	\$5,850
Transportation	\$20,000	\$0	\$20,000
Other (Includes Special Cost Items) Describe: Indirect Cost @ \$199,622 x 16.5% plus Supplemental Budget @ \$4,658	\$37,596	\$0	\$37,596
<b>FOOD SERVICE (OPERATIONAL) COST TOTALS</b>	<b>\$1,093,117</b>	<b>\$0</b>	<b>\$1,093,117</b>
ADMINISTRATIVE COSTS	CCFP FUNDS (List amounts)	NON-CCFP FUNDS (List amounts)	CATEGORY TOTALS (CCFP + Non-CCFP Funds)
Administrative Salaries and Benefits**	\$40,652	\$0	\$40,652
Non-Contracted Purchased Services	\$16,911	\$0	\$16,911
Training	\$8,000	\$0	\$8,000
Travel	\$10,000	\$0	\$10,000
Rent and Utilities	\$10,915	\$0	\$10,915
Office Supplies	\$3,250	\$0	\$3,250
Other (Includes Special Cost Items) Describe: Indirect Cost @ \$30,489 x 16.5% plus Supplemental Budget @ 1,872	\$6,903	\$0	\$6,903
<b>ADMINISTRATIVE COST TOTALS</b> <i>Administrative costs cannot exceed 15% of total projected earnings</i>	<b>\$96,631</b>	<b>\$0</b>	<b>\$96,631</b>
	<b>CCFP FUNDS***</b>	<b>NON-CCFP FUNDS</b>	<b>GRAND TOTAL ****</b>
<b>BUDGET TOTALS</b>	<b>\$1,189,748</b>	<b>\$0</b>	<b>\$1,189,748</b>

Total Budget Amount from PEW
\$1,189,748.00
Remainder to Budget for CCFP Funds
\$0.00

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

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

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

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

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

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

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

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

**For DOH USE ONLY:**

Approval Signature (Regional Program Specialist)

Date

Approval Signature (DOH Headquarters)

Date



### Instructions for Completing the Child Care Food Program (CCFP) Budget

- 1) Have your completed Projected Earnings Worksheet (PEW) in front of you before you complete this form.
- 2) Complete the identifying information at the top of the form.
- 3) Complete the table in # 1 as follows:
  - a. Enter the amount of "Projected Earnings Rounded for use in the Budget" from your PEW in the Budget Totals/CCFP Funds box at the bottom of the Budget.
  - b. As you complete the rest of the Budget, use whole dollars only, no cents.
  - c. CCFP Funds column – Determine how you will spend your projected earnings on the food program and enter the estimated annual amounts in the appropriate budget categories. Be sure that the amounts listed add up to the CCFP Funds Total amount you entered. It is strongly recommended that at least 50% of your CCFP Funds Total be allocated to food purchases. Refer to the cost category definitions below for examples of allowable food service (operational) and administrative costs.
  - d. Non-CCFP Funds column – If your projected earnings will not cover the full costs of operating the food program, list the additional amounts you will spend on the program in the appropriate budget categories. Add up the amounts, if any, listed in this column and enter the total in the Budget Totals/Non-CCFP Funds box at the bottom of the Budget.
  - e. Category Totals column and Budget Totals row – For each row going across, add the CCFP Funds amount to the Other Funds amount and enter the total in space provided in the last column. Then go down the column and add up the row totals listed to ensure the amount equals the Budget Totals/Grand Total that you obtained when you added the last row.
- 4) In # 2, list the source(s) of non-CCFP funds that you included in the budget table, or write N/A if your budget only includes CCFP funds
- 5) In # 3, check one or more sources of funds available to pay for potential over claims of CCFP reimbursement or other unallowable costs. If "other" is checked, identify the source(s) of funds in the space provided.

### Definitions of Cost Categories

#### **FOOD SERVICE (OPERATIONAL) COSTS:**

**Food Purchases:** Expenditures for the food used in meals served to enrolled children or program adults. (If catered, you should report your total invoices). It is recommended that the amount listed for this line item is at least 50% of the CCFP Funds Total.

**Food Service Labor and Benefits:** All of the wages incurred in the preparation, serving and cleaning up of meals. This should include any fringe benefits afforded the employees.

**Non-Contracted Purchased Services:** Costs of services that are required for program food service operations. This includes services such as laundry of towels and aprons, trash services, insect and rodent control services, janitorial services, and minor repair of food service equipment.

**Non-Food Supplies:** Includes kitchen equipment costing \$5,000 or less (per item), and paper goods such as paper towels, napkins, plates, cups, and utensils. Also includes cleaning supplies that are used directly for the food service operation, such as dishwashing detergent, hand soap, cleanser, and sanitizing sprays.

**Food Service Equipment:** Purchases of equipment costing more than \$5,000 (per item) to be used for the food program. Prior approval is required by the Tallahassee DOH office if any CCFP funds will be used to purchase this equipment.

**Transportation:** Any cost incurred in transporting food or food supplies to and from the sites, such as a mileage rate or the actual costs for gas, maintenance, etc.

**Other:** Specify any miscellaneous costs not included in one of the categories above. For contracted purchased services (e.g., rental of food service equipment or kitchen or food preparation space, contracted janitorial services, contracted security services, contracted labor, etc.), a contract must exist between the contractor and another party (related or non-related). You must complete the "Supplemental Budget for Special Cost Items" to receive prior approval for these types of cost items.

#### **ADMINISTRATIVE COSTS:**

**Administrative Salaries & Benefits:** Includes the pro-rated portion of salary/wage and benefit costs for employees that perform CCFP administrative duties, such as training, record keeping, reconciliation of claim data and filing of claims, procurement services and monitoring activities.

**Non-Contracted Purchased Services:** Costs of services, excluding Professional Services (see "Other" category below), required for the maintenance, repair or upkeep of administrative equipment. The non-contracted cost of purchased security, janitorial or insect control as related to administrative offices or spaces can also be included.

**Training:** Includes labor hours, travel, and rental costs that are incurred in providing food program training to staff and sponsored sites.

**Travel:** Includes costs for travel to state training workshops and travel expenses for site monitoring by sponsors.

**Rent & Utilities:** Includes rental of office space and office equipment (i.e., telephone) that is used exclusively for the food program.

**Office Supplies:** Includes costs for paper, pens, postage, etc. for food program use only.

**Other:** Specify any miscellaneous administrative costs not included in one of the categories above. All contracted purchased services (e.g., computer programming, bookkeeping services and other contracted labor, rental of office space, etc.) must be listed here. A contract must exist between the contractor and another party (related or non-related). You must complete the "Supplemental Budget for Special Cost Items" to receive prior approval for these types of cost items.

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**2015**  
**RETIREMENT AUDIT ENGAGEMENT LETTER**  
**(Ratify)**



November 2, 2015

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

Dear Ms. Johnson:

We are pleased to confirm our understanding of the services we are to provide for The Agricultural and Labor Program, Inc. Retirement Plan (the Plan) for the year ended June 30, 2015 in connection with its annual reporting obligation under the Employee Retirement Income Security Act of 1974 (ERISA).

Except as described below, we will audit the financial statements of The Agricultural and Labor Program, Inc. Retirement Plan, which comprise the statement of net assets available for benefits as of June 30, 2015 and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements. Also, the supplemental schedule of assets (held at end of year) will be subjected to the auditing procedures applied in our audit of the financial statements.

These financial statements and supplemental schedule are required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA to be filed with the Form 5500.

#### **Audit Objectives**

Our audit will be conducted in accordance with auditing standards generally accepted in the United States of America except that, as permitted by Regulation 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and as instructed by you, we will not perform any auditing procedures with respect to information prepared and certified to by Great-West Life & Annuity Insurance Company and ReliaStar Life Insurance Company, the custodians, in accordance with DOL Regulation 2520.103-5, other than comparing the information with the related information included in the financial statements and supplemental schedule. Because of the significance of the information that we will not audit, we will not express an opinion on the financial statements and supplemental schedule taken as a whole. We will issue a written report upon completion of our audit of the Plan's financial statements. Our report will be addressed to the Plan Administrator. We cannot provide assurance that a limited-scope disclaimer of opinion as permitted by Regulation 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA will be expressed. Circumstances may arise in which it is necessary for us to make further modifications to our report, such as adding an emphasis-of-matter or other-matter paragraph. 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 custodians, will be audited by us in accordance with auditing standards generally accepted in the United States of America, and will be subjected to tests of your accounting records and other procedures as we consider necessary to enable us to express an opinion as to whether they are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. If for any reason we are unable to complete the engagement, we may decline to issue a report or withdraw from this engagement.



### **Audit Procedures**

Our procedures will include tests of documentary evidence supporting the transactions recorded in the accounts and direct confirmation of investments except those certified to by the custodians and certain other assets and liabilities by correspondence with financial institutions and other third parties. We may also request written representations from your attorneys as part of the engagement, and they may bill you for responding to this inquiry. At the conclusion of our audit, we will require certain written representations from you about the financial statements and related matters.

