

Monroe County Human Services Advisory Board
First Meeting - March 13, 2023 – 10:00 AM
FY2024 Funding Cycle (Begins October 1, 2023, through September 30, 2024)

AGENDA

The First Meeting of the HSAB will be a hybrid format with the HSAB Board meeting live at the Marathon Government Center, BOCC Meeting Room on the 2nd Floor, 2798 Overseas Highway. The public will be able to participate in person or via Communication Media Technology (“CMT”) using a Zoom Webinar platform.

The access points to view the meeting or for members of the public to provide public comment will be:

Please click the link below to join the webinar:

<https://mcbocc.zoom.us/j/83474053354>

Or iPhone one-tap :

US: +16465189805,,83474053354# or +16699006833,,83474053354#

Or Telephone:

Dial(for higher quality, dial a number based on your current location):

US: +1 646 518 9805 or +1 669 900 6833

Webinar ID: 834 7405 3354

International numbers available: <https://mcbocc.zoom.us/j/83474053354>

1. Call to order and salute to flag.
2. Introduction of HSAB members and announcement of affiliations with non-profit organizations.
3. Approval of Agenda: Additions, Corrections, Deletions.
4. Nominations and elections of Chairperson, Vice-Chairperson, and Secretary.
5. Approval of June 1, 2022, minutes.
6. Discussion and approval of funding cycle schedule:
 - ❖ Event: FY24 Notice of Funding Solicitation & Application Released to the Public
Date: **Tuesday, March 21, 2023**
Details: Grant application will be available for download on HSAB website:
<http://www.monroecounty-fl.gov/318/Human-Services-Advisory-Board>
 - ❖ Event: FY24 Grant Application Deadline
Date: **Thursday, May 4, 2023 (Due before Noon)**
Details: Applications are to be submitted electronically
 - ❖ Event: FY24 HSAB Funding Meeting
Date: **Thursday, June 1, 2023**
Time: 10:00 AM until all business is complete

ADA ASSISTANCE: *If you are a person with a disability who needs special accommodations in order to participate in these proceedings, please contact the County Administrator's Office, by phoning (305) 292-4441, between the hours of 8:30 a.m. - 5:00 p.m., no later than five (5) calendar days prior to the scheduled meeting; if you are hearing or voice impaired, call "711".*

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Location: Marathon Government Center, BOCC Meeting Room on the 2nd Floor,
2798 Overseas Highway. The public will be able to participate in person or via
Communication Media Technology (“CMT”) using a Zoom Webinar platform

7. Discussion of FY2024 funding process: Application, Attachments & Funding History
8. Public comment
9. Other business as appropriate
10. Adjournment

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**Meeting Minutes of the Monroe County
Human Services Advisory Board (HSAB)
June 1, 2022**

Draft minutes to be approved at the March 13, 2023

Marathon Government Center
BOCC Meeting Room

2798 Overseas Highway
Marathon, FL 33050

Board Members Present: Michael Ingram, Chairperson
Laura Lietaert, Vice Chair
Sandra Higgs

Board Members Absent: District 4 – David Manz
District 3 – Position Vacant

Staff Members Present: Christine Limbert-Barrows, Assistant County Attorney
Tina Boan, Director of Budget & Finance
Janet Gunderson, Grants Coordinator

1. Michael Ingram called the meeting to order at 10:01 AM and led the pledge of allegiance to the flag.
2. Acknowledgement of the purpose of meeting as the Funding Recommendation Meeting
3. S. Higgs moved to approve the agenda, seconded by Laura Lietaert; no discussion, none opposed; motion carried.
4. The Human Service Advisory Board (HSAB) members introduced themselves and provided disclosure of affiliations with non-profit organizations. M. Ingram, L. Lietaert and S. Higgs stated they were not directly affiliated with any applicant organizations.
5. Public Comment - None
6. Motion to approve the March 30, 2022, HSAB minutes was made by S. Higgs, seconded by Laura Lietaert; the motion was approved.
7. M. Ingram reminded the Board adopted a guideline for allocating funds to the various agencies by using the 40%/40%/20% apportionment.
 - a) S. Higgs stressed the importance of the date/time deadline that passed the motion all in favor during the previous HSAB board meeting on March 30, 2022.
8. Discussion of applications. *(Note: The order of discussion of the applications was based on the order the applications were received. Each applicant organization sent a representative to address questions from the Human Services Advisory Board.)*
 1. Keys to Be the Change – Heidi Golightly, Executive Director
 2. Florida Keys Area Health Education Center (AHEC) – Michael Cunningham, CEO
 3. Wesley House – Aleida Jacobs, Executive Director
 4. Literacy Volunteers of America – Mary Casanova, Executive Director
 5. A Positive Step – Billy Davis, Executive Director
 6. A.H. of Monroe County – Esneider Gomez, Deputy Director
 7. Autism Society of the Keys – Jill Campbell, Executive Director
 8. Star of the Sea Foundation – Emily Nixon, Deputy Director
 9. Boys & Girls Clubs – Judy Leggett, Executive Director
 10. Womankind – Cali Roberts, Executive Director
 11. Good Health Clinic – Kate Bannick, Executive Director

