

TRI-COUNTY COMMUNITY COUNCIL, INC.
302 North Oklahoma Street; P.O. Box 1210
Bonifay, FL 32425

MEETING NOTICE

Tri-County Community Council, Inc., Board of Directors will be held
Thursday – March 14, 2024 at 5:00 p.m. at the
Life Enrichment Senior Center, 312 College Avenue, DeFuniak Springs, FL 32435.
The hybrid meeting will allow for in person or virtual attendance.

JOIN THE BOARD MEETING

Google Meet meet.google.com/dnu-svyq-uhr

OR

Call 1-413-308-2804

When prompted, enter PIN: 141 518 096 followed by the # sign

PLEASE CALL IN ABOUT 5 MINUTES PRIOR TO THE START OF MEETING

Finance & Head Start Committee Meetings at 4:15 p.m.

You will receive a separate invite for joining Committee Meeting

(Please let us know how you will be attending or if you are not able to attend)



MISSION: Our Mission is to identify and provide needed services to the citizens in our community.

VISION: Tri-County Community Council, Inc. is a nonprofit organization with a vision to unite both the public and private sectors for the purpose of improving the quality of life for individuals, families, and communities by enhancing and seeking new opportunities for success with the goal of eliminating poverty.

TRI-COUNTY COMMUNITY COUNCIL, INC.
BOARD OF DIRECTORS
MARCH 14, 2024
AGENDA

- I. Call to Order
- II. Invocation & Pledge to the Flag
- III. Roll Call – Tara Finch, Secretary - **APPROVE**
- IV. January 2024 Board Minutes **APPROVE** - Enclosure (1) Pink
- V. Board Committee Reports –
 - a. Finance Committee – Heather Craft, CFO - Finance Training & Report – **APPROVE**
 - i. Financial Status Reports through February Enclosure (2) Multi on White
 - ii. Balance Sheet – Enclosure (3) White
 - iii. Credit Card Purchases – Enclosure (4) Green
 - iv. Fourth Quarter – Form 941 – Enclosure (5) Yellow
 - v. Head Start Annual Form 425 - Enclosure (6) Lilac
 - vi. Head Start Annual Form 429 - Enclosure (7) Blue
 - vii. Head Start SF 428 Tangible Property Report - Enclosure (8) Pink
 - viii. Items over \$10,000 – 22’ Ford Minibus x 2 = \$190,458 FDOT 5339 Grant
 - ix. Banking Update
 - x. Finance Policy & Procedures Revision - Separate Enclosure
 - xi. TD Non-Sponsored Cash Match Report 10%
 - xii. FORM 990 - Separate Enclosure
 - b. Head Start Committee – Kim Gillis - **APPROVE**
- VI. Other Reports
 - a. Head Start Reports – **APPROVE** – Separate Enclosure
 - i. Head Start Director’s Report – Kim Gillis, Head Start Director
 - ii. Policy Council Report – Anita Halling, Liaison
 - b. Program Reports – **Info Only** – Enclosure (9) Yellow
 - c. Customer Satisfaction Reports – **Info Only** – Enclosure (10) Green
 - d. Executive Director’s Report – Joel Paul, Jr.
 - e. Chair – Ron Kelley
 - i. Annual Board Training – April 11, 2024
- VII. ROMA Training – Angie Moore, Certified Trainer - Enclosure (11) White
- VIII. New Business – Updated 2024 Board Calendar – **APPROVE** - Separate Enclosure
- IX. Old Business – None
- X. Public Comments
- XI. Adjournment

TRI-COUNTY COMMUNITY COUNCIL, INC.
P.O. BOX 1210; 302 NORTH OKLAHOMA STREET
BONIFAY, FL 32425

MINUTES
BOARD OF DIRECTOR'S MEETING

JANUARY 11, 2024

Tri-County Community Council, Inc., Board of Directors met on January 11, 2024 in a hybrid meeting due to ongoing COVID concerns and to practice social distancing.

The meeting was called to order by Ron Kelley, Chair. Invocation was given and the Pledge of Allegiance was recited.

The 2023 roll was called and a quorum declared with twelve members present.

<u>MEMBER</u>	<u>SECTOR</u>	<u>PRESENT</u>	<u>ABSENT</u>	<u>STAFF</u>
Isaac Becker	Low-Income Elected	[X]	[]	Joel Paul
Lani Burritt	Public	[X]	[]	Sharon Kent
Alan Bush	Public	[]	[X]	Heather Craft
Rickey Callahan	Private	[]	[X]	Hope Sharpe
Edward Crutchfield	Low-Income Elected	[X]	[]	Kim Gillis
Jeri Faircloth	Low-Income Elected	[X]	[]	Angie Moore
Tara Finch	Low-Income Elected	[X]	[]	Cameron Holmes
Danny Glidewell	Public	[X]	[]	
Anita Halling	Private	[]	[X]	
Russ Henderson	Private	[X]	[]	
John Hofstad	Public	[X]	[]	
Ron Kelley	Private	[X]	[]	
Patricia Latson	Low-Income Elected	[]	[X]	
Alex McKinnie	Public	[X]	[]	
Chris Moore	Public	[]	[X]	
Malcolm Nelson	Private	[X]	[]	
VACANT	Low-Income Elected	[]	[]	
Howard Vanselow	Low-Income Elected	[X]	[]	
 <u>ATTORNEY</u>				
Jeff Carter		[X]	[]	

Danny Glidewell made motion to approve the 2023 roll call and Isaac Becker seconded. Motion carried.

BOARD DEVELOPMENT COMMITTEE REPORT – presented by Sharon Kent.

RESIGNATION

Holmes County Low-Income Representative Rickey Callahan resigned upon seating of the new member.

**BOARD OF DIRECTOR'S MEETING
JANUARY 11, 2024
PAGE TWO**

APPOINTMENTS

PUBLIC SECTOR 2024

Bay County – Chris Moore
Holmes County – Clint Erickson
Jackson County – Alex McKinnie
Okaloosa County – John Hofstad
Santa Rosa County – Lani Burritt
Walton County – Danny Glidewell
Washington County – Alan Bush

LOW-INCOME SECTOR 2024-25

Bay County – Janice Flowers
Holmes County – Patricia Latson
Jackson County – Edward Crutchfield
Okaloosa County – Jeri Faircloth

PRIVATE SECTOR – 2024-25

Holmes County – Lesley Hatfield
Jackson County – Anita Halling
Walton County – Ron Kelley

BOARD OFFICERS 2024

Chair - Ron Kelley
Vice Chair - Danny Glidewell
Treasurer - Lesley Hatfield
Secretary - Tara Finch
Member-at-Large - Lani Burritt

Danny Glidewell made motion to approve and Tara Finch seconded. Motion carried.

The 2024 roll was called. A quorum was declared with fifteen members present.

<u>MEMBER</u>	<u>SECTOR</u>	<u>PRESENT</u>	<u>ABSENT</u>	<u>STAFF</u>
Isaac Becker	Low-Income Elected	[X]	[]	Joel Paul
Lani Burritt	Public	[X]	[]	Sharon Kent
Alan Bush	Public	[]	[X]	Heather Craft
Edward Crutchfield	Low-Income Elected	[X]	[]	Hope Sharpe
Clint Erickson	Public	[]	[X]	Kim Gillis
Jeri Faircloth	Low-Income Elected	[X]	[]	Angie Moore
Tara Finch	Low-Income Elected	[X]	[]	Cameron Holmes
Janice Flowers	Low-Income Elected	[X]	[]	
Danny Glidewell	Public	[X]	[]	

**BOARD OF DIRECTOR'S MEETING
JANUARY 11, 2024
PAGE THREE**

Anita Halling	Private	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lesley Hatfield	Private	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Russ Henderson	Private	<input checked="" type="checkbox"/>	<input type="checkbox"/>
John Hofstad	Public	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Ron Kelley	Private	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Patricia Latson	Low-Income Elected	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Alex McKinnie	Public	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Chris Moore	Public	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Malcolm Nelson	Private	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Howard Vanselow	Low-Income Elected	<input checked="" type="checkbox"/>	<input type="checkbox"/>

ATTORNEY

Jeff Carter		<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Russ Henderson made motion to approve the 2024 roll call and Isaac Becker seconded. Motion carried.

November 2023 BOARD MINUTES - the minutes were reviewed. Tara Finch made motion to approve and Danny Glidewell seconded. Motion carried.

FINANCE COMMITTEE REPORT – Ms. Heather Craft, CFO will give the report. She deferred to Mr. Tyler Dunnaway to present the 2022-23 Annual Audit report.

Annual Audit – Mr. Dunnaway stated this agency was well managed and in a good financial position. He gave a review of the audit stating there were no findings or non-compliance issues. He referred to Auditor's Report which reflects the highest level of opinion offered. He noted the agency has about 4.7 months' worth of expenses in net assets which is good for non-profits. These assets are needed to meet the 90-day reserve grant requirements. Mr. Dunnaway stated that grants and contracts were down by \$1.4 million from the previous year which is due to many of the grants received last year being one-time grants. He added, this number is up by about 1 million from pre Hurricane Michael and COVID numbers. This year, the programs tested to ensure compliance requirements of the grants were the Energy Assistance and Transportation program. Mr. Dunnaway concluded the report and asked if there were any questions. There were none. Mr. Kelley thanked Mr. Dunnaway and commended staff and the good report.

Tara Finch made motion to approve the 2022-23 Audit. Danny Glidewell seconded. Motion carried.

Financial Status Reports - the committee reviewed the financial status report through December 31, 2023 which reflects revenue and expenses through that time period. Agency operates on cash reimbursement basis so we expect a more favorable report next month.

Credit Card Purchases: the committee also reviewed the credit card purchases. There were no odd purchases noted during this time period.

Balance Sheet - this reflects the financial position of the agency. Information presented shows the assets of the agency and liabilities owed.

**BOARD OF DIRECTOR'S MEETING
JANUARY 11, 2024
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Items over \$10,000 – FDOT 5339 funds to purchase two 22' Ford Minibuses for a total of \$190,458. They will be purchased from Florida Transportation Systems.

TD Non-Sponsored Grant Cash Match (10%) - the match has not been met yet but is anticipated to be met by the end of the funding on June 30th.

Danny Glidewell made a motion to approve and Isaac Becker seconded. Motion carried.

HEAD START COMMITTEE REPORT - presented by Kim Gillis, Program Director.

We will be resubmitting the reduction/conversion budget if the board approves. It was included in the regular grant submission but we were asked to remove it due to the potential shutdown. We have been asked to resubmit it now.

Kim discussed two screenings that are required at the beginning of the new 5-year project period. The first is the Governance, Leadership, and Oversight Capacity Screener. Review and input from the Board and the Policy Council is required. The second is a Health Screening ensuring we have done all that is required. Both require certifications signed by the Board Chair.

HEAD START DIRECTOR'S REPORT - Kim Gillis, Program Director gave the following report:

One Policy Council meeting since the board met in November. A quorum was established for the January meeting and all items were approved.

Board Training Topic: School Readiness and In-Kind. Kim explained the School Readiness plan required by Head Start to get children ready when they go to kindergarten. The plan has five specific areas that are targeted with goals to meet.

Kim also explained that In-Kind match of 20% is required by Head Start. In-Kind is anything we would pay for and use in our program. Some examples of in-kind are parent volunteers, inmate work, and speech. We asked for and were granted a partial waiver this year.

November Policy Council Meeting:

Presented the following for discussion:

...Policy Council Training Topic – School Readiness

...Notice of Proposed Rulemaking (NPRM) – Overview Fact Sheet – discussed proposed items, pros and struggles associated with each; referred members to ECLKC for in-depth explanation

...Governance, Leadership, and Oversight Capacity Screener

...Health & Safety Certification

...Update – Grant/Budget

...Update Under Enrollment Plan

...2023-24 Policy Council Annual Calendar

...Shared Governance Training – postpone until April due to not being able to secure trainer

...PI – Notice of Proposed Rulemaking (NPRM) on supporting the Head Start and Consistent Quality Programming – Public Comment Period

BOARD OF DIRECTOR'S MEETING

JANUARY 11, 2024

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HEAD START POLICY COUNCIL REPORT – Kim Gillis gave the report for Anita Halling, Policy Council Liaison.

January Approvals – all items mailed

...November minutes

...Center Requests – Chipley HS – Easter Activity

...Director's Report

Approvals

...2023-24 Policy Council Annual Calendar

...Resubmit Conversion/Reduction Request

Hires/Transfers

...Amanda Rushing – Walton Teacher Assistant

...Nicky Kiper – Floater

...Yasmin Johnson – Walton Teacher

...Rochelle Howard – Early Head Start Teacher

...Ellen Baker – transfer from Early Head Start Cook to Center Director

...Dominic McCall – transfer from Walton Teacher Assistant to Teacher-in-Training

There were no questions.

Danny Glidewell made a motion to approve Head Start reports. Tara Finch seconded. Motion carried.

PROGRAM REPORTS - presented for information.

COMMUNITY SERVICES CUSTOMER SATISFACTION REPORTS - presented for information.

EXECUTIVE DIRECTOR REPORT - Joel Paul reported the following:

...Continuing to monitor budgets approaching mid-year on most of our grants with exception of Head Start / Early Head Start which began in December.

...Closed the agency Tuesday due to severe weather event granting employees Admin Leave. There was no structural damage to any of our buildings. We are ready to assist families that may have been displaced or have property damage and anticipate this number being larger in Bay and Jackson County.

Mr. Paul concluded his report by giving credit to staff for the great audit report.

CHAIR REPORT -

...Mr. Kelley commended staff as well, stating the clean audits speaks volumes about the level of expertise and dedication that is exhibited every day.

**BOARD OF DIRECTOR'S MEETING
JANUARY 11, 2024
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...Annual Board Training that was scheduled for February 8, 2024 will be postponed until April. Members will be notified of the new date once a trainer is secured.

...Mr. Kelley reminded members to please return the board forms as soon as possible. They are required and time sensitive.

NEW BUSINESS -

The Annual Resolution Re Authority of Executive Director was submitted in the board packet authorizing the Executive Director to negotiate terms, and to enter into and execute corporate documents.

Russ Henderson made a motion to approve. Danny Glidewell seconded. Motion carried.

The agency Annual Report was distributed at the meeting and emailed to all other members prior to the meeting. A hard copy will be mailed to board members not in attendance.

Isaac Becker made a motion to approve the Annual Report. Danny Glidewell seconded. Motion carried.

OLD BUSINESS - None

PUBLIC COMMENTS - None

The meeting adjourned at 5:40 p.m.

CHAIR

DATE

SECRETARY

DATE

As recorded by Sharon Kent, Board Liaison – 1/11/2024

TRI-COUNTY COMMUNITY COUNCIL, INC.		Status Reports as of 2/29/24										MAILED TO BOB FOR 3/14/24 MEETING									
		CURRENT FISCAL YEAR INFORMATION										GRANT YEAR INFORMATION									
		Period Jan. 1- Feb. 29, 2024					Fiscal Year to Date Oct. 1, 2023- Sept. 30, 2024					Revenue vs. Expense Grant Period					BUDGET vs EXPENSE				
		Revenue	Expense	Excess Rev	Revenue	Expense	Excess Rev	Revenue	Expense	Excess Rev	Revenue	Expense	Excess Rev	GRANT BUDGET	VARIANCE						
1	Operating Fund	\$ 380.42	\$ -		\$ 1,443.34	\$ 12,656.44	\$ (11,213.10)	\$ 1,443.34	\$ 12,656.44	\$ (11,213.10)	\$ 350.00	\$ (12,306.44)									
16	TRANS: DEV SERVICE10/22-9/23	\$ 28,076.58	\$ 32,855.28		\$ 45,361.04	\$ 66,883.24	\$ (21,522.20)	\$ 45,361.04	\$ 66,883.24	\$ (21,522.20)	\$ 136,000.00	\$ 69,116.76									
17	FDOT 5311	\$ 56,216.26	\$ 133,996.40		\$ 57,031.78	\$ 182,142.73	\$ (125,110.95)	\$ 57,031.78	\$ 182,142.73	\$ (125,110.95)	\$ 500,000.00	\$ 317,857.27									
19	TRANS: AGENCY FEES(10/22-9/23)	\$ 1,153.52	\$ 4,430.97		\$ 17,465.61	\$ 11,633.73	\$ 5,831.88	\$ 17,465.61	\$ 11,633.73	\$ 5,831.88	\$ 27,750.00	\$ 16,116.27									
20	TRANS: DOT 5311 SR	\$ 70.00	\$ 10,918.52		\$ 70.00	\$ 10,918.52	\$ (10,848.52)	\$ 70.00	\$ 10,918.52	\$ (10,848.52)	\$ 169,000.00	\$ 158,081.48									
40	PAYROLL	\$ (26.59)			\$ (26.59)		\$ (26.59)	\$ (26.59)		\$ (26.59)	\$ 200.00	\$ 200.00									
43	HS 12/23-11/24	\$ 276,761.69	\$ 245,793.89		\$ 303,560.38	\$ 319,023.15	\$ (15,462.77)	\$ 303,560.38	\$ 319,023.15	\$ (15,462.77)	\$ 1,083,896.50	\$ 764,873.35									
44	HEADSTART USDA 10/23-9/24	\$ 30,934.45	\$ 51,153.09		\$ 69,221.33	\$ 119,059.30	\$ (49,837.97)	\$ 69,221.33	\$ 119,059.30	\$ (49,837.97)	\$ 220,632.00	\$ 101,572.70									
46	EHS 12/23-11/24	\$ 87,085.56	\$ 82,403.06		\$ 95,631.82	\$ 103,478.81	\$ (7,846.99)	\$ 95,631.82	\$ 103,478.81	\$ (7,846.99)	\$ 264,871.00	\$ 161,392.19									
47	HEADSTART IK (12/23-11/24)	\$ 24,143.96	\$ 24,143.96		\$ 24,143.96	\$ 24,143.96	\$ -	\$ 24,143.96	\$ 24,143.96	\$ -	\$ 124,926.00	\$ 100,782.04									
49	EHS IK (12/23-11/24)	\$ 5,079.28	\$ 5,079.28		\$ 5,079.28	\$ 5,079.28	\$ -	\$ 5,079.28	\$ 5,079.28	\$ -	\$ 77,389.00	\$ 72,309.72									
50	AGENCY	\$ -	\$ 472.46		\$ -	\$ (189.29)	\$ 189.29	\$ -	\$ (189.29)	\$ 189.29	\$ 300.00	\$ 489.29									
53	Liheap	\$ 351,183.78	\$ 339,197.64		\$ 684,587.76	\$ 847,038.23	\$ (162,450.47)	\$ 1,368,163.22	\$ 1,530,613.69	\$ (162,450.47)	\$ 1,870,733.00	\$ 340,119.31									
72	TRANS: NON SPONSOR 7/23-6/24	\$ 217,822.80	\$ 125,604.51		\$ 311,100.89	\$ 360,761.79	\$ (49,660.90)	\$ 63,224.54	\$ 828,665.04	\$ (165,440.50)	\$ 1,670,301.00	\$ 841,635.96									
90	CSBG ADMIN	\$ 24,456.77	\$ 27,300.08		\$ 41,293.95	\$ 57,938.86	\$ (16,644.91)	\$ 63,640.32	\$ 80,285.23	\$ (16,644.91)	\$ 117,902.00	\$ 37,616.77									
91	CSBG PROGRAM	\$ 64,806.94	\$ 62,898.10		\$ 113,017.62	\$ 145,994.27	\$ (32,976.65)	\$ 157,873.87	\$ 190,850.52	\$ (32,976.65)	\$ 444,983.00	\$ 254,132.48									
D2	DEPRECIATION	\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,000.00	\$ 1,000.00									
D6	CANNING CENTER	\$ -	\$ 132.18		\$ -	\$ 132.18	\$ (132.18)	\$ -	\$ 132.18	\$ (132.18)	\$ 100.00	\$ (32.18)									
H3	FUNDRAISING	\$ 3,047.00	\$ 3,117.61		\$ 6,599.06	\$ 8,829.89	\$ (2,230.83)	\$ 6,599.06	\$ 8,829.89	\$ (2,230.83)	\$ 15,450.00	\$ 6,620.11									
H5	PROJECT SHARE						\$ -	\$ -	\$ -	\$ -	\$ -	\$ -									
H6	SENIOR CTR	\$ 7,541.00	\$ 11,136.83		\$ 27,491.50	\$ 27,378.93	\$ 112.57	\$ 27,491.50	\$ 27,378.93	\$ 112.57	\$ 67,000.00	\$ 39,621.07									
H7	WALTON BOCC	\$ -	\$ -		\$ 2,400.00	\$ 935.95	\$ 1,464.05	\$ 2,400.00	\$ 935.95	\$ 1,464.05	\$ 9,600.00	\$ 8,664.05									
H8	WASH/HLMS/JAX/BAY BOCC	\$ 8,750.00			\$ 13,985.00		\$ 13,985.00	\$ 13,985.00		\$ 13,985.00	\$ 21,485.00	\$ 21,485.00									
K1	EXT. DAY	\$ -	\$ 746.03		\$ 0.18	\$ 3,269.40	\$ (3,269.22)	\$ 0.18	\$ 3,269.40	\$ (3,269.22)	\$ -	\$ (3,269.40)									
FUNDS THAT HAVE ENDED																					
14	FDOT 5311 - ARP & CRRSAA	\$ -	\$ -		\$ 61,205.55	\$ 61,205.55	\$ -	\$ 564,040.80	\$ 564,040.80	\$ -	\$ 570,134.00	\$ 6,093.20									
45	EHS 12/22-11/23	\$ -	\$ -		\$ 113,554.24	\$ 113,554.24	\$ -	\$ 529,742.00	\$ 529,742.00	\$ -	\$ 529,742.00	\$ -									
48	EHS IK (12/22-11/23)	\$ -	\$ -		\$ 5,196.96	\$ 5,196.96	\$ -	\$ 37,812.99	\$ 37,812.99	\$ -	\$ 30,489.00	\$ (7,323.99)									
57	HEADSTART IK (12/22-11/23)	\$ -	\$ -		\$ 24,877.98	\$ 24,877.98	\$ -	\$ 146,114.28	\$ 146,114.28	\$ -	\$ 124,976.00	\$ (21,138.28)									
58	HS 12/22-11/23	\$ -	\$ -		\$ 387,690.31	\$ 387,690.31	\$ -	\$ 2,127,258.04	\$ 2,127,258.04	\$ -	\$ 2,204,136.00	\$ 76,877.96									
73	TRANS: DOT 5311 SR	\$ 72,696.12	\$ 54,274.04		\$ 72,413.70	\$ 126,430.73	\$ (54,017.03)	\$ 172,525.89	\$ 226,542.92	\$ (54,017.03)	\$ 252,000.00	\$ 25,457.08									
AGENCY GRAND TOTAL		\$ 1,260,179.54	\$ 1,215,653.93		\$ 2,484,396.65	\$ 3,026,065.14	\$ (541,668.49)	\$ 6,499,853.64	\$ 7,157,301.73	\$ (657,448.09)	\$ 10,535,345.50	\$ 3,378,043.77									
hc022924		finance/bod/status																			

Tri-County Community Council, Inc. (TRIFND)

Detailed Balance Sheet

As of: 2/29/2024

2/29/2024 2:41:14 PM

All Funds

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Assets

01-1002-000	FIRST FEDERAL ACCT# 8397	976,508.19
16-1002-000	FIRST FEDERAL ACCT# 8397	236,669.79
17-1002-000	FIRST FEDERAL ACCT# 8397	54,472.24
19-1002-000	FIRST FEDERAL ACCT# 8397	322,710.70
27-1002-000	FIRST FEDERAL ACCT# 8397	1.56
40-1002-000	FIRST FEDERAL ACCT# 8397	(631,775.49)
43-1002-000	FIRST FEDERAL ACCT# 8397	191,404.64
44-1002-000	FIRST FEDERAL ACCT# 8397	(24,488.58)
45-1002-000	FIRST FEDERAL ACCT# 8397	(1,933.95)
46-1002-000	FIRST FEDERAL ACCT# 8397	61,217.14
50-1002-000	FIRST FEDERAL ACCT# 8397	306,689.49
53-1002-000	FIRST FEDERAL ACCT# 8397	(115,420.99)
58-1002-000	FIRST FEDERAL ACCT# 8397	1,038.19
61-1002-000	FIRST FEDERAL ACCT# 8397	908.00
71-1002-000	FIRST FEDERAL ACCT# 8397	(107.73)
72-1002-000	FIRST FEDERAL ACCT# 8397	187,002.45
73-1002-000	FIRST FEDERAL ACCT# 8397	55,766.18
90-1002-000	FIRST FEDERAL ACCT# 8397	(307.39)
91-1002-000	FIRST FEDERAL ACCT# 8397	7,165.75
D6-1002-000	FIRST FEDERAL ACCT# 8397	4,843.65
H3-1002-000	FIRST FEDERAL ACCT# 8397	129,075.92
H5-1002-000	FIRST FEDERAL ACCT# 8397	16,447.90
H6-1002-000	FIRST FEDERAL ACCT# 8397	27,289.70
H7-1002-000	FIRST FEDERAL ACCT# 8397	1,464.05
H8-1002-000	FIRST FEDERAL ACCT# 8397	13,894.83
K1-1002-000	FIRST FEDERAL ACCT# 8397	85,699.11
19-1004-000	PEOPLES SOUTH 0326	286,774.25
19-1009-000	PETTY CASH	40.00
43-1009-000	PETTY CASH -	227.50
46-1009-000	PETTY CASH	32.50
90-1009-000	PETTY CASH	30.00
01-1015-000	HUD	(4,573.59)
50-1017-000	FRAG - INVESTMENT	(737.74)
H3-1017-000	FRAG - INVESTMENT	737.74
19-1018-000	TRANS - INVESTMENT	500,000.00
01-1024-000	FIRST FEDERAL ACCT# 8400	(255,964.55)
16-1024-000	FIRST FEDERAL ACCT# 8400	(5,326.73)
17-1024-000	FIRST FEDERAL ACCT# 8400	(131,488.44)
19-1024-000	FIRST FEDERAL ACCT# 8400	(2,081.97)
20-1024-000	FIRST FEDERAL ACCT# 8400	(10,699.59)
40-1024-000	FIRST FEDERAL ACCT# 8400	1,145,042.91
43-1024-000	FIRST FEDERAL ACCT# 8400	(198,752.26)
44-1024-000	FIRST FEDERAL ACCT# 8400	(24,826.27)
45-1024-000	FIRST FEDERAL ACCT# 8400	(24.60)
46-1024-000	FIRST FEDERAL ACCT# 8400	(66,994.18)
53-1024-000	FIRST FEDERAL ACCT# 8400	(49,769.47)
58-1024-000	FIRST FEDERAL ACCT# 8400	(2,154.97)
72-1024-000	FIRST FEDERAL ACCT# 8400	(27,233.76)
73-1024-000	FIRST FEDERAL ACCT# 8400	(35,106.82)
90-1024-000	FIRST FEDERAL ACCT# 8400	(15,706.09)
91-1024-000	FIRST FEDERAL ACCT# 8400	(37,686.92)
H6-1024-000	FIRST FEDERAL ACCT# 8400	(9,381.79)
01-1026-000	FIRST FEDERAL ACCT# 8419	(791,292.31)
14-1026-000	FIRST FEDERAL ACCT# 8419	(34.13)
16-1026-000	FIRST FEDERAL ACCT# 8419	(373,750.35)
17-1026-000	FIRST FEDERAL ACCT# 8419	31,364.16

Tri-County Community Council, Inc. (TRIFND)

Detailed Balance Sheet

As of: 2/29/2024

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All Funds

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19-1026-000	FIRST FEDERAL ACCT# 8419	1,911,601.90
20-1026-000	FIRST FEDERAL ACCT# 8419	70.00
40-1026-000	FIRST FEDERAL ACCT# 8419	(215,558.46)
61-1026-000	FIRST FEDERAL ACCT# 8419	(102,165.96)
67-1026-000	FIRST FEDERAL ACCT# 8419	5,277.67
72-1026-000	FIRST FEDERAL ACCT# 8419	(614,563.37)
73-1026-000	FIRST FEDERAL ACCT# 8419	(72,004.11)
80-1026-000	FIRST FEDERAL ACCT# 8419	7,585.98
D2-1026-000	FIRST FEDERAL ACCT# 8419	217,670.76
19-1040-000	CETERA INVESTMENT	10,730.53
19-1080-000	5 YR ANNUITY CONTRACT	235,192.00
19-1085-000	3 YR ANNUITY CONTRACT	(0.04)
14-1191-000	DUE TO/DUE FROM ACCOUNT	34.13
16-1191-000	DUE TO/DUE FROM ACCOUNT	1,596.99
17-1191-000	DUE TO/DUE FROM ACCOUNT	(76,950.95)
19-1191-000	DUE TO/DUE FROM ACCOUNT	77,266.61
43-1191-000	DUE TO/DUE FROM ACCOUNT	(3,231.02)
45-1191-000	DUE TO/DUE FROM	1,509.38
46-1191-000	DUE TO/DUE FROM	(781.43)
50-1191-000	DUE TO/DUE FROM ACCOUNTS	867.05
53-1191-000	DUE TO/DUE FROM ACCT	(324.99)
58-1191-000	DUE TO/DUE FROM ACCOUNT	3,562.62
72-1191-000	DUE TO/DUE FROM ACCOUNT	689.06
73-1191-000	DUE TO/DUE FROM ACCOUNT	(1,951.11)
90-1191-000	DUE TO/DUE FROM ACCOUNT	(578.15)
91-1191-000	DUE TO/DUE FROM ACCOUNT	(1,712.73)
H3-1191-000	DUE TO/DUE FROM	(13.06)
H6-1191-000	DUE TO/DUE FROM	(4.89)
K1-1191-000	DUE TO/DUE FROM ACCOUNTS	(77.51)
01-1301-000	LAND	203,736.13
01-1302-000	BUILDINGS	2,620,233.98
01-1303-000	EQUIPMENT	692,022.95
01-1304-000	VEHICLES	2,352,441.20
01-1349-000	ACCUMULATED DEPRECIATION	(4,096,860.23)

Total Assets

\$4,982,208.81

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Liabilities

16-1502-000	ACCOUNTS PAYABLE	43.70
19-1502-000	ACCOUNTS PAYABLE	19.31
43-1502-000	A/P GENERAL	(497.66)
46-1502-000	A/P GENERAL ACCT	3.02
53-1502-000	A/P GENERAL ACCT	2.96
72-1502-000	ACCOUNTS PAYABLE	338.54
90-1502-000	A/P GENERAL ACCT	5.68
19-1502-002	A/P ACCRUAL ACCT	(2.24)
72-1502-002	A/P ACCRUAL ACCT	2.24
16-1509-000	STATE U/E TAX	42.33
17-1509-000	STATE U/E TAX	1,015.64
19-1509-000	STATE U/E TAX	16.29
20-1509-000	STATE U/E TAX	76.94
40-1509-000	STATE U/E TAX	357.05
43-1509-000	STATE U/E TAX	1,568.06
44-1509-000	STATE U/E TAX	220.76
45-1509-000	STATE U/E TAX	0.23
46-1509-000	STATE U/E TAX	540.71

Tri-County Community Council, Inc. (TRIFND)