An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements; therefore, our audit will involve judgment about the number of transactions to be examined and the areas to be tested, except that assets and related transactions certified to by the custodians will not be tested. We will plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement, whether from (1) errors, (2) fraudulent financial reporting, (3) misappropriation of assets, or (4) violations of laws or governmental regulations, including prohibited transactions with parties in interest or other violations of ERISA rules and regulations, that are attributable to the plan or to acts by management or employees acting on behalf of the plan.

Because of the inherent limitations of an audit, combined with the inherent limitations of internal control, and because we will not perform a detailed examination of all transactions, there is a risk that material misstatements may exist and not be detected by us, even though the audit is properly planned and performed in accordance with U.S. generally accepted auditing standards except as previously noted. In addition, an audit is not designed to detect immaterial misstatements or violations of laws or governmental regulations that do not have a direct and material effect on the financial statements. However, we will inform you of any material errors that come to our attention, and we will inform you of any fraudulent financial reporting or misappropriation of assets that comes to our attention. We will also inform you of any violations of laws or governmental regulations that come to our attention and will include prohibited transactions in the supplemental schedule of nonexempt transactions as required by the instructions to Form 5500. Our responsibility as auditors is limited to the period covered by our audit and does not extend to any later periods for which we are not engaged as auditors.

Except as described in the "Audit Objectives" section, our audit will include obtaining an understanding of the plan and its environment, including internal control, sufficient to assess the risks of material misstatement of the financial statements and to design the nature, timing, and extent of further audit procedures. An audit is not designed to provide assurance on internal control or to identify deficiencies in internal control. However, during the audit, we will communicate to you and those charged with governance internal control related matters that are required to be communicated under professional standards.

In addition, we will perform certain procedures directed at considering the Plan's compliance with applicable Internal Revenue Service (IRS) requirements for tax exempt status and ERISA plan qualification requirements. However, you should understand that our audit is not specifically designed for and should not be relied upon to disclose matters affecting plan qualifications or compliance with the ERISA and IRS requirements. If during the audit we become aware of any instances of any such matters or ways in which management practices can be improved, we will communicate them to you.



### **Management Responsibilities**

You agree to assume all management responsibilities for any other nonattest services we provide; oversee the services by designating an individual, preferably from senior management, with suitable skill, knowledge, and/or experience; evaluate the adequacy and results of the services; and accept responsibility for them.

You are responsible for establishing and maintaining internal controls, including monitoring ongoing activities; for the selection and application of accounting principles; for establishing an accounting and financial reporting process for determining fair value measurements; and for the fair presentation in the financial statements of the net assets available for benefits and changes in net assets available for benefits of the plan in conformity with U.S. generally accepted accounting principles. You are also responsible for making all financial records and related information available to us and for the accuracy and completeness of that information, including the completeness and accuracy of the certification by the trustee or custodian. You are also responsible for providing us with (1) access to all information of which you are aware that is relevant to the preparation and fair presentation of the financial statements, (2) additional information that we may request for the purpose of the audit, and (3) unrestricted access to persons within the plan from whom we determine if necessary to obtain audit evidence.

Your responsibilities include adjusting the financial statements to correct material misstatements and confirming to us in the management representation letter that the effects of any uncorrected misstatements aggregated by us during the current engagement and pertaining to the latest period presented are immaterial, both individually and in the aggregate, to the financial statements taken as a whole.

You are responsible for the design and implementation of programs and controls to prevent and detect fraud, and for informing us about all known or suspected fraud affecting the plan involving (1) plan management, (2) employees who have significant roles in internal control, and (3) others where the fraud could have a material effect on the financial statements. Your responsibilities include informing us of your knowledge of any allegations of fraud or suspected fraud affecting the plan received in communications from employees, former employees, regulators, or others. In addition, you are responsible for identifying and ensuring that the plan complies with applicable laws and regulations. You are also responsible for preparing the supplementary information in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Security Act of 1974. You agree to include our report on the supplementary information in any document that contains, and indicates that we have reported on, the supplementary information. You also agree to include the audited financial statements with any presentation of the supplementary information that includes our report thereon.

### **Engagement Administration, Fees and other**

We understand that your personnel will prepare schedules and analyses and type all confirmations we request and will locate any invoices or other documents selected by us for testing.

The audit documentation for this engagement is the property of Vestal & Wiler, CPAs and constitutes confidential information. However, we may be requested to make certain audit documentation available to the U.S. Department of Labor (DOL) pursuant to authority given to it by law. If requested, access to such audit documentation will be provided under the supervision of Vestal & Wiler, CPAs personnel. Furthermore, upon request, we may provide copies of selected audit documentation to the DOL. The DOL may intend, or decide, to distribute the copies of information contained therein to others, including other governmental agencies.



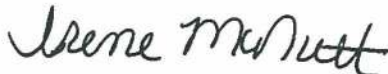
Irene McNutt is the engagement partner and is responsible for supervising the engagement and signing the report or authorizing another individual to sign it. We expect to begin our engagement as soon as the auditor's package is received from DCS Inc. Retirement Group. We expect to issue our report no later than January 31, 2016.

We estimate that our fees for these services will be approximately \$12,000 for the audit. You will also be billed for other out-of-pocket costs such as report production. The fee estimate is based on anticipated cooperation from your personnel and the assumption that unexpected circumstances will not be encountered during the audit. If significant additional time is necessary, we will discuss it with you and arrive at a new fee estimate before we incur the additional costs. Our fee will be billed as work progresses and is payable upon receipt. In accordance with our firm policies, work may be suspended if your account becomes overdue and will not be resumed until your account is paid in full. If we elect to terminate our services for nonpayment, you will be obligated to compensate us for all time expended and to reimburse us for all out-of-pocket expenditures through the date of termination. In the event that any collection action is required to collect unpaid balances due us, you agree to reimburse us for our costs of collection, including attorneys' fees. To avoid litigation in the event of a dispute concerning our fees, Vestal & Wiler, CPAs agrees to resolve any fee dispute by arbitration. Because arbitration supersedes your right to trial by jury, we suggest that you seek the advice of independent counsel regarding your rights and privileges to jury representation.

You agree that any dispute (other than our efforts to collect an outstanding invoice) that may arise regarding the meaning, performance or enforcement of this engagement or any prior engagement that we have performed for you, will, prior to resorting to litigation, be submitted to mediation, and that the parties will engage in the mediation process in good faith once a written request to mediate has been given by any party to the engagement. Any mediation initiated as a result of this engagement shall be administered within Orange County, Florida, by a competent and impartial third party, acceptable to both parties, according to their mediation rules, and any ensuing litigation shall be conducted within said county, according to Florida law. The results of any such mediation shall be binding only upon agreement of each party to be bound. The costs of any mediation proceeding shall be shared equally by the participating parties.

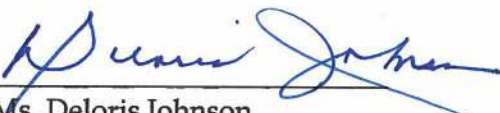
We appreciate the opportunity to serve you. If this letter correctly expresses your understanding, please sign the enclosed copy where indicated and return it to us.

Very truly yours,



Irene McNutt  
Client Services Audit Partner

Accepted and agreed to:



Ms. Deloris Johnson



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**2015  
WORKER'S COMP RENEWAL AGREEMENT  
(Ratify)**

**WORKERS' COMPENSATION  
CONSENT TO RATE FORM**

**Insured Name:** The Agricultural and Labor Program, Inc.

**Insured Address:** PO Box 3126, Winter Haven, FL 33885

**Carrier Name:** RetailFirst Insurance Company

**NAIC Number:** 10700

**Policy Number:** 0520-26279

**Policy Effective - Expiration Date:** 11/15/2015 - 11/14/2016

**Policy Term:** One Year

**Line of Business:** Workers' Compensation and Employers Liability

The above-referenced workers' compensation and employers liability insurance coverage will be written in accordance with the terms and conditions as outlined in Insurer's filed workers' compensation and employers liability insurance policy forms ("Policy"). Insured hereby consents to Insurer charging rates in excess of the Insurer's Filed Rates for purchase of the Policy.

Insurer's workers' compensation insurance rates that are currently filed for the following specific class codes ("Filed Rates"), as set forth below, are inadequate to cover Insured's workers' compensation exposure, based on the nature of the risk and/or Insured's historical loss data; therefore, Insured hereby consents to the following Charged Rates for all Policy class codes, in accordance with applicable state law:

Class Code	Payroll	Filed Rate	Charged Rate
8869	\$6,116,940	1.64	2.27

If any of Insured's employees, who are covered by the Policy during this policy period, fall under any class code that is not stated above, then the Filed Rate for that particular class code shall be the Insurer's rate on file for that particular class code at the time of the policy effective date, and the Charged Rate shall be the Filed Rate times the surcharge factor of 1.39. This surcharge factor shall apply to Insurer's Filed Rate for all applicable class codes, and for all employees who are covered by the Policy during this policy period, regardless if the Filed Rate and Charged Rate for a particular class code applies for only part of the policy period, and regardless of when the applicability of the class code is discovered, including at payroll verification audit.