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12. Burton Memorial United Methodist Church – Kerry Foote, Pastor
 13. Monroe Assoc. for ReMarcable Citizens (MARC) – Diana Flenard, Executive Director
 14. Anchors Aweigh Club – Tom Goetz, Board Member
 15. Samuel’s House – Tara Salinas, Executive Director
 16. Independence Cay – Marjorie Roberts, Executive Director
 17. Voices for Florida Keys Children – Susan Raffanello, President
 18. Florida Keys Healthy Start Coalition – Ariana Nesbett, Executive Director
 19. Guidance/Care Center, The Heron – Lisa Marciniak, Program Director
 20. Florida Keys Children’s Shelter – Ben Kemmer, CEO and Alvin Bentley, COO
 21. Florida Keys Outreach Coalition (FKOC) – Jeanette McLernon, Executive Director
 22. KAIR & Independence Cay - Marjorie Roberts, Executive Director
 23. Grace Jones Day Care Center – John Hunt, President of the Board
 24. Heart of the Keys Recreation Association – Diane Culver, Co-Executive Director
 25. Domestic Abuse Shelter – Sheryl Schwab, Executive Director
 26. Special Olympics Florida – Janice Reardon, Director of Foundation Relations
9. Public Comment - Ben Kemmer, CEO Florida Keys Children’s Shelter made comments about rising cost of living and insufficient funding that poses many challenges to his agency. He initiated a discussion on the possibilities what HSAB Organizations as a group could do to affect increase funding for Human Services.
10. On behalf of the County Commissioners T. Boan announced her decision to submit a budget request to increase the HSO funding by \$60,000.
11. The Board proceeded to discuss the funding allocations. As the discussion progressed the following recommendations were made by the Board: Keys to Be the Change \$42,000; AHEC \$198,000; Wesley House \$113,000; Literacy Volunteers \$50,000; A Positive Step \$55,000; A.H. \$100,000; Autism \$45,000; SOS \$85,000; Boys & Girls Club \$89,000; Womankind \$167,200; Good Health Clinic \$105,600; Burton Memorial \$15,000; MARC \$205,000; Anchors Aweigh \$15,000; Samuel’s House \$120,000; Independence Cay \$35,000; Voices \$17,000; Healthy Start \$109,500; The Heron \$45,000; Children’s Shelter \$150,000; FKOC \$110,000; KAIR \$35,000; Grace Jones \$60,000; Heart of the Keys \$50,000; DAS \$90,000; Special Olympics \$20,000. Total Recommended Allocation = \$2,126,300. \$26,300 over the estimated budget of \$2,100,000.

In response to this, T. Boan adjusted the amount to \$2,126,300 to be requested for the HSO budget.

A detailed discussion can be found at:

<https://cloud.castus.tv/vod/monroe/video/629a4921c8002f0009a0d414?page=HOME>

Motion was made by S. Higgs to accept the final recommendations. L. Lietaert seconded the motion, and the motion was unanimously approved.