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53-1509-000	STATE U/E TAX	386.31
58-1509-000	STATE U/E TAX	14.85
72-1509-000	STATE U/E TAX	217.52
73-1509-000	STATE U/E TAX	291.64
90-1509-000	STATE U/E TAX	95.98
91-1509-000	STATE U/E TAX	302.19
H6-1509-000	STATE U/E TAX	76.43
72-1511-000	FICA WITHHOLDING	(0.01)
90-1511-000	FICA WITHHOLDING	0.01
40-1520-000	AFLAC	29.76
40-1521-000	AMERICAN GENERAL LIFE INS.	(88.60)
17-1522-000	VISION ASSURANT	(0.01)
40-1522-000	VISION ASSURANT	965.30
43-1522-000	VISION ASSURANT	43.78
40-1524-000	COLONIAL INS.	10,897.36
43-1524-000	COLONIAL INS.	193.95
58-1524-000	COLONIAL INS.	19.10
40-1526-000	HEALTH INSURANCE	60,507.73
43-1526-000	HEALTH INSURANCE	1,364.87
16-1528-000	CINCINNATI LIFE	0.01
40-1528-000	CINCINNATI LIFE INS.	(11.07)
72-1528-000	CINCINNATI LIFE INS.	0.01
16-1532-000	WORKERS COMPENSATION	61.12
17-1532-000	WORKERS COMPENSATION	1,492.01
19-1532-000	WORKERS COMPENSATION	24.06
20-1532-000	WORKERS COMPENSATION	135.86
40-1532-000	W/C CLERICAL (WO1)	29,008.35
43-1532-000	WORK COMP	2,219.42
44-1532-000	WORKERS COMPENSATION	302.13
45-1532-000	W/COMP	0.30
46-1532-000	W/COMP	755.35
53-1532-000	W/C CLERICAL (WO1)	571.56
58-1532-000	WORK COMP	20.85
72-1532-000	WORKERS COMPENSATION	315.46
73-1532-000	WORKERS COMPENSATION	410.96
90-1532-000	WORKERS COMPENSATION	179.82
91-1532-000	WORKERS COMPENSATION	425.04
H6-1532-000	WORKER COMPENSATION	103.36
40-1534-000	DENTAL INS - HEALTH PLAN SVS	(526.30)
43-1534-000	DENTAL INS HEALTH PLAN SVS	124.18
16-1535-000	DENTAL INS FEE	0.43
17-1535-000	DENTAL INS FEE	12.27
19-1535-000	DENTAL INS. FEE	0.04
20-1535-000	DENTAL INS FEE	1.37
40-1535-000	DENTAL INS FEE	3,040.34
43-1535-000	DENTAL INS FEE	19.75
44-1535-000	DENTAL INS FEE	0.23
46-1535-000	DENTAL INS FEE	13.77
53-1535-000	DENTAL INS FEE	4.61
72-1535-000	DENTAL INS FEE	4.46
73-1535-000	DENTAL INS FEE	4.39
90-1535-000	DENTAL INS. FEE	1.93
91-1535-000	DENTAL INS FEE	4.75
H6-1535-000	DENTAL INS FEE	2.00
16-1536-000	GARNISHMENT FEE	0.26
17-1536-000	GARNISHMENT FEE	25.08
20-1536-000	GARNISHMENT FEE	0.91
40-1536-000	GARNISHMENT FEE	12,258.40

Tri-County Community Council, Inc. (TRIFND)

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43-1536-000	GARNISHMENT FEE	33.04
46-1536-000	GARNISHMENT FEE	1.62
53-1536-000	GARNISHMENT FEE	15.30
72-1536-000	GARNISHMENT FEE	1.11
73-1536-000	GARNISHMENT FEE	3.45
90-1536-000	GARNISHMENT FEE	2.46
91-1536-000	GARNISHMENT FEE	10.77
40-1537-000	PLAN MEMBER GARNISHMENT	(20.54)
43-1537-000	PLAN MEMBER GARNISHMENT	20.54
17-1539-000	TCCC CONTRIBUTION	37.12
20-1539-000	TCCC CONTRIBUTION	3.85
40-1539-000	CONTRIBUTIONS TO TCCC	800.02
43-1539-000	TCCC CONTRIBUTION	21.69
46-1539-000	TCCC CONTRIBUTION	6.55
53-1539-000	TCCC CONTRIBUTION	14.12
72-1539-000	TCCC CONTRIBUTION	1.04
73-1539-000	TCCC CONTRIBUTION	10.73
90-1539-000	TCCC CONTRIBUTION	27.98
43-1556-000	PLAN MEMBER SECURITIES	0.01
72-1556-000	PLAN MEMBER SECURITIES	(0.01)
73-1556-000	PLAN MEMBER SECURITIES	(0.01)
90-1556-000	PLAN MEMBER SECURITIES	0.01
17-1599-000	WAGES PAYABLE	(0.01)
73-1599-000	WAGES PAYABLE	0.01
01-1612-000	ACCRUED LEAVE LIABILITY	71,672.98

Total Liabilities

\$202,743.02

Net Assets

01-1850-000	BEGINNING NET ASSETS (U)	876,153.59
16-1850-000	BEGINNING NET ASSETS (U)	(119,435.95)
19-1850-000	BEGINNING NET ASSETS (U)	3,289,323.52
27-1850-000	BEGINNING NET ASSETS	4.27
40-1850-000	BEGINNING FUND BALANCES	26,441.90
50-1850-000	BEGINNING FUND BALANCES	278,330.64
53-1850-000	BEGINNING NET ASSETS	(4,059.84)
61-1850-000	BEGINNING NET ASSETS (U)	(101,257.96)
67-1850-000	BEGINNING NET ASSETS (U)	5,277.67
71-1850-000	BEGINNING NET ASSETS (U)	(107.73)
72-1850-000	BEGINNING NET ASSETS (U)	(405,325.08)
80-1850-000	BEGINNING NET ASSETS (U)	7,585.98
90-1850-000	BEGINNING NET ASSETS (U)	(230.59)
D2-1850-000	BEGINNING FUND BALANCES	217,670.76
D6-1850-000	BEGINNING FUND BALANCES	5,046.83
H3-1850-000	BEGINNING FUND BALANCES	5,294.99
H5-1850-000	BEGINNING NET ASSETS (U)	16,447.90
H6-1850-000	BEGINNING NET ASSETS (U)	17,608.66
K1-1850-000	BEGINNING FUND BALANCES	88,890.87
01-1851-000	BEGINNING NET ASSETS (T)	734,325.42
19-1851-000	BEGINNING NET ASSETS (T)	47,021.12
40-1851-000	BEGINNING NET ASSETS	30,548.81
50-1851-000	PRIOR PERIOD ADJ	28,298.87
H3-1851-000	BEGINNING NET ASSETS	126,736.44
40-1852-000	PRIOR PERIOD ADJ	123,527.04

Tri-County Community Council, Inc. (TRIFND)

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All Funds

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Excess Revenues Over Expenses	(514,652.34)	
Total Net Assets		\$4,779,465.79
Total Liabilities and Net Worth		\$4,982,208.81

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TCCC MONTHLY CREDIT CARD REVIEW
DECEMBER 2023 ACTIVITY

	TOTAL CHARGES	DESCRIPTION
LOWE'S		
PD 1/18/23 EFT	\$ -	NO PURCHASES
	<u>\$ -</u>	
WALMART - ADM		
	\$ -	NO ACTIVITY
	<u>\$ -</u>	
WALMART - CSBG / SENIOR CENTER		
EFT 01/16/24	\$ 55.12	SUPPLIES
	<u>\$ 55.12</u>	
WALMART - HEADSTART/SR CENTER		
EFT 01/18/24	\$ 509.26	FOOD (USDA),CENTER SUPPLIES, CENTER EVENT, HEALTH
	<u>\$ 509.26</u>	ASST SUPPLIES FOR CHILD
WRIGHTS EXPRESS		
ADM, HS, SVCS, & TRANS	\$ 18,933.40	FUEL
EFT 01/19/24	<u>\$ 18,933.40</u>	
OFFICE DEPOT	\$0.00	NO ACTIVITY
PEOPLES SOUTH MASTERCARD	\$0.00	NO ACTIVITY

TCCC VISA REVIEW
DECEMBER 2023 ACTIVITY

ADMIN	TOTAL CHARGES	DESCRIPTION
CRAFT, HEATHER	\$ 10.00	BANK FEE FOR CARD REPLACEMENT
KENT, SHARON	\$ 803.36	EMPLOYEE BACKGROUND SCREENING, LEGAL ADD, SUBSCRIPTION RENEWAL, G-MAIL SUITE
PAUL, JR., JOEL	\$ -	
CSBG		
ARNOLD, ANITA	\$ 598.39	CLIENT EDUCATION/EMPLOYMENT ASSISTANCE
HARRIS, JESSICA		
MATTHEWS, SHERRY		
MCCREARY, LISA	\$ -	
MOORE, BETTY	\$ 132.18	STAFF LUNCH
ROMERO, CANDICE	\$ 145.90	CLIENT EDUCATION/EMPLOYMENT ASSISTANCE; FUEL
SHIRAH, CHARLOTTE	\$ 51.72	FUEL
THOMPSON, VANESSA	\$ -	
WISE, BETTY	\$ -	
HEAD START		
GILLIS, KIM	\$ 1,197.00	IPADS (3)
KELLEY, RUTH	\$ 539.18	USDA
THOMAS, MANDI	\$ 1,693.52	ADMIN SUPPLIES, CENTER SUPPLIES, WEBSITE/EMAIL PROVIDER, HOTEL (TRAINING), EMPLOYEE TRAINING, PARENT EVENT
TRANSPORTATION		
CASSIDAY, INEZ		
JONES, HELEN	\$ -	
STATEN, VINCE	\$ 897.65	2 WINDSHIELD REPLACEMENTS
SENIOR CENTER		
BAKALO, SUSAN	\$ 7.62	CENTER ACTIVITIES
TOTAL	\$ 6,076.52	
EFT 01/26/24		

TCCC MONTHLY CREDIT CARD REVIEW
JANUARY 2024 ACTIVITY

	TOTAL CHARGES	DESCRIPTION
LOWE'S		
EFT 02/07/24	\$ 760.68	OFFICE/CENTER REPAIRS AND/OR MAINT., UPRIGHT FREEZER FOR EHS
	<u>\$ 760.68</u>	
WALMART - CSBG		
EFT 02/06/24	\$ 417.89	OFFICE SUPPLIES, ASSIST CLIENT WITH RX
	<u>\$ 417.89</u>	
WALMART - HEADSTART /SR CENTER		
EFT 02/29/24	\$ 2,076.91	CENTER SUPPLIES, OFFICE SUPPLIES, FOOD FOR WIC DAY, USDA (FOOD), CENTER ACTIVITY
	<u>\$ 2,076.91</u>	
WRIGHTS EXPRESS		
ADM, HS, SVCS, & TRANS EFT 02/19/24	\$ 21,638.51	FUEL
	<u>\$ 21,638.51</u>	
OFFICE DEPOT	\$0.00	NO ACTIVITY
PEOPLES SOUTH MASTERCARD	\$0.00	NO ACTIVITY

TCCC VISA REVIEW
JANUARY 2024 ACTIVITY

ADMIN	TOTAL CHARGES	DESCRIPTION
CRAFT, HEATHER	\$ 73.01	W-2/W-3 ELECTRONIC SUBMISSION
KENT, SHARON	\$ 1,527.04	FOOD/DRINK FOR BOARD MTG; ANNUAL REPORT; KOFAX PDF PROGRAM; LAPTOP BATTERY; MINI PC STICK; CABLE LABELS; NORTON 360 ANTI-VIRUS;BACKGROUND SCREENINGS;G-MAIL SUITE
PAUL, JR., JOEL		
CSBG		
ARNOLD, ANITA	\$ 66.00	POSTAGE
HARRIS, JESSICA	\$ 68.00	POSTAGE
MATTHEWS, SHERRY	\$ 68.00	POSTAGE
MCCREARY, LISA	\$ 1,739.41	HOTEL ROOM AND TRAINING RESERVATION FOR SETA 2024 SPRING CONFERENCE
MOORE, BETTY	\$ 35.00	FUEL
ROMERO, CANDICE	\$ 167.47	CLIENT EDUCATION/EMPLOYMENT ASSISTANCE; FUEL
SHIRAH, CHARLOTTE	\$ 262.97	FUEL; CLIENT EDUCATION/EMPLOYMENT ASSISTANCE
THOMPSON, VANESSA	\$ 68.00	POSTAGE
WISE, BETTY		
HEAD START		
GILLIS, KIM	\$ 244.96	CENTER SUPPLIES
KELLEY, RUTH	\$ 1,272.43	USDA
THOMAS, MANDI	\$ 363.57	EMPLOYEE TRAINING, MEETING MEAL, CENTER SUPPLIES; DOOR LOCK REPLACEMENT, ANTIVIRUS
TRANSPORTATION		
CASSIDAY, INEZ	\$ 69.99	MAILBOX
JONES, HELEN		
STATEN, VINCE	\$ 112.79	2 WINDSHIELD REPLACEMENTS
SENIOR CENTER		
BAKALO, SUSAN	\$ 694.80	CENTER ACTIVITIES; VEHICLE REPAIR
	<input type="text"/>	
TOTAL	\$ 6,833.44	
EFT 02/27/24	<input type="text"/>	

Form **941 for 2023: Employer's QUARTERLY Federal Tax Return**
 (Rev. March 2023) Department of the Treasury — Internal Revenue Service

950122
 OMB No. 1545-0029

Employer identification number (EIN) **59-1099586**

Name (not your trade name) **TRI-COUNTY COMMUNITY COUNCIL, INC.**

Trade name (if any) _____

Address **P O BOX 1210, 302 N OKLAHOMA ST**
Number Street Suite or room number

BONIFAY **FL** **32425**
City State ZIP code

Foreign country name _____ Foreign province/country _____ Foreign postal code _____

Report for this Quarter of 2023
 (Check one)

1: January, February, March

2: April, May, June

3: July, August, September

4: October, November, December

Go to www.irs.gov/Form941 for instructions and the latest information.

Read the separate instructions before you complete Form 941. Type or print within the boxes.

Part 1: Answer these questions for this quarter.

1	Number of employees who received wages, tips, or other compensation for the pay period including: <i>Mar. 12</i> (Quarter 1), <i>June 12</i> (Quarter 2) <i>Sept. 12</i> (Quarter 3), or <i>Dec. 12</i> (Quarter 4)	1	105
2	Wages, tips, and other compensation	2	918947.13
3	Federal income tax withheld from wages, tips, and other compensation	3	54859.28
4	If no wages, tips, and other compensation are subject to social security or Medicare tax	<input type="checkbox"/> Check and go to line 6.	

	Column 1		Column 2
5a	Taxable social security wages* 947497.68	x 0.124 =	117489.71
5a (i)	Qualified sick leave wages* 0.00	x 0.062 =	0.00
5a (ii)	Qualified family leave wages* 0.00	x 0.062 =	0.00
5b	Taxable social security tips 0.00	x 0.124 =	0.00
5c	Taxable Medicare wages & tips 947497.68	x 0.029 =	27477.43
5d	Taxable wages & tips subject to Additional Medicare Tax withholding 0.00	x 0.009 =	0.00

*Include taxable qualified sick and family leave wages paid in this quarter of 2023 for leave taken after March 31, 2021, and before October 1, 2021, on line 5a. Use lines 5a(i) and 5a(ii) only for taxable qualified sick and family leave wages paid in this quarter of 2023 for leave taken after March 31, 2020, and before April 1, 2021.

5e	Total social security and Medicare taxes. Add Column 2 from lines 5a, 5a(i), 5a(ii), 5b, 5c, and 5d	5e	144967.14
5f	Section 3121(q) Notice and Demand — Tax due on unreported tips (see instructions)	5f	0.00
6	Total taxes before adjustments. Add lines 3, 5e, and 5f	6	199826.42
7	Current quarter's adjustment for fractions of cents	7	-0.14
8	Current quarter's adjustment for sick pay	8	0.00
9	Current quarter's adjustments for tips and group-term life insurance	9	0.00
10	Total taxes after adjustments. Combine lines 6 through 9	10	199826.28
11a	Qualified small business payroll tax credit for increasing research activities. Attach Form 8974	11a	.
11b	Nonrefundable portion of credit for qualified sick and family leave wages for leave taken before April 1, 2021	11b	.
11c	Reserved for future use	11c	.

Name (not your trade name)

TRI-COUNTY COMMUNITY COUNCIL, INC.

Employer identification number (EIN)

59-1099586

Part 1 Answer these questions for this quarter. (continued)

11d Nonrefundable portion of credit for qualified sick and family leave wages for leave taken after March 31, 2021, and before October 1, 2021 11d

11e Reserved for future use 11e

11f Reserved for future use

11g Total nonrefundable credits. Add lines 11a, 11b, and 11d 11g

12 Total taxes after adjustments and nonrefundable credits. Subtract line 11g from line 10 12

13a Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), 944-X, or 944-X (SP) filed in the current quarter 13a

13b Reserved for future use 13b

13c Refundable portion of credit for qualified sick and family leave wages for leave taken before April 1, 2021. 13c

13d Reserved for future use 13d

13e Refundable portion of credit for qualified sick and family leave wages for leave taken after March 31, 2021, and before October 1, 2021. 13e

13f Reserved for future use 13f

13g Total deposits and refundable credits. Add lines 13a, 13c, and 13e 13g

13h Reserved for future use 13h

13i Reserved for future use 13i

14 Balance due. If line 12 is more than line 13g, enter the difference and see instructions 14

15 Overpayment. If line 13g is more than line 12, enter the difference Check one: Apply to next return. Send a refund.

Part 2 Tell us about your deposit schedule and tax liability for this quarter.

If you're unsure about whether you're a monthly schedule depositor or a semiweekly schedule depositor, see section 11 of Pub. 15.

16 Check one: Line 12 on this return is less than \$2,500 or line 12 on the return for the prior quarter was less than \$2,500, and you didn't incur a \$100,000 next-day deposit obligation during the current quarter. If line 12 for the prior quarter was less than \$2,500 but line 12 on this return is \$100,000 or more, you must provide a record of your federal tax liability. If you're a monthly schedule depositor, complete the deposit schedule below; if you're a semiweekly schedule depositor, attach Schedule B (Form 941). Go to Part 3.

You were a monthly schedule depositor for the entire quarter. Enter your tax liability for each month and total liability for the quarter, then go to Part 3.

Tax liability: Month 1

Month 2

Month 3

Total liability for quarter Total must equal line 12.

You were a semiweekly schedule depositor for any part of this quarter. Complete Schedule B (Form 941), Report of Tax Liability for Semiweekly Schedule Depositors, and attach it to Form 941. Go to Part 3.

You MUST complete all three pages of Form 941 and SIGN it.

Name (not your trade name)

TRI-COUNTY COMMUNITY COUNCIL, INC.

Employer identification number (EIN)

59-1099586

Part 3: Tell us about your business. If a question does NOT apply to your business, leave it blank.

- 17 If your business has closed or you stopped paying wages Check here, and enter the final date you paid wages ; also attach a statement to your return. See instructions.
- 18 If you're a seasonal employer and you don't have to file a return for every quarter of the year Check here.
- 19 Qualified health plan expenses allocable to qualified sick leave wages for leave taken before April 1, 2021 19
- 20 Qualified health plan expenses allocable to qualified family leave wages for leave taken before April 1, 2021 20
- 21 Reserved for future use 21
- 22 Reserved for future use 22
- 23 Qualified sick leave wages for leave taken after March 31, 2021, and before October 1, 2021 23
- 24 Qualified health plan expenses allocable to qualified sick leave wages reported on line 23 24
- 25 Amounts under certain collectively bargained agreements allocable to qualified sick leave wages reported on line 23 25
- 26 Qualified family leave wages for leave taken after March 31, 2021, and before October 1, 2021 26
- 27 Qualified health plan expenses allocable to qualified family leave wages reported on line 26 27
- 28 Amounts under certain collectively bargained agreements allocable to qualified family leave wages reported on line 26 28

Part 4: May we speak with your third-party designee?

Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See the instructions for details.

Yes. Designee's name and phone number

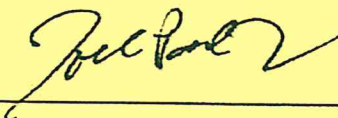
Select a 5-digit personal identification number (PIN) to use when talking to the IRS.

No.

Part 5: Sign here. You MUST complete all three pages of Form 941 and SIGN it.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign your name here



Print your name here

Print your title here

Date

Best daytime phone

Paid Preparer Use Only

Check if you're self-employed

Preparer's Name

PTIN

Preparer's signature

Date

Firm's name (or yours if self-employed)

EIN

Address

Phone

City State

ZIP code

Schedule B (Form 941):

960311

Report of Tax Liability for Semiweekly Schedule Depositors

OMB No. 1545-0029

(Rev. January 2017)

Department of the Treasury - Internal Revenue Service

Employer identification number (EIN) 5 9 - 1 0 9 9 5 8 6

Name (not your trade name) TRI-COUNTY COMMUNITY COUNCIL, INC.

Calendar year 2 0 2 3 (Also check quarter)

Report for this Quarter
(Check one.)

1: January, February, March

2: April, May, June

3: July, August, September

4: October, November, December

Use this schedule to show your TAX LIABILITY for the quarter; don't use it to show your deposits. When you file this form with Form 941 or Form 941-SS, don't change your tax liability by adjustments reported on any Forms 941-X or 944-X. You must fill out this form and attach it to Form 941 or Form 941-SS if you're a semiweekly schedule depositor or became one because your accumulated tax liability on any day was \$100,000 or more. Write your daily tax liability on the numbered space that corresponds to the date wages were paid. See Section 11 in Pub. 15 for details.

Month 1

1	9	17	25
2	10	18	26
3	11	19	27
4	12	20	28
5	13	21	29
6	14	22	30
7	15	23	31
8	16	24	

Tax Liability for Month 1

64529.64

Month 2

1	9	17	25
2	10	18	26
3	11	19	27
4	12	20	28
5	13	21	29
6	14	22	30
7	15	23	31
8	16	24	

Tax Liability for Month 2

59604.49

Month 3

1	9	17	25
2	10	18	26
3	11	19	27
4	12	20	28
5	13	21	29
6	14	22	30
7	15	23	31
8	16	24	

Tax Liability for Month 3

75692.15

Fill in your total liability for the quarter (Month 1 + Month 2 + Month 3) ►

Total must equal line 12 on Form 941 or Form 941-SS.

Tax Liability for the quarter

199826.28

FEDERAL FINANCIAL REPORT

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted HHS-ADMINISTRATION FOR CHILDREN & FAMILIES	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) 04CH01073305
--	--

3. Recipient Organization (Name and complete address including Zip code)

TRI-COUNTY COMMUNITY COUNCIL, INC.
302 N OKLAHOMA ST, BONIFAY, FL 32425-2224 USA

4a. UEI KSHUE4AZMR39	4b. EIN 1591099586A1	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) 8D43P	6. Report Type <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final	7. Basis of Accounting <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual
--------------------------------	--------------------------------	---	--	--

8. Project/Grant Period (Month, Day, Year) From: December 1, 2022 To: November 30, 2023	9. Reporting Period End Date (Month, Day, Year) November 30, 2023
--	---

10. Transactions Cumulative
(Use lines a-c for single or combined multiple grant reporting)

Federal Cash (To report multiple grants separately, also use FFR Attachment):	
a. Cash Receipts	\$2,420,993.34
b. Cash Disbursements	\$2,548,653.16
c. Cash on Hand (line a minus b)	\$(127,659.82)

<i>(Use lines d-o for single grant reporting)</i>	
Federal Expenditures and Unobligated Balance:	
d. Total Federal funds authorized	\$2,733,878.00
e. Federal share of expenditures	\$2,548,653.16
f. Federal share of unliquidated obligations	\$105,397.19
g. Total Federal share (sum of lines e and f)	\$2,654,050.35
h. Unobligated balance of Federal funds (line d minus g)	\$79,827.65

Recipient Share:	
i. Total recipient share required	\$155,465.00
j. Recipient share of expenditures	\$183,927.27
k. Remaining recipient share to be provided (line i minus j)	\$0.00

Program Income:	
l. Total Federal share of program income earned	\$0.00
m. Program income expended in accordance with the deduction alternative	\$0.00
n. Program income expended in accordance with the addition alternative	\$0.00
o. Unexpended program income (line l minus line m and line n)	\$0.00

11. Indirect Expense	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
g. Totals:					\$0.00	\$0.00	\$0.00

12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:
 NOA received 11/30/22 includes an approval for a waiver reducing the non-federal match requirement from \$621,855 to \$155,465.

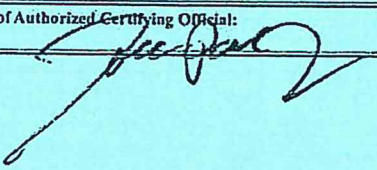
13. Certification: By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and intent set forth in the award documents. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

a. Typed or Printed Name and Title of Authorized Certifying Official Paul, Joel executive director	c. Telephone (Area code, number, and extension) +1 (800) 395-2696
b. Signature of Authorized Certifying Official Paul, Joel	d. Email Address joel@tricitycommunitycouncil.com
	e. Date Report Submitted (Month, Day, Year) January 23, 2024

Standard Form 425
 OMB Approval Number: 4040-0014
 Expiration Date: 02/28/2025

Paperwork Burden Statement
 According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 4040-0014. Public reporting burden for this collection of information is estimated to average 1 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: US Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave, SW, Suite 336-E, Washington DC 20201. Attention: PRA Reports Clearance Officer

**REAL PROPERTY STATUS REPORT SF-429
ATTACHMENT A (COVER PAGE)**

1. Federal Agency and Organizational Element to Which Report is Submitted: Administration for Children and Families		2. Federal Grant: 04CH010733		2a. Other Identifying Number(s) by Federal Agency(ies):	
3. Recipient Organization (name and complete address including zip code): Tri-County Community Council, Inc.					
Address Line 1 302 N OKLAHOMA ST			Address Line 2		
Address Line 3			City BONIFAY	State FL	Zip Code 32425
4a. DUNS Number: 070865001	4b. EIN: 1591099586A1	5. Recipient Account or Identifying Number: Bonifay		6. Contact Person for this Report:	
				First Name: Hope	Middle Initial: R
				Phone: (580) 547-3689	Phone Extension:
				Email: hope@tricitycommunitycouncil.com	
				Fax: (850) 547-4796	
7. Report End Date (MM/DD/YYYY): 11/30/2023					
8. Real Property Status Report - Attachments: [check the applicable block(s)]:					
<input checked="" type="checkbox"/> Attachment A (General Reporting) attached					
Attachment B (Request to Acquire, Improve or Furnish) attached					
Attachment C (Disposition Request) attached					
9. Comments (attach additional sheets if necessary):					
10. Certification: I certify to the best of my knowledge and belief that all information presented in this report is true, correct and complete and constitutes a material representation of fact upon which the Federal government may rely.					
11a. First Name: Joel			11c. Telephone (area code, number, extension) : 850-547-3689		
11a. Middle Initial:			11d. Email Address: joelpaul.tccc@mchsi.com		
11a. Last Name Paul, Jr			11e. Date Report Submitted (MM/DD/YYYY): 01/23/2024		
11a. Title of Authorized Certifying Official: Executive Director			12. Agency use only.		
11b. Signature of Authorized Certifying Official: 					

RPSR SF-429 A

Program Name: CH - Head Start Projects

Grantee Name: Tri-County Community Council, Inc.

Report Name: RPSR SF-429 A


Budget Period / Year of Support: 12/01/2022 to 11/30/2023

Report Status: Submitted with Warnings

Report Sections

1. *Cover Page*
2. *ATTACHMENT A (General Reporting)Property Name: Tri-County Head Start - Chipley #1*
3. *ATTACHMENT A (General Reporting)Property Name: Tri-County Head Start - Chipley #2*
4. *ATTACHMENT A (General Reporting)Property Name: Tri-County Head Start - Chipley #3*
5. *ATTACHMENT A (General Reporting)Property Name: Tri-County Head Start - Walton #1*
6. *ATTACHMENT A (General Reporting)Property Name: Tri-County Head Start - Walton #2*
7. *ATTACHMENT A (General Reporting)Property Name: Tri-County Head Start - Walton #3*
8. *ATTACHMENT A (General Reporting)Property Name: Tri-County Head Start - Walton #4*
9. *ATTACHMENT A (General Reporting)Property Name: Tri-County Head Start - Walton #5*
10. *ATTACHMENT A (General Reporting)Property Name: Tri-County Head Start - Walton #6*
11. *ATTACHMENT A (General Reporting)Property Name: Tri-County Head Start - Westville*
12. *ATTACHMENT A (General Reporting)Property Name: Tri-County Head Start - Westville #1*
13. *ATTACHMENT A (General Reporting)Property Name: Tri-County Head Start - Westville #2*
14. *ATTACHMENT A (General Reporting)Property Name: Early Head Start*

Cover Page

OMB Control No.: 4040-0016					
Expires: 02/28/2025					
REAL PROPERTY STATUS REPORT SF-429 ATTACHMENT A (COVER PAGE)					
1. Federal Agency and Organizational Element to Which Report is Submitted: Administration for Children and Families		2. Federal Grant: 04CH010733		2a. Other Identifying Number(s) by Federal Agency(ies):	
3. Recipient Organization (name and complete address including zip code): Tri-County Community Council, Inc.					
Address Line 1 302 N OKLAHOMA ST		Address Line 2			
Address Line 3		City BONIFAY	State FL	Zip Code 32425	
4a. DUNS Number: 070865001	4b. EIN: 1591099586A1	5. Recipient Account or Identifying Number: Bonifay	6. Contact Person for this Report:		
			First Name: Hope	Middle Initial: R	Last Name: Sharpe
			Phone: (580) 547-3689	Phone Extension:	
			Email: hope@tricitycommunitycouncil.com		
7. Report End Date (MM/DD/YYYY): 11/30/2023					
8. Real Property Status Report - Attachments: <i>[check the applicable block(s)]</i> :					
<input checked="" type="checkbox"/> Attachment A (General Reporting) attached					
Attachment B (Request to Acquire, Improve or Furnish) attached					
Attachment C (Disposition Request) attached					
9. Comments (attach additional sheets if necessary):					
10. Certification: I certify to the best of my knowledge and belief that all information presented in this report is true, correct and complete and constitutes a material representation of fact upon which the Federal government may rely.					
11a. First Name: Heather		11c. Telephone (area code, number, extension) :			
11a. Middle Initial:		11d. Email Address: heather@tricitycommunitycouncil.com			
11a. Last Name: Craft		11e. Date Report Submitted (MM/DD/YYYY): 01/23/2024			
11a. Title of Authorized Certifying Official: CFO		12. Agency use only.			
11b. Signature of Authorized Certifying Official: 					

ATTACHMENT A (General Reporting)Property Name: Tri-County Head Start - Chipley #1

OMB Control No.: 4040-0016 Expires: 02/28/2025
REAL PROPERTY STATUS REPORT SF-429 ATTACHMENT A

Federal Grant or Other Identifying Number Assigned by Federal Agency (#2 on cover page) 04CH010733

Provide the requested information in subsections 13 through 18 of Attachment A for each parcel of real property being reported. Use a separate sheet to report information on each parcel of real property under the Federal financial assistance award identified in section 2. If a section does not apply, enter "N/A." Below is a summary of the required information to be provided for each subsection of Attachment A.