Insured has reviewed this document and understands the impact of utilizing consent to rate in establishing an annual premium in excess of the Filed Rates and that such rates are deemed both fair and equitable for this particular risk.

The Agricultural and Labor Program, Inc

11-03-2015

Insured's Name

Date



Signature

CEO

Title

Deloris Johnson

Printed Name



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**USAC/E-RATE  
FUNDING COMMITMENT DECISION LETTER**

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**FUNDING COMMITMENT DECISION LETTER**  
(Funding Year 2015: 07/01/2015 - 06/30/2016)

October 16, 2015

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

Re: FCC Form 471 Application Number: 1049349  
Billed Entity Number (BEN): 16045101  
Billed Entity FCC Registration Number (FCC RN): 0018062687  
Nickname: ALPI 2015-16 471

Thank you for your Funding Year 2015 application for Universal Service Support and for any assistance you provided throughout our review. The current status of the funding request(s) in the FCC Form 471 application cited above and featured in the Funding Commitment Report(s) (Report) at the end of this letter is as follows.

- The amount, \$94,582.42 is "Approved."

Please refer to the Report following this letter for specific funding request decisions and explanations. The Universal Service Administrative Company (USAC) is also sending this information to your service provider(s) so preparations can begin for implementing your approved discount(s) after you file FCC Form 486, Receipt of Service Confirmation and Children's Internet Protection Act and Technology Plan Certification Form. A guide that provides a definition for each line of the Report is available in the Guide to USAC Letter Reports in the Reference Area of our website.

**NEXT STEPS**

- Work with your service provider to determine if you will receive discounted bills or if you will request reimbursement from USAC after paying your bills in full.
- Review Children's Internet Protection Act (CIPA) requirements.
- File FCC Form 486.
- Invoice USAC using the FCC Form 474, Service Provider Invoice (SPI) Form, or FCC Form 472, Billed Entity Applicant Reimbursement (BEAR) Form, as products and services are being delivered and billed.

**TO APPEAL THIS DECISION:**

If you wish to appeal a decision in this letter to USAC, your appeal must be received by USAC or postmarked within 60 days of the date of this letter. Failure to meet this requirement will result in automatic dismissal of your appeal. In your letter of appeal:

1. Include the name, address, telephone number, fax number, and email address for the person who can most readily discuss this appeal with us.
2. State outright that your letter is an appeal. Include the following to identify the USAC decision letter (e.g., FCDL) and the decision you are appealing:
  - Appellant name,
  - Applicant name and service provider name, if different from appellant,
  - Applicant BEN and Service Provider Identification Number (SPIN),
  - FCC Form 471 Application Number 1049349 and the Funding Request Number (FRN) or Numbers as assigned by USAC,
  - "Funding Commitment Decision Letter for Funding Year 2015," AND
  - The exact text or the decision that you are appealing.

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Schools and Libraries Division - Correspondence Unit  
30 Lanidex Plaza West, PO Box 685, Parsippany, NJ 07054-0685  
Visit us online at: [www.usac.org/sl](http://www.usac.org/sl)



3. Please keep your letter to the point, and provide documentation to support your appeal. Be sure to keep a copy of your entire appeal, including any correspondence and documentation.
4. If you are the applicant, please provide a copy of your appeal to the service provider(s) affected by USAC's decision. If you are the service provider, please provide a copy of your appeal to the applicant(s) affected by USAC's decision.
5. Provide an authorized signature on your letter of appeal.

We strongly recommend that you use one of the electronic filing options. To submit your appeal to USAC by email, email your appeal to [appeals@sl.universalservice.org](mailto:appeals@sl.universalservice.org) or submit your appeal electronically by using the "Submit a Question" feature on the USAC website. USAC will automatically reply to incoming emails to confirm receipt.

To submit your appeal to USAC by fax, fax your appeal to (973) 599-6542.

To submit your appeal to USAC on paper, send your appeal to:

Letter of Appeal  
Schools and Libraries Division - Correspondence Unit  
30 Lanidex Plaza West  
PO Box 685  
Parsippany, NJ 07054-0685

For more information on submitting an appeal to USAC, please see "Appeals" in the Schools and Libraries section of the USAC website.

#### OBLIGATION TO PAY NON-DISCOUNT PORTION

Applicants are required to pay the non-discount portion of the cost of the products and/or services to their service provider(s). Service providers are required to bill applicants for the non-discount portion. The FCC stated that requiring applicants to pay their share ensures efficiency and accountability in the program. If USAC is being billed via the FCC Form 474, the service provider must bill the applicant at the same time it bills USAC. If USAC is being billed via the FCC Form 472, the applicant pays the service provider in full (the non-discount plus discount portion) and then seeks reimbursement from USAC. If you are using a trade-in as part of your non-discount portion, please refer to Disposal or Trade-in of Equipment posted in the Reference Area of our website for more information.

#### NOTICE ON RULES AND FUNDS AVAILABILITY

Applicants' receipt of funding commitments is contingent on their compliance with all statutory, regulatory, and procedural requirements of the Schools and Libraries Program. Applicants who have received funding commitments continue to be subject to audits and other reviews that USAC and/or the FCC may undertake periodically to assure that funds that have been committed are being used in accordance with all such requirements. USAC may be required to reduce or cancel funding commitments that were not issued in accordance with such requirements, whether due to action or inaction, including but not limited to that by USAC, the applicant, or the service provider. USAC, and other appropriate authorities (including but not limited to the FCC), may pursue enforcement actions and other means of recourse to collect improperly disbursed funds.

Schools and Libraries Division  
Universal Service Administrative Company

FUNDING COMMITMENT REPORT  
Billed Entity Name: THE AGRICULTURAL AND LABOR PROGRAM, INC.  
BEN: 16045101  
Funding Year: 2015

Comment on RAL corrections:  
The applicant did not submit any RAL corrections.

FCC Form 471 Application Number: 1049349  
Funding Request Number: 2867075  
Funding Status: Funded  
Service Type: Voice Services  
FCC Form 470 Application Number: 450970001343394  
SPIN: 143004824  
Service Provider Name: BellSouth Telecommunications, LLC  
Contract Number: MTM  
Billing Account Number: N/A  
Service Start Date: 07/01/2015  
Service End Date: 06/30/2016  
Contract Award Date: N/A  
Contract Expiration Date: N/A  
Shared Worksheet Number:  
Number of Months Recurring Service Provided in Funding Year: 12  
Annual Pre-discount Amount for Eligible Recurring Charges: \$93,042.00  
Annual Pre-discount Amount for Eligible Non-recurring Charges: \$.00  
Pre-discount Amount: \$93,042.00  
Discount Percentage Approved by the USAC: 70%  
Funding Commitment Decision: \$65,129.40 - FRN approved as submitted

FCDL Date: 10/16/2015  
Wave Number: 021  
Last Allowable Date for Delivery and Installation for Non-Recurring Services: 09/30/2016  
Consultant Name:  
Consultant Registration Number (CRN):  
Consultant Employer:



FUNDING COMMITMENT REPORT  
Billed Entity Name: THE AGRICULTURAL AND LABOR PROGRAM, INC.  
BEN: 16045101  
Funding Year: 2015

Comment on RAL corrections:  
The applicant did not submit any RAL corrections.

FCC Form 471 Application Number: 1049349  
Funding Request Number: 2869158  
Funding Status: Funded  
Service Type: Voice Services  
FCC Form 470 Application Number: 450970001343394  
SPIN: 143000677  
Service Provider Name: Verizon Wireless (Cellco Partnership)  
Contract Number: MTM  
Billing Account Number: 942061005-00001, 82344452  
Service Start Date: 07/01/2015  
Service End Date: 06/30/2016  
Contract Award Date: N/A  
Contract Expiration Date: N/A  
Shared Worksheet Number:  
Number of Months Recurring Service Provided in Funding Year: 12  
Annual Pre-discount Amount for Eligible Recurring Charges: \$2,405.52  
Annual Pre-discount Amount for Eligible Non-recurring Charges: \$.00  
Pre-discount Amount: \$2,405.52  
Discount Percentage Approved by the USAC: 70%  
Funding Commitment Decision: \$1,683.86 - FRN approved; modified by SLD  
Funding Commitment Decision Explanation: MR1: The amount of the funding request was changed from \$1,252.34/month to \$200.46/month to remove the ineligible service(s): Messaging, Equipment charges, Mobile Broadband, Asurion Phone Protect, Email/Data, and 411 charges <><><><><> MR2: The category of service was changed from Telecommunication to Voice Services in accordance with Program Rules. According to the FCC Order 14-99, Voice services are subject to a phase down of support beginning in funding year 2015. As a result, the Discount Rate of this FRN was reduced from 90% to 70%.

FCDL Date: 10/16/2015  
Wave Number: 021  
Last Allowable Date for Delivery and Installation for Non-Recurring Services: 09/30/2016  
Consultant Name:  
Consultant Registration Number (CRN):  
Consultant Employer:

FUNDING COMMITMENT REPORT  
Billed Entity Name: THE AGRICULTURAL AND LABOR PROGRAM, INC.  
BEN: 16045101  
Funding Year: 2015

Comment on RAL corrections:  
The applicant did not submit any RAL corrections.