**Meeting Minutes of the Monroe County
Human Services Advisory Board (HSAB)
June 1, 2022**

Draft minutes to be approved at the March 13, 2023

**Human Services Advisory Board
FY2023 Funding Recommendations**

No.	Agency Name	Amount
1	Keys to be the Change	\$42,000
2	AHEC	\$198,000
3	Wesley House	\$113,000
4	Literacy Volunteers of America	\$50,000
5	A Positive Step	\$55,000
6	A.H. of Monroe County	\$100,000
7	Autism Society	\$45,000
8	Star of the Sea Foundation	85,000
9	Boys & Girls Club	\$89,000
10	Womankind	\$167,200
11	Good Health Clinic	\$105,600
12	Burton Memorial	\$15,000
13	MARC	\$205,000
14	Anchors Aweigh	\$15,000
15	Samuel's House	\$120,000
16	Independence Cay	\$35,000
17	Voices for Florida Keys Children	\$17,000
18	Florida Keys Healthy Start Coalition	\$109,500
19	Guidance/Care Center, The Heron	\$45,000
20	Florida Keys Children's Shelter	\$150,000
21	FKOC	\$110,000
22	KAIR	\$35,000
23	Grace Jones Community Day Care Center	\$60,000
24	Hearth of the Keys Recreation Assoc.	\$50,000
25	Domestic Abuse Shelter	\$90,000
26	Special Olympics	\$20,000
	Total	\$2,126,300

12. Other Business

- 1) T. Boan also reminded the Board to address the agenda item 8(b). S. Higgs moved to approve the request from the Office of Management & Budget, seconded by L. Lietaert.
- 2) S. Higgs, L. Lietaert, and T. Boan on behalf of the County Commissioners thanked M. Ingram for his many years of services.

13. There being no further business, S. Higgs moved to adjourn the meeting seconded by Lietaert. The meeting was adjourned at 12:46 PM.

Video recording of 06/01/22 Monroe County HSAB meeting is available for viewing online:
<https://cloud.castus.tv/vod/monroe/video/629a4921c8002f0009a0d414?page=HOME>

Reset Form

Submit

MONROE COUNTY
HUMAN SERVICES ADVISORY BOARD

Application for Funding

Application Due at Noon, Wednesday, May 18, 2022*

Fiscal Year 2023

October 1, 2022 – September 30, 2023

Agency Name	
Physical Address	
Mailing Address	
City, State, Zip	
Phone	
Email	
Whom should we contact with questions about this application?	

Amount requested for the upcoming fiscal year and select the category that best matches the proposed services. If the proposed program involves more than one (1) category enter the budget request for each category.

Amount of Request

Medical Services: Medical, mental, and dental care for the economically disadvantaged.	
Core Social Services: Essential services such as food, clothing, or housing; emergency disaster relief; family violence issues; and adult and child daycare.	
Quality of Life Improvement Services: Services provided to improve the quality of life for individuals or the community such as educational, preventative, training, recreational and cultural services, etc.	
Note: Funding requested should equal the Budget Q.36 (pg. 15)	
Total FY23 Request	\$ 0.00

For Fiscal Year 2023 , specifically how will the amount requested be utilized?

*Applications received after 12:00 pm, Noon, May 18, 2022 will not be considered for funding

COVER LETTER (REQUIRED)

PART I: Provide a brief overview of your organization.

PART II: Indicate any change in organizational structure specific to services or method of providing services. The intent is to inform the HSAB of any consolidating, combining, or merging with other agencies to avoid duplication of services.

1. Who prepared your application?

- Application was prepared by an internal source(s)
- Application was prepared by an external source(s)
- Preparation of the application was a collaborative effort with an external source.
- Other (explain):

2. Please list below any overlap, common associations, common services, working relationships or sub-contractor relationships with any other organizations i.e., board members, personnel or shared services.

3. Describe any networking arrangements that are in place with other agencies.

4. What unique role in the community does the proposed program fulfill that no one else does?

5. Insert your agency's board-approved mission statement only.

6. List the services your agency provides.

7. What specific services will be funded by this request?

8. Have you previously been funded by HSAB? Yes No

9. Will County HSAB funds be used as match for a grant? Yes No

Grant Award Title:	Purpose:
<input type="text"/>	<input type="text"/>

Granting Agency:	Amount:	Award Date:	Match Requirement:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Grant Award Title:	Purpose:
<input type="text"/>	<input type="text"/>

Granting Agency:	Amount:	Award Date:	Match Requirement:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Grant Award Title:	Purpose:
<input type="text"/>	<input type="text"/>

Granting Agency:	Amount:	Award Date:	Match Requirement:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

10. If your organization was awarded HSAB funds in FY 2022, please briefly and specifically explain:

a. How have the FY 2022 HSAB funds been spent?

b. Were all HSAB funds awarded in FY 2021 spent? Will all HSAB funds awarded in FY 2022 be spent?

c. Were HSAB funds used to leverage additional funding in FY 2022 and if so how?

d. How much additional funding was received?

e. How was the additional funding spent?