13. Period of Federal Interest (MM/DD/YYYY): From:11/04/1993 To: uncertain					
Type of Federal Interest					
<input type="checkbox"/> Acquisition <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Construction <input type="checkbox"/> Government Furnished Property					
14a. Description of Real Property: #1 Building-Head Start Program Washington County, FL					
Real Property Name: Tri-County Head Start - Chipley #1					
14b. Address of Real Property (legal description and complete address including zoning information):					
Legal description Tri-County Community Council, Inc.					
Address Line 1 541 5th St		Address Line 2			
Address Line 3		City Chipley		State FL	Zip Code 32428 Zip Ext. 1176
County/Parish Washington		Country USA			
GPS Location (Latitude) 30.780148		GPS Location (Longitude) -85.539705		Verified	
Additional zoning information					
14c. Land Acreage or Square Units:			14d. Gross and Usable Square Footage/Meters (i.e., of building, house, etc.):		
Enter Amount: 15,066			Enter Amounts: Gross 816		Usable 816
Select Units: <input type="radio"/> Acres <input checked="" type="radio"/> Square Feet <input type="radio"/> Square Kilometers <input type="radio"/> Square Meters			Select Units: <input checked="" type="radio"/> Square Feet <input type="radio"/> Square Meters		
14e. Real Property Ownership Type(s):					
<input checked="" type="checkbox"/> A. Owned		<input type="checkbox"/> B. Co-Owned		<input type="checkbox"/> C. Fee Simple	
<input type="checkbox"/> D. Corporate		<input type="checkbox"/> E. Joint Tenancy		<input type="checkbox"/> F. Partnership	
<input type="checkbox"/> G. Limited Liability Partnership		<input type="checkbox"/> H. Co-Operative		<input type="checkbox"/> I. Government Furnished Property	
<input type="checkbox"/> J. Other (Describe)					
14f. Real Property Cost: \$162,906			Share Percentage %		
Federal Share: \$130,325			80.00%		
Non-Federal Share: \$32,581			20.00%		
Total (sum of Federal and Non-Federal Share): \$162,906			100.00%		
14g. Has a deed, lien, covenant, or other related documentation been recorded to establish Federal interest in real property? <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA					
If yes (unless previously reported), describe the instrument used and enter the date and jurisdiction in which it was recorded:					
Instrument Used	Amount	Date Recorded	Jurisdiction	State	Reference Number
Deed	10	12/21/1993	Washington	FL	93006110

Additional Comments (<i>Attach additional sheets if necessary for 14g</i>):	
N/A	
14h. Has Federally required insurance coverage been secured for this property? (<i>See instructions for more details</i>). <input checked="" type="radio"/> Yes <input type="radio"/> No	
14i. Are there any Uniform Relocation Act (URA) requirements applicable to this property? <input type="radio"/> Yes <input checked="" type="radio"/> No	
14j. Are there any environmental compliance requirements related to the real property? <input type="radio"/> Yes <input checked="" type="radio"/> No	
If yes, describe them (<i>Attach additional sheets if necessary for 14j</i>):	
14k. In accordance with the National Historic Preservation Act (NHPA), does the property possess historic significance, and/or is listed or eligible for listing in the National Register of Historic Places? <input type="radio"/> Yes <input checked="" type="radio"/> No	
If yes, describe them (<i>Attach additional sheets if necessary for 14k</i>):	
15. Has a significant change occurred with the real property, or is there an anticipated change expected during the next reporting period? <input type="radio"/> Yes <input checked="" type="radio"/> No	
If yes, describe the change (<i>Attach additional sheets if necessary for 15</i>):	
16. Real Property Disposition Status:	
<input type="checkbox"/> A. Sold	<input type="checkbox"/> B. Transferred to different award
<input type="checkbox"/> C. Used other Federally sponsored project/ program	<input type="checkbox"/> D. Transferred title
<input type="checkbox"/> E. Retained Title	<input checked="" type="checkbox"/> F. N/A
i. If the Federal agency provided the recipient disposition instructions to sell or retain title to the real property, enter the amount of the funds owed to the Federal government: \$0	
ii. If applicable, enter the amount of any net proceeds from sale of the real property and describe how the proceeds were distributed: \$0	
iii. If the Federal agency directed the recipient to transfer title to the real property, enter the amount of funds the Federal Agency owes: \$0	
17. Indicate the cumulative energy consumption for the previous 12 months:	
A. Electric (<i>kWh</i>) 9,391 or (<i>Btu</i>) 0 B. Petroleum (<i>Gal</i>) 0 C. Natural Gas (<i>cu ft</i>) 0	
<i>Other (Specify)</i>	
18. Remarks (<i>attach additional sheets if necessary</i>):	
N/A	

ATTACHMENT A (General Reporting)Property Name: Tri-County Head Start - Chipley #2

OMB Control No.: 4040-0016					
Expires: 02/28/2025					
REAL PROPERTY STATUS REPORT SF-429 ATTACHMENT A					
Federal Grant or Other Identifying Number Assigned by Federal Agency (#2 on cover page) 04CH010733					
Provide the requested information in subsections 13 through 18 of Attachment A for each parcel of real property being reported. Use a separate sheet to report information on each parcel of real property under the Federal financial assistance award identified in section 2. If a section does not apply, enter "N/A." Below is a summary of the required information to be provided for each subsection of Attachment A.					
13. Period of Federal Interest (MM/DD/YYYY): From:11/04/1993 To: uncertain					
Type of Federal Interest					
<input type="checkbox"/> Acquisition <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Construction <input type="checkbox"/> Government Furnished Property					
14a. Description of Real Property: #2 Building - Head Start Program Washington County, FL					
Real Property Name: Tri-County Head Start - Chipley #2					
14b. Address of Real Property (legal description and complete address including zoning information):					
Legal description Tri-County Community Council, Inc.					
Address Line 1 541 5th St		Address Line 2			
Address Line 3		City Chipley	StateFL	Zip Code 32428	Zip Ext. 1176
County/Parish Washington		CountryUSA			
GPS Location (Latitude) 30.780148		GPS Location (Longitude) -85.539705		Verified	
Additional zoning information					
14c. Land Acreage or Square Units:			14d. Gross and Usable Square Footage/Meters (i.e., of building, house, etc.):		
Enter Amount: 15,066			Enter Amounts: Gross 1,284		Usable 1,284
Select Units: <input type="radio"/> Acres <input checked="" type="radio"/> Square Feet <input type="radio"/> Square Kilometers <input type="radio"/> Square Meters			Select Units: <input checked="" type="radio"/> Square Feet <input type="radio"/> Square Meters		
14e. Real Property Ownership Type(s):					
<input checked="" type="checkbox"/> A. Owned		<input type="checkbox"/> B. Co-Owned		<input type="checkbox"/> C. Fee Simple	
<input type="checkbox"/> D. Corporate		<input type="checkbox"/> E. Joint Tenancy		<input type="checkbox"/> F. Partnership	
<input type="checkbox"/> G. Limited Liability Partnership		<input type="checkbox"/> H. Co-Operative		<input type="checkbox"/> I. Government Furnished Property	
<input type="checkbox"/> J. Other (Describe)					
14f. Real Property Cost: \$162,906			Share Percentage %		
Federal Share: \$130,325			80.00%		
Non-Federal Share: \$32,581			20.00%		
Total (sum of Federal and Non-Federal Share): \$162,906			100.00%		
14g. Has a deed, lien, covenant, or other related documentation been recorded to establish Federal interest in real property? <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA					
If yes(unless previously reported), describe the instrument used and enter the date and jurisdiction in which it was recorded:					
Instrument Used	Amount	Date Recorded	Jurisdiction	State	Reference Number
Deed	10	12/21/1993	Washington	FL	93006110

Additional Comments (<i>Attach additional sheets if necessary for 14g</i>):	
N/A	
14h. Has Federally required insurance coverage been secured for this property? (<i>See instructions for more details</i>). <input checked="" type="radio"/> Yes <input type="radio"/> No	
14i. Are there any Uniform Relocation Act (URA) requirements applicable to this property? <input type="radio"/> Yes <input checked="" type="radio"/> No	
14j. Are there any environmental compliance requirements related to the real property? <input type="radio"/> Yes <input checked="" type="radio"/> No	
If yes, describe them (<i>Attach additional sheets if necessary for 14j</i>):	
14k. In accordance with the National Historic Preservation Act (NHPA), does the property possess historic significance, and/or is listed or eligible for listing in the National Register of Historic Places? <input type="radio"/> Yes <input checked="" type="radio"/> No	
If yes, describe them (<i>Attach additional sheets if necessary for 14k</i>):	
15. Has a significant change occurred with the real property, or is there an anticipated change expected during the next reporting period? <input type="radio"/> Yes <input checked="" type="radio"/> No	
If yes, describe the change (<i>Attach additional sheets if necessary for 15</i>):	
16. Real Property Disposition Status:	
<input type="checkbox"/> A. Sold	<input type="checkbox"/> B. Transferred to different award
<input type="checkbox"/> C. Used other Federally sponsored project/ program	<input type="checkbox"/> D. Transferred title
<input type="checkbox"/> E. Retained Title	<input checked="" type="checkbox"/> F. N/A
i. If the Federal agency provided the recipient disposition instructions to sell or retain title to the real property, enter the amount of the funds owed to the Federal government: \$0	
ii. If applicable, enter the amount of any net proceeds from sale of the real property and describe how the proceeds were distributed: \$0	
iii. If the Federal agency directed the recipient to transfer title to the real property, enter the amount of funds the Federal Agency owes: \$0	
17. Indicate the cumulative energy consumption for the previous 12 months:	
A. Electric (<i>kWh</i>) 18,981 or (<i>Btu</i>) 0 B. Petroleum (<i>Gal</i>) 0 C. Natural Gas (<i>cu ft</i>) 0	
<i>Other (Specify)</i>	
18. Remarks (<i>attach additional sheets if necessary</i>):	
N/A	

ATTACHMENT A (General Reporting) Property Name: Tri-County Head Start - Chipley #3

OMB Control No.: 4040-0016 Expires: 02/28/2025
REAL PROPERTY STATUS REPORT SF-429 ATTACHMENT A

Federal Grant or Other Identifying Number Assigned by Federal Agency (#2 on cover page) 04CH010733

Provide the requested information in subsections 13 through 18 of Attachment A for each parcel of real property being reported. Use a separate sheet to report information on each parcel of real property under the Federal financial assistance award identified in section 2. If a section does not apply, enter "N/A." Below is a summary of the required information to be provided for each subsection of Attachment A.

13. Period of Federal Interest (MM/DD/YYYY): From: 11/04/1993 To: uncertain

Type of Federal Interest

Acquisition Renovation Construction Government Furnished Property

14a. Description of Real Property:
#3 Building - Head Start Washington County, FL

Real Property Name: Tri-County Head Start - Chipley #3

14b. Address of Real Property (legal description and complete address including zoning information):

Legal description Tri-County Community Council, Inc.

Address Line 1 541 5th St		Address Line 2		
Address Line 3		City Chipley	State FL	Zip Code 32428
County/Parish Washington		Country USA		
GPS Location (Latitude) 30.780148		GPS Location (Longitude) -85.539705	Verified	

Additional zoning information

14c. Land Acreage or Square Units: 14d. Gross and Usable Square Footage/Meters (i.e., of building, house, etc.):

Enter Amount: 15,066	Enter Amounts: Gross 600	Usable 600
Select Units: <input type="radio"/> Acres <input checked="" type="radio"/> Square Feet <input type="radio"/> Square Kilometers <input type="radio"/> Square Meters	Select Units: <input checked="" type="radio"/> Square Feet <input type="radio"/> Square Meters	

14e. Real Property Ownership Type(s):

<input checked="" type="checkbox"/> A. Owned	<input type="checkbox"/> B. Co-Owned	<input type="checkbox"/> C. Fee Simple
<input type="checkbox"/> D. Corporate	<input type="checkbox"/> E. Joint Tenancy	<input type="checkbox"/> F. Partnership
<input type="checkbox"/> G. Limited Liability Partnership	<input type="checkbox"/> H. Co-Operative	<input type="checkbox"/> I. Government Furnished Property
<input type="checkbox"/> J. Other (Describe)		

14f. Real Property Cost: \$162,906 Share Percentage %

Federal Share: \$130,325	80.00%
Non-Federal Share: \$32,581	20.00%
Total (sum of Federal and Non-Federal Share): \$162,906	100.00%

14g. Has a deed, lien, covenant, or other related documentation been recorded to establish Federal interest in real property? Yes No NA

If yes (unless previously reported), describe the instrument used and enter the date and jurisdiction in which it was recorded:

Instrument Used	Amount	Date Recorded	Jurisdiction	State	Reference Number
Deed	10	12/21/1993	Washington	FL	93006110

Additional Comments (<i>Attach additional sheets if necessary for 14g</i>):	
N/A	
14h. Has Federally required insurance coverage been secured for this property? (<i>See instructions for more details</i>). <input checked="" type="radio"/> Yes <input type="radio"/> No	
14i. Are there any Uniform Relocation Act (URA) requirements applicable to this property? <input type="radio"/> Yes <input checked="" type="radio"/> No	
14j. Are there any environmental compliance requirements related to the real property? <input type="radio"/> Yes <input checked="" type="radio"/> No	
If yes, describe them (<i>Attach additional sheets if necessary for 14j</i>):	
14k. In accordance with the National Historic Preservation Act (NHPA), does the property possess historic significance, and/or is listed or eligible for listing in the National Register of Historic Places? <input type="radio"/> Yes <input checked="" type="radio"/> No	
If yes, describe them (<i>Attach additional sheets if necessary for 14k</i>):	
15. Has a significant change occurred with the real property, or is there an anticipated change expected during the next reporting period? <input type="radio"/> Yes <input checked="" type="radio"/> No	
If yes, describe the change (<i>Attach additional sheets if necessary for 15</i>):	
16. Real Property Disposition Status:	
<input type="checkbox"/> A. Sold	<input type="checkbox"/> B. Transferred to different award
<input type="checkbox"/> C. Used other Federally sponsored project/ program	<input type="checkbox"/> D. Transferred title
<input type="checkbox"/> E. Retained Title	<input checked="" type="checkbox"/> F. N/A
i. If the Federal agency provided the recipient disposition instructions to sell or retain title to the real property, enter the amount of the funds owed to the Federal government: \$0	
ii. If applicable, enter the amount of any net proceeds from sale of the real property and describe how the proceeds were distributed: \$0	
iii. If the Federal agency directed the recipient to transfer title to the real property, enter the amount of funds the Federal Agency owes: \$0	
17. Indicate the cumulative energy consumption for the previous 12 months:	
A. Electric (<i>kWh</i>) 6,260 or (<i>Btu</i>) 0 B. Petroleum (<i>Gal</i>) 0 C. Natural Gas (<i>cu ft</i>) 0	
<i>Other (Specify)</i>	
18. Remarks (<i>attach additional sheets if necessary</i>):	
N/A	

ATTACHMENT A (General Reporting) Property Name: Tri-County Head Start - Walton #1

OMB Control No.: 4040-0016					
Expires: 02/28/2025					
REAL PROPERTY STATUS REPORT SF-429 ATTACHMENT A					
Federal Grant or Other Identifying Number Assigned by Federal Agency (#2 on cover page) 04CH010733					
Provide the requested information in subsections 13 through 18 of Attachment A for each parcel of real property being reported. Use a separate sheet to report information on each parcel of real property under the Federal financial assistance award identified in section 2. If a section does not apply, enter "N/A." Below is a summary of the required information to be provided for each subsection of Attachment A.					
13. Period of Federal Interest (MM/DD/YYYY): From: 11/30/1992 To: uncertain					
Type of Federal Interest					
<input checked="" type="checkbox"/> Acquisition <input type="checkbox"/> Renovation <input type="checkbox"/> Construction <input type="checkbox"/> Government Furnished Property					
14a. Description of Real Property: #1 Modular Unit - Head Start Program Walton County, FL					
Real Property Name: Tri-County Head Start - Walton #1					
14b. Address of Real Property (legal description and complete address including zoning information):					
Legal description Tri-County Community Council, Inc.					
Address Line 1 268 S Davis Ln		Address Line 2			
Address Line 3		City Defuniak Springs	State FL	Zip Code 32435	Zip Ext. 2900
County/Parish Walton		Country USA			
GPS Location (Latitude) 30.72167		GPS Location (Longitude) -86.095		Verified	
Additional zoning information					
14c. Land Acreage or Square Units:			14d. Gross and Usable Square Footage/Meters (i.e., of building, house, etc.):		
Enter Amount: 1.19			Enter Amounts: Gross 960		Usable 960
Select Units: <input checked="" type="radio"/> Acres <input type="radio"/> Square Feet <input type="radio"/> Square Kilometers <input type="radio"/> Square Meters			Select Units: <input checked="" type="radio"/> Square Feet <input type="radio"/> Square Meters		
14e. Real Property Ownership Type(s):					
<input checked="" type="checkbox"/> A. Owned		<input type="checkbox"/> B. Co-Owned		<input type="checkbox"/> C. Fee Simple	
<input type="checkbox"/> D. Corporate		<input type="checkbox"/> E. Joint Tenancy		<input type="checkbox"/> F. Partnership	
<input type="checkbox"/> G. Limited Liability Partnership		<input type="checkbox"/> H. Co-Operative		<input type="checkbox"/> I. Government Furnished Property	
<input type="checkbox"/> J. Other (Describe)					
14f. Real Property Cost: \$37,835			Share Percentage %		
Federal Share: \$30,268			80.00%		
Non-Federal Share: \$7,567			20.00%		
Total (sum of Federal and Non-Federal Share): \$37,835			100.00%		
14g. Has a deed, lien, covenant, or other related documentation been recorded to establish Federal interest in real property? <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA					
If yes (unless previously reported), describe the instrument used and enter the date and jurisdiction in which it was recorded:					
Instrument Used	Amount	Date Recorded	Jurisdiction	State	Reference Number
	0				
Additional Comments					

<i>(Attach additional sheets if necessary for 14g):</i>	
14h. Has Federally required insurance coverage been secured for this property? <i>(See instructions for more details).</i> <input checked="" type="radio"/> Yes <input type="radio"/> No	
14i. Are there any Uniform Relocation Act (URA) requirements applicable to this property? <input type="radio"/> Yes <input checked="" type="radio"/> No	
14j. Are there any environmental compliance requirements related to the real property? <input type="radio"/> Yes <input checked="" type="radio"/> No	
If yes, describe them <i>(Attach additional sheets if necessary for 14j):</i>	
14k. In accordance with the National Historic Preservation Act (NHPA), does the property possess historic significance, and/or is listed or eligible for listing in the National Register of Historic Places? <input type="radio"/> Yes <input checked="" type="radio"/> No	
If yes, describe them <i>(Attach additional sheets if necessary for 14k):</i>	
15. Has a significant change occurred with the real property, or is there an anticipated change expected during the next reporting period? <input type="radio"/> Yes <input checked="" type="radio"/> No	
If yes, describe the change <i>(Attach additional sheets if necessary for 15)</i>	
16. Real Property Disposition Status:	
<input type="checkbox"/> A. Sold	<input type="checkbox"/> B. Transferred to different award
<input type="checkbox"/> C. Used other Federally sponsored project/ program	<input type="checkbox"/> D. Transferred title
<input type="checkbox"/> E. Retained Title	<input checked="" type="checkbox"/> F. N/A
i. If the Federal agency provided the recipient disposition instructions to sell or retain title to the real property, enter the amount of the funds owed to the Federal government: \$0	
ii. If applicable, enter the amount of any net proceeds from sale of the real property and describe how the proceeds were distributed: \$0	
iii. If the Federal agency directed the recipient to transfer title to the real property, enter the amount of funds the Federal Agency owes: \$0	
17. Indicate the cumulative energy consumption for the previous 12 months:	
A. Electric (<i>kWh</i>) 7,759 or (<i>Btu</i>) 0 B. Petroleum (<i>Gal</i>) 0 C. Natural Gas (<i>cu ft</i>) 0	
<i>Other (Specify)</i>	
18. Remarks <i>(attach additional sheets if necessary):</i>	
N/A	

OMB Control No.: 4040-0016 Expires: 02/28/2025
REAL PROPERTY STATUS REPORT SF-429 ATTACHMENT A

Federal Grant or Other Identifying Number Assigned by Federal Agency (#2 on cover page) 04CH010733

Provide the requested information in subsections 13 through 18 of Attachment A for each parcel of real property being reported. Use a separate sheet to report information on each parcel of real property under the Federal financial assistance award identified in section 2. If a section does not apply, enter "N/A." Below is a summary of the required information to be provided for each subsection of Attachment A.

13. Period of Federal Interest (MM/DD/YYYY): From:11/15/1992 To: uncertain

Type of Federal Interest
 Acquisition Renovation Construction Government Furnished Property

14a. Description of Real Property:
#2 Modular Unit - Head Start Program Walton County, FL

Real Property Name: Tri-County Head Start - Walton #2

14b. Address of Real Property (legal description and complete address including zoning information):

Legal description Tri-County Community Council, Inc.				
Address Line 1 268 S Davis Ln		Address Line 2		
Address Line 3		City Defuniak Springs	StateFL	Zip Code 32435 Zip Ext. 2900
County/Parish Walton		CountryUSA		
GPS Location (Latitude) 30.72167		GPS Location (Longitude) -86.095	Verified	
Additional zoning information				

14c. Land Acreage or Square Units: Enter Amount: 1.19

14d. Gross and Usable Square Footage/Meters (i.e., of building, house, etc.):
 Enter Amounts: Gross 960 Usable 960
 Select Units:
 Acres Square Feet Square Kilometers Square Meters
 Square Feet Square Meters

14e. Real Property Ownership Type(s):
 A. Owned B. Co-Owned C. Fee Simple
 D. Corporate E. Joint Tenancy F. Partnership
 G. Limited Liability Partnership H. Co-Operative I. Government Furnished Property
 J. Other (Describe)

14f. Real Property Cost: \$37,835	Share Percentage %
Federal Share: \$30,268	80.00%
Non-Federal Share: \$7,567	20.00%
Total (sum of Federal and Non-Federal Share): \$37,835	100.00%

14g. Has a deed, lien, covenant, or other related documentation been recorded to establish Federal interest in real property? Yes No NA

If yes(unless previously reported), describe the instrument used and enter the date and jurisdiction in which it was recorded:

Instrument Used	Amount	Date Recorded	Jurisdiction	State	Reference Number
	0				

Additional Comments

<i>(Attach additional sheets if necessary for 14g):</i>	
14h. Has Federally required insurance coverage been secured for this property? <i>(See instructions for more details).</i> <input checked="" type="radio"/> Yes <input type="radio"/> No	
14i. Are there any Uniform Relocation Act (URA) requirements applicable to this property? <input type="radio"/> Yes <input checked="" type="radio"/> No	
14j. Are there any environmental compliance requirements related to the real property? <input type="radio"/> Yes <input checked="" type="radio"/> No	
If yes, describe them <i>(Attach additional sheets if necessary for 14j):</i>	
14k. In accordance with the National Historic Preservation Act (NHPA), does the property possess historic significance, and/or is listed or eligible for listing in the National Register of Historic Places? <input type="radio"/> Yes <input checked="" type="radio"/> No	
If yes, describe them <i>(Attach additional sheets if necessary for 14k):</i>	
15. Has a significant change occurred with the real property, or is there an anticipated change expected during the next reporting period? <input type="radio"/> Yes <input checked="" type="radio"/> No	
If yes, describe the change <i>(Attach additional sheets if necessary for 15)</i>	
16. Real Property Disposition Status:	
<input type="checkbox"/> A. Sold	<input type="checkbox"/> B. Transferred to different award
<input type="checkbox"/> C. Used other Federally sponsored project/ program	<input type="checkbox"/> D. Transferred title
<input type="checkbox"/> E. Retained Title	<input checked="" type="checkbox"/> F. N/A
i. If the Federal agency provided the recipient disposition instructions to sell or retain title to the real property, enter the amount of the funds owed to the Federal government: \$0	
ii. If applicable, enter the amount of any net proceeds from sale of the real property and describe how the proceeds were distributed: \$0	
iii. If the Federal agency directed the recipient to transfer title to the real property, enter the amount of funds the Federal Agency owes: \$0	
17. Indicate the cumulative energy consumption for the previous 12 months:	
A. Electric (<i>kWh</i>) 7,759 or (<i>Btu</i>) 0 B. Petroleum (<i>Gal</i>) 0 C. Natural Gas (<i>cu ft</i>) 0	
Other (<i>Specify</i>)	
18. Remarks <i>(attach additional sheets if necessary):</i>	
N/A	

ATTACHMENT A (General Reporting) Property Name: Tri-County Head Start - Walton #3

OMB Control No.: 4040-0016 Expires: 02/28/2025					
REAL PROPERTY STATUS REPORT SF-429 ATTACHMENT A					
Federal Grant or Other Identifying Number Assigned by Federal Agency (#2 on cover page) 04CH010733					
Provide the requested information in subsections 13 through 18 of Attachment A for each parcel of real property being reported. Use a separate sheet to report information on each parcel of real property under the Federal financial assistance award identified in section 2. If a section does not apply, enter "N/A." Below is a summary of the required information to be provided for each subsection of Attachment A.					
13. Period of Federal Interest (MM/DD/YYYY): From: 11/15/1992 To: uncertain					
Type of Federal Interest					
<input checked="" type="checkbox"/> Acquisition <input type="checkbox"/> Renovation <input type="checkbox"/> Construction <input type="checkbox"/> Government Furnished Property					
14a. Description of Real Property: #3 Modular Unit - Head Start Program Walton County, FL					
Real Property Name: Tri-County Head Start - Walton #3					
14b. Address of Real Property (legal description and complete address including zoning information):					
Legal description Tri-County Community Council, Inc.					
Address Line 1 268 S Davis Ln		Address Line 2			
Address Line 3		City Defuniak Springs	State FL	Zip Code 32435	Zip Ext. 2900
County/Parish Walton		Country USA			
GPS Location (Latitude) 30.72167		GPS Location (Longitude) -86.095		Verified	
Additional zoning information					
14c. Land Acreage or Square Units:			14d. Gross and Usable Square Footage/Meters (i.e., of building, house, etc.):		
Enter Amount: 1.19			Enter Amounts: Gross 960		Usable 960
Select Units: <input checked="" type="radio"/> Acres <input type="radio"/> Square Feet <input type="radio"/> Square Kilometers <input type="radio"/> Square Meters			Select Units: <input checked="" type="radio"/> Square Feet <input type="radio"/> Square Meters		
14e. Real Property Ownership Type(s):					
<input checked="" type="checkbox"/> A. Owned		<input type="checkbox"/> B. Co-Owned		<input type="checkbox"/> C. Fee Simple	
<input type="checkbox"/> D. Corporate		<input type="checkbox"/> E. Joint Tenancy		<input type="checkbox"/> F. Partnership	
<input type="checkbox"/> G. Limited Liability Partnership		<input type="checkbox"/> H. Co-Operative		<input type="checkbox"/> I. Government Furnished Property	
<input type="checkbox"/> J. Other (Describe)					
14f. Real Property Cost: \$37,835			Share Percentage %		
Federal Share: \$30,268			80.00%		
Non-Federal Share: \$7,567			20.00%		
Total (sum of Federal and Non-Federal Share): \$37,835			100.00%		
14g. Has a deed, lien, covenant, or other related documentation been recorded to establish Federal interest in real property? <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA					
If yes (unless previously reported), describe the instrument used and enter the date and jurisdiction in which it was recorded:					
Instrument Used	Amount	Date Recorded	Jurisdiction	State	Reference Number
	0				
Additional Comments					

<i>(Attach additional sheets if necessary for 14g):</i>	
14h. Has Federally required insurance coverage been secured for this property? <i>(See instructions for more details).</i> <input checked="" type="radio"/> Yes <input type="radio"/> No	
14i. Are there any Uniform Relocation Act (URA) requirements applicable to this property? <input type="radio"/> Yes <input checked="" type="radio"/> No	
14j. Are there any environmental compliance requirements related to the real property? <input type="radio"/> Yes <input checked="" type="radio"/> No	
If yes, describe them <i>(Attach additional sheets if necessary for 14j):</i>	
14k. In accordance with the National Historic Preservation Act (NHPA), does the property possess historic significance, and/or is listed or eligible for listing in the National Register of Historic Places? <input type="radio"/> Yes <input checked="" type="radio"/> No	
If yes, describe them <i>(Attach additional sheets if necessary for 14k):</i>	
15. Has a significant change occurred with the real property, or is there an anticipated change expected during the next reporting period? <input type="radio"/> Yes <input checked="" type="radio"/> No	
If yes, describe the change <i>(Attach additional sheets if necessary for 15)</i>	
16. Real Property Disposition Status:	
<input type="checkbox"/> A. Sold	<input type="checkbox"/> B. Transferred to different award
<input type="checkbox"/> C. Used other Federally sponsored project/ program	<input type="checkbox"/> D. Transferred title
<input type="checkbox"/> E. Retained Title	<input checked="" type="checkbox"/> F. N/A
i. If the Federal agency provided the recipient disposition instructions to sell or retain title to the real property, enter the amount of the funds owed to the Federal government: \$0	
ii. If applicable, enter the amount of any net proceeds from sale of the real property and describe how the proceeds were distributed: \$0	
iii. If the Federal agency directed the recipient to transfer title to the real property, enter the amount of funds the Federal Agency owes: \$0	
17. Indicate the cumulative energy consumption for the previous 12 months:	
A. Electric (<i>kWh</i>) 7,759 or (<i>Btu</i>) 0 B. Petroleum (<i>Gal</i>) 0 C. Natural Gas (<i>cu ft</i>) 0	
<i>Other (Specify)</i>	
18. Remarks <i>(attach additional sheets if necessary):</i>	
N/A	

OMB Control No.: 4040-0016					
Expires: 02/28/2025					
REAL PROPERTY STATUS REPORT SF-429 ATTACHMENT A					
Federal Grant or Other Identifying Number Assigned by Federal Agency (#2 on cover page) 04CH010733					
Provide the requested information in subsections 13 through 18 of Attachment A for each parcel of real property being reported. Use a separate sheet to report information on each parcel of real property under the Federal financial assistance award identified in section 2. If a section does not apply, enter "N/A." Below is a summary of the required information to be provided for each subsection of Attachment A.					
13. Period of Federal Interest (MM/DD/YYYY): From: 11/15/1992 To: uncertain					
Type of Federal Interest					
<input checked="" type="checkbox"/> Acquisition <input type="checkbox"/> Renovation <input type="checkbox"/> Construction <input type="checkbox"/> Government Furnished Property					
14a. Description of Real Property: #4 Modular Unit - Head Start Program Walton, FL					
Real Property Name: Tri-County Head Start - Walton #4					
14b. Address of Real Property (legal description and complete address including zoning information):					
Legal description Tri-County Community Council, Inc.					
Address Line 1 268 S Davis Ln		Address Line 2			
Address Line 3		City Defuniak Springs	State FL	Zip Code 32435	Zip Ext. 2900
County/Parish Walton		Country USA			
GPS Location (Latitude) 30.72167		GPS Location (Longitude) -86.095		Verified	
Additional zoning information					
14c. Land Acreage or Square Units:			14d. Gross and Usable Square Footage/Meters (i.e., of building, house, etc.):		
Enter Amount: 1.19			Enter Amounts: Gross 960	Usable 960	
Select Units: <input checked="" type="radio"/> Acres <input type="radio"/> Square Feet <input type="radio"/> Square Kilometers <input type="radio"/> Square Meters			Select Units: <input checked="" type="radio"/> Square Feet <input type="radio"/> Square Meters		
14e. Real Property Ownership Type(s):					
<input checked="" type="checkbox"/> A. Owned		<input type="checkbox"/> B. Co-Owned		<input type="checkbox"/> C. Fee Simple	
<input type="checkbox"/> D. Corporate		<input type="checkbox"/> E. Joint Tenancy		<input type="checkbox"/> F. Partnership	
<input type="checkbox"/> G. Limited Liability Partnership		<input type="checkbox"/> H. Co-Operative		<input type="checkbox"/> I. Government Furnished Property	
<input type="checkbox"/> J. Other (Describe)					
14f. Real Property Cost: \$37,835			Share Percentage %		
Federal Share: \$30,268			80.00%		
Non-Federal Share: \$7,567			20.00%		
Total (sum of Federal and Non-Federal Share): \$37,835			100.00%		
14g. Has a deed, lien, covenant, or other related documentation been recorded to establish Federal interest in real property? <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA					
If yes (unless previously reported), describe the instrument used and enter the date and jurisdiction in which it was recorded:					
Instrument Used	Amount	Date Recorded	Jurisdiction	State	Reference Number
	0				
Additional Comments					

<i>(Attach additional sheets if necessary for 14g):</i>	
14h. Has Federally required insurance coverage been secured for this property? <i>(See instructions for more details).</i> <input checked="" type="radio"/> Yes <input type="radio"/> No	
14i. Are there any Uniform Relocation Act (URA) requirements applicable to this property? <input type="radio"/> Yes <input checked="" type="radio"/> No	
14j. Are there any environmental compliance requirements related to the real property? <input type="radio"/> Yes <input checked="" type="radio"/> No	
If yes, describe them <i>(Attach additional sheets if necessary for 14j):</i>	
14k. In accordance with the National Historic Preservation Act (NHPA), does the property possess historic significance, and/or is listed or eligible for listing in the National Register of Historic Places? <input type="radio"/> Yes <input checked="" type="radio"/> No	
If yes, describe them <i>(Attach additional sheets if necessary for 14k):</i>	
15. Has a significant change occurred with the real property, or is there an anticipated change expected during the next reporting period? <input type="radio"/> Yes <input checked="" type="radio"/> No	
If yes, describe the change <i>(Attach additional sheets if necessary for 15)</i>	
16. Real Property Disposition Status:	
<input type="checkbox"/> A. Sold	<input type="checkbox"/> B. Transferred to different award
<input type="checkbox"/> C. Used other Federally sponsored project/ program	<input type="checkbox"/> D. Transferred title
<input type="checkbox"/> E. Retained Title	<input checked="" type="checkbox"/> F. N/A
i. If the Federal agency provided the recipient disposition instructions to sell or retain title to the real property, enter the amount of the funds owed to the Federal government: \$0	
ii. If applicable, enter the amount of any net proceeds from sale of the real property and describe how the proceeds were distributed: \$0	
iii. If the Federal agency directed the recipient to transfer title to the real property, enter the amount of funds the Federal Agency owes: \$0	
17. Indicate the cumulative energy consumption for the previous 12 months:	
A. Electric (<i>kWh</i>) 7,758 or (<i>Btu</i>) 0 B. Petroleum (<i>Gal</i>) 0 C. Natural Gas (<i>cu ft</i>) 0	
Other (<i>Specify</i>)	
18. Remarks <i>(attach additional sheets if necessary):</i>	
N/A	

OMB Control No.: 4040-0016 Expires: 02/28/2025
REAL PROPERTY STATUS REPORT SF-429 ATTACHMENT A

Federal Grant or Other Identifying Number Assigned by Federal Agency (#2 on cover page) 04CH010733

Provide the requested information in subsections 13 through 18 of Attachment A for each parcel of real property being reported. Use a separate sheet to report information on each parcel of real property under the Federal financial assistance award identified in section 2. If a section does not apply, enter "N/A." Below is a summary of the required information to be provided for each subsection of Attachment A.