FCC Form 471 Application Number: 1049349  
Funding Request Number: 2870102  
Funding Status: Funded  
Service Type: Voice Services  
FCC Form 470 Application Number: 450970001343394  
SPIN: 143001435  
Service Provider Name: Verizon Florida LLC.  
Contract Number: MTM  
Billing Account Number: N/A  
Service Start Date: 07/01/2015  
Service End Date: 06/30/2016  
Contract Award Date: N/A  
Contract Expiration Date: N/A  
Shared Worksheet Number:  
Number of Months Recurring Service Provided in Funding Year: 12  
Annual Pre-discount Amount for Eligible Recurring Charges: \$11,018.76  
Annual Pre-discount Amount for Eligible Non-recurring Charges: \$.00  
Pre-discount Amount: \$11,018.76  
Discount Percentage Approved by the USAC: 70%  
Funding Commitment Decision: \$7,713.13 - ERN approved; modified by SLD  
Funding Commitment Decision Explanation: The amount of the funding request was changed from \$1,133.82/month to \$918.23/month to remove the ineligible product(s) or service(s): Non-Published fee, Voicemail, Inside Wire Maintenance, Caller ID, and Three Way Calling.  
FCDL Date: 10/16/2015  
Wave Number: 021  
Last Allowable Date for Delivery and Installation for Non-Recurring Services: 09/30/2016  
Consultant Name:  
Consultant Registration Number (CRN):  
Consultant Employer:



FUNDING COMMITMENT REPORT  
Billed Entity Name: THE AGRICULTURAL AND LABOR PROGRAM, INC.  
BEN: 16045101  
Funding Year: 2015

Comment on RAL corrections:  
The applicant did not submit any RAL corrections.

FCC Form 471 Application Number: 1049349  
Funding Request Number: 2870330  
Funding Status: Funded  
Service Type: Internet Access  
FCC Form 470 Application Number: 450970001343394  
SPIN: 143016611  
Service Provider Name: Bright House Networks, LLC  
Contract Number: MTM  
Billing Account Number: N/A  
Service Start Date: 07/01/2015  
Service End Date: 06/30/2016  
Contract Award Date: N/A  
Contract Expiration Date: N/A  
Shared Worksheet Number:  
Number of Months Recurring Service Provided in Funding Year: 12  
Annual Pre-discount Amount for Eligible Recurring Charges: \$7,587.24  
Annual Pre-discount Amount for Eligible Non-recurring Charges: \$.00  
Pre-discount Amount: \$7,587.24  
Discount Percentage Approved by the USAC: 90%  
Funding Commitment Decision: \$6,828.52 - FRN approved; modified by SLD  
Funding Commitment Decision Explanation: The amount of the funding request was changed from \$1,221.55/month to \$632.27/month to remove the ineligible product(s): \$139.98/month TV service, \$99.90 phone service, and \$2/month Directory Assistance charges.

FCDL Date: 10/16/2015  
Wave Number: 021  
Last Allowable Date for Delivery and Installation for Non-Recurring Services: 09/30/2016  
Consultant Name:  
Consultant Registration Number (CRN):  
Consultant Employer:

FUNDING COMMITMENT REPORT  
Billed Entity Name: THE AGRICULTURAL AND LABOR PROGRAM, INC.  
BEN: 16045101  
Funding Year: 2015

Comment on RAL corrections:  
The applicant did not submit any RAL corrections.

FCC Form 471 Application Number: 1049349  
Funding Request Number: 2870434  
Funding Status: Funded  
Service Type: Internet Access  
FCC Form 470 Application Number: 450970001343394  
SPIN: 143003990  
Service Provider Name: Comcast Business Communications  
Contract Number: MTM  
Billing Account Number: N/A  
Service Start Date: 07/01/2015  
Service End Date: 06/30/2016  
Contract Award Date: N/A  
Contract Expiration Date: N/A  
Shared Worksheet Number:  
Number of Months Recurring Service Provided in Funding Year: 12  
Annual Pre-discount Amount for Eligible Recurring Charges: \$9,525.36  
Annual Pre-discount Amount for Eligible Non-recurring Charges: \$.00  
Pre-discount Amount: \$9,525.36  
Discount Percentage Approved by the USAC: 90%  
Funding Commitment Decision: \$8,572.82 - FRN approved as submitted

FCDL Date: 10/16/2015  
Wave Number: 021  
Last Allowable Date for Delivery and Installation for Non-Recurring Services: 09/30/2016  
Consultant Name:  
Consultant Registration Number (CRN):  
Consultant Employer:



FUNDING COMMITMENT REPORT  
Billed Entity Name: THE AGRICULTURAL AND LABOR PROGRAM, INC.  
BEN: 16045101  
Funding Year: 2015

Comment on RAL corrections:  
The applicant did not submit any RAL corrections.

FCC Form 471 Application Number: 1049349  
Funding Request Number: 2870543  
Funding Status: Funded  
Service Type: Internet Access  
FCC Form 470 Application Number: 450970001343394  
SPIN: 143024173  
Service Provider Name: Fort Pierce Utilities Authority  
Contract Number: MTM  
Billing Account Number: N/A  
Service Start Date: 07/01/2015  
Service End Date: 06/30/2016  
Contract Award Date: N/A  
Contract Expiration Date: N/A  
Shared Worksheet Number:  
Number of Months Recurring Service Provided in Funding Year: 12  
Annual Pre-discount Amount for Eligible Recurring Charges: \$5,171.88  
Annual Pre-discount Amount for Eligible Non-recurring Charges: \$.00  
Pre-discount Amount: \$5,171.88  
Discount Percentage Approved by the USAC: 90%  
Funding Commitment Decision: \$4,654.69 - FRN approved; modified by SLD  
Funding Commitment Decision Explanation: The Type of Connection for FRN Line Item 1  
was modified from Dark Fiber to Lit Fiber to agree with the applicant documentation.

FCDL Date: 10/16/2015  
Wave Number: 021  
Last Allowable Date for Delivery and Installation for Non-Recurring Services: 09/30/2016  
Consultant Name:  
Consultant Registration Number (CRN):  
Consultant Employer:

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## **CSBG REVISED CAP PLAN**

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**FLORIDA DEPARTMENT *of*  
ECONOMIC OPPORTUNITY**

**Community Services Block Grant: Community Action Plan**

Submission date: August 10, 2015

Grant Term: 10/01/15 through 09/30/16

**Agency Contact Person Regarding the Community Action Plan:**

Name: Deloris Johnson  
Title: Chief Executive Officer  
Phone: (863) 956-3491, Ext. 206  
Email: DJohnson@ALPI.ORG

**Certification of Community Action Plan and Assurances**

The undersigned hereby certify that this agency complies with the Assurances and Requirements of this FY 2015 Community Action Plan (CAP) and the information in this CAP is correct and has been authorized by the governing body of this organization.

\_\_\_\_\_  
Board Chairperson

\_\_\_\_\_  
Date

\_\_\_\_\_  
Executive Director

\_\_\_\_\_  
Date

## Contents

Agency Information .....	1
Geographic Service Area .....	1
Geographic Service Area map .....	2
Vision Statement.....	2
Mission Statement .....	3
Community Needs Assessment .....	3
Most recent Community Needs Assessment.....	3
Next Community Needs Assessment .....	3
Define Your Community Needs Assessment Process: .....	4
Describe the findings and results of your Community Needs Assessment .....	6
Service Delivery System .....	6
Strategic Plan .....	11
Linkages and Funding Coordination.....	13
Tripartite Board of Directors.....	16
Grantee Bylaws .....	16
Grantee Agency-Wide Organizational Chart.....	16
Grantee Agency-Wide Budget .....	17
Federal Assurances .....	17
APPENDICES.....	18



## Agency Information

Official Name: The Agricultural and Labor Program, Incorporated (ALPI)

Address: 300 Lynchburg Rd.,

Lake Alfred, FL 33850

Phone: (863) 956-3491

Website: www.alpi.org

Director: Deloris Johnson, Chief Executive Officer

Board Chair: William Holt

### Community Action Agency

Local Government                     

Farmworker Organization                     

Nonprofit                     X                    

## Geographic Service Area

The Agricultural and Labor Program, Incorporated (ALPI) operates an anti-poverty program in accordance with the Community Services Block Grant Act through funds allocated by the Executive Director of the Florida Department of Economic Opportunity and the U.S. Department of Health and Human Services.

*The geographic services area includes (i.e. list counties covered):*

- Polk
- Glades
- Highlands
- Hendry

*Main offices:*

300 Lynchburg Rd.  
Lake Alfred, FL 33850

*Satellite offices:*

See listing of Outreach Offices in the Appendix

### Geographic Service Area map



Source: diymaps.net (c)

## Vision Statement

The Vision Statement describes a desired future based on your agency's values. The vision is broader than what any one agency can achieve; the agency collaborates with others in pursuit of the vision.