11. Have you experienced any changes specific to:

a. Mission Statement. Yes No

What changed?

b. Goals. Yes No

What Changed?

c. Expansion or contraction of services, staff or location. Yes No

What Changed?

d. How prior year funds were spent. Yes No

What changed?

12. Did your agency lose any funding, or partial funding in 2022? Yes No

How much?

--

From what source?

--

Why was funding lost?

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13. Do you plan to allocate any part of this HSAB grant, if awarded, as a sub-grant to another organization? Yes No

Please include these on the County HSAB Funding Budget form under "Grants to Other Organizations."

Recipient	Purpose	Amount
Recipient	Purpose	Amount

14. Does your organization allocate sub-grants to other organizations using other (non-County) sources of funding? Yes No

Please include these on the Agency Expenses form, under "Grants to Other Organizations."

Recipient	Purpose	Amount
Recipient	Purpose	Amount

15. Will you or have you applied for other sources of County funding? Yes No

Please include these on the Agency Revenue form.

Source	Amount

16. What needs or problems in this community does your agency address?

17. What statistical data support the needs listed in Question #16? (Provide statistics: Attachment Checklist, Item O)

(Response not required if applying for \$5,000 or less)

18. What are the causes (not the symptoms) of these problems?

(Response not required if applying for \$5,000 or less)

19. Describe your target population as specifically as possible.

20. How are clients referred to your agency?

21. What steps are taken to ensure prospective clients are eligible and the neediest clients are given priority?

22. List all sites and hours of operation. Please note if these sites will be using HSAB funding and whether or not each site is currently utilized by your organization.

23. What financial challenges do you expect in the next two years, and how do you plan to respond to them?

(Response not required if applying for \$5,000 or less)

24. What organizational challenges do you expect in the next two years, and how do you plan to respond to them?

(Response not required if applying for \$5,000 or less)

25. How are clients represented in the operation of your agency?

26. Is your agency monitored by an outside entity? If so, by whom and how often?

(Response not required if applying for \$5,000 or less)

27. hours of program service were contributed by volunteers in the last year (FY2021 - October 1, 2020 through September 30, 2021).

28. Will any services funded by the County HSAB award be performed by an independent contractor and/or under a subcontract? If yes, what services, and who will perform them? (Report in Budget Q36 and Q37)

29. What measurable outcomes do you plan to accomplish in the next funding year?

30. How will you measure these outcomes?

--

31. Provide information about units of service below. (Response not required if applying for \$5,000 or less).

Service:	Unit (Hour, session, day, etc.)	Cost per unit (current year)

32. Address any topics not covered above (optional).

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AGENCY REVENUE

Complete this worksheet for the entire agency. In-Kind will not be included in percentages

Note: Dates correspond with your fiscal year.

Dates of FY end will auto-fill (below) to correspond with dates entered from Q.37

38.

	Proposed Revenue Budget for Upcoming Fiscal Year Ending:			Projected Revenue for Current Fiscal Year Ending:		
	Cash	In-Kind	%	Cash	In-Kind	%
Revenue Sources						
LOCAL GOVERNMENT:						
			1.#R			1.#R
			1.#R			1.#R
			1.#R			1.#R
			1.#R			1.#R
			1.#R			1.#R
			1.#R			1.#R
STATE:						
			1.#R			1.#R
			1.#R			1.#R
			1.#R			1.#R
			1.#R			1.#R
			1.#R			1.#R
FEDERAL:						
			1.#R			1.#R
			1.#R			1.#R
			1.#R			1.#R
			1.#R			1.#R
			1.#R			1.#R
FOUNDATION:						
			1.#R			1.#R
			1.#R			1.#R
			1.#R			1.#R
			1.#R			1.#R
			1.#R			1.#R
ALL OTHER SOURCES:						
			1.#R			1.#R
			1.#R			1.#R
			1.#R			1.#R
			1.#R			1.#R
			1.#R			1.#R
Total Revenue	\$ 0	\$ 0	26	\$ 0	\$ 0	26

39. What is the current number of employees, full-time and part-time, on the payroll for the entire organization?

There are employees ("snapshot") as of today's date

40. Please list the positions, if any, within your organization that are currently vacant and explain why each position is vacant.