13. Period of Federal Interest (MM/DD/YYYY): From: 11/15/1992 To: uncertain

Type of Federal Interest
 Acquisition Renovation Construction Government Furnished Property

14a. Description of Real Property:
 #5 Modular Unit - Hed Start Program Walton County, FL
 Real Property Name: Tri-County Head Start - Walton #5

14b. Address of Real Property (legal description and complete address including zoning information):
 Legal description Tri-County Community Council, Inc.

Address Line 1 268 S Davis Ln	Address Line 2			
Address Line 3	City Defuniak Springs	State FL	Zip Code 32435	Zip Ext. 2900
County/Parish Walton	Country USA			
GPS Location (Latitude) 30.72167	GPS Location (Longitude) -86.095	Verified		

 Additional zoning information

14c. Land Acreage or Square Units: Enter Amount: 1.19 Select Units: <input checked="" type="radio"/> Acres <input type="radio"/> Square Feet <input type="radio"/> Square Kilometers <input type="radio"/> Square Meters	14d. Gross and Usable Square Footage/Meters (i.e., of building, house, etc.): Enter Amounts: Gross 960 Usable 960 Select Units: <input checked="" type="radio"/> Square Feet <input type="radio"/> Square Meters
--	--

14e. Real Property Ownership Type(s):

<input checked="" type="checkbox"/> A. Owned	<input type="checkbox"/> B. Co-Owned	<input type="checkbox"/> C. Fee Simple
<input type="checkbox"/> D. Corporate	<input type="checkbox"/> E. Joint Tenancy	<input type="checkbox"/> F. Partnership
<input type="checkbox"/> G. Limited Liability Partnership	<input type="checkbox"/> H. Co-Operative	<input type="checkbox"/> I. Government Furnished Property
<input type="checkbox"/> J. Other (Describe)		

14f. Real Property Cost: \$37,835	Share Percentage %
Federal Share: \$30,268	80.00%
Non-Federal Share: \$7,567	20.00%
Total (sum of Federal and Non-Federal Share): \$37,835	100.00%

14g. Has a deed, lien, covenant, or other related documentation been recorded to establish Federal interest in real property? Yes No NA

If yes (unless previously reported), describe the instrument used and enter the date and jurisdiction in which it was recorded:

Instrument Used	Amount	Date Recorded	Jurisdiction	State	Reference Number
	0				

Additional Comments

<i>(Attach additional sheets if necessary for 14g):</i>	
14h. Has Federally required insurance coverage been secured for this property? <i>(See instructions for more details).</i> <input checked="" type="radio"/> Yes <input type="radio"/> No	
14i. Are there any Uniform Relocation Act (URA) requirements applicable to this property? <input type="radio"/> Yes <input checked="" type="radio"/> No	
14j. Are there any environmental compliance requirements related to the real property? <input type="radio"/> Yes <input checked="" type="radio"/> No	
If yes, describe them <i>(Attach additional sheets if necessary for 14j):</i>	
14k. In accordance with the National Historic Preservation Act (NHPA), does the property possess historic significance, and/or is listed or eligible for listing in the National Register of Historic Places? <input type="radio"/> Yes <input checked="" type="radio"/> No	
If yes, describe them <i>(Attach additional sheets if necessary for 14k):</i>	
15. Has a significant change occurred with the real property, or is there an anticipated change expected during the next reporting period? <input type="radio"/> Yes <input checked="" type="radio"/> No	
If yes, describe the change <i>(Attach additional sheets if necessary for 15)</i>	
16. Real Property Disposition Status:	
<input type="checkbox"/> A. Sold	<input type="checkbox"/> B. Transferred to different award
<input type="checkbox"/> C. Used other Federally sponsored project/ program	<input type="checkbox"/> D. Transferred title
<input type="checkbox"/> E. Retained Title	<input checked="" type="checkbox"/> F. N/A
i. If the Federal agency provided the recipient disposition instructions to sell or retain title to the real property, enter the amount of the funds owed to the Federal government: \$0	
ii. If applicable, enter the amount of any net proceeds from sale of the real property and describe how the proceeds were distributed: \$0	
iii. If the Federal agency directed the recipient to transfer title to the real property, enter the amount of funds the Federal Agency owes: \$0	
17. Indicate the cumulative energy consumption for the previous 12 months:	
A. Electric (kWh) 7,758 or (Btu) 0 B. Petroleum (Gal) 0 C. Natural Gas (cu ft) 0	
<i>Other (Specify)</i>	
18. Remarks <i>(attach additional sheets if necessary):</i>	
N/A	

ATTACHMENT A (General Reporting) Property Name: Tri-County Head Start - Walton #6

OMB Control No.: 4040-0016					
Expires: 02/28/2025					
REAL PROPERTY STATUS REPORT SF-429 ATTACHMENT A					
Federal Grant or Other Identifying Number Assigned by Federal Agency (#2 on cover page) 04CH010733					
Provide the requested information in subsections 13 through 18 of Attachment A for each parcel of real property being reported. Use a separate sheet to report information on each parcel of real property under the Federal financial assistance award identified in section 2. If a section does not apply, enter "N/A." Below is a summary of the required information to be provided for each subsection of Attachment A.					
13. Period of Federal Interest (MM/DD/YYYY): From: 11/15/1992 To: uncertain					
Type of Federal Interest					
<input checked="" type="checkbox"/> Acquisition <input type="checkbox"/> Renovation <input type="checkbox"/> Construction <input type="checkbox"/> Government Furnished Property					
14a. Description of Real Property: #6 Modular Unit - Head Start Program Walton County, FL					
Real Property Name: Tri-County Head Start - Walton #6					
14b. Address of Real Property (legal description and complete address including zoning information):					
Legal description Tri-County Community Council, Inc.					
Address Line 1 268 S Davis Ln		Address Line 2			
Address Line 3		City Defuniak Springs	State FL	Zip Code 32435	Zip Ext. 2900
County/Parish Walton		Country USA			
GPS Location (Latitude) 30.72167		GPS Location (Longitude) -86.095		Verified	
Additional zoning information					
14c. Land Acreage or Square Units:			14d. Gross and Usable Square Footage/Meters (i.e., of building, house, etc.):		
Enter Amount: 1.19			Enter Amounts: Gross 960		Usable 960
Select Units: <input checked="" type="radio"/> Acres <input type="radio"/> Square Feet <input type="radio"/> Square Kilometers <input type="radio"/> Square Meters			Select Units: <input checked="" type="radio"/> Square Feet <input type="radio"/> Square Meters		
14e. Real Property Ownership Type(s):					
<input checked="" type="checkbox"/> A. Owned		<input type="checkbox"/> B. Co-Owned		<input type="checkbox"/> C. Fee Simple	
<input type="checkbox"/> D. Corporate		<input type="checkbox"/> E. Joint Tenancy		<input type="checkbox"/> F. Partnership	
<input type="checkbox"/> G. Limited Liability Partnership		<input type="checkbox"/> H. Co-Operative		<input type="checkbox"/> I. Government Furnished Property	
<input type="checkbox"/> J. Other (Describe)					
14f. Real Property Cost: \$30,500			Share Percentage %		
Federal Share: \$1			0.00%		
Non-Federal Share: \$30,499			100.00%		
Total (sum of Federal and Non-Federal Share): \$30,500			100.00%		
14g. Has a deed, lien, covenant, or other related documentation been recorded to establish Federal interest in real property? <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA					
If yes (unless previously reported), describe the instrument used and enter the date and jurisdiction in which it was recorded:					
Instrument Used	Amount	Date Recorded	Jurisdiction	State	Reference Number
	0				
Additional Comments					

<i>(Attach additional sheets if necessary for 14g):</i>	
14h. Has Federally required insurance coverage been secured for this property? <i>(See instructions for more details).</i> <input checked="" type="radio"/> Yes <input type="radio"/> No	
14i. Are there any Uniform Relocation Act (URA) requirements applicable to this property? <input type="radio"/> Yes <input checked="" type="radio"/> No	
14j. Are there any environmental compliance requirements related to the real property? <input type="radio"/> Yes <input checked="" type="radio"/> No	
If yes, describe them <i>(Attach additional sheets if necessary for 14j):</i>	
14k. In accordance with the National Historic Preservation Act (NHPA), does the property possess historic significance, and/or is listed or eligible for listing in the National Register of Historic Places? <input type="radio"/> Yes <input checked="" type="radio"/> No	
If yes, describe them <i>(Attach additional sheets if necessary for 14k):</i>	
15. Has a significant change occurred with the real property, or is there an anticipated change expected during the next reporting period? <input type="radio"/> Yes <input checked="" type="radio"/> No	
If yes, describe the change <i>(Attach additional sheets if necessary for 15)</i>	
16. Real Property Disposition Status:	
<input type="checkbox"/> A. Sold	<input type="checkbox"/> B. Transferred to different award
<input type="checkbox"/> C. Used other Federally sponsored project/ program	<input type="checkbox"/> D. Transferred title
<input type="checkbox"/> E. Retained Title	<input checked="" type="checkbox"/> F. N/A
i. If the Federal agency provided the recipient disposition instructions to sell or retain title to the real property, enter the amount of the funds owed to the Federal government: \$0	
ii. If applicable, enter the amount of any net proceeds from sale of the real property and describe how the proceeds were distributed: \$0	
iii. If the Federal agency directed the recipient to transfer title to the real property, enter the amount of funds the Federal Agency owes: \$0	
17. Indicate the cumulative energy consumption for the previous 12 months:	
A. Electric (<i>kWh</i>) 7,758 or (<i>Btu</i>) 0 B. Petroleum (<i>Gal</i>) 0 C. Natural Gas (<i>cu ft</i>) 0	
Other (<i>Specify</i>)	
18. Remarks <i>(attach additional sheets if necessary):</i>	
N/A	

ATTACHMENT A (General Reporting)Property Name: Tri-County Head Start - Westville

OMB Control No.: 4040-0016 Expires: 02/28/2025
REAL PROPERTY STATUS REPORT SF-429 ATTACHMENT A

Federal Grant or Other Identifying Number Assigned by Federal Agency (#2 on cover page) 04CH010733

Provide the requested information in subsections 13 through 18 of Attachment A for each parcel of real property being reported. Use a separate sheet to report information on each parcel of real property under the Federal financial assistance award identified in section 2. If a section does not apply, enter "N/A." Below is a summary of the required information to be provided for each subsection of Attachment A.

13. Period of Federal Interest (MM/DD/YYYY): From:12/01/2000 To: uncertain

Type of Federal Interest

Acquisition Renovation Construction Government Furnished Property

14a. Description of Real Property:
Renovate for Head Start Admin & Program

Real Property Name: Tri-County Head Start - Westville

14b. Address of Real Property (legal description and complete address including zoning information):

Legal description Tri-County Community Council, Inc.

Address Line 1 2499 Cypress St		Address Line 2		
Address Line 3		City Westville	StateFL	Zip Code 32464
County/Parish Holmes		CountryUSA		
GPS Location (Latitude) 30.7741848		GPS Location (Longitude) -85.8554866	Verified	

Additional zoning information

14c. Land Acreage or Square Units: 14d. Gross and Usable Square Footage/Meters (i.e., of building, house, etc.):

Enter Amount: 4	Enter Amounts: Gross 12,150	Usable 12,150
Select Units: <input checked="" type="radio"/> Acres <input type="radio"/> Square Feet <input type="radio"/> Square Kilometers <input type="radio"/> Square Meters	Select Units: <input checked="" type="radio"/> Square Feet <input type="radio"/> Square Meters	

14e. Real Property Ownership Type(s):

<input type="checkbox"/> A. Owned	<input type="checkbox"/> B. Co-Owned	<input type="checkbox"/> C. Fee Simple
<input type="checkbox"/> D. Corporate	<input type="checkbox"/> E. Joint Tenancy	<input type="checkbox"/> F. Partnership
<input type="checkbox"/> G. Limited Liability Partnership	<input type="checkbox"/> H. Co-Operative	<input type="checkbox"/> I. Government Furnished Property
<input checked="" type="checkbox"/> J. Other (Describe) CAA owns building & property (Tri-County Community Council, Inc)		

14f. Real Property Cost: \$456,252 Share Percentage %

Federal Share: \$365,002	80.00%
Non-Federal Share: \$91,250	20.00%
Total (sum of Federal and Non-Federal Share): \$456,252	100.00%

14g. Has a deed, lien, covenant, or other related documentation been recorded to establish Federal interest in real property? Yes No NA

If yes(unless previously reported), describe the instrument used and enter the date and jurisdiction in which it was recorded:

Instrument Used	Amount	Date Recorded	Jurisdiction	State	Reference Number
Notice of Federal Interest	365,002	02/14/2012	Holmes	FL	201230000560

Additional Comments (<i>Attach additional sheets if necessary for 14g</i>):	
N/A	
14h. Has Federally required insurance coverage been secured for this property? (<i>See instructions for more details</i>). <input checked="" type="radio"/> Yes <input type="radio"/> No	
14i. Are there any Uniform Relocation Act (URA) requirements applicable to this property? <input type="radio"/> Yes <input checked="" type="radio"/> No	
14j. Are there any environmental compliance requirements related to the real property? <input type="radio"/> Yes <input checked="" type="radio"/> No	
If yes, describe them (<i>Attach additional sheets if necessary for 14j</i>):	
14k. In accordance with the National Historic Preservation Act (NHPA), does the property possess historic significance, and/or is listed or eligible for listing in the National Register of Historic Places? <input type="radio"/> Yes <input checked="" type="radio"/> No	
If yes, describe them (<i>Attach additional sheets if necessary for 14k</i>):	
15. Has a significant change occurred with the real property, or is there an anticipated change expected during the next reporting period? <input type="radio"/> Yes <input checked="" type="radio"/> No	
If yes, describe the change (<i>Attach additional sheets if necessary for 15</i>):	
16. Real Property Disposition Status:	
<input type="checkbox"/> A. Sold	<input type="checkbox"/> B. Transferred to different award
<input type="checkbox"/> C. Used other Federally sponsored project/ program	<input type="checkbox"/> D. Transferred title
<input type="checkbox"/> E. Retained Title	<input checked="" type="checkbox"/> F. N/A
i. If the Federal agency provided the recipient disposition instructions to sell or retain title to the real property, enter the amount of the funds owed to the Federal government: \$0	
ii. If applicable, enter the amount of any net proceeds from sale of the real property and describe how the proceeds were distributed: \$0	
iii. If the Federal agency directed the recipient to transfer title to the real property, enter the amount of funds the Federal Agency owes: \$0	
17. Indicate the cumulative energy consumption for the previous 12 months:	
A. Electric (<i>kWh</i>) 85,100 or (<i>Btu</i>) 0 B. Petroleum (<i>Gal</i>) 0 C. Natural Gas (<i>cu ft</i>) 0	
Other (<i>Specify</i>) 513 Propane	
18. Remarks (<i>attach additional sheets if necessary</i>):	
N/A	

ATTACHMENT A (General Reporting)Property Name: Tri-County Head Start - Westville #1

OMB Control No.: 4040-0016 Expires: 02/28/2025
REAL PROPERTY STATUS REPORT SF-429 ATTACHMENT A

Federal Grant or Other Identifying Number Assigned by Federal Agency (#2 on cover page) 04CH010733

Provide the requested information in subsections 13 through 18 of Attachment A for each parcel of real property being reported. Use a separate sheet to report information on each parcel of real property under the Federal financial assistance award identified in section 2. If a section does not apply, enter "N/A." Below is a summary of the required information to be provided for each subsection of Attachment A.

13. Period of Federal Interest (MM/DD/YYYY): From:07/15/1989 To: uncertain

Type of Federal Interest
 Acquisition Renovation Construction Government Furnished Property

14a. Description of Real Property:
 #1 Modular Unit - Head Start Program Holmes County, FL
 Real Property Name: Tri-County Head Start - Westville #1

14b. Address of Real Property (legal description and complete address including zoning information):

Legal description Tri-County Community Council, Inc.
 Address Line 1 2499 Cypress St Address Line 2
 Address Line 3 City Westville State FL Zip Code 32464 Zip Ext. 4246
 County/Parish Holmes Country USA
 GPS Location (Latitude) 30.7741848 GPS Location (Longitude) -85.8554866 Verified
 Additional zoning information

14c. Land Acreage or Square Units: 14d. Gross and Usable Square Footage/Meters (i.e., of building, house, etc.):

Enter Amount: 4	Enter Amounts: Gross 2,592	Usable 2,592
Select Units: <input checked="" type="radio"/> Acres <input type="radio"/> Square Feet <input type="radio"/> Square Kilometers <input type="radio"/> Square Meters	Select Units: <input checked="" type="radio"/> Square Feet <input type="radio"/> Square Meters	

14e. Real Property Ownership Type(s):

<input checked="" type="checkbox"/> A. Owned	<input type="checkbox"/> B. Co-Owned	<input type="checkbox"/> C. Fee Simple
<input type="checkbox"/> D. Corporate	<input type="checkbox"/> E. Joint Tenancy	<input type="checkbox"/> F. Partnership
<input type="checkbox"/> G. Limited Liability Partnership	<input type="checkbox"/> H. Co-Operative	<input type="checkbox"/> I. Government Furnished Property
<input type="checkbox"/> J. Other (Describe)		

14f. Real Property Cost: \$109,800	Share Percentage %
Federal Share: \$87,840	80.00%
Non-Federal Share: \$21,960	20.00%
Total (sum of Federal and Non-Federal Share): \$109,800	100.00%

14g. Has a deed, lien, covenant, or other related documentation been recorded to establish Federal interest in real property? Yes No NA

If yes(unless previously reported), describe the instrument used and enter the date and jurisdiction in which it was recorded:

Instrument Used	Amount	Date Recorded	Jurisdiction	State	Reference Number
	0				

Additional Comments

<i>(Attach additional sheets if necessary for 14g):</i>	
14h. Has Federally required insurance coverage been secured for this property? <i>(See instructions for more details).</i> <input checked="" type="radio"/> Yes <input type="radio"/> No	
14i. Are there any Uniform Relocation Act (URA) requirements applicable to this property? <input type="radio"/> Yes <input checked="" type="radio"/> No	
14j. Are there any environmental compliance requirements related to the real property? <input type="radio"/> Yes <input checked="" type="radio"/> No	
If yes, describe them <i>(Attach additional sheets if necessary for 14j):</i>	
14k. In accordance with the National Historic Preservation Act (NHPA), does the property possess historic significance, and/or is listed or eligible for listing in the National Register of Historic Places? <input type="radio"/> Yes <input checked="" type="radio"/> No	
If yes, describe them <i>(Attach additional sheets if necessary for 14k):</i>	
15. Has a significant change occurred with the real property, or is there an anticipated change expected during the next reporting period? <input type="radio"/> Yes <input checked="" type="radio"/> No	
If yes, describe the change <i>(Attach additional sheets if necessary for 15)</i>	
16. Real Property Disposition Status:	
<input type="checkbox"/> A. Sold	<input type="checkbox"/> B. Transferred to different award
<input type="checkbox"/> C. Used other Federally sponsored project/ program	<input type="checkbox"/> D. Transferred title
<input type="checkbox"/> E. Retained Title	<input checked="" type="checkbox"/> F. N/A
i. If the Federal agency provided the recipient disposition instructions to sell or retain title to the real property, enter the amount of the funds owed to the Federal government: \$0	
ii. If applicable, enter the amount of any net proceeds from sale of the real property and describe how the proceeds were distributed: \$0	
iii. If the Federal agency directed the recipient to transfer title to the real property, enter the amount of funds the Federal Agency owes: \$0	
17. Indicate the cumulative energy consumption for the previous 12 months:	
A. Electric (<i>kWh</i>) 8,524 or (<i>Btu</i>) 0 B. Petroleum (<i>Gal</i>) 0 C. Natural Gas (<i>cu ft</i>) 0	
<i>Other (Specify)</i>	
18. Remarks <i>(attach additional sheets if necessary):</i>	
N/A	

ATTACHMENT A (General Reporting)Property Name: Tri-County Head Start - Westville #2

OMB Control No.: 4040-0016 Expires: 02/28/2025
REAL PROPERTY STATUS REPORT SF-429 ATTACHMENT A

Federal Grant or Other Identifying Number Assigned by Federal Agency (#2 on cover page) 04CH010733

Provide the requested information in subsections 13 through 18 of Attachment A for each parcel of real property being reported. Use a separate sheet to report information on each parcel of real property under the Federal financial assistance award identified in section 2. If a section does not apply, enter "N/A." Below is a summary of the required information to be provided for each subsection of Attachment A.

13. Period of Federal Interest (MM/DD/YYYY): From:09/23/1991 To: uncertain

Type of Federal Interest
 Acquisition Renovation Construction Government Furnished Property

14a. Description of Real Property:
#2 Modular Unit - Head Start Program Holmes County, FL

Real Property Name: Tri-County Head Start - Westville #2

14b. Address of Real Property (legal description and complete address including zoning information):

Legal description Tri-County Community Council, Inc.
 Address Line 1 2499 Cypress St Address Line 2
 Address Line 3 City Westville State FL Zip Code 32464 Zip Ext. 4246
 County/Parish Holmes Country USA
 GPS Location (Latitude) 30.7741848 GPS Location (Longitude) -85.8554866 Verified
 Additional zoning information

14c. Land Acreage or Square Units:	14d. Gross and Usable Square Footage/Meters (i.e., of building, house, etc.):	
Enter Amount: 4	Enter Amounts: Gross 1,008	Usable 1,008
Select Units: <input checked="" type="radio"/> Acres <input type="radio"/> Square Feet <input type="radio"/> Square Kilometers <input type="radio"/> Square Meters	Select Units: <input checked="" type="radio"/> Square Feet <input type="radio"/> Square Meters	

14e. Real Property Ownership Type(s):

<input checked="" type="checkbox"/> A. Owned	<input type="checkbox"/> B. Co-Owned	<input type="checkbox"/> C. Fee Simple
<input type="checkbox"/> D. Corporate	<input type="checkbox"/> E. Joint Tenancy	<input type="checkbox"/> F. Partnership
<input type="checkbox"/> G. Limited Liability Partnership	<input type="checkbox"/> H. Co-Operative	<input type="checkbox"/> I. Government Furnished Property
<input type="checkbox"/> J. Other (Describe)		

14f. Real Property Cost: \$44,881	Share Percentage %
Federal Share: \$35,905	80.00%
Non-Federal Share: \$8,976	20.00%
Total (sum of Federal and Non-Federal Share): \$44,881	100.00%

14g. Has a deed, lien, covenant, or other related documentation been recorded to establish Federal interest in real property? Yes No NA

If yes(unless previously reported), describe the instrument used and enter the date and jurisdiction in which it was recorded:

Instrument Used	Amount	Date Recorded	Jurisdiction	State	Reference Number
	0				

Additional Comments

<i>(Attach additional sheets if necessary for 14g):</i>	
14h. Has Federally required insurance coverage been secured for this property? <i>(See instructions for more details).</i> <input checked="" type="radio"/> Yes <input type="radio"/> No	
14i. Are there any Uniform Relocation Act (URA) requirements applicable to this property? <input type="radio"/> Yes <input checked="" type="radio"/> No	
14j. Are there any environmental compliance requirements related to the real property? <input type="radio"/> Yes <input checked="" type="radio"/> No	
If yes, describe them <i>(Attach additional sheets if necessary for 14j):</i>	
14k. In accordance with the National Historic Preservation Act (NHPA), does the property possess historic significance, and/or is listed or eligible for listing in the National Register of Historic Places? <input type="radio"/> Yes <input checked="" type="radio"/> No	
If yes, describe them <i>(Attach additional sheets if necessary for 14k):</i>	
15. Has a significant change occurred with the real property, or is there an anticipated change expected during the next reporting period? <input type="radio"/> Yes <input checked="" type="radio"/> No	
If yes, describe the change <i>(Attach additional sheets if necessary for 15)</i>	
16. Real Property Disposition Status:	
<input type="checkbox"/> A. Sold	<input type="checkbox"/> B. Transferred to different award
<input type="checkbox"/> C. Used other Federally sponsored project/ program	<input type="checkbox"/> D. Transferred title
<input type="checkbox"/> E. Retained Title	<input checked="" type="checkbox"/> F. N/A
i. If the Federal agency provided the recipient disposition instructions to sell or retain title to the real property, enter the amount of the funds owed to the Federal government: \$0	
ii. If applicable, enter the amount of any net proceeds from sale of the real property and describe how the proceeds were distributed: \$0	
iii. If the Federal agency directed the recipient to transfer title to the real property, enter the amount of funds the Federal Agency owes: \$0	
17. Indicate the cumulative energy consumption for the previous 12 months:	
A. Electric (<i>kWh</i>) 21,528 or (<i>Btu</i>) 0 B. Petroleum (<i>Gal</i>) 0 C. Natural Gas (<i>cu ft</i>) 0	
<i>Other (Specify)</i>	
18. Remarks <i>(attach additional sheets if necessary):</i>	
N/A	

ATTACHMENT A (General Reporting)Property Name: Early Head Start

OMB Control No.: 4040-0016
Expires: 02/28/2025

**REAL PROPERTY STATUS REPORT SF-429
ATTACHMENT A**

Federal Grant or Other Identifying Number Assigned by Federal Agency (#2 on cover page) 04CH010733

Provide the requested information in subsections 13 through 18 of Attachment A for each parcel of real property being reported. Use a separate sheet to report information on each parcel of real property under the Federal financial assistance award identified in section 2. If a section does not apply, enter "N/A." Below is a summary of the required information to be provided for each subsection of Attachment A.