**Date:** December 2007

(Enter the month/year when the Vision Statement was reviewed and approved by the tripartite board)

*"ALPI is resoundingly committed to: (1) addressing individual, family, and community needs; (2) providing quality integrated services delivered in partnership with local service providers; (3) promoting the health and well-being of children and their families; and, (5) providing support and services to assist individuals to become self-sufficient."*

## **Mission Statement**

The Mission Statement describes the agency's reason for existence and may state its role in achieving its vision.

**Date:** December 2007

(Enter the month/year when the Mission Statement was reviewed and approved by the tripartite board)

*"To propose, implement, and advocate developmental and human service delivery programs for the socially and economically disadvantaged, children and families, and farmworkers."*

## **Community Needs Assessment**

### **Most recent Community Needs Assessment**

**Date:** December 2014

(Enter the month/year when the CNA was approved by the tripartite board)

**Timeframe:** July 2014 through June 2015

(enter the timeframe the CNA covers)

**Date CNA was sent to DEO:** 2015

**Attached:** Yes/**No**

### **Next Community Needs Assessment**

**Date:** December 2017

(Enter the month/year when the CNA will begin)

**Timeframe:** July 2016 through June 2017

(enter the timeframe the CNA covers)

The narrative description provided for the needs assessment serves as the basis for the agency's goals, problem statements, and program delivery strategies of the CSBG/National Performance Indicators. The needs assessment should describe local poverty-related needs and prioritize eligible activities to be funded by CSBG.

Agency needs assessments shall identify the processes used to collect the most applicable information. In particular, describe how the agency ensures that the needs assessment reflects the current priorities of the low-income population in the service area, beyond the legal requirement for a local public hearing of the community action plan.

Please note which combination of activities to perform needs assessments were used, include when and how these activities occurred (circle one or more; provide details):

1. Focus groups - N/A

2. Asset Mapping – N/A

**3. Surveys** – During the community needs assessment process, ALPI prepares written questionnaires or surveys for completion by clients, business leaders, board members, community members, etc. These are mailed out to the various responders for completion. The responders are requested to send the completed questionnaires to the University of Florida, specifically the Florida Survey Research Center, for compiling and completing the final report of the results of the surveys. Once completed, the Surveys are summarized and submitted to the ALPI Board of Directors in a published report. That report is then reviewed by the Board of Directors through the Program Planning Committee and made available to the general public.

4. Community Dialogue – N/A

**5. Interviews** – Throughout the year, clients are offered opportunities through one-on-one interviews with staff to provide information on the needs of the community. This is also handled through our Regional Advisory Councils. Based on the feedback, programs may be adjusted throughout the year to better address an identified need.

**6. Public Records** – ALPI utilizes the most recent updated Census data to better identify the community needs. ALPI also reviews Community Needs Assessments published by other Social Service Agencies to aid in better identifying the needs of the communities wherein ALPI provides services.

## Define Your Community Needs Assessment Process:



1. **How do you conduct your needs assessments?** *(In this section please indicate the methods and strategies used by the agency to identify and assess CSBG-related family and community-level needs. Describe any intensive or “non-routine” needs assessment activities undertaken in preparation for the program year.)*

Bi-annually, ALPI conducts a community needs assessment survey in all of the areas where it provides services. The survey is distributed to clients, community leaders, organizations, governmental agencies, etc. This provides ALPI with information as to what the community, in general, believe to be its greatest needs. In 2014, the Florida Survey Research Center (FSRC) was retained to conduct ALPI’s Community Needs Assessment. The Survey Instrument was a four page booklet designed to promote high response rates including a cover letter and a postage paid return envelope. Approximately 3,000 survey packets were distributed and the responses were compiled by FSRC using the SAS statistical analysis package. In order to ensure the data most accurately represented the true population, responses were weighted to reflect actual population demographics and to more closely mirror the true population of interest. The primary focus of the survey was to identify “unmet needs” of the communities in which ALPI provided services. The results of the assessment were reported in 2014 and comprise the basis for this section of ALPI’s Community Action Plan.

2. **How is your CNA data coordinated with other needs assessment data within your agency?** *(Indicate how the collection and assessment of family and community-level needs data is coordinated on an agency-wide or organization-wide basis.)*

Once collected and compiled by an independent organization, the needs assessment results are provided, in a written report, to ALPI. ALPI senior management staff review the reported results and share that information with the Board of Directors at its annual planning retreat in November of each year. Based on the identified needs, ALPI reviews its programs to identify which of the unmet needs can be addressed by ALPI’s current service delivery model. This information is shared with staff to accomplish a smooth transition into any new service delivery areas.

3. **How is your CNA data coordinated with other needs assessment data within the community?** *(Indicate how the collection and assessment of family and community-level needs data is coordinated with other community stakeholders collecting and analyzing similar data.)*

Periodically, ALPI collects and reviews surveys and needs assessments conducted by other organizations within ALPI’s service area and beyond. The findings of these assessments are then

compared to ALPI's findings as to unmet needs, etc. Based on this review ALPI may modify its service delivery to better service the unmet needs of the community.

4. **Identify existing gaps or unmet needs identified through the CNA.** Explain how your agency plans to work towards reducing these gaps.

ALPI is currently undergoing its bi-annual community needs assessment process. Accordingly, gaps and unmet needs have not been finalized as of the date of this letter. Below are the unmet needs from our last CNA as the current CNA process is completed, these findings may be changed to correlate with the results of the CNA.

### Describe the findings and results of your Community Needs Assessment

Top Five Needs	Agency Priority (Yes/No)	Description of programs/services /activities	Coordination	NPIs
1. Emergency Assistance for Rent, Utilities, Housing, Food, Etc.	Yes	CSBG Emergency Assistance; LIHEAP; Fla. Department of Education/Adult Migrant Program Emergency Assistance; and, Florida Non-profit Housing Emergency Assistance	Services are provided directly by ALPI and through sub-recipients which are identified under the Service Delivery Section	6.2(A) – (K)
2. Adult Health Insurance	No	n/a	n/a	n/a
3. Employment/Job Placement	Yes	Family Self-Sufficiency Program (FSSP); Job Development Services	CareerSource	1.1(A)-(D)
4. Home-Ownership Program	No	n/a	n/a	n/a
5. Job Training	Yes	Family Self-Sufficiency Program (FSSP); Youth Programs	Local Career Centers; Local Youth Program Providers	1.2(A)&(B) 6.3(E)-(I);

#### Narrative:

- Unmet Need #2: Although not a priority, ALPI assists clients in obtaining Health Insurance primarily through referrals, such as Children and Family Services.
- Unmet Need #4: ALPI is a certified Housing Counseling Agency; however, in recent years its focus has been in Foreclosure prevention and not home-ownership.

**Top Five needs:** list the top five needs from your most recent Needs Assessment



**Agency Priority:** Enter a Yes or No in the box, to indicate if the need will be addressed in the current year either directly or indirectly. If the need will not be met please provide explanation in narrative section.

**Description of programs/services/activities:** Briefly describe the program, service or activity that your entity will directly provide.

**Coordination:** If your agency will address the need through coordination, describe what organizations and/or coalitions you will work with to meet the need, including the roles of each party.

**National Performance Indicators (NPIs):** List the NPIs that correspond with the services/activities

## Service Delivery System

Describe the overall Service Delivery System for services provided with CSBG funds and describe how the CAAs services enhance and/or differ from those offered by other providers, i.e. bundled services—please include specific examples.

### 1. Describe the agency's service delivery system for services provided using CSBG funds. Please include when and how clients enter into your program

Currently, ALPI delivers services through a network of direct and in-direct service providers. For the purposes of this report only, "Direct Services" are defined as services provided directly through ALPI staff and volunteers; whereas "Indirect Services" are provided through Sub-Recipient Agreements with other agencies and organizations.

The primary services provided by ALPI will be some level of Case Management to clients falling within one of three specific target populations (disabled, elderly, or family with children under five) and will be determined by a preliminary assessment of the client's needs and a determination as to whether the client would benefit from Case Management. Case Management will be either short-term or long-term depending upon the needs of the client. Short-term Case Management will be designed to provide minimal services to a client in order to assist him/her in obtaining training, employment, child care, etc. In comparison, Long-Term Case Management will be ALPI's major focus and will be designed as a Family Self-Sufficiency Plan (FSSP). Clients determined to need more intensive case management will be placed into the Long-Term Case Management program (FSSP) and will have a full-time Case Manager assigned to them to assist them in attaining some degree of self-sufficiency.

Prior to being enrolled into Case Management (Short or Long-Term), a client will have received some form of emergency assistance from ALPI or one of its Sub-Recipients. This may include LIHEAP, WIA-167, or any other emergency services available through ALPI or referral. Emergency Assistance will be the first step towards determining the client's need for more extensive self-sufficiency efforts.