ATTACHMENT CHECKLIST

Item	Help	ATTACHMENT TITLE	ATTACHED		ATTACHMENT	COMMENTS
			YES	NO		
						IF NOT ATTACHED, PLEASE EXPLAIN
EX		SAMPLE ITEM WITH ATTACHMENT	<input checked="" type="radio"/>	<input type="radio"/>		
EX		SAMPLE ITEM WITHOUT ATTACHMENT	<input type="radio"/>	<input checked="" type="radio"/>		This does not apply to our org.
A		Evidence of Annual Election of Officers	<input type="radio"/>	<input type="radio"/>		
B		Unqualified Audited Financial Statement* or Statement of Functional Expenses	<input type="radio"/>	<input type="radio"/>		
C		Copy of submitted IRS Form 990 for most recent fiscal year (Enter Period Date in Comments)	<input type="radio"/>	<input type="radio"/>		
D		Copy of current fee schedule	<input type="radio"/>	<input type="radio"/>		
E		Proof of Registration with Fl. Department of Agriculture & Consumer Services.	<input checked="" type="radio"/>			
E.1		Proof of Exemption with Fl. Department of Agriculture & Consumer Services.	<input checked="" type="radio"/>			
F		Copy of IRS Letter of Determination indicating 501 C 3 status	<input checked="" type="radio"/>			
F.1		Copy of GUIDESTAR printout	<input type="radio"/>			
G		Copy of Personnel Manual for hiring policies, drug free workplace and EEO provisions.	<input type="radio"/>	<input type="radio"/>		
H		Copy of Florida Dept. of Children & Families (DCF) License or Certification.	<input type="radio"/>	<input type="radio"/>		
I		Copy of any other Federal or State Licenses.	<input type="radio"/>	<input type="radio"/>		
J		Copy of Florida Department of Health Licenses/Permits.	<input type="radio"/>	<input type="radio"/>		
K		Copy of Current Occupational Licenses for Organization & Independent Contractors	<input type="radio"/>	<input type="radio"/>		
L		Audit Documentation, for recipients of \$100K+ from Monroe County.** (See Instructions)	<input type="radio"/>	<input type="radio"/>		
M		Copy of Organization's Corporate Bylaws.	<input type="radio"/>			
N		Copy of Summary Report of most current Evaluation/Monitoring.***	<input type="radio"/>	<input type="radio"/>		
O		Data showing need for your program. (Q.17)	<input type="radio"/>	<input type="radio"/>		
P		Certification Page - Blank Page is available here.	<input type="radio"/>	<input type="radio"/>		
Q		Other - If additional space is needed to address earlier questions please label and include here.	<input type="radio"/>	<input type="radio"/>		

(B)*Resolution No. 277-2009 - For organizations with total annual expenditures of \$150,000, including the amount of the County grant, an annual audited financial statement from the organization's most recently completed fiscal year and an IRS Form 990 also from the organization's most recently completed fiscal year. (If the audit is qualified, the organization must include a statement

of deficiencies with corrective actions recommended/taken. (L)**Proof CPA who performs audit is a member of the AICPA, malpractice insurance & County considered "intended recipient" of said audit. (N)*** Must include summary of deficiencies and suggested corrective action; may include your responses and actions taken.

Monroe County Budget

History of Funding for Health & Human Services Organizations

Fiscal Year	County Budget for HSAB
FY2024	TBD
FY2023	\$2,126,300
FY2022	\$2,050,000
FY2021	\$2,040,000
FY2020	\$2,040,000
FY2019*	\$2,156,273
FY2018	\$1,997,000
FY2017	\$2,000,000
FY2016	\$1,927,860
FY2015	\$1,752,600
FY2014	\$1,752,600

**The BOCC allocated, pro-rat, the unexpended balance (\$156,273) of an organization that closed mid-year FY2018*