13. Period of Federal Interest (MM/DD/YYYY): From:12/01/2009 To: uncertain					
Type of Federal Interest					
<input checked="" type="checkbox"/> Acquisition <input type="checkbox"/> Renovation <input type="checkbox"/> Construction <input type="checkbox"/> Government Furnished Property					
14a. Description of Real Property: Land & Building (Renovation) - Early Head Start Walton County, FL					
Real Property Name: Early Head Start					
14b. Address of Real Property (legal description and complete address including zoning information):					
Legal description Tri-County Community Council, Inc.					
Address Line 1 265 S 18th St		Address Line 2			
Address Line 3		City Defuniak Springs	StateFL	Zip Code 32435	Zip Ext. 2348
County/Parish Walton		CountryUSA			
GPS Location (Latitude) 30.719873		GPS Location (Longitude) -86.126389		Verified	
Additional zoning information					
14c. Land Acreage or Square Units:			14d. Gross and Usable Square Footage/Meters (i.e., of building, house, etc.):		
Enter Amount: 0.34			Enter Amounts: Gross 2,856		Usable 2,856
Select Units: <input checked="" type="radio"/> Acres <input type="radio"/> Square Feet <input type="radio"/> Square Kilometers <input type="radio"/> Square Meters			Select Units: <input checked="" type="radio"/> Square Feet <input type="radio"/> Square Meters		
14e. Real Property Ownership Type(s):					
<input checked="" type="checkbox"/> A. Owned		<input type="checkbox"/> B. Co-Owned		<input type="checkbox"/> C. Fee Simple	
<input type="checkbox"/> D. Corporate		<input type="checkbox"/> E. Joint Tenancy		<input type="checkbox"/> F. Partnership	
<input type="checkbox"/> G. Limited Liability Partnership		<input type="checkbox"/> H. Co-Operative		<input type="checkbox"/> I. Government Furnished Property	
<input type="checkbox"/> J. Other (Describe)					
14f. Real Property Cost: \$228,220			Share Percentage %		
Federal Share: \$228,220			100.00%		
Non-Federal Share: \$0			0.00%		
Total (sum of Federal and Non-Federal Share): \$228,220			100.00%		
14g. Has a deed, lien, covenant, or other related documentation been recorded to establish Federal interest in real property? <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA					
If yes(unless previously reported), describe the instrument used and enter the date and jurisdiction in which it was recorded:					
Instrument Used	Amount	Date Recorded	Jurisdiction	State	Reference Number
Notice of Federal Interest	228,220	11/15/2011	Walton	FL	1175501

Additional Comments (<i>Attach additional sheets if necessary for 14g</i>):	
N/A	
14h. Has Federally required insurance coverage been secured for this property? (<i>See instructions for more details</i>). <input checked="" type="radio"/> Yes <input type="radio"/> No	
14i. Are there any Uniform Relocation Act (URA) requirements applicable to this property? <input type="radio"/> Yes <input checked="" type="radio"/> No	
14j. Are there any environmental compliance requirements related to the real property? <input type="radio"/> Yes <input checked="" type="radio"/> No	
If yes, describe them (<i>Attach additional sheets if necessary for 14j</i>):	
14k. In accordance with the National Historic Preservation Act (NHPA), does the property possess historic significance, and/or is listed or eligible for listing in the National Register of Historic Places? <input type="radio"/> Yes <input checked="" type="radio"/> No	
If yes, describe them (<i>Attach additional sheets if necessary for 14k</i>):	
15. Has a significant change occurred with the real property, or is there an anticipated change expected during the next reporting period? <input type="radio"/> Yes <input checked="" type="radio"/> No	
If yes, describe the change (<i>Attach additional sheets if necessary for 15</i>):	
16. Real Property Disposition Status:	
<input type="checkbox"/> A. Sold	<input type="checkbox"/> B. Transferred to different award
<input type="checkbox"/> C. Used other Federally sponsored project/ program	<input type="checkbox"/> D. Transferred title
<input type="checkbox"/> E. Retained Title	<input checked="" type="checkbox"/> F. N/A
i. If the Federal agency provided the recipient disposition instructions to sell or retain title to the real property, enter the amount of the funds owed to the Federal government: \$0	
ii. If applicable, enter the amount of any net proceeds from sale of the real property and describe how the proceeds were distributed: \$0	
iii. If the Federal agency directed the recipient to transfer title to the real property, enter the amount of funds the Federal Agency owes: \$0	
17. Indicate the cumulative energy consumption for the previous 12 months:	
A. Electric (<i>kWh</i>) 30,115 or (<i>Btu</i>) 0 B. Petroleum (<i>Gal</i>) 0 C. Natural Gas (<i>cu ft</i>) 0	
<i>Other (Specify)</i>	
18. Remarks (<i>attach additional sheets if necessary</i>):	
N/A	

TANGIBLE PERSONAL PROPERTY REPORT
SF- 428

OMB Number: 4040-0018
Expiration Date: 11/30/2024

1. Federal Agency and Organizational Element to Which Report is Submitted Department of Health & Human Services admin for Children & Families		
2. Federal Grant or Other Identifying Number Assigned by Federal Agency 04CH010733	3a. DUNS 07-086-5001	3b. EIN 59-1099586
4. Recipient Organization (Name and complete address including zip code) Recipient Organization Name: Tri-County Community Council, Inc. Street1: P.O. Box 1210 Street2: 302 N. Oklahoma St. City: Bonifay County: Holmes State: Florida Province: Country: USA: UNITED STATES ZIP / Postal Code: 32425		
5. Recipient Account or Identifying Number	6. Attachment (Check applicable) <input type="checkbox"/> Annual Report (SF-428-A) <input checked="" type="checkbox"/> Final (Award Closeout) Report (SF-428-B) <input type="checkbox"/> Disposition Report/Request (SF-428-C)	7. Supplemental Sheet <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. Comments Add Attachment Delete Attachment View Attachment		
9a. Typed or Printed Name and Title of Authorized Certifying Official Prefix: Mr. First Name: Joel Middle Name: Last Name: Paul Suffix: Jr Title: Executive Director		
9b. Signature of Authorized Certifying Official		
9c. Telephone (area code, number, extension) 850-547-3689		
9d. E-Mail Address finance@tricountycommunitycouncil.com		
9e. Date report submitted (MM/DD/YYYY) 02/29/2024	10. Agency use only	

TANGIBLE PERSONAL PROPERTY REPORT

Final Report SF-428-B

OMB Number: 4040-0018
Expiration Date: 11/30/2024

Federal Grant or Other Identifying Number Assigned by Federal Agency (Block 2 on SF-428).

04CH010733

1. Report (Select all that apply)

- a. Federally-owned Property (List on Supplemental Sheet SF-428S or recipient equivalent and complete Section 2a below)
- b. Acquired Equipment with acquisition cost of \$5,000 or more for which the awarding agency has reserved the right to transfer title (List on Supplemental Sheet SF-428S or recipient equivalent and complete Section 2b below).
- c. Residual Unused Supplies with total aggregate fair market value exceeding \$5,000 not needed for any other Federally sponsored programs or projects (Complete Section 2c below).
- d. None of the above

2. Complete relevant section(s)

For Agency Use Only

2a. Federally-owned Property (Select one or more).

- (i) Request transfer to Award
- (ii) Request Federal Agency disposition instructions
- (iii) Other (Provide detail in Block 3 or attach request)

Agency response to requested disposition of Federally owned property:

- (i) Recipient request approved denied
- (ii) Dispose in accordance with attached instructions:

2b. Acquired Equipment (Select one or more).

- (i) Request unconditional transfer of title with no further obligation to the Federal Government
- (ii) Request Federal Agency disposition instructions

Agency response to requested disposition of acquired equipment:

- (i) Recipient request approved denied
- (ii) Dispose in accordance with attached instructions:

Authorized Awarding Agency Official:

Signature:

Date:

Name:

Phone:

Title:

E-Mail:

Note: If the awarding agency does not provide disposition instructions within 120 days the recipient may continue to use the equipment for Federally supported projects or dispose in accordance with the applicable property standards.

2c. Reportable Residual Unused Supplies

- (i) Sale proceeds or Estimate of current fair market value \$
- (ii) Percentage of Federal participation %
- (iii) Federal share \$
- (iv) Selling and handling allowance \$
- (v) Amount remitted to the Federal Government \$

3. Comments

Add Attachment

Delete Attachment

View Attachment

FINAL REPORT ATTACHMENT TO SF-428

Agency Use Only

TRI-COUNTY COMMUNITY COUNCIL, INC.
P.O. Box 1210; 302 North Oklahoma Street
Bonifay, FL 32425
PROGRAM REPORT

PROGRAM HS/EHS

FOR MONTH OF: December 2023

FAMILIES SERVED _____

PEOPLE SERVED 169

UNITS PROVIDED (if applicable) n/a

SIGNIFICANT ACCOMPLISHMENTS: We have been closed for the Christmas holidays. Hopefully all staff was able to get some much needed rest. I will have to resubmit the reduction/conversion separately. We received the approval for our regular grant but it is only for half of the funds right now.

PROBLEM AREAS NOTED: We are still not fully enrolled in HS.

ACTION OR RESOLUTION: We have an under-enrollment plan in place.

ANY OTHER INFO: We have two of our staff beginning the master program in Education in January.

REPORTED BY: Kim Gillis

DATE: 1/4/2024

TRI-COUNTY COMMUNITY COUNCIL, INC.
P. O. Box 1210; 302 North Oklahoma Street
Bonifay, FL 32425

PROGRAM REPORT

PROGRAM Life Enrichment Senior Center

FOR MONTH OF: December 2023

MEMBERS
ENROLLED 311

SIGNIFICANT ACCOMPLISHMENTS OR EVENTS:

None

PROBLEM AREAS NOTED: None

ACTION OR RESOLUTION: _____

ANY OTHER INFO: _____

REPORTED BY: Susan Bakalo

DATE: 1/02/2024

TRI-COUNTY COMMUNITY COUNCIL, INC.
P.O. Box 1210; 302 North Oklahoma Street Bonifay, FL 32425

PROGRAM REPORT

PROGRAM: CSBG

FOR MONTH OF: December 2023

TOTAL # FAMILIES SERVED: 10 TOTAL # PEOPLE SERVED: 26

INDIVIDUALS SERVED BY COUNTY:

BAY	HOLMES	JACKSON	OKALOOSA	SANTA ROSA	WALTON	WASHINGTON
0	4	8	3	0	7	4

SIGNIFICANT ACCOMPLISHMENTS: _____

PROBLEM AREAS NOT _____

ACTION OR RESOLUTION: _____

ANY OTHER INFO: _____

REPORTED BY: Lisa McCreary DATE: 01/02/2024

TRI-COUNTY COMMUNITY COUNCIL, INC.
P.O. Box 1210; 302 North Oklahoma Street Bonifay, FL 32425

PROGRAM REPORT

PROGRAM: LIHEAP

FOR MONTH OF: December 2023

TOTAL # FAMILIES SERVED: 123 TOTAL # PEOPLE SERVED: 293

INDIVIDUALS SERVED BY COUNTY:

BAY	HOLMES	JACKSON	OKALOOSA	SANTA ROSA	WALTON	WASHINGTON
0	37	0	133	58	33	32

SIGNIFICANT ACCOMPLISHMENTS: _____

PROBLEM AREAS NOTED: _____

ACTION OR RESOLUTION: _____

ANY OTHER INFO: _____

REPORTED BY: Lisa McCreary DATE: 01/02/2024

TRI-COUNTY COMMUNITY COUNCIL, INC.
P.O. Box 1210; 302 North Oklahoma Street Bonifay, FL 32425

PROGRAM REPORT

PROGRAM: Food Pantry

FOR MONTH OF: December 2023

TOTAL # FAMILIES SERVED: 152 TOTAL # PEOPLE SERVED: 368

INDIVIDUALS SERVED BY COUNTY:

BAY	HOLMES	JACKSON	OKALOOSA	SANTA ROSA	WALTON	WASHINGTON
0	0	0	0	0	119	249

SIGNIFICANT ACCOMPLISHMENTS: _____

PROBLEM AREAS NOTED: _____

ACTION OR RESOLUTION: _____

ANY OTHER INFO: _____

REPORTED BY: Lisa McCreary DATE: 01/02/2024

TRI-COUNTY COMMUNITY COUNCIL, INC.
P.O. Box 1210; 302 North Oklahoma Street
Bonifay, FL 32425

PROGRAM REPORT

PROGRAM: Transportation

FOR MONTH OF: December 2023

NUMBER SERVED:

COUNTY	INDIVIDUALS	MILES	TRIPS
HOLMES	69	7,345	323
SANTA ROSA	113	16,469	1,377
WALTON	197	20,584	1,585
WASHINGTON	61	9,621	664

SIGNIFICANT ACCOMPLISHMENTS: We continue to learn and build off of the mistakes we make.

PROBLEM AREAS NOTED: Allocation was off due to closures. Next year we plan to carry over more so that we are able to meet closures.

ACTION OR RESOLUTION: To better plan trips in order to compensate for the slower months due to closures and holidays.

ANY OTHER INFO: _____

REPORTED BY: Aubrey Morris DATE: 1-12-24

TRI-COUNTY COMMUNITY COUNCIL, INC.
P.O. Box 1210; 302 North Oklahoma Street
Bonifay, FL 32425

PROGRAM REPORT

PROGRAM HS/EHS

FOR MONTH OF: January 2024

FAMILIES SERVED _____

PEOPLE SERVED 170

UNITS PROVIDED (if applicable) n/a

SIGNIFICANT ACCOMPLISHMENTS: The reduction/conversion request was submitted. Everyone is working hard to get their jobs complete. We are going to be looking at ways to lighten the load on our staff and still meet all of our requirements.

PROBLEM AREAS NOTED: We are still not fully enrolled in HS.

ACTION OR RESOLUTION: We are under a under-enrollment plan.

ANY OTHER INFO: There are several maintenance needs that are being worked on.

REPORTED BY: Kim Gillis

DATE: 2/12/2024

TRI-COUNTY COMMUNITY COUNCIL, INC.
P. O. Box 1210; 302 North Oklahoma Street
Bonifay, FL 32425

PROGRAM REPORT

PROGRAM Life Enrichment Senior Center

FOR MONTH OF: January 2024

MEMBERS
ENROLLED 326

SIGNIFICANT ACCOMPLISHMENTS OR EVENTS:

On January 29th Senior Center Volunteers packed 800 snack packs for the United Way Emerald Coast "No Kid Hungry" Program. These snack packs were distributed throughout the Walton County School system.

PROBLEM AREAS NOTED: None

ACTION OR RESOLUTION: _____

ANY OTHER INFO: _____

REPORTED BY: Susan Bakalo DATE: 02/01/2024

TRI-COUNTY COMMUNITY COUNCIL, INC.
P.O. Box 1210; 302 North Oklahoma Street Bonifay, FL 32425

PROGRAM REPORT

PROGRAM: CSBG

FOR MONTH OF: January 2024

TOTAL # FAMILIES SERVED: 18 TOTAL # PEOPLE SERVED: 43

INDIVIDUALS SERVED BY COUNTY:

BAY	HOLMES	JACKSON	OKALOOSA	SANTA ROSA	WALTON	WASHINGTON
1	0	4	15	6	13	4

SIGNIFICANT ACCOMPLISHMENTS: _____

PROBLEM AREAS NOT _____

ACTION OR RESOLUTION: _____

ANY OTHER INFO: We are still working on building our Self Sufficiency Program after Covid

REPORTED BY: Lisa McCreary DATE: 02/06/2024

TRI-COUNTY COMMUNITY COUNCIL, INC.
P.O. Box 1210; 302 North Oklahoma Street Bonifay, FL 32425

PROGRAM REPORT

PROGRAM: LIHEAP

FOR MONTH OF: January 2024

TOTAL # FAMILIES SERVED: 101 TOTAL # PEOPLE SERVED: 228

INDIVIDUALS SERVED BY COUNTY:

BAY	HOLMES	JACKSON	OKALOOSA	SANTA ROSA	WALTON	WASHINGTON
0	18	0	116	42	22	30

SIGNIFICANT ACCOMPLISHMENTS: _____

PROBLEM AREAS NOTED: _____

ACTION OR RESOLUTION: _____

ANY OTHER INFO: _____

REPORTED BY: Lisa McCreary DATE: 02/06/2024

TRI-COUNTY COMMUNITY COUNCIL, INC.
P.O. Box 1210; 302 North Oklahoma Street Bonifay, FL 32425

PROGRAM REPORT

PROGRAM: Food Pantry

FOR MONTH OF: January 2024

TOTAL # FAMILIES SERVED: 184 TOTAL # PEOPLE SERVED: 441

INDIVIDUALS SERVED BY COUNTY:

BAY	HOLMES	JACKSON	OKALOOSA	SANTA ROSA	WALTON	WASHINGTON
0	0	0	0	0	156	285

SIGNIFICANT ACCOMPLISHMENTS: _____

PROBLEM AREAS NOTED: _____

ACTION OR RESOLUTION: _____

ANY OTHER INFO: _____

REPORTED BY: Lisa McCreary DATE: 02/06/2024

TRI-COUNTY COMMUNITY COUNCIL, INC.
P.O. Box 1210; 302 North Oklahoma Street
Bonifay, FL 32425

PROGRAM REPORT

PROGRAM: Transportation

FOR MONTH OF: January 2024

NUMBER SERVED:

COUNTY	INDIVIDUALS	MILES	TRIPS
HOLMES	84	12,878	471
SANTA ROSA	114	17,070	1,458
WALTON	209	21,092	1,944
WASHINGTON	70	11,351	838

SIGNIFICANT ACCOMPLISHMENTS: We are starting to gain rides to reach our
monthly goals.

PROBLEM AREAS NOTED: Keeping the proper paperwork on the bus needed to
run the route proficient for day to day
(example extra TD Applications and manifests). Type text here

ACTION OR RESOLUTION: Training updates for the drivers.

ANY OTHER INFO: _____

REPORTED BY: Audrey Monio DATE: 2-15-24



Tri-County Community Council, Inc.

Client Satisfaction Survey

County All Month December 2023
 Total Surveys Completed 174

Please respond based on your recent experiences	Circle Appropriate Response		
	Yes	No	N/A
The office was clean and comfortable	172	0	2
I was treated with courtesy and respect	173	0	1
My request for assistance was attended to as quickly as possible	172	0	2
The staff listened and responded to my concerns	174	0	0
Overall, I am very satisfied with the services I received	174	0	0
Please respond to questions below only if applicable			
The staff informed me about additional Community Action Programs that might be helpful to me	126	3	23
The staff helped me find other services/programs outside of Community Action Agency	119	3	26
If staff was unable to meet my needs the reason was clearly explained to me	113	4	23
Phone calls were quickly answered and my messages were returned	129	2	21
If I had a complaint(s), it was handled well	100	3	35

How can we improve our services? (Comments welcome)

Service was awesome. Get Mrs. Haynes more help. They are a phenomenal staff and do an amazing job. No improvement necessary at this time. My visit was great! Organized, pleasant, and efficient. Get these women some better offices with more employees so they are not overworked and overwhelmed. Doing a great job.



Tri-County Community Council, Inc.

Client Satisfaction Survey

County All Month January 2024
 Total Surveys Completed 181

Please respond based on your recent experiences	Circle Appropriate Response		
	Yes	No	N/A
The office was clean and comfortable	180	0	1
I was treated with courtesy and respect	181	0	0
<u>My</u> request for assistance was attended to as quickly as possible	181	0	0
The staff listened and responded to my concerns	181	0	1
Overall, I am very satisfied with the services I received	181	0	1
Please respond to questions below only if applicable			
The staff informed me about additional Community Action Programs that might be helpful to me	126	11	25
The staff helped me find other services/programs outside of Community Action Agency	112	13	30
If staff was unable to meet my needs the reason was clearly explained to me	102	7	47
Phone calls were quickly answered and my messages were returned	132	2	28
If I had a complaint(s), it was handled well	103	1	58

How can we improve our services? (Comments welcome) I was greeted with kindness and respect. Very great women here now. Everything was wonderful and I was taken very good care of. Less paperwork. Love Ms. Anita and her staff. Staff was helpful and courteous. Get ladies some assistance, they need help. I am satisfied with the services provided. Get more funds in to help low income people and families.



What is ROMA?

- ROMA stands for Results-Oriented Management and Accountability.

In 1996, the Office of Community Services defined ROMA as “...a framework for marrying traditional management functions with the new focus on accountability.”



- Anyway you look at it or describe it, ROMA is:

- A complete management and accountability process that focuses on results achieved as a result of an agency's activities.

With ROMA, the focus is on results or outcomes in addition to the traditional counts of clients or units of service.



THE SIX NATIONAL GOALS

The 1994 Amendment to the CSBG Act introduced a requirement that CSBG eligible entities provide outcome measures to monitor success in three areas.

- Promoting Self-Sufficiency
- Promoting Family Stability
- Promoting Community Revitalization

In response, the Monitoring and Assessment Task Force (MTF), created by OCS, produced Six National Goals that addressed those three areas



THE GOALS

Goal 1 = Clients become self-sufficient

Goal 2 = Clients' lives are improved

Goal 3 = Clients own a stake in their community

Goal 4 = Partnerships are achieved

Goal 5 = An Agency's capacity is increased

Goal 6 = Families and support systems
are strengthened



The GOALS - Updated

- The Six National Goals were reduced to Three Goals with the release of ROMA, Next Generation

Goal 1: Family/Individuals with low incomes are stable and achieve economic security

Goal 2: Communities where low income live are healthy and offer economic opportunity

Goal 3: Low income people are engaged and active in building opportunities in communities

****Although the agency is not listed as a goal, the agency is a vital part of ensuring the Three Goals are achieved.**

2024 Board of Director's Calendar

January 11

Annual Meeting 2024 members seated and welcomed
FY 2022-23 Audit presented
Resolution re Authority for Executive Director
Routine Business

March 14

Form 990 Presented
Routine Business

April 11

Annual Board Training – Presenter – Etheria McFarland Dalton

May 9

Community Needs Assessment
Routine Business

July Not Scheduled

August 8

Head Start - re-funding applications/budgets/workplans
Form 550 – Flexible Benefits & 403(b) & 403(b) Plan Audit
Strategic Plan Update(s)
Executive Director's Evaluation & Salary Package Submitted to the Board
Routine Business

October 10

Community Action Plan
Board Self Evaluations
Agency-wide budget
Routine Business

November 14

Board act on recommendations for 2025 board membership
Routine Business

NOTE: Not all inclusive. Subject to change as grant applications and other business arise.

TRI-COUNTY COMMUNITY COUNCIL, INC.

Accounting & Financial Policies and Procedures Manual

Updated Revision Adopted November 13, 1997

Modification Adopted March 12, 1998; August 13, 1998; April 8, 1999; December 9, 1999;
January 13, 2000; March 9, 2000; August 8, 2002; October 9, 2003; August 14, 2008;
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2012, May 9, 2013, August 8, 2013, August 14, 2014, August 13, 2015, November 12,
2015, January 12, 2017, March 9, 2017, August 9, 2018, October 10, 2019, March 12,
2020, August 13, 2020, March 11, 2021, May 12, 2022

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FINANCE DEPARTMENT OVERVIEW

Organization Structure

The Finance Department typically consists of 4 staff positions that manage and process financial information for Tri-County Community Council, Inc. The following positions comprise the Finance Department:

- CFO
- Finance Officer
- Finance Officer/AP Specialist
- Fiscal Assistant

Department Responsibilities

Financial duties and responsibilities must be segregated so that no one employee has sole control over cash receipts, disbursements, payrolls, reconciliations of bank accounts, etc.

Finance duties must be rotated among Finance department employees whenever possible.

The primary responsibilities of the Finance Department consist of:

- General ledger transactions and reconciliations
- Budgeting
- Cash and investment management
- Cash receipts
- Accounts payable
- Cash disbursements
- Payroll
- External reporting of financial information
- Bank reconciliation
- Compliance with government financial reporting requirements
- Annual financial statement audit and fiscal monitoring visits
- Financial record retention

Standards for Financial Management Systems

In accordance with ~~2 CFR Part 200.302(b), of the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards~~ [45 CFR Part 75.302(b), of the Uniform

~~Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards],~~
federal grant regulations (commonly referred to as Uniform Guidance, Tri-County Community Council, Inc. maintains a financial management system that provides for the following. Specific procedures to carry out these standards are detailed in the appropriate sections of this manual.

1. Identify, in all its accounts, all federal awards received and expended and the federal programs under which they were received. (2 CFR Part 200.302(b)(1))
[45 CFR 75.302(b)(1)]
2. Provide accurate, current, and complete disclosure of the financial results of each federally-sponsored project or program in accordance with the reporting requirements of 2 CFR Parts 200.328 [45 CFR Parts 75.341], *Financial Reporting*, and 200.329 [75.342], *Monitoring and Reporting Program Performance*, and/or the award.
3. Maintain records that identify adequately the source and application of funds for federally-funded activities. These records will contain information pertaining to federal awards, authorizations, obligations, unobligated balances, assets, expenditures, income, and interest, and be fully supported by source documentation.
4. Establish effective control over and accountability for all funds, property, and other assets. Tri-County Community Council, Inc. will adequately safeguard all such assets and ensure they are used solely for authorized purposes.
5. Prepare comparison of expenditures with budget amounts for each award.
6. Maintain information that relates financial data to performance accomplishments and demonstrates cost effective practices as required by funding sources.
(2 CFR Part 200.301 [45 CFR Part 75.301], *Performance Measurement*)
7. Establish written procedures to minimize the time elapsing between the transfer of funds and disbursement by Tri-County Community Council, Inc. Advance payments will be limited to the minimum amount needed and be timed to be in accordance with actual, immediate cash requirements. (2 CFR Part 200.305 [45 CFR Part 75.305] *Payment*.)
8. Establish written procedures for determining the reasonableness, allocability, and allowability of costs in accordance with the provisions of the 2 CFR Part 200 [45 CFR Part 75] *Subpart E, Cost Principles*, and the terms and conditions of the award. See Tri-County Community Council, Inc.'s written procedures in the CHARGING COSTS TO FEDERAL AWARDS section of this manual.

BUSINESS CONDUCT

Practice of Ethical Behavior

Tri-County Community Council, Inc. requires Board members, committee members, and employees to observe high standards of business and personal ethics in the conduct of their duties and responsibilities, and all directors, committee members, and employees to comply with all applicable laws and regulatory requirements. Unethical actions, or the appearance of unethical actions, are unacceptable under any conditions. The policies and reputation of Tri-County Community Council, Inc. depend to a large extent on the following considerations.

- Each employee must apply her or his own sense of personal ethics, which should extend beyond compliance with applicable laws and regulations in business situations, to govern behavior where no existing regulation provides a guideline.
- Each employee is responsible for applying common sense in business decisions where specific rules do not provide all the answers.

In determining compliance with this standard in specific situations, employees should ask themselves the following questions:

1. Is my action legal?
2. Is my action ethical?
3. Does my action comply with Tri-County Community Council, Inc. policy?
4. Am I sure my action does not *appear* inappropriate?
5. Am I sure that I would not be embarrassed or compromised if my action became known within the Organization or publicly?
6. Am I sure that my action meets my personal code of ethics and behavior?
7. Would I feel comfortable defending my actions on the 6 o'clock news?

Each employee should be able to answer "yes" to all of these questions before taking action.

Directors, managers, supervisors, and employees must carefully weigh all courses of action suggested in ethical, as well as economic, terms and base their final decisions on the guidelines provided by this policy, as well as their personal sense of right and wrong.

Confidentiality Policy – See Personnel Policies & Procedures Section 4 General 4.8 Confidential Information

~~Tri-County Community Council, Inc. respects the privacy of its clients, former clients, donors, staff, and volunteers. As a basic component of business ethics, employees, volunteers, and board members will take care to ensure that personal information, financial information, and proprietary information remain confidential and not be disclosed or discussed with anyone without permission or authorization from the Executive Director. Care should also be taken to~~

~~ensure that unauthorized individuals do not overhear any discussion of confidential information and that documents containing confidential information are not left in the open or inadvertently shared.~~

~~Confidentiality is the safeguarding of privileged information. Tri-County Community Council, Inc. is provided with personal and private information, including protected personally identifiable information (PII), to provide services to clients and participants. Unauthorized disclosure of confidential information could result in legal liability, damage to relationship with client, staff, and public. Violation of this policy and any statutes regarding confidentiality may result in termination of employment or other corrective action.~~

Conflicts Of Interest – See Personnel Policies & Procedures Section 4 **General 4.8 Conflict Of Interest**

~~All employees shall avoid activities that create a conflict of interest with their responsibility to the Agency. All employees are to observe the highest moral and ethical stands in any dealing in which they represent the Agency.~~

~~The Agency recognizes and respects each employee's right to privacy and to engage in personal activities outside the scope of employment. Each employee also has an obligation to refrain from activities that conflict or interfere with the Agency's operations. This obligation includes, but is not limited to, an obligation to comply with Section 112.313, Florida Statutes, related to the following:~~

- ~~• SOLICITATION OR ACCEPTANCE OF GIFTS – No employee of an agency shall solicit or accept anything of value to the recipient, including a gift, loan, reward, promise of future employment, favor, or service, based upon any understanding that official action, or judgment of the employee would be influenced thereby.~~
- ~~• DOING BUSINESS WITH ONE'S AGENCY – No employee of an agency acting in his or her official capacity as a purchasing agency shall either directly or indirectly purchase, rent, or lease any realty, goods, or services for his or her own agency from any business entity of which the employee or the employee's spouse or child is an officer, partner, director, or proprietor or in which such employee or the employee's spouse or child, or any combination of them, has a material interest. Nor shall an employee, acting in a private capacity, rent, lease, or sell any realty, goods, or services to the employee's own agency.~~
- ~~• UNAUTHORIZED COMPENSATION – No employee of an agency or his or her spouse or minor child shall, at any time, accept any compensation,~~

~~payment, or thing of value when such employee knows, or, with the exercise of reasonable care, should know, that it was given to influence action in which the employee was expected to participate in his or her official capacity.~~

- ~~MISUSE OF PUBLIC POSITION~~ No employee of an agency shall corruptly or attempt to use his or her official position or any property or resource which may be within his or her trust, or perform his or her official duties, to secure a special privilege, benefit, or exemption for himself, herself, or others.

- ~~CONFLICTING EMPLOYMENT OR CONTRACTUAL RELATIONSHIP~~ No employee of an agency shall have or hold any employment or contractual relationship with any business entity or any agency which is subject to the regulation of, or is doing business with, an agency of which he or she is an officer or employee, excluding those organizations and their officers who, when acting in their official capacity, enter into or negotiate a collective bargaining contract with the state or any municipality, county, or other political subdivision of the state; nor shall an officer or employee of an agency have or hold any employment or contractual relationship that will create a continuing or frequently recurring conflict between his other private interests and the performance of his or her public duties or that would impede the full and faithful discharge of his or her public duties.

- ~~DISCLOSURE OR USE OF CERTAIN INFORMATION~~ A current or former employee of an agency may not disclose or use information not available to members of the general public and gained by reason of his or her official position, except for information relating exclusively to governmental practices, for his or her personal gain or benefit or for the personal gain or benefit of any other person or business entity.

- The Agency reserves the right to determine when an activity conflicts with the best interest of the Agency and to take action necessary to resolve the conflict. If necessary, this action can include terminating the employee.

- Employees who are aware of conflict of interest violations are obligated to report them to their supervisor immediately. Those who fail to do so will be subject to discipline. Confidentiality of all employees reporting conflicts of interest will be protected.

GENERAL LEDGER AND CHART OF ACCOUNTS

The general ledger is the collection of all asset, liability, net assets, revenue, and expense accounts. It is used to accumulate all financial transactions and is supported by subsidiary ledgers that provide details for certain accounts. The general ledger is the foundation for the accumulation of data and production of reports.

Chart of Accounts Overview

The chart of accounts is the framework for the general ledger system and the basis for the accounting system. The chart of accounts consists of account titles and account numbers assigned to the titles. General ledger accounts are used to accumulate transactions and the impact of these transactions on each asset, liability, net asset, revenue, expense, and gain and loss account.

Tri-County Community Council, Inc.'s chart of accounts is comprised of six types of accounts:

1. Assets
2. Liabilities
3. Net Assets
4. Revenues
5. Expenses

In compliance with the Standards for Financial Management Systems, Tri-County Community Council, Inc. will identify in its accounts all federal awards received and expended and the federal programs under which they were received. (2 CFR Part 200.302(b)(1))

[45 CFR 75.302(b)(1)] To comply with this regulation, Tri-County Community Council, Inc.'s account numbers will be used to identify federal awards received and expended. Each account number will be have a two-digit grant number, four-digit function number and a three-digit county code.

Distribution of Chart of Accounts

All Tri-County Community Council, Inc. employees involved with account coding or budgetary responsibilities will be issued a current chart of accounts, or the section of the chart of accounts applicable to their program. As the chart of accounts is revised, an updated copy of the chart of accounts will be promptly distributed to these individuals.

Control of Chart of Accounts

The CFO monitors and controls the chart of accounts, including all account maintenance, such as additions and deletions. Any additions or deletions of accounts must be approved by the

ADMINISTRATION OF FEDERAL AWARDS

Definitions

Tri-County Community Council, Inc. may receive financial assistance from a donor/grantor agency through grants and cooperative agreements. Throughout this manual, federal assistance received in either of these form(s) will be referred to as a federal "award."