## **Target Population**

One of the most critical parts of the CSBG program is the identification of target groups. ALPI will focus on the most vulnerable populations in the communities. It is generally accepted, and supported by demographic information, that those populations are comprised of three groups. These are: (1.) elderly (age 55 and over); (2.) handicapped; and, (3.) families with children under 5 years of age. A subgroup of the families is comprised of single heads of household (usually the mother) with children under five. Such populations are the most vulnerable and the most in need of services. ALPI will target these populations in the delivery of CSBG Services. In the initial screening of applicants, the target groups will be utilized to identify the clients upon which ALPI will focus its services. In addition to targeting the three specific groups, ALPI will offer “pilot” programs on different populations in different locations. These “pilot” programs will have separately identified target groups (i.e.: after school mentoring, agricultural workers, etc.) and will focus on the provision of specific services in order to effect a positive impact on the separate groups. If a “pilot” program does not work or fails to provide the anticipated results, that program may be modified or eliminated in subsequent years.

## **The Communities**

As shown in the demographic information previously summarized in this report, Polk, Highlands, Glades, and Highlands Counties have very unique population characteristics as well as very unique population locations. This has been taken into consideration in identifying potential service areas for obtaining the greatest impact. Through direct or indirect service providers, ALPI will address the needs of each County by targeting specific population and geographic locations.

The uniqueness of each County requires a creative means of service delivery. For the delivery of the Low Income Home Energy Assistance Program (LIHEAP) in Polk County, current contractors provide the bulk of LIHEAP services with ALPI also providing direct LIHEAP services. Contractors provide LIHEAP services in the other five counties served by ALPI through LIHEAP with little or no active provision of services by ALPI staff. This type of system works well for LIHEAP because eligibility and target populations are very specific. Additionally, the amount of monies available for a LIHEAP client is solely driven by family income. One of the goals of this type of model is to supplement other agencies’ abilities to meet a greater need for their clients through a “sharing” of the wealth. A similar model will be used for delivery services in both counties with special consideration as to the uniqueness of each county.

**Polk County** - For the provision of CSBG in Polk County, ALPI follows a method of service delivery similar to LIHEAP. Under the CSBG program, ALPI addresses the needs of its communities through a focused effort involving ALPI employees as well as Sub-Recipient agencies. ALPI employs one full-time Case Manager and one full-time Lead Case Manager to deliver Case Management services directly to clients. Additionally, other ALPI staff will be trained in Case Management to meet the short-term needs of many clients as well as provide a “seamless” process for delivering the bulk of ALPI’s services. Direct



Services by ALPI staff are primarily offered at the main office in Lake Alfred, the Lakeview Park Community Center in Frostproof, and the New Horizon Farmworker Apartment Complex in Auburndale. Additionally, ALPI staff schedule appointments at the Center for Independent Living (CIL) in Lakeland and, as needed, the Florence Villa Community Development Office in Winter Haven. Through appointments only, ALPI staff will meet with clients to prepare a preliminary assessment of their needs, determine if they would benefit from Case Management, and attempt to assist with any emergency matter such as evictions, power disconnects, etc.

In addition to delivery of services by ALPI staff members, ALPI sub-contracts with five (5) agencies in Polk. These sites are located in an area where the greater need has been identified or a site that is the “hub” for service delivery to a specific target group. This allows services to a more focused area of the county and areas that, historically, have been pockets of poverty. Currently the following sites have been identified for delivering the requisite services.

- a. **Women’s Resource Center, Lakeland** – ALPI partners with the Women’s Resource Center (WRC), located at the Lakeland Volunteers in Medicine (LVIM) Center in North Lakeland. This is geographically located on the outskirts of a low-income area of the County. At this location, WRC provides Case Management to eligible clients through its *Independence You* Program. The target population served at this location is primarily women with children five years of age and under. Case Management services include any service needed by the client to assist them towards Self-Sufficiency.
- b. **Boys and Girls Clubs, Inc., Lakeland** – Through a Sub-Recipient Agreement with the Boys and Girls Clubs (BGC), ALPI is able to provide a “pilot” program in after school mentoring for youth. Additionally, ALPI has access to the youths’ families that may need emergency assistance. Most of the youths’ families fall within one or more of our target population and would, therefore, be eligible for services when needed and available.
- c. **Center for Independent Living, Central Lakeland** – The Center for Independent Living (CIL) is a community organization that provides services to the disabled of Polk County. ALPI’s Sub-Recipient Agreement with CIL allows CIL staff to deliver direct Case Management and Emergency Assistance services to the disabled community. This addresses one of ALPI’s target populations. Additionally, CIL makes payments to vendors on behalf of ALPI’s disabled Case Management clients, whenever necessary.
- d. **Chain of Lakes Achievers** – Chain of Lakes Achievers (COLA) is a community based organization that provides afterschool tutoring and mentoring to local youth in able to assist them in remaining in, and/or completing, school. COLA staff volunteers work closely with youth through the provision of case management services. Services are provided in the Winter Haven and/or Auburndale area.

As the need for other services or locations are identified, the program is modified to meet those needs.

**Glades County** – Most of ALPI's CSBG Services in Glades County will be provided through one (1) sub-recipient. This agency is able to provide case management services as well as emergency assistance. ALPI staff will provide support when required as well as technical assistance to the provider in the delivery of services. The provider will be located in Moore Haven. The provider for Glades County and the services to be offered are as follows:

- a. **The Salvation Army, Moore Haven** – The Salvation Army provides case management and emergency assistance to eligible clients Hendry County. ALPI staff provide technical assistance as well as monitoring throughout the year.

**Highlands County** - In Highlands County, ALPI meets the needs of the community through Sub-Recipient Agreements with local community organizations, as well as, ALPI staff located at the Avon Park Housing Authority complex. ALPI staff are responsible for overseeing the delivery of services and the tracking of performance by its staff as well as the Sub-Recipient. Regular Case Management and/or emergency assistance is provided through staff following the same procedures as the Case Management program in Polk County. This includes the requirement that a client receive some form of Emergency Assistance prior to being evaluated for enrollment into Case Management.

- a. **Big Brothers/Big Sisters, Sebring** – Big Brothers/Big Sisters (BB/BS) has been a provider of "after school" mentoring services for youth through a Sub-Recipient Agreement. In addition to providing services for a "pilot" program, BB/BS will be able to refer clients in need of Emergency Assistance and/or Case Management to the Coalition for the Homeless or ALPI as appropriate.

**Hendry County** – Most of ALPI's CSBG Services in Hendry County are provided through two (2) sub-recipients. These agencies are able to provide case management services as well as emergency assistance. ALPI staff provide support when required as well as technical assistance to the providers in the delivery of services. The providers are located on opposite sides of the County to allow for a more focused services delivery. The two provides for Hendry County and their services are as follows:

- a. **The Salvation Army, Labelle** – The Salvation Army provides case management and emergency assistance to eligible clients in the Labelle area of Hendry County. ALPI staff provide technical assistance as well as monitoring throughout the year.
- b. **Goodwill** – The Goodwill provides case management and emergency assistance to eligible clients in the Clewiston area of Hendry County. ALPI staff provide technical assistance as well as monitoring throughout the year.



**4. How do your services/programs differ from those of other providers?** In establishing and maintaining its services, ALPI has focused on a Family Self-Sufficiency Program (FSSP) model of service delivery. Emergency assistance is available but primarily for “dire” emergencies such as court evictions; food; transportation; utility payments when not eligible for LIHEAP services; and, rental assistance.

The FSSP assists individuals and their families in steadily moving towards acquiring the skills and abilities that will allow them to meet their basic needs without further assistance. The primary focus of the FSSP is to stabilize the family’s situation thereby allowing them to advance towards self-fulfillment. The stabilization of the situation may be through intensive counseling, assistance with training, enhancement of an individual’s employability, or other services deemed appropriate as a result of completing a comprehensive needs assessment and developing an Individual Plan.

**2. List your agencies programs/services/activities funded by CSBG, including a brief description, why these were chosen, how they relate to the CNA, and indicate the specific type of costs that CSBG dollars will support (examples: staff salary, program support, case mgmt., T/TA, etc.)**

ALPI provides services through various funding sources including CSBG, LIHEAP, WIA-167; Head Start; Early Head Start; HUD Housing Counseling; Child and Adult Care Food program; V-PK; and, United Way. Specifically, CSBG Funds are utilized to provide the following services:

**a. Family Self-Sufficiency Services –**

*Brief Description:* The Family Self-Sufficiency Program (FSSP) provides an intensive case management experience for clients. This process begins with an orientation where financial and budgeting training is provided. The process continues through assisting with the payment of tuition, books, uniforms, supplies, and other necessities.

*Why Chosen:* The FSSP was chosen as a direct result of the original focus of CSBG as outlined under ROMA. The program was meant as a means of providing a “hand up” through intensive case management services.

*How this relates to CNA:* Employment/Job placement and job training have, historically, been a top five result in any community needs assessments. Through the FSSP, ALPI becomes a “partner” with the client in helping his/her desires to become less and less reliant upon community assistance.

*Specific Types of Costs:* As summarized in Item 2 above, specific types of costs, in addition to staffing, is tuition assistance; childcare; food; transportation; books; supplies; tuition, etc.