Preparation and Review of Proposals

- Financial grant applications/budgets and amendments must be prepared by the Executive Director's designee and reviewed by the Executive Director and other members of the Executive Management Team. The total budget will reflect the cost of carrying out the programs and services of the grant.
- Approval of all grant applications/budgets must be reflected in the Board of Directors' minutes. This approval will be authority for the Executive Director to manage the agency's finances according to the plan without seeking further approval of the board.
- The Policy Council must approve the Head Start grant application prior to submission to the Board of Directors for final approval.
- The Executive Director may make expenditures consistent with the Board-approved budget without further Board approval. However, expenditures that are not within the board-approved budget must be formally approved by the Board of Directors.
- A list of anticipated major capital expenditures should be submitted to the Board for approval.
- Unbudgeted emergency repairs to the physical locations or equipment that must be completed immediately, and cannot be practically submitted to the Board for approval, may be authorized by the Executive Director. The Board of Directors will be informed of the expenditures as soon as possible.

Post-Award Procedures

After an award has been made, the following steps will be taken:

1. Verify the terms and conditions of the grant or contract. The Finance Department and Program Managers will review the terms, time periods, award amounts, and expected expenditures associated with the award. ~~A Catalog of Federal Domestic Assistance~~ Assistance

Listing N(CFDA) number will be determined for each federal award. All reporting requirements under the contract or award will be summarized.

2. Accounts will be established for the receipt and expenditure categories in line with the grant or contract budget. Also see CONTROL OF CHART OF ACCOUNTS section of this manual.
3. Gather documentation. See the DOCUMENT ADMINISTRATION section for details.

Document Administration

1. Copy of the initial application for the award and corresponding budget, including documentation of Board approval
2. All correspondence to and from the awarding agency post-application, leading up to and subsequent to the award
3. The final, approved budget and program plan, after making any modifications
4. The grant agreement and any other documents associated with the initial making of the award
5. Reference sources or links to pertinent laws and regulations, including awarding agency guidelines, associated with the award
6. Subsequent grant modifications (financial and programmatic)
7. Copies of program and financial reports
8. Prior written approvals from awarding agency
9. Results of any monitoring visits conducted by the awarding agency, including resolution by Tri-County Community Council, Inc. of any findings arising from such visits
10. Correspondence and other documents resulting from the closeout process of the award

Closeout of Federal Awards

Tri-County Community Council, Inc. will follow the closeout procedures described in *2 CFR Part 200.344 [45 CFR Part 75.381] Closeout*, and in the grant agreements as specified by the granting agency.

Tri-County Community Council, Inc. and all sub-recipients will liquidate all obligations incurred under the grant or contract within 90 days of the end of the grant or contract agreement, at a minimum.

- a. The service creates or enhances a non-financial asset (e.g., land, buildings, intangible assets, etc.).
- b. The service requires a specialized skill, it is provided by an individual possessing that skill, and the service is one that would typically need to be purchased if it had not been contributed to the organization.

All noncash contribution income received will be recorded at fair value. (Also see the COST SHARING AND MATCHING and CONTRIBUTIONS ACCOUNTING sections of this manual.)

5. **Program Revenue** – Defined as gross income generated by a supported activity or earned as a result of an award or program.
6. **Membership dues** – membership dues may contain elements of both exchange transactions and contributions based distinguishing indicators such as the extent and duration of benefits received by members. Example is the Senior Center.
7. **Fee-for-Service Income** – Recognized as income when services are rendered in accordance with the terms of the contract with the customer unless collection of amounts due is in question. In this case, revenue is recognized when payments are received.

Fee for service income is billed according to contract terms and conditions, based on the number of units of services provided.

8. **Interest, dividends, rents, or other forms of ordinary income** – Earned monthly. Investment return is generally considered free of donor restrictions, unless its use is limited by a donor-imposed restriction or by law.
9. **Immaterial and other lesser sources of revenue** such as transportation fees or child care fees will be recorded on the cash basis of accounting (i.e., recorded as revenue when received) as deemed appropriate by the CFO.

~~Immaterial or other lesser sources of income will be collected and recorded when the services are provided.~~

COST SHARING AND MATCHING (IN-KIND)– MUST, IF REQUIRED BY GRANT CONDITIONS

Overview of Cost Sharing or Matching

Tri-County Community Council, Inc. values contributed services and property that are to be used to meet a cost sharing or matching requirement at their fair market values at the time of contribution, unless award documents or federal agency regulations identify specific values to be used. Tri-County Community Council, Inc. will claim contributions as meeting a cost sharing or matching requirement of a federal award when all of the following criteria are met in accordance with 2 CFR Part 200.306 [45 CFR 75.306]:

1. The contribution is verifiable from Tri-County Community Council, Inc. records.
2. The contribution is not included as a contribution (or match) for any other federally-assisted project or program.
3. The contribution is necessary and reasonable for proper and efficient accomplishment of project or program objectives.
4. The contribution is allowable under the federal cost principles, *2 CFR Part 200 [45 CFR Part 75] Subpart E, Cost Principles*.
5. The contribution is not paid by the federal government under another award, except where authorized by federal statute to be used for cost sharing or matching.
6. The contribution is provided for in the approved budget when required by the federal awarding agency.
7. The contribution conforms to all provisions of federal administrative regulations, *2 CFR Part 200 [45 CFR Part 75] Subpart D, Post Federal Awards Requirements*.
8. In the case of donated space, (or donated use of space), the space is subject to an independent appraisal performed by a certified appraiser as defined by 2 CFR Part 200.306(i) [45 CFR Part 75.306(i)] to establish its value.
9. The Program Director/Manager shall be responsible for generating the in-kind required for the program In-Kind must be reflected on the financial reports monthly.
10. The employee who receives the contribution must prepare the voucher for non-federal share requirements and obtain the donor signature on the form. Tapes must be attached to verify accuracy.

BILLING/INVOICING POLICIES

Overview of Billing/Invoicing

The Organization's primary sources of revenue is listed in the REVENUE RECOGNITION section of this manual. Depending on the type of revenue source, the Organization may generate a bill or invoice, including a request for reimbursement.

Billing/Invoicing [Request for Reimbursement] and Financial Reporting

Tri-County Community Council, Inc. strives to provide management, staff, and funding sources with timely and accurate financial reports applicable to federal awards. These reports include monthly and cumulative expenditures, a project budget, and a balance remaining column.

Tri-County Community Council, Inc. will prepare and submit financial reports as specified by the financial reporting clause of each grant or contract award document. Preparation of these reports will be the responsibility of the finance staff, review and approved by CFO and Executive Director. It will be the responsibility of the Chief Finance Officer to ensure that all reports are submitted on a timely basis.

The following policies will apply to the preparation and submission of billings/invoices to funding agencies under awards made to Tri-County Community Council, Inc.:

1. The Organization will request reimbursement after expenditures have been incurred, unless an award specifies another method.
2. Tri-County Community Council, Inc. will strive to minimize the time between receipt of advances of federal funds and disbursement of grant funds by issuing payments of receipt of such funds. Also see CASH DRAWDOWNS OF ADVANCES OF FEDERAL AWARDS section of this manual.
3. Each award normally specifies a particular billing cycle. Therefore, a schedule is established for each grant and contract to ensure that billings/invoices is made on a timely basis along with any other reporting that is required in addition to the financial reports. The Chief Finance Officer and Assistant Executive Director / Human Resource Director must maintain a current listing of reports, contact persons, and due dates to ensure quality assurance is maintained on an ongoing basis.
4. Billings/invoices of award expenditures will use the actual amounts as posted to the general ledger as the source for all invoice/reimbursement amounts. A copy of all Program Financial Reports must be made for the finance department file, and for the Program Director/Manager's file when necessary. Finance department personnel must complete any reports due before leave is taken.

5. All financial reports required by each federal award will be prepared and filed on a timely basis. To the extent Tri-County Community Council, Inc.'s year-end audit results in adjustments to amounts previously reported to funding agencies, revised reports will be prepared and filed in accordance with the terms of each award.

Also See CASH DRAWDOWNS OF ADVANCES OF FEDERAL FUNDS section of this manual.

Cash Drawdowns of Advances of Federal Funds

Tri-County Community Council, Inc. will minimize the time elapsing between the transfer of funds to and disbursement of funds by Tri-County Community Council, Inc. Advance payments will be limited to the minimum amount needed and timed to be in accordance with actual, immediate cash requirements. (2 CFR Part 200.305 [45 CFR Part 75.305].)

Cash drawdowns of advances from federal agencies will be made weekly in conjunction with the accounts payable and payroll schedule, based on need. All federal funds will be deposited into the operating account. Tri-County Community Council, Inc. requires that federal funds will be disbursed within 24 hours of receipt using the following process:

1. Finance staff will print out a listing of disbursements.
2. The CFO reviews and approves the list. For Head Start funds the CFO will email the Head Start director a list of disbursements for review & approve before drawing down the funds.
3. The CFO draws down the cash required.
4. The disbursements are prepared in accordance with CASH DISBURSEMENT policies and procedures found elsewhere in this manual.

Classification of Income

All income received by Tri-County Community Council, Inc. is classified as "without donor-imposed restriction," with the exception of the following, which will be classified as "with donor-imposed restriction":

1. Grants and other awards received from government agencies or other grantors, which are restricted and have not been released through the performance of program services or the passage of time.
2. Special endowments received from donors requesting that the funds be restricted for specific purposes in perpetuity.
3. Income earned from endowment funds (e.g., interest and dividends, gains and losses) in connection with endowments where the donor has explicitly stated that earnings on an

Responsibility for Purchasing

All department heads or their designees, will have the authority to initiate purchases on behalf of their department, within the guidelines described here. Department directors will inform the Finance Department of all individuals that may initiate purchases or prepare purchase orders. The Finance Department will maintain a current list of all authorized purchasers.

Code of Conduct in Purchasing

(2 CFR Part 200.318(c)(1)) [45 CFR Part 75.327(c)(1)]

Ethical conduct in managing the Organization's purchasing activities is essential. Staff must always be mindful that they represent Tri-County Community Council, Inc. and share a professional trust with other staff and funding sources.

- Officers, Board members, employees, and agents will not solicit or accept gratuities, favors, or anything of monetary value from contractors or parties to subcontracts.
- Staff will discourage the offer of and decline individual gifts, favors, or gratuities that might influence the purchase of supplies, equipment, and/or services. Staff will notify their immediate supervisor if they are offered such gifts.
- No officer, Board member, employee, or agent will participate in the selection or administration of a contractor if a real or apparent conflict of interest would be involved. See the CONFLICTS OF INTEREST section elsewhere in this manual.

Competition

(2 CFR Part 200.319) [45 CFR Part 75.328]

In order to promote open and full competition, purchasers will:

- Be alert to any internal potential conflicts of interest.
- Be alert to any noncompetitive practices among contractors that may restrict, eliminate, or restrain trade.
- Not permit contractors who develop specifications, requirements, or proposals to bid or propose on such procurements.
- Award contracts to bidders or proposers whose product or service is most advantageous in terms of price, quality, and other factors.
- Issue solicitations that clearly set forth all requirements to be evaluated.
- Reserve the right to reject any and all bids when it is in the Organization's best interest and properly documented *(2 CFR 200.318(c) [45 CFR 75.329(c)]*.
- Not give preference to state or local geographical areas unless such preference is mandated by federal statute. *(2 CFR Part 200.319(c)) [45 CFR Part 75.328(b)]*
- Only use "name brand or equivalent" description as a means to define the performance or requirements. *(2 CFR Part 200.319(d)(1)) [45 CFR Part 75.328(b)]*

Amount of Purchase	Required Approvals	Required Solicitation	Required Documentation
FDOT Requirements Micro Purchase <\$2,500 Small Purchase \$2,500 < \$35,000 Competitive Purchase >\$35,000	•	•	• See the provided Subrecipient Procurement Checklist from FDOT.
Davis Bacon >\$2,000	•	•	• See page 41 for more information.

Procurement Procedures

The following are Tri-County Community Council Inc.'s general procurement procedures:

1. Tri-County Community Council, Inc. will avoid purchasing unnecessary or duplicative items for the performance of the activities required by a federal award. *(2 CFR Part 200.318(d)) [45 CFR Part 75.327(d)]*
2. When appropriate, an analysis will be made of lease and purchase alternatives to determine which would be the most economical and practical procurement for the federal government. *(2 CFR Part 200.318(d)) [45 CFR Part 75.327(d)]*. This analysis will only be made when both lease and purchase alternatives are available to the program.
3. Tri-County Community Council, Inc. will enter into state and local inter-governmental or inter-entity agreements where appropriate for procurement or use of common or shared goods and services. *(2 CFR Part 200.318(e)) [45 CFR Part 75.327(e)]*
4. Tri-County Community Council, Inc. will use federal excess and surplus property in lieu of purchasing new equipment and property whenever such use is feasible and reduces project costs. *(2 CFR Part 200.318(f)) [45 CFR Part 75.327(f)]*

5. Documentation of the cost and price analysis associated with each procurement decision, including contract modifications, in excess of \$~~25450~~250,000 will be retained in the procurement files pertaining to each federal award. (2 CFR Part 200.324) [45 CFR Part 75.332]
6. All pre-qualified lists of persons, firms, or products which are used in acquiring goods and services must be current and include enough qualified sources to ensure maximum open and full competition. (2 CFR Part 200.319(e)) [45 CFR Part 75.328(d)]
7. Tri-County Community Council, Inc. will maintain records sufficient to detail the history of procurement, including, but not limited to: (2 CFR Part 200.318(i)) [45 CFR Part 75.327(i)]
 - a. Rationale for the method of procurement;
 - b. Selection of contract type;
 - c. Contractor selection or rejection; and
 - d. The basis for the contract price.
8. Tri-County Community Council, Inc. will make all procurement files available for inspection upon request by a federal or pass-through awarding agency.
9. Tri-County Community Council, Inc. will not utilize the cost-plus-a-percentage-of-costs or percentage of construction cost methods of contracting. (2 CFR Part 200.324(d)) [45 CFR Part 75.332(d)]
10. Consideration will be given to dividing total requirements, when economically feasible, into smaller tasks or quantities to permit maximum participation by small and minority businesses, women's business enterprises, veteran owned businesses, and labor surplus area firms. (2 CFR Part 200.321(b)(3)) [45 CFR Part 75.330(b)(3)]
11. Purchases will be made in accordance with the thresholds, required approvals, required solicitation methods, and documentation requirements indicated in the PROCUREMENT THRESHOLDS AND AUTHORIZATIONS LIMITS section of this manual.

Competitive Proposal Method of Procurement

The competitive proposal method of procurement will be used for purchases in accordance with the PROCUREMENT THRESHOLD AND AUTHORIZATION LIMITS chart of this manual and will be used when price and other factors are considered to determine the most advantageous proposal. Examples of some of the other factors may include those listed in the EVALUATION OF ALTERNATIVE PROPOSERS section of this manual.

The following conditions apply for this method of procurement:

- Request for Proposals (RFPs) will be publicized (see the ADVERTISING PLAN section of this manual)

- RFPs will include all specifications, terms and conditions that the proposer must meet
- RFPs will include all evaluation factors and their relative importance
- Proposals must be solicited from a number of qualified sources
- Tri-County Community Council, Inc. will conduct an evaluation of proposals received by the publicized due date in accordance with its established procedures; maximum effort will be made to consider all responses to proposals (see EVALUATION OF ALTERNATIVE PROPOSERS section of this manual)

Solicitation for Procurements

To help ensure full and open competition, solicitations for goods and services, requests for proposals (RFPs), and invitation for bid (IFBs or sealed bids) will provide for all of the following:

1. A clear and accurate description of the technical requirements for the material, product, or service to be procured. Descriptions will not contain features which unduly restrict competition. *(2 CFR Part 200.319(d)(1)) [45 CFR Part 75.328(c)(1)]*

Description may also include the following:

- Technical requirements in terms of functions to be performed or performance required, including the range of acceptable characteristics or minimum acceptable standards.
 - Preference for products and services that conserve natural resources, protect the environment, and are energy efficient, to the extent practicable and economically feasible
2. Requirements which the offeror must fulfill and all other factors to be used in evaluating bids or proposals. (See EVALUATION OF ALTERNATIVE CONTRACTORS elsewhere in this manual for required criteria.) *(2 CFR Part 200.319(d)(2)) [45 CFR Part 75.328(c)(2)]*
 3. Description may include a statement of the qualitative nature of the material, product, or service to be procured and, when necessary, must set forth the minimum essential characteristics and standards to which it must conform if it is to satisfy its intended use. Detailed product specifications should be avoided if at all possible to avoid impeding competition. *(2 CFR Part 200.319(d)(1)) [45 CFR Part 75.328(c)(1)]*
 4. When it is impractical or uneconomical to make a clear and accurate description of the technical requirements, a "brand name or equivalent" description may be used as a means to define the performance or other salient requirements of procurement. The specific features of the named brand which must be met will be clearly stated. *(2 CFR Part 200.319(d)(1)) [45 CFR Part 75.328(c)(1)]*
 5. Required delivery or performance dates/schedules.

Receipt of Proposal

Solicitations should provide for sufficient time to permit the preparation and submission of offers (quotes, bids, proposals) before the specified due date.

Contractor offers are considered late if received after the due date and time specified in the solicitation. Late offers will be so marked on the outside of the envelope and retained, unopened, in the procurement file.

Evaluation of Alternative Proposers

With competitive proposal method of procurement, proposers will be evaluated on a weighted scale that considers some or all of the following criteria, as appropriate for the procurement:

1. Adequacy of the proposed methodology
2. Skill and experience of key personnel
3. Demonstrated experience, availability of product and/or quality of product.
4. Other technical specifications designated by the department requesting proposals
5. Compliance with administrative requirements of the request for proposal (format, due date, etc.)
6. Proposer's financial stability
7. Proposer's demonstrated commitment to the nonprofit sector
8. Results of communications with references supplied by proposer
9. Ability/commitment to meeting time deadlines
10. Cost
11. Minority, small business, women-owned business, veteran-owned business status of proposer, or labor surplus firm
12. Other criteria (to be specified by the department requesting proposal)

Not all of the preceding criteria may apply in each procurement. However, the department responsible for the purchase will establish the relative importance of the appropriately established criteria prior to requesting proposals and will evaluate each proposal on the basis of the criteria and weighting that have been pre-determined.

After a contractor has been selected and approved by the Program Manager the final selection will be approved by the Executive Director prior to entering into a contract.

Affirmative Consideration of Minority, Small Business, Women-Owned Businesses, and Labor Surplus Area Firms

(2 CFR Part 200.321) [45 CFR Part 75.330]

Positive efforts will be made by Tri-County Community Council, Inc. to utilize small businesses, minority-owned firms, women's business enterprises, veteran owned businesses, and labor surplus area firms whenever possible. Therefore, the following steps will be taken:

1. Ensure ~~that small business, minority-owned firms, women's business enterprises, veteran-owned businesses, and labor surplus area~~ these businesses/ firms are used to the fullest extent practicable. (2 CFR Part 200.321) **[45 CFR Part 75.330]**
2. Tri-County Community Council, Inc. will directly solicit bids or proposals from ~~small business, minority-owned firms, women's business enterprises, veteran-owned businesses, and labor surplus area~~ these businesses/ firms. ~~These businesses will be solicited~~ whenever they are a potential source. (2 CFR Part 200.321(b)) **[45 CFR Part 75.330(b)]**
3. Tri-County Community Council, Inc. will evaluate procurements to determine if it is practical to separate purchases or projects into smaller components in order to encourage solicitation responses from these businesses/ firms. (2 CFR Part 200.321(b)(3)) **[45 CFR Part 75.330(b)(3)]**
4. Establish delivery schedules, where the requirement permits, which encourage participation by ~~small and minority businesses, veteran-owned businesses and women's business enterprises~~ these business/ firms. (2 CFR Part 200.321(b)(4)) **[45 CFR Part 75.330(b)(4)]** Make information on forthcoming opportunities available and arrange time frames for purchases and contracts to encourage and facilitate participation by ~~small business, minority-owned firms, women's business enterprises, and labor surplus area~~ these businesses/ firms.
5. Utilize organizations as the Small Business Administration and the Department of Commerce's Minority Business Development Agency to determine validity of, assistance with, or location of the businesses addressed in this section, as appropriate. (2 CFR Part 200.321(b)(5)) **[45 CFR Part 75.330(b)(5)]**
6. Consider in the contract process whether firms competing for larger contracts should subcontract with ~~small businesses, minority-owned firms, women's business enterprises, veteran-owned businesses, and labor surplus area~~ these businesses/ firms. (2 CFR Part 200.321(b)(6)) **[45 CFR Part 75.330(b)(6)]**

Non Competitive Method of Procurement (Sole Source)

This method of procurement can be used as approved in accordance with the PROCUREMENT THRESHOLDS AND AUTHORIZATION chart elsewhere in this manual for the following circumstances:

Emergencies

Where equipment, materials, parts, and/or services are needed, quotations will not be necessary if the health, welfare, safety, etc., of staff and protection of Organization property is involved. The reasons for such purchases will be documented in the procurement file.

Single Distributor/Source

The item or service is only available from a single source. Examples of when this applies to Tri-County Community Council, Inc. include [list examples of the type of items or services that are only available from one sourced for your organization].

- The item or service is only available from one source.
- The situation is an emergency and will not permit a delay resulting from competitive solicitation.
- The awarding agency expressly authorizes noncompetitive proposals in response to a written request.
- After solicitation, competition is deemed inadequate (insufficient bidders).

Bonding Requirements

Tri-County Community Council, Inc. will require bonding when deemed necessary to help ensure the interests of the organization and the funding source is protected. Minimum bonding requirements will include the following: *(2 CFR Part 200.326) [45 CFR Part 75.334]*

- A bid guarantee in the form of a bid bond, certified check, or other negotiable instrument from each bidder equivalent to five percent of the bid price assuring that the bidder will, upon acceptance of the bid, execute such contractual documents as may be required within the time specified.
- A performance bond on the part of the contractor for 100 percent of the contract price, to be executed in connection with a contract to secure fulfillment of all the contractor's obligations under the contract.
- A payment bond for 100 percent of the contract price, executed in connection with a contract to assure payment as required by law of all persons supplying labor and material in execution of the work provided for in the contract.

Use of Purchase Orders

Tri-County Community Council, Inc. utilizes a purchase order system. A properly completed purchase order will be required for each purchase decision (i.e., total amount of goods and services purchased, not unit cost) in excess of \$2,000, with the exception of travel advances and expense reimbursements, which require the preparation of a separate form described elsewhere in this manual. A properly completed purchase order will contain the following information, at a minimum:

1. Specifications or statement of services required
2. Contractor name, address, and contact's name, email, and phone number
3. Source of funding, as applicable
4. Delivery or performance schedules, if applicable
5. Delivery, packing, and transportation requirements, if applicable
6. Special conditions, if applicable
7. Net price per unit, less discount, if any
8. Total amount of order
9. Authorized signature
10. Date purchase order was prepared
11. Delivery address
- ~~12. [Additional information deemed necessary by the organization]~~

~~13-12.~~_____

Purchase Orders are carbon copy and should be distributed as:

- White Copy – Contractor Copy
- Yellow Copy – Accounting Department Copy (given to Accounting Department as soon as Purchase Order is complete)
- Pink Copy – Preparer Copy

Purchase orders will be pre-numbered, kept in a secure area in the Finance Department, and issued upon request from an authorized purchaser.

All purchase orders will be recorded in a purchase order log. At the end of the fiscal period, an aged outstanding purchase order report will be prepared and distributed to each purchasing representative and the CFO.

Voided Purchase Orders

If a purchase order needs to be voided, the yellow and pink copies of the purchase order should be submitted to the Accounting Department for documentation purposes.

Contractor Files and Required Documentation

The Finance Department will create a contractor file for each new contractor or re-activated contractor from whom Tri-County Community Council, Inc. purchases goods or services.

W-9 forms are required by the IRS for many Contractors unless the Contractor is a corporation. A W-9 form must be obtained and turned into the finance department before the check is issued. This form must be completed so a search can be conducted by the finance personnel to

4. Davis-Bacon Act, as amended (40 U.S.C. 3141-3148)

Davis Bacon Act Contractor Packet

- A Tri-County Community Council, Inc. designated personnel must provide the awarded Contractor with updated prevailing wage rates for the specific county where the work is being done, from <http://www.wdol.gov/dba.aspx>.
- A Tri-County Community Council, Inc. designated personnel must provide the awarded Contractor with copies of the Davis-Bacon Poster, Payroll Form (WH-347) with instructions, and Request for Taxpayer Identification Number and Certification (W-9).

Davis Bacon Act Contractor Requirements

Covered contractors and subcontractors must maintain and submit weekly payrolls to designated Tri-County Community Council, Inc. personnel.

These records must include:

- a. Name, current address, and social security number of each employee
- b. Each employee's work classification (s)
- c. Hourly rate (s) of pay
- d. Daily and weekly numbers of hours worked
- e. Deductions made
- f. Actual wages paid

In order for Contractor to receive final payment, personnel must submit an invoice showing program manager approval and certification of Davis Bacon Compliance.

5. Copeland "Anti-Kickback" Act (40 U.S.C. 3145)
6. Contract Work Hours and Safety Standards Act (40 U.S.C. 3701-3708)
7. Rights to Inventions Made Under a Contract or Agreement
8. Clean Air Act (42 U.S.C. 7401-7671q) and the Federal Water Pollution Control Act (33 U.S.C. 1251-1387), as amended
9. Debarment and Suspension (E.O.s 12549 and 12689)
10. Byrd Anti-Lobbying Amendment (31 U.S.C. 1352, 2 CFR 180)
11. Domestic preferences for procurement (2 CFR 200.322)

12. Bonding requirements:

13. Workers' Compensation.

Availability of Procurement Records

(2 CFR Part 200.325(b)) [45 CFR Part 75.333(b)]

Tri-County Community Council, Inc. will, on request, make available for the federal awarding agency, pre-award review and procurement documents, such as requests for proposals, when any of the following conditions apply:

- The procurement process does not comply with the procurement standards in 2 CFR Part 200 [45 CFR Part 75]. *(2 CFR Part 200.325(b)(1)) [45 CFR Part 75.333(b)(1)]*
- The procurement is expected to exceed the federally-defined simplified acquisition threshold and is to be awarded without competition or only one bid is received. *(2 CFR Part 200.325(b)(2)) [45 CFR Part 75.333(b)(2)]*
- The procurement exceeds the simplified acquisition threshold and specifies a "name brand" product. *(2 CFR Part 200.325(b)(3)) [45 CFR Part 75.333(b)(3)]*
- The proposed award exceeds the federally-defined simplified acquisition threshold and is to be awarded to other than the apparent low bidder under a sealed-bid procurement. *(2 CFR Part 200.325(b)(4)) [45 CFR Part 75.333(b)(4)]*
- A proposed contract modification changes the scope of a contract or increases the contract amount by more than the amount of the federally-defined simplified acquisition threshold. *(2 CFR Part 200.325(b)(5)) [45 CFR Part 75.333(b)(5)]*

Procurement Records

(2 CFR Part 318(i)) [45 CFR Part 75.327(i)]

Tri-County Community Council, Inc. will maintain records sufficient to detail the history of procurement including, but not limited to, the following

- Rationale for the method of procurement
- Selection of contract type
- Contractor selection or rejection
- Basis for contract price

Also see RECORD RETENTION section of this manual.

CHARGING COSTS TO FEDERAL AWARDS

Overview of Charging Costs to Federal Awards

Tri-County Community Council, Inc. charges costs that are reasonable, allowable, and allocable to a federal award directly or indirectly. All unallowable award costs will be appropriately segregated from allowable award costs in the general ledger in order to assure that unallowable award costs are not charged to federal awards.

Criteria for Allowability of Costs

In accordance with Subpart E-Cost Principles, terms and conditions of the federal award, (2 CFR 200.302(b)(7), and 2 CFR 200.403(c)) [45 CFR 75.302(b)(7) and 45 CFR 75.403(c)], Tri-County Community Council, Inc.'s written procedures to determine allowability of costs will include the following:

All costs must meet the following criteria from 2 CFR Part 200.402 – 406 [45 CFR Part 75.402 – 406], Basic Considerations, in order to be treated as allowable direct or indirect costs under a federal award:

1. The cost must be "reasonable" for the performance of the award, considering the following factors:
 - a. Whether the cost is of a type that is generally considered as being necessary for the operation of the Organization or the performance of the award.
 - b. Restraints imposed by such factors as generally accepted sound business practices, arm's length bargaining, federal and state laws and regulations, and the terms and conditions of the award.
 - c. Whether the individuals concerned acted with prudence in the circumstances.
 - d. Consistency with established policies and procedures of the Organization, deviations from which could unjustifiably increase the costs of the award.
2. The cost must be "allocable" to an award by meeting one of the following criteria:
 - a. The cost is incurred specifically for a federal award,
 - b. The cost benefits both the federal award and other work and can be distributed in reasonable proportion to the benefits received, or
 - c. The cost is necessary to the overall operation of the Organization, except where a direct relationship to any particular program or group of programs cannot be demonstrated.
3. The cost must conform to any limitations or exclusions of 2 CFR Part 200, Subpart E-Cost Principles [45 CFR Part 75], or the federal award itself.
4. Treatment of costs must be consistent with policies and procedures that apply to both federally financed activities and other activities of the Organization.

5. Costs must be consistently treated over time.
6. The cost must be determined in accordance with generally accepted accounting principles (GAAP).
7. Costs may not be included as a cost of any other federally financed program in the current or prior periods.
8. The cost must be adequately documented, including prior written approval from the awarding agency.

Cost Allocation Plan Policy

Tri-County Community Council, Inc. prepares and maintains a Cost Allocation Plan to document its method and process to fairly and equitably allocate direct, shared or joint, and indirect costs to the programs and activities benefiting from the cost.

This plan is reviewed annually, at a minimum, and updated as necessary.

Direct Costs

Direct costs are those costs that can be identified specifically with a particular final cost objective, such as a program or other internally or externally funded activity, or that can be directly assigned to such activities relatively easily with a high degree of accuracy (2 CFR Part 200.413(a) [45 CFR Part 75.413(a)]). Tri-County Community Council, Inc. identifies and charges these costs exclusively to each award or program.

Each requisition, purchase order, invoice will be coded with the appropriate account number reflecting which program received direct benefit from the expenditure. Requisitions, Purchase orders are reviewed and approved in accordance with the Organization's PROCUREMENT THRESHOLDS AND AUTHORIZATION LIMITS chart found elsewhere in this manual. Invoices are approved by the appropriate Program Manager and reviewed by the CFO prior to payment.

Time sheets are submitted on a regular basis, reflecting employees' hours and which programs, directly benefited from their effort. Time sheets will serve as the basis for charging salaries directly to programs. See the PAYROLL section of this manual for detailed procedures.

Equipment purchased for exclusive use on a federal award and reimbursed by a federal agency will be accounted for as a direct cost of that award (i.e., such equipment will not be capitalized and depreciated for grant purposes but will be capitalized and depreciated at year-end for financial statement purposes).

practicable. Any fares must not exceed the regular coach fare charged for the general public. Advantage must be taken of round trip rates, when available.

Where two or more are attending the same function or destination, by private vehicle, only one person can claim reimbursement for mileage unless there is a valid reason and the Executive Director grants prior approval.

Employees are encouraged to utilize the agency vehicle whenever available for out of area travel. Other travel arrangements, by prior approval, will be at the discretion of the Executive Director.

Employee and Director Business Travel

At the conclusion of a Tri-County Community Council, Inc. business trip, the employee or member of the Board of Directors who has incurred business-related expenses should complete an expense report in accordance with the following policies:

1. Documentation must justify that travel costs incurred by the business traveler is necessary for the organization, program objectives, and the federal award, and costs are reasonable and consistent with Tri-County Community Council, Inc.'s travel policy. Travel costs for individuals accompanying the business traveler are not allowable or reimbursable.
(2 CFR Part 200.475(b)(1) and (2)) [(45 CFR Part 75.474(b)(1) and (2))]
2. Identify each separately incurred business expense (i.e., do not group all expenses associated with one trip together).
3. With the exception of tips, tolls, reimbursed mileage, and per diems, all business expenses must be supported with invoices/receipts.
4. Contractor receipts/invoices must be submitted for all lodging and any expenditure other than meals. Credit card charge slips do not represent adequate supporting documentation—a hotel receipt must be obtained to substantiate all lodging expenditures.
5. For airfare, airline-issued receipts must be obtained. If a traveler fails to obtain a receipt, other evidence must be submitted indicating that a trip was taken and the amount paid (for example, a combination of an itinerary, certificate of attendance, a credit/debit card receipt, and return trip boarding pass(es)).
6. Mileage will be reimbursed at the State of Florida rate in effect at time of travel.
7. General ledger account coding must be identified for all expenditures.
8. The business purpose of each trip must be adequately explained on the reimbursement form.
9. All reimbursement forms must be signed and dated by the employee.

10. All reimbursement forms must be reviewed and approved by the employee's Supervisor & Human Resource Director.

11. Only one expense report form should be prepared for each business trip.

An employee will not be reimbursed for expense reports not meeting the preceding criteria. If the reimbursement forms results in a balance due to Tri-County Community Council, Inc. (as a result of receiving a travel advance greater than actual business expenditures), the employee must attach a check. No further travel advances will be issued to any employee who has an outstanding balance due to Tri-County Community Council, Inc. from previous business trips.

Reasonableness of Travel Costs

Tri-County Community Council, Inc. will reimburse travelers only for those business-related costs that are necessary and reasonably incurred. Accordingly, the following guidelines will apply:

1. Payment for suites and other upgraded rooms at hotels will not be allowed, unless required by a medical condition. ~~Travelers should stay in standard rooms.~~
2. Tri-County Community Council, Inc. will ask hotels for any available discounts – nonprofit, government, or corporate rates. Whenever applicable, take the agency tax-exempt certificate, to provide to the hotel, to have taxes removed from bill.
3. When utilizing rental cars, travelers should rent midsize or smaller vehicles, unless safety considerations require a larger vehicle. Rental of a vehicle larger than midsize must be approved by a supervisor. Share rental cars whenever possible.
4. Whenever possible, travelers should utilize cell phones or calling cards when placing calls while away on travel. Avoid using the hotel's long-distance service whenever possible.
5. If required by the funding source, foreign travel charged to federal grants must be approved in writing by the funding source prior to travel.
6. Any additional fees incurred while on out of town travel (i.e. hotel amenities, parking tickets, newspaper, etc.) will be the responsibility of the employee.

Special Rules Pertaining to Air Travel

The following additional rules apply to air travel:

1. Air travel should be at coach class or the lowest commercial discount fare at the time the ticket is purchased except when this fare would:
 - a. Require circuitous routing,
 - b. Require travel during unreasonable hours,
 - c. Excessively prolong travel,

- d. Result in additional costs (e.g. baggage fees) that would offset the transportation savings, or
 - e. Offer accommodations not reasonably adequate for the traveler's medical needs.
2. First class or business class air travel will not be reimbursed unless there is a medical reason.
 3. Memberships in airline flight clubs are not reimbursable.
 4. Cost of flight insurance is not reimbursable.
 5. Cost of upgrade certificates is not reimbursable.
 6. The cost of baggage fees required by airlines to either check or carry-on luggage is allowable and reimbursable.
 7. Cost of canceling and rebooking flights is not reimbursable, unless it can be documented that it was necessary or required for legitimate business reasons (such as changed meeting dates, etc.).
 - ~~8. When airfare is [\$1000] or more, two quotes from a travel agency and/or an airline should be obtained and attached to the expense report.~~
 - 9-8. When returning on a Sunday or departing on a Saturday in order to obtain a cost savings in airfare due to the Saturday night stay-over, travelers should provide a total cost comparison showing that the total of the lower airfare plus an extra night's lodging, meals, and incidentals is less costly than airfare without the Saturday night stay-over.
 - 10-9. Frequent flyer miles will accrue to the traveler, not the Organization.

PAYROLL AND RELATED POLICIES

Compensation – Personal Services

(2 CFR Part 200.430) [(45 CFR Part 75.430)]

Compensation for personal services includes all remuneration, paid currently or accrued, for services of employees rendered during the period of performance under an award, including but not necessarily limited to wages and salaries is considered an allowable cost to the award to the extent that it satisfies the following requirements:

- The compensation is reasonable for services rendered;
- The compensation complies with laws, regulations, and other written policies of Tri-County Community Council, Inc.
- The compensation is properly documented and supported as stated in the STANDARDS OF DOCUMENTATION OF PERSONNEL EXPENSES section of this manual.

Costs which are unallowable under 2 CFR Part 200 [45 CFR Part 75], are also unallowable solely on the basis that the cost constitutes personal compensation.

Compensation – Fringe Benefits

(2 CFR Part 200.431) [45 CFR Part 75.431]

Fringe benefits are allowances and services provided by employers to their employees as compensation in addition to regular salaries and wages. Fringe benefits include, but are not limited to, the costs of leave (vacation, family-related, sick or military), employee insurance, pensions, and unemployment benefit plans. The costs of fringe benefits are allowable to federal grants provided the benefits are reasonable and are required by law, employer-employee agreement, or an established policy of Tri-County Community Council, Inc.

Upon satisfactory completion of the probationary period and when certain criteria is met (refer to the Personnel Policies and Procedures manual), regular full-time and part-time employees shall be eligible for fringe benefits.

Personal Annual Leave must be credited at the beginning of the calendar year based on years of service and number of hours worked the prior year and shall not be adjusted throughout the year unless additional years of service are added.

- a. Personnel policies do not permit employees to carry forward unused annual leave from year to year.
- b. Unused annual leave is payable to an employee upon termination of employment up to 80 hours.
- c. Accordingly, Tri-County Community Council, Inc. records a liability for accrued leave to which employees are entitled. The total liability at the end of an accounting period must equal the total earned but unused hours of leave, up to a maximum of 80 hours, multiplied by each employee's current hourly pay rate.

1. Each timesheet will reflect all hours worked during the pay period (time actually spent on the job performing assigned duties), whether compensated or not.
2. Timesheets must be signed in blue ink.
3. Errors will be corrected by crossing through the incorrect entry, filling in the correct entry, and placing the correcting employee's initials next to the change (i.e., employees will not use white-out or correction tape).
4. Employees must identify and record hours worked based on the nature of the work performed.
5. Compensated absences (vacation, holiday, sick leave, etc.) should be clearly identified as such.
6. Timesheets must be signed by the employee prior to submission.

After preparation, supervisors or their designees will approve timesheets prior to submission to the Finance Department. Corrections identified by an employee's supervisor will be authorized by the employee by initialing next to the change.

1. Supervisors are responsible for ensuring that PARs are checked for accuracy and, if applicable, that PARs reach the finance department by the noon Monday deadline.
2. An employee who is on leave, traveling, or is ill on the day that timesheets are due may fax (actual time worked and the appropriate classifications) to his or her supervisor (or designated alternate).
3. Employees must be paid by the quarter hours and allocated based on number of hours worked in each program.
4. Annual and Sick Leave must be taken in half hours and must also be allocated based on number of hours in each program.
5. Tampering with, altering, or falsifying time records, recording time on another employee's time record, or willfully violating any other timesheet policy or procedure may result in disciplinary action, up to and including discharge.

Processing of Timesheets

The Payroll Clerk will process the timesheets by checking them for mathematical accuracy, then entering all timesheets into the payroll system.

The Payroll Clerk may ~~not~~ change or correct timesheets when a mathematical error is found or when supported documentation is received to make a change to the employees timesheet. When errors are noted, if a corrected and approved timesheet is not resubmitted in time to the Payroll Clerk, the employee may not receive a paycheck until the next pay period.

Processing Payroll

The finance personnel that is designated the payroll clerk duties shall prepare the payroll using the automated payroll processing procedures.

Appropriate information shall be recorded on the employee's leave records and the Personnel

POLICIES PERTAINING TO SPECIFIC ASSET ACCOUNTS

CASH AND CASH MANAGEMENT

Cash and Cash Equivalents

Tri-County Community Council, Inc. considers all short-term highly liquid investments with an original maturity date of three-(3) months or less to be cash equivalents.

Cash Accounts

General Checking Account (operating account):

The primary operating account provides for routine business disbursements. All cash, check, and electronic funds deposits are made to this account.

Cash transfers are done on an as-needed basis to cover cash needs for disbursements. Excess funds in this account are transferred into short-term investments or higher interest-bearing cash equivalents.

Payroll Account

The payroll account is separate from the operating account. The amount needed to cover each payroll is transferred into this account from the operating account, based on the amount calculated.

Transfers from the operating account into the payroll account are initiated by the CFO or her designee.

~~Transportation Account~~

~~The transportation account is separate from the operating account. The amount needed to cover the operating cost is transferred from this account to the operating account.~~

Authorized Signers

The following Tri-County Community Council, Inc. personnel are authorized to sign checks drawn on and approve disbursements as authorized by the Board of Directors:

Chair, Board of Directors
Vice Chair, Board of Directors
Secretary, Board of Directors
Treasurer, Board of Directors
Executive Director

The CFO will promptly notify the Organization's financial institutions of changes in authorized signers upon the departure of any authorized signer and any changes authorized by the Board of Directors. Refer to CHECK SIGNING for procedures. The CFO or designee will have authority to transfer funds between accounts.

The following agency petty cash funds are authorized by the Agency:

Location	Custodian	Amount
Admin Office	Human Resource Director	\$30
	Transportation Operations Manager	\$60
Head Start Admin	Program Director's Assistant	\$50
Head Start Centers (4)	Chibley Center Coordinator	\$40
	DeFuniak Center Coordinator	\$65
	Westville Center Coordinator	\$65
	Ghautauqua Center Coordinator	\$40
Early Head Start	Center Coordinator	\$40
Santa Rosa Transportation	Transportation Office Manager	\$60

Cash Management

A working capital reserve sufficient to keep Tri-County Community Council, Inc. operating for at least a 60-day period will be maintained at all times.

CAPITAL ASSETS

Capitalization Policy

Physical assets acquired with a per unit cost in excess of \$54,000 with a useful life exceeding one year are capitalized as property and equipment on the Organization's financial statements. Items with unit costs below this threshold will be expensed in the year purchased.

If an awarding agency requires a lower amount for equipment, Tri-County Community Council, Inc. will adhere to that dollar amount only for that program or contract.

Capitalized property and equipment additions are accounted for at their historical cost and all such assets, except land, are subject to depreciation over their estimated useful lives, as described elsewhere in this section.

Capitalized assets will be reported as expensed for grants if they were so budgeted in the grant application. However, for the Organization's financial statements, these assets will be capitalized and depreciated according to these policies.

The Assistant Executive Director/ Human Resource Director shall be the custodian of all agency titles & deed. They will be maintained in a fire-proof locking file.

Release of Donor Restriction

Donor-imposed restrictions on contributed assets will be released when the asset is placed into service, unless otherwise stipulated by the donor.

Equipment Purchased with Federal Funds

(2 CFR Part 200.313) [(45 CFR Part 75.320)]

(2CFR Part 200.439 (b) (2) [45 CFR Part 75.439 (b) (2)]

Tri-County Community Council, Inc. may occasionally purchase equipment that will be used exclusively in a program funded by a federal agency. For purposes of federal award accounting and administration, *equipment* will include all assets with a unit cost equal to the lesser of \$54,000 or the capitalization threshold utilized by Tri-County Community Council, Inc., described in this section.

When applicable purchases of equipment and other capital assets with federal funds will be approved, in advance and in writing, by the awarding agency. In addition, the following policies will apply regarding equipment purchased and charged to federal awards:

1. Adequate insurance coverage will be maintained with respect to equipment charged to federal awards. See INSURANCE section of this manual.
2. When no longer needed for the original project or program for which it was purchased:

- Equipment with a per unit fair market value below \$5,000, may be disposed of with no further obligation to the federal awarding agency.
- If equipment is sold, scrapped, donated, or stolen, adjustments need to be made to the fixed asset listing and property log.
- When disposing useful inventory under \$5,000:
 - Offer the item to our other programs
 - Keep in secure location for future need
 - Donate the item to other non-profit agencies
 - Donate to non-profit "thrift" stores
- Tri-County Community Council, Inc. will obtain disposition instructions from the awarding agency for equipment with a per unit fair market value is \$5,000 or more. These instructions may involve include returning the equipment to the federal agency, keeping the equipment and compensating the federal agency, or selling the equipment and remitting the proceeds, less \$500 or 10% of the proceeds, whichever is less, to the federal agency. *(2 CFR Part 200.313(e)(2)) [(45 CFR Part 75.320(e)(2))]*

Establishment and Maintenance of a Capital Asset Listing

All capitalized property and equipment will be recorded in a property log. This log will include the following information with respect to each asset: *(2 CFR Part 200.313(d)(1)) [(45 CFR Part 75.320(d)(1))]*

1. Date of acquisition
2. Cost
3. Description (including color, model, and serial number or other identification number)
4. Source of the funds used to purchase the equipment, including the award number, if applicable
5. Whether the title vests in the Organization or the federal government
6. Information to calculate the federal share of the cost of the equipment, if applicable
7. Location, use, and condition of asset
8. Depreciation method
9. Estimated useful life
10. Ultimate disposition data including the date of disposal and sale price
- ~~11. Other information deemed appropriate.~~

A physical inventory of all equipment purchased with federal funds will be performed annually by an employee who is not responsible for ordering or approving the purchase of these assets. The results of the physical inventory will be reconciled to the property log and adjustments are made as necessary. The Executive Director and CFO must review the inventory reconciliation and sign the report. List must agree with the fiscal yearend financial statement.

LEASES

Leases shall be for equipment needed to operate the program in an efficient manner and be included in the grant budget.

All leases must be approved and signed by the Executive Director.

Leases must correspond to program year(s) whenever possible.

Copies of all leases must be forwarded to the Finance Officer and Program Director/Manager.

If the total cost of leasing equipment over a three year period or less exceeds the purchase price, the equipment shall generally be purchased unless a combination of price and maintenance agreement provided makes lease agreement more economical.

Tri-County Community Council, Inc. will maintain a listing of all lease agreements and classify all leases in which Tri-County Community Council, Inc. is a lessee as either a financing or operating lease.

POLICIES ASSOCIATED WITH FINANCIAL AND TAX REPORTING

FINANCIAL STATEMENTS

Standard Financial Statements of the Organization (after implementation of ASU 2016-14)

Preparing financial statements and communicating key financial information is a necessary and critical accounting function. Financial statements are management tools used in making decisions, in monitoring the achievement of financial objectives, and as a standard method for providing information to interested parties external to the Organization. Financial statements may reflect year-to-year historical comparisons or current year budget-to-actual comparisons.

The basic financial statements that are maintained on an organization-wide basis and prepared for the annual financial statement audit will include:

1. **Statement of Financial Position** – Reflects assets, liabilities, and net assets of the Organization and classifies assets and liabilities as current or noncurrent/long-term and net assets in two groups (net assets without donor restrictions and net assets with donor restrictions).
2. **Statement of Activities** – Presents support, revenues, expenses, and other changes in net assets of the Organization, by net asset group (net assets without donor restrictions and net assets with donor restrictions), including reclassifications between net asset group.
3. **Statement of Cash Flows** – Reports the cash inflows and outflows of the Organization in three categories: operating activities, investing activities, and financing activities.
4. **Statement of Functional Expenses (Reporting of Expenses by Nature and Function)** – Presents the expenses of the Organization in a natural or objective format (i.e. salaries, rent, utilities) and by function (i.e., which program or supporting service was served).

In accordance with Standards of Financial Management Systems, Tri-County Community Council, Inc. will prepare accurate, current, and complete disclosure of the financial results of each federally-sponsored project or program in accordance with the reporting requirements of *2 CFR Parts 200.328 [45 CFR Parts 75.341], Financial Reporting, and 200.329 [75.342], Monitoring and Reporting Program Performance*, and/or the award.

Frequency of Preparation

An objective of the Finance Department is to prepare accurate financial statements in accordance with generally accepted accounting principles (GAAP) and distribute them in a timely and cost-effective manner. In meeting this responsibility, the following policies will apply:

Comparisons of actual year-to-date revenues and expenses with year-to-date budgeted amounts for each program and funding source along with the audit trail will be produced on a monthly basis by the 5th working day of each month.

In accordance with Standards for Financial Management Systems, information that relates financial data to performance accomplishments and demonstrates cost effective practices as required by funding sources will be prepared (2 CFR Part 200.301 [45 CFR Part 75.301], Performance Measurement)

Review and Distribution

A report reflecting the financial condition of Tri-County Community Council, Inc. will be presented to the Board for their approval. The financial report will show revenue and expenses and a year-to-date comparison to the budget for all Agency funds.

- Financial reports by cost category for all Agency funds are sent to members of the Board's Finance Committee each month for their review and discussion at committee meetings.
- The Balance Sheet is submitted to the Board for their approval bi-monthly.

Reports detailing all credit card purchases are sent monthly to the Board's Finance Committee for their review and discussion at committee meetings. A summary of all credit card purchases is included in the Board packet and presented for their approval.

- Reports detailing all Head Start/Early Head Start purchases are provided monthly for Policy Council's review and approval.

Copies of annual reports sent to the Board and Head Start Policy Council for review and approval include forms:

- 425 (reports to HS Regional Office)
- 941
- 990
- 5500
- Annual Audit

All updates to the Finance Manual is submitted to the Policy Council and Board for approval.

Monthly Distribution

On a monthly basis, the Board of Directors will be provided with summary program and/or grant financial information. Copies of the credit card statements and the revenue and expense report will be available on-site for review at the Board meeting.

FINANCIAL MANAGEMENT POLICIES

BUDGETING

Overview of Budgeting

Budgeting is an integral part of managing any organization in that it is concerned with the translation of organizational goals and objectives into financial terms. A budget should be designed and prepared to direct the most efficient and prudent use of the Organization's resources. A budget is a management commitment of a plan for present and future organizational activities that will help the Organization achieve its short-term and long-term goals and the strategic objectives determined by the Board of Directors. It provides an opportunity to examine the composition and viability of the Organization's programs and activities simultaneously in light of the available resources.

Budgets are also prepared for funding sources, and each grant manager must be aware of budget modification requirements. Awarding agencies may or may not require approval for changes in budget line items. Tri-County Community Council, Inc. will document and follow all such requirements.

Preparation and Approval

Tri-County Community Council, Inc. will prepare an annual budget. The CFO gathers proposed Organization-wide budget information and compiles it to prepare the budget.

The Organizational-wide budget is submitted to the Board for their approval annually.

Budgets for programs whose grant years are different from the Organization's fiscal year will be prepared in accordance with awarding agency requirements and will also be included in the Organization-wide budget.

Monitoring Performance

Tri-County Community Council, Inc. monitors its financial performance by comparing and analyzing actual results with budgeted results.

In accordance with Standards for Financial Management Systems, the Organization will provide budget to actual reports for its federal awards. On a monthly basis, financial reports comparing actual year-to-date revenues and expenses with budgeted year-to-date amounts will be produced by the Finance Department and distributed to Program Managers.

Budget and Program Revisions

Tri-County Community Council, Inc. will request prior approval from federal awarding agencies for any of the following program or budget revisions (*2 CFR Part 200.308*) [*45 CFR Part 75.308*]:

1. Change in the scope or objective of the federally funded project or program, even if there is no associated budget revision requiring prior written approval.
2. Change in a key person (Project Director, etc.) specified in the application or award document.
3. Disengagement for more than three months, or a 25% reduction in time devoted to the project, by the approved Project Director or principal investigator.
4. The need for additional federal funding.
5. The inclusion, unless waived by the federal awarding agency, of costs that require prior written approval in accordance with 2 CFR Part 200.407 [45 CFR Part 75.407] Prior Written Approval.
6. The transfer of funds allotted for participant support costs to other categories of expense.
7. Unless described in the application and funded in the approved awards, the subaward, transfer, or contracting out of any work under an award. (However, this provision does not apply to purchases of supplies, materials, equipment, or general support services.)
8. Changes in the amount of the approved cost-sharing or matching provided by the Organization.

Budget Modifications

Changes or amendments to budgets must be approved by the Executive Director. The Executive Director will keep the board well informed of the ongoing status of the financial plan and will not make expenditures outside of the grant budget plan without seeking approval to amend the budget. Amendments will be presented to the Board for approval for any of the following reasons:

- Tri-County Community Council, Inc. enters into compacts or contracts that were not included in the approved budget.
- Management proposes a major expenditure that was not included in the approved budget.
- Significant unanticipated revenues are received or cost overruns.

ANNUAL AUDIT

Arranging for the Annual Audit

Tri-County Community Council, Inc. will arrange for an annual audit of the Organization's financial statements to be conducted by an independent financial statement auditor. The independent financial statement auditor selected by the Board of Directors. The scope of those audits will be determined from time to time by the Board.

Audited financial statements, including the auditor's opinion thereon, will be submitted and presented to the Board of Directors by the independent financial statement auditor at the Organization's January Meeting.

Deferred Compensation Audit - In accordance with Department of Labor, an annual ERISA audit of employee benefit plans will be conducted by an independent auditor appointed by the Board. The scope of those audits will be determined from time to time by the Board.

How Often to Review the Selection of the Auditor

Tri-County Community Council, Inc. will review the selection of its independent auditor in the following circumstances:

- Every 5 years to ensure competitive pricing and a high quality of service (this is not a requirement to change auditors every five years, but simply to reevaluate the selection).

Selecting an Independent Financial Statement Auditor

The selection of an independent financial statement auditor to conduct the annual audit is a task that should be taken very seriously. In accordance with the Organization's PURCHASING POLICIES AND PROCEDURES section of this manual, the following factors will be considered and evaluated by Tri-County Community Council, Inc. in selecting an independent financial statement auditor:

1. The firm's reputation in the nonprofit community.
2. The depth of the firm's understanding of and experience with grant-funded organizations and federal reporting requirements under 2 CFR Part 200 [45 CFR Part 75].
3. The firm's demonstrated ability to provide the services requested in a timely manner.
4. The ability of firm personnel to communicate with Organization personnel in a professional and congenial manner.
5. The responsiveness to the request for proposal
6. The availability of staff with professional qualifications and technical abilities
7. The results of peer and external quality control reviews
8. Price.

The following information may be included in the written Request for Proposal (RFP) to be sent to prospective audit firms:

1. Period of services required
2. Complete description of the services requested (audit, management letter, tax returns, etc.)

3. Identification of meetings requiring their attendance, such as staff or Board of Director meetings
4. Organization chart
5. Chart of account information
6. Financial information about the Organization
7. Copy of prior year reports (financial statements, management letters, etc.)
8. Identification of need to perform audit in accordance with 2 CFR Part 200, Subpart F [45 CFR Part 75, Subpart F], and the appropriate OMB Compliance Supplements
9. Other information considered appropriate
10. Description of proposal and format requirements
11. Due date of proposals
12. Overview of selection process (i.e., whether finalists will be interviewed, when a decision will be made, etc.)
13. Identification of criteria for selection
14. {Other information deemed appropriate or important by Tri-County Community Council, Inc.

Minimum proposal requirements from prospective independent financial statement auditor will be:

1. Firm background
2. Biographical information (resumes) of key audit team members who will serve Tri-County Community Council, Inc.
3. Client references
4. Information about the audit firm's capabilities
5. Audit firm's approach to performing an audit
6. Copy of the audit firm's most recent quality/peer review report, including any accompanying letter of findings
7. Other resources available from the audit firm
8. Expected timing and completion of the audit
9. Expected timing of delivery of reports
10. Cost estimate including estimated number of hours
11. ~~[Other information as appropriate]~~

Copies of all proposals will be forwarded to each member of the Finance Committee. The Finance Committee will review the proposals and rank them based on a scoring sheet. The Finance Committee will recommend to the Board of Directors a candidate for approval.

Preparing for the Annual Audit

Tri-County Community Council, Inc. will be actively involved in planning for and assisting with the Organization's independent financial statement audit in order to ensure smooth and timely completion. In that regard, the Finance Department will provide assistance to the independent financial statement auditors in the following areas:

Planning

The CFO is responsible for delegating the assignments and responsibilities to finance staff in preparation for the audit. The CFO will review the list of information requested by the auditors and assign responsibility for each item to the appropriate staff.

INSURANCE

Overview of Insurance

It is fiscally prudent to have an active risk management program that includes a comprehensive insurance package. This will ensure the viability and continued operations of Tri-County Community Council, Inc.

Appropriate coverage must be maintained for vehicles, property, liability and child accidents.

Bids must be sought for all insurance coverages and must be submitted in writing on company letterhead to the Executive Secretary. When bids are not obtained directly from an insurance carrier, an "agent of record" shall be responsible for obtaining and submitting bids on each carrier's letterhead.

Renewal of insurance policies must be reviewed by the Executive Director, Assistant Executive Director/Human Resource Director, and Program Director when applicable.

Insurance Definitions

Cyber Insurance

Assists in protecting from expenses or business losses incurred in the event of a data breach, hacking, or other similar events that are not covered by other policies.

Directors and Officers (D&O)

Indemnifies directors and officers for damages and defense costs from lawsuits alleging various wrongful acts. Depending on coverage elected, D&O may cover directors, officers, employees, staff, volunteers, and committee members against employment practices, defense expenses outside limits of liability, prior acts, or other acts.

Fidelity Bond

Offers protection to the employer against monetary or physical losses caused by an employee's fraudulent or dishonest actions.

General Liability

A broad policy that protects the organization from claims from damage or injury related to bodily injury, property damage, operations, independent contractors, or others. This type of coverage may include directors, officers, and employee general liability insurance, buildings, contents, computers, boilers, and machinery.

Workers' Compensation and Employer's Liability

Workers' compensation provides monetary benefit to workers injured in the course of employment. Employers' liability protects employers from financial loss if a worker's job-related injury or illness is not covered by workers' compensation.

EXTENDED TO AUGUST 15, 2024

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2022

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning OCT 1, 2022 and ending SEP 30, 2023

B Check if applicable: C Name of organization: TRI-COUNTY COMMUNITY COUNCIL, INC. D Employer identification number: 59-1099586 E Telephone number: 850-547-3689 G Gross receipts \$: 9,100,552. H(a) Is this a group return for subordinates? Yes No H(b) Are all subordinates included? Yes No I Tax-exempt status: X 501(c)(3) J Website: N/A K Form of organization: X Corporation L Year of formation: 1965 M State of legal domicile: FL

Part I Summary

Table with 3 columns: Line number, Description, and Amount. Rows include: 1. Mission statement: IMPROVING LIVES, ENHANCING OPPORTUNITIES AND ELIMINATING POVERTY. 2-7. Governance metrics. 8-12. Revenue breakdown. 13-19. Expenses breakdown. 20-22. Net assets or fund balances.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here: Signature of officer: JOEL PAUL, JR., EXECUTIVE DIRECTOR. Date: 1/21/23. Paid Preparer: ASHLEY H. STAFFORD, CARR, RIGGS & INGRAM, LLC. Date: 01/23/24. Firm's EIN: 72-1396621. Phone no. 334-347-0088.

May the IRS discuss this return with the preparer shown above? See instructions. X Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: TO PROVIDE STIMULATION AND INCENTIVES FOR THE COUNTIES OF BAY, HOLMES, JACKSON, OKALOOS, SANTA ROSA, WALTON, AND WASHINGTON, FLORIDA AND TO COMBAT POVERTY THROUGH COMMUNITY ACTION PROGRAMS AND RESEARCH PROJECTS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [X] Yes [] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [X] Yes [] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 2,361,967. including grants of \$) (Revenue \$) TRANSPORTATION - RURAL TRANSPORTATION SERVICES TO NEEDY INDIVIDUALS

4b (Code:) (Expenses \$ 2,550,103. including grants of \$) (Revenue \$) HEAD START - EDUCATIONAL SERVICES FOR YOUNG CHILDREN OF LOW INCOME FAMILIES.

4c (Code:) (Expenses \$ 591,010. including grants of \$) (Revenue \$) COMMUNITY SERVICE BLOCK GRANT PROGRAM PROVIDES PROGRAMS FOR EARLY CHILDHOOD EDUCATION, WORKFORCE INITIATIVES, LOW-INCOME HOUSING, ENTREPRENEURIAL TRAINING, TECHNICAL COMMUNITY ASSISTANCE, INFORMATION AND REFERRAL, FOOD ASSISTANCE, FINANCIAL COACHING, YOUTH TRAINING SERVICES, COMMUNITY PARTNERSHIP AND PROGRAM DEVELOPMENT ACTIVITIES AND COMMUNITY BASED PROGRAM DEVELOPMENT.

4d Other program services (Describe on Schedule O.) (Expenses \$ 3,048,404. including grants of \$) (Revenue \$)

4e Total program service expenses 8,551,484.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38 covering various IRS schedule requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with 3 columns: Question number, Yes, No. Rows 1a-1c regarding Form 1096 and backup withholding.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, description, and Yes/No responses. Includes questions 2a through 17 regarding employee reporting, tax returns, foreign accounts, and charitable contributions.