**b. Emergency Assistance Services –**

*Brief Description:* Emergency Assistance services are intended to alleviate an immediate crisis only. However, like FSSP, clients receive an orientation, usually one-on-one, where financial and budgeting training is provided. Based on the services that are needed, ALPI will provide assistance up to \$600 per year. Services may include rental assistance, food, utility assistance, etc. In order to receive a service under this program, there must

be an immediate crisis such as court ordered eviction; disconnected utilities; no immediate means of transportation, etc.

*Why Chosen:* Emergency Assistance, although not intended as a “cure all”, is designed to alleviate an immediate concern to preclude a client from becoming homeless. The program is limited in funding and was meant to solve an immediate crisis only.

*How this relates to CNA:* Emergency Assistance remains the first or second need identified through surveys and assessments.

*Specific Types of Costs:* Specific types of costs are rental assistance, including first month's; utilities not covered by LIHEAP; and Food.

**c. Youth Mentoring Services –**

*Brief Description:* Youth services are intended to provide late teens with mentoring services to preclude or reduce the possibility of the youth dropping out of school.

*Why Chosen:* Although a small component of the CSBG Program, Youth Mentoring Services were chosen as a direct result of various communities needs assessments.

*How this relates to CNA:* High School Diploma/GED consistently ranks in the top ten community needs.

*Specific Types of Costs:* The primarily costs with this program is payments to sub-recipients for the provision of case workers to provide the mentoring services.

**d. Work Experience –**

*Brief Description:* Youth services are intended to provide late teens with mentoring services to preclude or reduce the possibility of the youth dropping out of school.

*Why Chosen:* Although a small component of the CSBG Program, Youth Mentoring Services were chosen as a direct result of various communities needs assessments.

*How this relates to CNA:* High School Diploma/GED consistently ranks in the top ten community needs.

*Specific Types of Costs:* The primarily costs with this program is payments to sub-recipients for the provision of case workers to provide the mentoring services.

**Other Services:**

In addition to the above services funded through CSBG, ALPI provides numerous other programs in its designation counties as well as other counties around the State. Following is a summary of those services as well as how they are funded.

**a. Head Start/Early Head Start –**

*Brief Description:* ALPI is designated as the Head Start Agency for St. Lucie County and is funded to provide Head Start and Early Head Start Services in that County. Additionally, ALPI is funded for the provision of Early Head Start Services in the Frostproof area of southern Polk County.



Why Chosen: Head Start and Early Head Start services were chosen for the identified areas due to an obvious need. At the time of ALPI's designation as the Head Start/Early Head Start provider, the areas served did not provide any such services even though the services were located in some of the poorest areas of the State.

How this relate to CNA: Head Start/Early Start Services are consistently seen in the service delivery areas as a great need to provide the children with an opportunity to succeed when they begin kindergarten and first grade. Additionally, many needs assessments repeatedly identify early childhood education as one of the areas greatest needs.

Specific Types of Costs: The costs associated with the provision of Head Start/Early Start services range from teaching staff through medical evaluations, student assessments and the provision of a safe location for the children enrolled into the programs.

**b. Childcare and Afterschool Mentoring Services –**

Brief Description: Through grants received from statewide consortiums, ALPI is able to provide childcare and afterschool mentoring services to families in need. These are provided through the operation of childcare centers (owned and contracted) as well as sub-agreements with other community organizations in St. Lucie and Polk Counties.

Why Chosen: ALPI chose to provide these services as a direct result of its community needs assessments as well as the delivery of Head Start/Early Head Start Services. There is a specific need for these types of programs to support families.

How this relates to CNA: Such programs repeatedly show up on Community Needs Assessments as a top ten need. Additionally, the program provides a means of support to the families that would otherwise make the families more and more reliant of social services programs. Without such services, families may even encounter employment issues if they are unable to provide childcare services for some of their younger children.

Specific Types of Costs: The costs associated with the provision of childcare and child mentoring programs include the cost of qualified attendants, teachers, administrative staff, supplies, books, etc. Costs may also include a safe location for children during their parents' working hours.

**c. Low Income Home Energy Assistance Program Services -**

Brief Description: ALPI is the designated Low Income Home Energy Assistance Program (LIHEAP) provider in seven (7) counties, including the four (4) counties where it is also

the designated Community Action Agency. Through this program, ALPI is able to provide home energy and emergency energy assistance to low income families.

*Why Chosen:* ALPI chose to become the LIHEAP Provider years ago with the elimination of other agencies even though the need was still ever present. Since its initial designation approximately twenty (20) years ago, ALPI has continued to deliver LIHEAP Services and has grown to providing services in Polk, Highlands, Martin, St. Lucie, Hendry, Glades, and Collier Counties.

*How this relates to CNA:* One of the top needs in ALPI's community needs assessment continues to be emergency assistance as well as assistance with electric bills for low income families.

*Specific Types of Costs:* The bulk of LIHEAP services are comprised of direct assistance payments to utility companies on behalf of eligible clients. Additionally, there are some delivery costs such as the needs to better deliver services through sub-subrecipients whenever necessary.

**d. Emergency Home Energy Assistance for the Elderly Program Services -**

*Brief Description:* ALPI recently became the Emergency Home Energy Assistance for the Elderly Program (EHEAP) provider for the elderly in Polk County. Through this program, ALPI is able to provide emergency energy assistance to eligible elderly clients.

*Why Chosen:* ALPI chose to become the EHEAP Provider when Polk County Aging services realigned its focus to case management as the CCE Provider.

*How this relates to CNA:* One of the top needs in ALPI's community needs assessment continues to be emergency assistance as well as assistance with electric bills for low income families.

*Specific Types of Costs:* The bulk of EHEAP services are comprised of direct assistance payments to utility companies on behalf of eligible clients. Additionally, there are some delivery costs such as the needs to better deliver services through sub-subrecipients whenever necessary.

**e. Emergency Assistance for Farmworkers –**

*Brief Description:* ALPI provides emergency assistance to farmworkers from around the state through two programs. Through Florida Department of Education and Florida Non-Profit Housing FJEP Programs, ALPI provides emergency assistance to migrant and



seasonal farmworkers around the State. In 2014-2015 services were provided in twenty-one (21) counties.

Why Chosen: ALPI has a historical connection with farmworkers in the state. Additionally, farmworkers are one of the most underserved populations in the nation.

How this Relates to CNA: Through the farmworker programs, ALPI is able to provide rental and utility payment assistance to migrant and seasonal farmworkers. As stated above, such services to the general public continue to be at the top of the needs identified through Needs Assessments as well as other analysis.

Specific Types of Costs: ALPI is able to provide direct assistance to farmworkers in the payment of rent, utilities, electric, cooking gas, food and transportation costs.

**f. Housing Counseling Services –**

Brief Description: ALPI is a certified Housing Counseling Agency and is funded, in part, by the U.S. Department of Housing and Urban Development (HUD). As such, ALPI is able to assist homeowners in Polk County with foreclosure prevent, money management, credit improvement, etc.

Why Chosen: Polk County continues to report some of the highest foreclosure rates in the State. As such, the provision of preventative services enables homeowners to remain in their own homes with little or no risk of homelessness.

How this Relates to CNA: In ALPI's recent Community Needs Assessment, home ownership was identified as the number 4 need in ALPI's service area and has consistently made the top ten year after year.

Specific Types of Costs: The Housing Counseling grant only provides funding for staff and the costs associated with operating a Housing Counseling program; however, through inter and intra agency referrals, ALPI able to meet some of the needs of homeowners in Polk County.

## Strategic Plan

1. Describe your agencies Strategic planning process, including how often it occurs, how you use the CNA data, and the approval process of the tripartite board.

**Description of Process:** The Agricultural and Labor Program, Incorporated (ALPI) follows a five-year Strategic Planning Process. The last Strategic Plan ran through June 2012. It is now time to complete the next five-year plan for ALPI.

Previously, ALPI followed a structured process that encompassed several steps under the direction of an outside consultant. The consultant was Myers/Wilson and they assisted ALPI in moving through the various steps of the Strategic Planning Process. The previous process specifically focused on the following elements:

- Reviewing ALPI's Vision;
- Reviewing ALPI's Mission;
- Reviewing and analyzing ALPI's accomplishments;
- Identifying present and future goals and objectives; and,
- Developing benchmarks from the goals and objectives.

The planning process that was previously followed was primarily concerned with identifying the "preferred future for ALPI" and included:

- Analyzing the beliefs, mission, and environment (internal and external);
- Describing how ALPI's future was seen;
- Identifying the nature and needs of meeting client expectations;
- The leadership of ALPI;
- Possible future changes to ALPI's framework; and,
- Consideration of dramatic modifications to ALPI's current structure and service delivery system.

A key component of the previous planning process was the development of a SWOT Analysis to identify strengths, weaknesses, opportunities, and threats to ALPI and its service delivery. The SWOT analysis was completed by the Board, Policy Council representatives, Senior Management, and, subsequently, Joint Management.

The timetable followed by the previous process covered approximately seven (7) months from December 2006 through June 2007, when the Plan was presented to the Board for approval. Joint Management Team II was first in the training. The SWOT Analysis was presented to the Board in January 2007 and covered the following areas:

- **Summary of Strengths**
  - Quality governance;
  - Dedicated Management;
  - Good parent involvement;
  - Community partnerships; and,
  - Fiscal responsibility.
- **Summary of Weaknesses**
  - Need for more unrestricted funds and an increase in the fund balance;
  - Improved system of communication; and,
  - Coordinated public relationship campaign.
- **Summary of Opportunities**
  - Creation of additional educational experiences and opportunities for staff;
  - Devising a plan for upward mobility with the agency;
  - Partnering with other entities for more efficient service delivery; and,
  - Targeting of new areas for expansion.
- **Summary of Threats**
  - Reductions and restrictions in funding;



- Loss of seasoned staff to other organizations;
  - New regulatory mandates; and,
  - Limited funding with greater competition.
2. As part of your strategic plan describe outcomes your agency will use to monitor success, how they tie to your mission, vision, CNA and the NPIs.

Refer to 2014-2015 Workplan for outcomes.

## Linkages and Funding Coordination

1. Describe the process utilized by your agency to link services and coordinate funding in your service area.

ALPI has been a service provider in its service area for more than 45 years. During this time, ALPI has been actively involved with the local community as well as agencies in the delivery of social services to the low-income population. ALPI's organizational structure of four (4) regional advisory councils was established many years ago for the primary purpose of engaging the community with maximum of participation in the delivery of services. For the CSBG funded area (Polk, Highlands, Glades, and Hendry Counties), two of ALPI's Regional Advisory Councils maintain members from the local service areas. The Advisory Councils are provided representation on the ALPI Board of Directors and serves in an advisory capacity as to the delivery of services.

- a. Indicate how staff was involved, i.e. attended community meetings, I&R, etc. – In addition to ALPI's organizational structure, staff are actively involved in the local communities. A requirement for ALPI's Senior Staff is that he/she works with one or more local groups in identifying and delivering services to the community.

ALPI's Chief Executive Officer is involved with many of the local organizations. Additionally, a Deputy Director has been appointed to the CareerSource Polk Board of Directors. He also serves as staff liaison to the ALP Housing Development Corporation. The CSBG/Economic Services Director is actively involved with the local CareerSource partnership group and participates in many of the various community events that occur throughout the year.

In addition to Senior Management, ALPI's line staff are encouraged to meet with local employers and Career Centers to determine what is needed in the local community and how ALPI can address some of those needs through its various programs.

- b. Describe how services are targeted to low income individuals and families. – Services are targeted to low income individuals in several ways. First, and foremost, is "word of mouth". Potential clients in the local communities are quite cognizant of ALPI's function as a Community Action Agency. Additionally, CSBG Staff have recently offered several

community events to provide information on ALPI's programs. ALPI communicates with local employers and other social service agencies through flyers and one-on-one contact by staff. Along with the recent events, the LIHEAP section of ALPI provides "Energy Fairs". Other social service providers are invited to participate in the fairs to provide information to the local community about the services they are able to offer.

- c. Describe how linkages will be developed to fill identified gaps in services. – As outlined in a previous section, ALPI is currently undergoing its Community Needs Assessment (CNA) process. This is expected to conclude in October or November with a report issued by the University of Florida summarizing the needs (met and unmet) of the local community. Based on a review of the issued report, as well as other needs assessments in ALPI's service area, staff will determine which of the top needs can be met by ALPI and which ones cannot be met. In instances where an identified need can be met, ALPI will review its service delivery process and make any necessary adjustments to better address those needs. For unmet needs, ALPI will identify local service providers that can address the unmet needs. Once identified, ALPI will develop a referral process to direct clients to those providers whenever possible.
2. Explain if there is a formalized coalition of social service providers in your service area. If so list the coalitions by name, describe the mission of the coalition, who participates, and methods used by the coalition to coordinate services/funding.

ALPI is not involved with a formalized coalition of social service providers in our service area at this time.

3. Provide information on any memorandums of understanding and/or service agreements your agency has with other entities regarding coordination of services/funding.

ALPI maintains Memoranda of Understanding (MOU's) with the three (3) CareerSource (formerly Workforce) agencies in ALPI's service area. Additionally, ALPI maintains sub-subrecipient agreements with various other social service agencies as identified below.

4. Identify the organizations with which your agency partners with to provide coordinated services to clients. List the following per organization:
  - **Organization Name:** CareerSource Polk
  - **Address:** Winter Haven/Bartow
  - **Services Area:** Polk County
  - **Type of Agency (local government, hospital, non-profit, faith based, etc.):** Workforce Development Board
  - **Coordinated service provided:** Case management and job development/placement.
  - **Organization Name:** CareerSource Heartland
  - **Address:** Avon Park/Sebring
  - **Services Area:** Highlands County



- **Type of Agency (local government, hospital, non-profit, faith based, etc.):** Workforce Development Board
  - **Coordinated service provided:** Case management and job development/placement.
- 
- **Organization Name:** CareerSource Southwest Florida
  - **Address:** Clewiston/Labelle
  - **Services Area:** Hendry County
  - **Type of Agency (local government, hospital, non-profit, faith based, etc.):** Workforce Development Board
  - **Coordinated service provided:** Case management and job development/placement.
- 
- **Organization Name:** CareerSource Palm Beach County
  - **Address:** Moore Haven
  - **Services Area:** Glades County
  - **Type of Agency (local government, hospital, non-profit, faith based, etc.):** Workforce Development Board
  - **Coordinated service provided:** Case management and job development/placement.
- 
- **Organization Name:** Boys and Girls Clubs, Inc.
  - **Address:** Lakeland
  - **Services Area:** Lakeland
  - **Type of Agency (local government, hospital, non-profit, faith based, etc.):** Non-profit
  - **Coordinated service provided:** After school mentoring
- 
- **Organization Name:** Center for Independent Living
  - **Address:** Lakeland
  - **Services Area:** Lakeland and Polk County
  - **Type of Agency (local government, hospital, non-profit, faith based, etc.):** Non-profit
  - **Coordinated service provided:** Case management, job development/placement, and emergency assistance for disabled adults
- 
- **Organization Name:** Women's Resource Center of Florida
  - **Address:** Winter Haven/Lakeland
  - **Services Area:** Winter Haven and Lakeland
  - **Type of Agency (local government, hospital, non-profit, faith based, etc.):** Non-profit
  - **Coordinated service provided:** Case management, job development/placement, and emergency assistance
- 
- **Organization Name:** Chain of Lakes Achievers, Inc.
  - **Address:** Winter Haven
  - **Services Area:** Winter Haven
  - **Type of Agency (local government, hospital, non-profit, faith based, etc.):** Non-profit
  - **Coordinated service provided:** After school mentoring

- **Organization Name:** Big Brothers/Big Sisters
- **Address:** Sebring
- **Services Area:** Highlands County
- **Type of Agency (local government, hospital, non-profit, faith based, etc.):** Non-profit
- **Coordinated service provided:** After school mentoring
  
- **Organization Name:** Salvation Army
- **Address:** LaBelle and Moore Haven
- **Services Area:** LaBelle (western Hendry County), Glades County
- **Type of Agency (local government, hospital, non-profit, faith based, etc.):** Non-profit
- **Coordinated service provided:** Case management, job development/placement, and emergency assistance
  
- **Organization Name:** Goodwill
- **Address:** Clewiston
- **Services Area:** Clewiston (eastern Hendry County)
- **Type of Agency (local government, hospital, non-profit, faith based, etc.):** Non-profit
- **Coordinated service provided:** Case management, job development/placement, and emergency assistance

## Tripartite Board of Directors

1. What is the total number of Board members as stated by your Bylaws?  
Board size may range from 18 to 24 members.
2. Provide the names and addresses of all board of director members by sector in the chart below. If an elected official has selected a designee, please list the designee's name and address and identify the elected official represented.

See Board Roster in Appendix.

3. If the total number of members on this list differs from your bylaws, please complete the Vacancy Resolution Plan, identifying by position, the date the position(s) was vacated, the estimated date the position will be filled, the reason for each vacancy, and the actions being taken to fill the vacancy

All current positions on the Board of Directors are filled as of the date of the Needs Assessment.

## Grantee Bylaws

Provide a copy of the current Grantee Bylaws and other governing policies (if applicable).

**Date:** June 2015

(Enter the month/year when the Bylaws were approved by the tripartite board)



## **Grantee Agency-Wide Organizational Chart**

Provide a copy of your agency-wide organizational chart.

## **Grantee Agency-Wide Budget**

Provide a copy of your current agency-wide budget. Identify which fiscal year is covered

## **Federal Assurances and Certification**

Public Law 105-285, s. 676 (b) establishes federal assurances eligible entities are to comply with. DEO, in its state plan submission, provides a narrative describing how the eligible entities in Florida will comply with the assurances. By completing and submitting this Community Action Plan, your agency certifies that it will comply with all Federal Assurances, the annual DEO Federally Funded Subgrant Agreement, and any other laws, rules, and statutes in the performance of the activities funded through this grant.