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

X

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (19); 1b Enter the number of voting members included on line 1a, above, who are independent (19); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8a The governing body? (X); 8b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O (X).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (X); 15b Other officers or key employees of the organization (X); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NONE
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
HEATHER CRAFT - 850-547-3689
302 OKLAHOMA STREET, BONIFAY, FL 32425

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOEL F. PAUL, JR EXECUTIVE DIRECTOR	40.00			X				0.	5,468.	
(2) SHARON KENT HR DIRECTOR	40.00			X				0.	8,756.	
(3) KIMBERLY GILLIS HEADSTART DIRECTOR	40.00			X				0.	7,484.	
(4) INEZ CASSIDAY TRANSPORTATION DIRECTOR	40.00			X				0.	9,223.	
(5) HEATHER S. CRAFT FISCAL OFFICER	40.00			X				0.	6,780.	
(6) BETTY A. MOORE COMMUNITY RESOURCE DIRECTOR	40.00			X				0.	9,691.	
(7) DANNY GLIDEWELL VICE CHAIR	1.00	X					0.	0.	0.	
(8) CHRIS MOORE BOARD MEMBER	1.00	X					0.	0.	0.	
(9) ALAN BUSH BOARD MEMBER	1.00	X					0.	0.	0.	
(10) ALEX MCKINNIE BOARD MEMBER	1.00	X					0.	0.	0.	
(11) MALCOLM NELSON BOARD MEMBER	1.00	X					0.	0.	0.	
(12) CLINT ERICKSON BOARD MEMBER	1.00	X					0.	0.	0.	
(13) ISSAC BECKER BOARD MEMBER	1.00	X					0.	0.	0.	
(14) RUSS HENDERSON BOARD MEMBER	1.00	X					0.	0.	0.	
(15) EDWARD CRUTCHFIELD BOARD MEMBER	1.00	X					0.	0.	0.	
(16) JERI FAIRCLOTH BOARD MEMBER	1.00	X					0.	0.	0.	
(17) PATRICIA LATSON BOARD MEMBER	1.00	X					0.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ANITA HALLING BOARD MEMBER	1.00	X						0.	0.	0.
(19) ANDREW HILL BOARD MEMBER	1.00	X						0.	0.	0.
(20) RON KELLEY CHAIR	1.00	X						0.	0.	0.
(21) TARA FINCH SECRETARY	1.00	X						0.	0.	0.
(22) RICKEY CALLAHAN TREASURER	1.00	X						0.	0.	0.
(23) JOHN HOFSTAD BOARD MEMBER	1.00	X						0.	0.	0.
(24) HOWARD VANSELOW BOARD MEMBER	1.00	X						0.	0.	0.
1b Subtotal								397,138.	0.	47,402.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								397,138.	0.	47,402.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 1

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
FLORIDA POWER AND LIGHT COMPANY P O BOX 025231, MIAMI, FL 33102		1,930,805.
BLUE CROSS BLUE SHIELD OF FLORIDA P O BOX 660299, DALLAS, TX 75266		460,667.
FIRST FLORIDA INSURANCE BROKERS, 20 N. ORANGE AVE.SUITE 500, ORLANDO, FL 32801		416,695.
WRIGHTS EXPRESS P O BOX 6293, CAROL STREAM, IL 60197		311,561.
WEST FLORIDA ELECTRIC COOP 805 ST JOHNS RD, BONIFAY, FL 32425		234,750.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 5

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns					
	b	Membership dues					
	c	Fundraising events					
	d	Related organizations					
	e	Government grants (contributions)	8,934,565.				
	f	All other contributions, gifts, grants, and similar amounts not included above	15,947.				
	g	Noncash contributions included in lines 1a-1f					
	h	Total. Add lines 1a-1f		8,950,512.			
Program Service Revenue	2 a	PROGRAM REVENUE	900099	94,770.	94,770.		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		94,770.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		29,828.	29,828.		
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real				
			(ii) Personal				
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
	b	Less: cost or other basis and sales expenses	0.				
c	Gain or (loss)	18,234.					
d	Net gain or (loss)		18,234.	18,234.			
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	6,795.					
b	Less: direct expenses	11,414.					
c	Net income or (loss) from fundraising events		-4,619.		-4,619.		
9 a	Gross income from gaming activities. See Part IV, line 19						
b	Less: direct expenses						
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
b	Less: cost of goods sold						
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	MISC INCOME	900099	413.	413.		
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d		413.			
12	Total revenue. See instructions		9,089,138.	143,245.	0.	-4,619.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	397,138.	119,153.	277,985.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,042,518.	2,747,994.	294,524.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	91,355.	75,720.	15,635.	
9 Other employee benefits	119,673.	100,116.	19,557.	
10 Payroll taxes	267,671.	222,991.	44,680.	
11 Fees for services (nonemployees):				
a Management				
b Legal	80,819.		80,819.	
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion				
13 Office expenses	229,719.	202,407.	27,312.	
14 Information technology				
15 Royalties				
16 Occupancy	150,293.	125,445.	24,848.	
17 Travel	17,659.	10,904.	6,755.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	191,388.	127,356.	64,032.	
23 Insurance	1,002,123.	847,826.	154,297.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a CLIENT ASSISTANCE	3,154,034.	3,154,034.		
b PURCHASED TRANSPORTATIO	295,047.	295,047.		
c REPAIRS	197,003.	195,353.	1,650.	
d MISCELLANEOUS	117,807.	116,751.	1,056.	
e All other expenses	258,748.	210,387.	48,361.	
25 Total functional expenses. Add lines 1 through 24e	9,612,995.	8,551,484.	1,061,511.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	1,970,762.	1	1,946,408.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	1,509,736.	3	1,025,731.
	4	Accounts receivable, net	17,091.	4	10,671.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	5,855,778.		
	10b	Less: accumulated depreciation	4,096,860.		
			1,971,699.	10c	1,758,918.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11	764,838.	12	790,483.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
15	Other assets. See Part IV, line 11	216,958.	15	235,192.	
16	Total assets. Add lines 1 through 15 (must equal line 33)	6,451,084.	16	5,767,403.	
Liabilities	17	Accounts payable and accrued expenses	628,832.	17	469,018.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	628,832.	26	469,018.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	5,822,252.	27	5,298,385.
	28	Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
32	Total net assets or fund balances	5,822,252.	32	5,298,385.	
33	Total liabilities and net assets/fund balances	6,451,084.	33	5,767,403.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,089,138.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,612,995.
3	Revenue less expenses. Subtract line 2 from line 1	3	-523,857.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,822,252.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-10.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	5,298,385.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	X	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	X	

Form 990 (2022)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

TRI-COUNTY COMMUNITY COUNCIL, INC.

Employer identification number

59-1099586

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations: _____

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	7396190.	7871260.	10217316.	10443551.	8950512.	44878829.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	7396190.	7871260.	10217316.	10443551.	8950512.	44878829.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						44878829.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	7396190.	7871260.	10217316.	10443551.	8950512.	44878829.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	29,597.	31,765.	2,544.	-7,370.	29,828.	86,364.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	384,954.	320,440.	26,205.	22,507.	413.	754,519.
11 Total support. Add lines 7 through 10						45719712.
12 Gross receipts from related activities, etc. (see instructions)					12	300,713.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	98.16	%
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	95.80	%
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>		
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows include questions 1 through 10b regarding supported organizations, including their designation, IRS status, and support details.

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions.
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i>). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	From 2021		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
7	Excess distributions carryover to 2023. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Lined area for supplemental information.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022
Open to Public
Inspection

Name of the organization

TRI-COUNTY COMMUNITY COUNCIL, INC.

Employer identification number

59-1099586

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year _____

4 Number of states where property subject to conservation easement is located _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 \$ _____

(ii) Assets included in Form 990, Part X \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 \$ _____

b Assets included in Form 990, Part X \$ _____

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2022

232051 09-01-22

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment _____%
 - b Permanent endowment _____%
 - c Term endowment _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) Unrelated organizations
- (ii) Related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		160,890.		160,890.
b Buildings		2,321,542.	1,597,035.	724,507.
c Leasehold improvements				
d Equipment		3,012,793.	2,282,793.	730,000.
e Other		360,553.	217,032.	143,521.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,758,918.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) PEOPLESOUTH - CD	282,840.	END-OF-YEAR MARKET VALUE
(B) REGIONS	507,643.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	790,483.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	9,101,710.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b	1,158.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	11,414.	
e	Add lines 2a through 2d	2e		12,572.
3	Subtract line 2e from line 1	3		9,089,138.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		9,089,138.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	9,625,567.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	1,158.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	11,414.	
e	Add lines 2a through 2d	2e		12,572.
3	Subtract line 2e from line 1	3		9,612,995.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		9,612,995.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES REPORTED ON FORM 990, PART VIII, 8B 11,414.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES REPORTED ON FORM 990, PART VIII, 8B 11,414.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022
Open to Public
Inspection

Name of the organization

TRI-COUNTY COMMUNITY COUNCIL, INC.

Employer identification number
59-1099586

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

CRRSA FUNDING

LIHWAP FUNDING

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:

CARES FUNDING

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

LOW-INCOME HOME ENERGY ASSISTANCE

EXPENSES \$ 2,871,485. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

OTHER COMMUNITY ASSISTANCE

EXPENSES \$ 75,463. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

EXTENDED DAY

EXPENSES \$ 4,156. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

LOWINCOME HOME WATER ASSISTANCE

EXPENSES \$ 97,300. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11B:

THE 990 IS SUBMITTED TO ITS FINANCE COMMITTEE FOR REVIEW AND PRESENTED TO
THE BOARD. THE WEBSITE ADDRESS IS ANNOUNCED FOR PUBLIC VIEWING.

FORM 990, PART VI, SECTION B, LINE 12C:

IN REFERENCE TO EMPLOYEES - MANAGERS/SUPERVISORS/DIRECTORS REPORT TO THE

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2022

232211 10-28-22

Name of the organization TRI-COUNTY COMMUNITY COUNCIL, INC.	Employer identification number 59-1099586
--	--

EXECUTIVE DIRECTOR OR HR DIRECTOR ANY SUSPICIONS OR KNOWLEDGE. THE EMPLOYEE WOULD BE QUESTIONED. IN REFERENCE TO THE BOARD THEY HAVE A POLICY IN PLACE AND ARE ASKED ANNUALLY TO REPORT ANY CONFLICT.

FORM 990, PART VI, SECTION B, LINE 15:

COMPENSATION FOR THE EXECUTIVE DIRECTOR, MANAGERS AND DIRECTORS IS APPROVED BY THE BOARD. IT IS BASED ON EXPERIENCE, EDUCATION AND LONGEVITY. MANAGERS AND DIRECTORS CAN RECOMMEND TO THE EXECUTIVE DIRECTOR AN INCREASE FOR EMPLOYEES. COSTS OF LIVING AND INCENTIVES ARE APPROVED BY THE BOARD.

FORM 990, PART VI, SECTION C, LINE 19:

THE INFORMATION IS PROVIDED DURING BOARD MEETINGS WHICH ARE OPEN TO THE PUBLIC. ALSO, INFORMATION IS AVAILABLE UPON REQUEST.



Tri-County Community Council Head Start/Early Head Start

Policy Council Meeting
February 5, 2024

Call to order, Welcome

Roll Call

Seat New Members (if needed)

Approval of Minutes from January 8, 2024

Reports

Center Committees

Director's Report

Financial Reports

RPSR SF-429 A

Semi-Annual SF-425

4th Quarter 941

990 Return of Organization Exempt Form Income Tax

2023 Audit

Old Business

New Business

FYI/Discussion

Monthly Training Topic – In-kind & Eligibility (April's Training due to Shared Governance being moved to April)

Self-Assessment

SWOT Analysis

Under Enrollment Plan Update

Change of Scope Request Update

Tri-County Annual Report

PI – Federal Reporting of Standard Forms 425 and 428

Approvals

SWOT/Self-Assessment

Approval

Hires

Amber Braddy - Westville Parent-in-Training

Approval

Jami Crowningshield – EHS Cook

Approval

Lisa Blue – Westville Teacher

Approved

Adjourn

TRI-COUNTY COMMUNITY COUNCIL, INC.
HEAD START/EARLY HEAD START
POLICY COUNCIL MEETING
2499 CYPRESS STREET
WESTVILLE, FL. 32464

January 8, 2024

Present:		Absent:	Guests:
Shronda Sanders	Mikayla Appelt	Samantha McClaren	Kim Gillis
Angela Graham	Quannesha Johnson- Mayo	Rebecca Cotton	Nicole Thomas
Stephanie Combee		Emma Washington	Anita Halling Xiaomin Riddle

Stephanie Combee called the meeting to order at 12:02pm. Nicole Thomas called the roll, with five members present. A quorum was established. Angela Graham made the motion to approve the minutes from the November 2023 meeting. Quannesha Johnson-Mayo seconded the motion, with all in favor.

CENTER COMMITTEE REPORTS

Nicole Thomas gave the report for the Early Head Start Center:

The most recent parent meeting was on 10-18-23. No parent meetings were held in November or December due to the vacant center director position. A new center director has been placed and will try to organize a meeting for January. Last month Santa and the Gingerbread visited the classrooms and each child received two gifts, a book, and a stuffed animal from Toys for Tots.

Stephanie Combee gave the report for the Westville Center:

The most recent parent meeting was on 11-28-23. The Kawanis Club along with Santa, visited and gave gifts on 12-14-23. The Pittman Fire Department also visited with Santa and friends last month and every student went home with gifts from Toys for Tots. We had Christmas movie night on 12-18-23 from 5pm to 7pm. The next meeting will be held on 1-30-24. Stephanie Combee suggested at the parent meeting for Sherriff John Tate to come as a guest speaker to the February meeting to discuss speeding concerns in front of the school.

Quannesha Johnson gave the report for the Chipley Center:

The most recent parent meeting was held on 1-4-24. The center will celebrate National School Choice Week on January 22-26. We will participate in color dress-up days for each day that week. In December, the children participated in a secret Santa gift exchange. Gifts were donated by the Chipley Kiwanis Club and Toys for Tots. Our first big event, the Christmas Activity and a surprise visit from Santa was a success. A parent meeting is scheduled for February 1. There will be a parent/child activity on February 2. The 2nd big event will be a Valentine Dance on February 9. The parent committee is requesting 125 dollars for the 3rd event which will be on March 28 for a field day/easter Egg Hunt at Shivers Park. Stephanie Combee made the motion to approve the fund request, Angela Graham seconded, with all in favor.

Angela Graham gave the report for the Walton Center:

The most recent parent meeting was on December 15, 2023. On 12-6-23 the Walton County Health Department came to visit and read to the children. On 12-15-23, a parent meeting was held with 15 parents in attendance. Once the parent meeting was completed the children and parents joined together in a parent/child activity while waiting for Santa to arrive to distribute gifts to each child. At the end of the day the children watched The Grinch and had a snack of hot chocolate and rice crispy treats. At the last parent meeting, parents discussed decorating a float for February for black history month and participate in the parade. They also discussed options for a Valentine Day event.

DIRECTORS REPORT

Two months of information was shared due to not having a meeting in December. Attendance has been exceptionally low for EHS. In December, it improved slightly. Attendance meetings are being held with families to ensure attendance rates improve. The in-kind requirement was met for the 22-23 program year.

FINANCIAL REPORTS

Reports were provided for both the end of the grant year and the new grant year beginning on December 1. The budget reports for December show that we have overspent, but that is inaccurate due to the budget year to date not being set yet for the new year. The Visa card for November shows multiple payments made so that everything could be paid out with the proper year's grant funding. The Walmart and Wex statements were also shared. No in-kind has been input for the new school year just yet.

OLD BUSINESS

NEW BUSINESS

FY/DISCUSSION

Monthly Training

Kim explained the areas looked at for school readiness goals. The school readiness plan is developed using Head Start requirements. Progress is discussed with parents and expectations discussed with parents as well as teachers at receiving schools when it is time for children to age out into Kindergarten. The SR Plan can be viewed on our website.

NPRM

The Performance Standards are under review for proposal to changes to be made to our standards. The Fact Sheet Overview was shared, and Kim explained that there is an open comment period to get feedback on the proposed changes. At the end of the comment period, the comments will be reviewed by OHS and compiled to determine what standards should be put in place. Kim went over the different proposals and changes listed in the overview.

Governance, Leadership and Oversight Capacity Screener

Kim explained that with a new project period starting there are several items that must be submitted including a screener with the policy council and board members. Kim and Stephanie plan to get together later in the week to complete this screening.

Health and Safety Certification

Another part of the new project period requires us to complete health and safety inspections for our sites, so staff will be completing these inspections this week.

Update- Grant/Budget

When the budget was submitted, it had to be submitted without the conversion/reduction request, due to needing to get a grant approved in a timely manner since there was a pending government shutdown. Now that we have our grant approved and awarded, we need to submit our conversion/reduction request.

Update-Under enrollment Plan

After the conversion request is approved, we will have 125 Head Start Slots. So far this year we have been able to maintain 133 slots, so after conversion we should not have any problems staying fully enrolled. We are trying to get our website and social media revamped in order to advertise ourselves a little better but so far have not been able to find anyone to help with this. Kim asked if anyone on the council knows someone who knows about this area to let us know.

Annual Calendar

The annual calendar was updated and will need to be approved by the council. It shows the breakdown of what information will be discussed at each monthly meeting.

Shared Governance Training

Kim has requested training back in December for our training to take place in February. So far we have not been assigned a trainer, but our program specialist is working on getting one for us. Once a trainer is selected we will be able to set up a day and time to conduct the training that works for the policy council and board members. For now, our February meeting will take place as scheduled on the first Monday of the month. Members will be notified if this needs to change to accommodate the training.

PI- NPRM

A copy of the program instruction was provided in mail outs and discussed previously in the meeting.

APPROVALS

Annual Calendar

Motion: Shrona Sanders Seconded: Mikayla Appelt Motion carried.

Resubmit Conversion/Reduction Request

Motion: Shronda Sanders Seconded: Stephanie Combee Motion carried.

New Hires/Transfers

Kim discussed the new hires and recent transfers with the group

Motion: Shronda Sanders Seconded: Quannessa Johnson-Mayo Motion carried.

ANNOUNCEMENTS

The next policy council meeting will be held on February 5, 2024.

ADJOURNMENT

Stephanie Combee adjourned the meeting at 12:57pm.

As recorded by Nicole Thomas, Directors Assistant

rebecca cotton
rebecca cotton (Feb 12, 2024 11:33 CST)

SECRETARY

02/12/24

DATE






January 2024 Policy Council Minutes-final

Final Audit Report

2024-02-12

Created:	2024-02-12
By:	Kim Gillis (kim@tricityheadstart.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAAQhYqSvM8uAUJ_p8SNe4eSK6tzFbL-Rr

"January 2024 Policy Council Minutes-final" History

-  Document created by Kim Gillis (kim@tricityheadstart.com)
2024-02-12 - 5:32:07 PM GMT- IP address: 67.132.67.154
-  Document emailed to rebecca cotton (rebecca.cotton@paec.org) for signature
2024-02-12 - 5:32:10 PM GMT
-  Email viewed by rebecca cotton (rebecca.cotton@paec.org)
2024-02-12 - 5:32:42 PM GMT- IP address: 69.85.225.197
-  Document e-signed by rebecca cotton (rebecca.cotton@paec.org)
Signature Date: 2024-02-12 - 5:33:04 PM GMT - Time Source: server- IP address: 69.85.225.197
-  Agreement completed.
2024-02-12 - 5:33:04 PM GMT

\$HEAD START/EARLY HEAD START REPORT TO POLICY COUNCIL AND BOARD OF DIRECTORS

DATE: February 1, 2024

MONTH: January 2024

ENROLLMENT

ITEM	CHIPLEY	WALTON	WESTVILLE	HS TOTAL	EHS			EHS TOTAL
					West	DFS		
						CB	HB	
Funded	20	106	77	203	8	24	4	36
Actual in Center/Home- Base	20	74	40	134	8	24	4	36

ERSEA

ITEM	CHIPLEY	WALTON	WESTVILLE		EHS	
			HS	EHS	CB	HB
Waiting List	8	21	7	8	16	0
Eligible	1	9	2	6	13	0
Over income	7	12	5	2	3	0
Vacancies	*2	1	2	8	3	2
How Long	14 days	10 days	1 & 5 days	0	1 & 11 days	n/a
Attendance	88%	84%	81%	78%	79%	N/A
Overall Monthly Attendance for School Year	84%			79%		

DISABILITY

ITEM	CHIPLEY	WALTON	WESTVILLE	EHS	TOTAL		Percentage	
					HS	EHS	HS	EHS
Diagnosed with an IEP/IFSP and receiving services	1	2	8	3	11	3	8% (actual enrolment)	8%
Dropped children with an IEP/IFSP						0		
In waiting/further evaluation/referral process/staffing	0	4	0	0	4	2	4	2

MENTAL HEALTH REFERRALS AND VISITS

CHIPLEY		WALTON		WESTVILLE		EHS	
Referral/s	Visits	Referral/s	Visits	Referral/s	Visits	Referrals	Visits
0	0	0	0	0	0	0	0

EHS HOME-BASE

Required Home Visits for the Month	Attempted Home Visits for the Month	Actual Home Visits for the Month	Required Socializations for the Month	Actual Socializations for the Month
10	4	3*	2	2

IN-KIND TOTALS

ADMIN.	CHIPLEY	WALTON	WESTVILLE	EHS DFS	EHS Westville	TOTAL	Percentage
Required non-federal share for HS/EHS \$404,630 received a waiver Will continue to work to collect in-kind. HS - \$249,851; EHS - \$154,779							
\$0	\$2,992.18	\$7,308.46	\$1,478.93	\$1,580.67	\$572.06	\$11,779.57/ \$2,152.73	5%/1%

USDA

ITEM	CHIPLEY	WALTON	WESTVILLE	EHS	TOTAL	
December Meals						
Breakfast	179	642	456	203	1480	
Lunch	179	633	449	205	1466	
Snack	159	590	392	189	1330	
Total Meals	517	1865	1297	597	4276	
December Cost						
ITEM	CHIPLEY	WALTON	WESTVILLE	EHS		TOTAL
				Westville	DFS	
Expenses	\$2,387.93	\$9,396.92	\$6,116.62	\$1,449.34	\$4,249.72	\$23,600.53
Reimbursement	\$1,407.70	\$5,031.04	\$3,539.02	\$0	\$1,615.69	\$11,593.45
Difference	-\$980.23	-\$4,365.88	-\$2,577.60	-\$1,449.34	-\$2,634.03	-\$12,007.08

STAFF STATUS

ITEM	ADMIN.	Chipley	WALTON	WESTVILLE	EHS	TOTAL
Reported	11	4	15	11	6	47
Hired/Transfer	0	0	0	2	1	3
Resigned/Let Go	1	0	0	0	0	1
Floater/Extended Care	0	0	0	0	0	0
Parent in Training	0	0	1	1	0	2
Substitute/Temporary	0	2	0	0	0	2
Total	11	6	16	13	7	53
Vacant Position	1	0	3	3	1	5

Community Events/Collaboration COMMENTS

ERSEA – Chipley needs a 4 yr. old and none on the waiting list.

EHS Home-Base – Some visits could not be completed because children were sick and unable to contact one.

Annual Report
Self-Assessment
Program Summary

PIR
Outcomes
Community Assessment

A Tool for Performing a SWOT Analysis

A Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis guides you to identify the positives and negatives inside your organization and outside of it in the external environment. Program directors, policy groups and management teams can use this resource to guide them through the SWOT assessment. Included are some general questions in each SWOT category to prompt an analysis of an organization or program effort.

	POSITIVES	NEGATIVES
INTERNAL	Strengths	Weaknesses
Human resources	What are your own advantages, in terms of people, physical resources, finances?	What could be improved in your organization in terms of staffing, physical resources, funding?
Physical resources		
Financial resources		
Activities and processes	What do you do well? What activities or processes have met with success?	What activities and processes lack effectiveness or are poorly done?
Past experiences		
EXTERNAL	Opportunities	Threats
Future trends - in your field or the culture	What possibilities exist to support or help your effort-- in the environment, the people you serve, or the people who conduct your work?	What obstacles do you face that hinder the effort-in the environment, the people you serve, or the people who conduct your work?
The economy		
Funding sources (foundations, donors, legislatures)	What local, national or international trends draw interest to your program?	What local, national or international trends favor interest in other or competing programs?
Demographics		
The physical environment		
Legislation	Is a social change or demographic pattern favorable to your goal?	Is a social change or demographic pattern harmful to your goal?
Local, national or international events	Is a new funding source available?	Is the financial situation of a major funder changing?
	Have changes in policies made something easier?	Have changes in policies made something more difficult?
	Do changes in technology hold new promise?	Is changing technology threatening your effectiveness?

Office of Head Start

Due to Kim no later than February 9, 2024

Area/Group _____

Date Completed _____

Strengths

Weaknesses

Opportunities

Threats



Federal Reporting of Standard Forms 425 and 428

 eclkc.ohs.acf.hhs.gov/policy/pi/acf-pi-ohs-24-01

Federal Reporting of Standard Forms 425 and 428 ACF-PI-OHS-24-01

U.S. (United States) Department
of Health and Human Services

ACF
Administration for Children and Families

- 1. Log Number:** ACF-PI-OHS-24-01
- 2. Issuance Date:** 01/09/2024
- 3. Originating Office:** Office of Head Start
- 4. Key Words:** Federal Reporting Changes; Financial Reports; SF-425; Expenditures; Tangible Personal Property Reports; SF-428

Program Instruction

To: All Head Start recipients, including Head Start, Early Head Start, Early Head Start-Child Care Partnerships, Collaboration Offices, and National Centers

Subject: Federal Reporting of Standard Forms 425 and 428

Instruction:

This Program Instruction (PI) notifies recipients of the submission requirements for Federal Financial Report Standard Form (SF)-425 for expenditures to the U.S. Department of Health and Human Services (HHS) Payment Management System (PMS) and SF-428 for tangible personal property. HHS has adopted [2 CFR §200.344](#) for the closeout of federal awards. As such, the liquidation period for closeout is now no later than 120 calendar days after the end of the period of performance (i.e., project period). This only applies to the closeout of the project, not budget periods within the project. The frequency of report submission is updated with details identified below.

This PI supersedes ACF-PI-HS-17-04.

Submission of Federal Financial Report SF-425

All Head Start recipients are required to submit financial reports detailing the expenditures incurred for their awards. Filing requirements for most recipients are satisfied using the Federal Financial Report SF-425. Recipients currently submit three SF-425 reports for a 12-month budget period.

Federal awards that have budget periods starting on or after October 1, 2023, will only be required to submit a semi-annual and an annual report for a budget period. Generally, awards are for a 12-month budget period. Semi-annual and annual reports are cumulative, covering either 6 or 12 months of expenditures, respectively.

Note the following important conditions:

- SF-425 reports are due as required in the award terms and conditions.
 - Reports will be due on one of the standard dates or at the end of a calendar quarter as determined by ACF. *See Table 1.*
- Unless otherwise instructed, such as through the terms and conditions or a special condition on the Notice of Award, all recipients are expected to submit two reports for each budget period.
 - Annual reports are due 90 days after the end of the applicable budget period.
 - Final reports for the project are due no later than 120 calendar days after the end of the project period.
- Box 12 of annual and final reports must include the following:
 - Total Amount of U.S. Department of Agriculture (USDA)/Child and Adult Care Food Program (CACFP) Reimbursement: \$_____
 - Total Development and Administrative Expenditures: \$_____
 - If an unobligated balance of federal funds is being reported on line 'h', the recipient must provide a breakdown of total federal expenditures for each 'FY-ACCOUNT NO' as per box 34, Accounting Classification Codes, on the Notice of Award for the budget period.
 - If program income is being reported on line 'l', the recipient must provide the source of program income

To understand reporting due dates, see the table below.

Budget Period Begins	Report Cumulative Costs Through	Semi-Annual SF-425 Due	Report Cumulative Costs Through	Annual SF-425 Due	Final SF-425 Due
January 1	June 30	July 30	December 31	March 31	April 30
February 1	July 31	August 30	January 31	May 1	May 31
March 1	August 31	September 30	February 28/29	May 30	June 28

Budget Period Begins	Report Cumulative Costs Through	Semi-Annual SF-425 Due	Report Cumulative Costs Through	Annual SF-425 Due	Final SF-425 Due
April 1	September 30	October 30	March 31	June 30	July 29
May 1	October 31	November 30	April 30	July 30	August 28
June 1	November 30	December 30	May 31	August 30	September 28
July 1	December 31	January 30	June 30	September 30	October 28
August 1	January 31	March 1/2	July 31	October 30	November 28
September 1	February 28/29	March 30	August 31	November 30	December 29
October 1	March 31	April 30	September 30	December 30	January 28
November 1	April 30	May 30	October 31	January 30	February 28
December 1	May 31	June 30	November 30	March 1/2	March 30

Table 1. Find the month in which your Head Start budget period begins in Column 1 and then read across that line.

Submission of Tangible Personal Property Report SF-428

Recipients are required to provide Tangible Personal Property Report SF-428 and SF-428B, and SF-428S if needed, not later than 120 days after the close of the project period.

Recipients are to scan and upload completed copies of the SF-428 reports to the specified folders in the Grant Notes section of GrantSolutions. The [SF-428 forms and instructions](#) can be found at Grants.gov.

Direct questions related to fiscal reporting and other administrative requirements to the assigned grants management specialist identified in the Head Start Enterprise System. Please contact your P.M.S. (Payment Management System) representative should your program require assistance with P.M.S. (Payment Management System) accounts.

Thank you for the work you do on behalf of children and families.

Sincerely,

/ Khari M. Garvin /

Khari M. Garvin
Director
Office of Head Start

See PDF Version of Program Instruction:

[Federal Reporting of Standard Forms 425 and 428](#) (66.31 KB)

Historical Document



Tri-County Community Council Head Start/Early Head Start

Policy Council Meeting
March 4, 2024

Call to order, Welcome

Roll Call

Seat New Members (if needed)

Approval of Minutes from February 5, 2024

Reports

Center Committees
Director's Report
Financial Reports

Old Business

New Business

FYI/Discussion

Monthly Training Topic – Finance/Budget Development
Self-Assessment/SWOT Analysis
Incidents
CAP
Labor/HHS bill
Upcoming Shared Governance Training May 6, 2024

Approvals

Policies

Center Based Option	Approval
Home Based Option	Approval
Dual Language Learning Plan	Approval
Reading Stories	Approval
Teaching and the Learning Environment	Approval
Curricula	Approval
Field Trip Preparation-delete	Approval
Field Trip Request- delete	Approval
Input into TSG	Approval
Home Visits	Approval
Parent Conference	Approval
Parent Involvement in Education	Approval
HS/EHS Meals	Approval

Infant/Toddler Gram	Approval
Meal Times	Approval
Source of Health Care	Approval
Enrollment	Approval
Multi-Disciplinary Team	Approval

Self-Assessment Areas	Approval
Financial Manual with a few updates	Approval
Eligibility Priority Criteria (HS)	Approval
Eligibility Priority Criteria (EHS)	Approval
2024-2025 Washington County School Calendar	Approval
2024-2025 Walton County School Calendar	Approval
2024-2025 EHS Center-based (Walton) School Calendar	Approval
2024-2025 Holmes County School Calendar	Approval
2024-2025 EHS Holmes School Calendar	Approval

Hires

Madison Lamb – Floater	Approval
Beatrice Rugg – Westville Teacher	Approval
Lydia Gibson – Westville Teacher Assistant	Approval
Christan Clark – EHS Teacher in Training	Approval
Jayden Jones – Floater	Approval
Amy Padgett – from Coach Specialist to Education Coordinator	Approval

Adjourn

TRI-COUNTY COMMUNITY COUNCIL, INC.
HEAD START/EARLY HEAD START
POLICY COUNCIL MEETING
2499 CYPRESS STREET
WESTVILLE, FL. 32464

February 5, 2024

Present:
Samanth McClaren
Rebecca Cotton
Shronda Sanders
Stephanie Combee

Absent:
Angela Graham
Mikayla Appelt
Quannesha Johnson-Mayo
Emma Washington

Guests:
Kim Gillis
Nicole Thomas

Stephanie Combee called the meeting to order at 12:02pm. Rebecca Cotton called roll with four members present and four members absent. A quorum was not present. The council decided to move forward with the meeting and approvals will be pending a phone poll to be conducted after the meeting. Shronda Sanders made the motion to approve the minutes from January, Samantha seconded, with all in favor. Motion will carry pending phone poll.

CENTER COMMITTEE REPORTS

Nicole Thomas gave the report on behalf of the Early Head Start:

The next parent meeting is on February 9. A parent meeting has not been held since November due to transition between coordinators and staff shortage. The next center event will be planned at the February parent meeting.

Stephanie Combee gave the report on behalf of the Westville Head Start:

The most recent parent meeting was on 1/30/24. WIC visited on 1/31/24. All classrooms had a parent/child activity. The Health Department came and decided on placement of a book vending machine. A car seat technician spoke at the parent meeting. The committee is requesting \$250 of parent funds to hold a graduation ceremony in May. Samantha McClaren approved the fund request and Shronda Sanders seconded the motion, with all in favor. Motion will carry pending phone poll.

Nicole Thomas gave the report on behalf of the Walton Head Start:

The most recent parent meetings were held on 1/23/24 and 1/31/24. On February 17, the center will participate in the Black History Parade. They discussed a family in need of donations due to their house burning down. PanCare will be visiting the Walton site on February 6-9. Valentines treats and activities to promote families support of children were discussed. The committee suggested promoting parent involvement to increase parent meeting attendance and trying out different times to get a higher attendance turn out.

Nicole Thomas gave the report on behalf of the Chipley Head Start:

The most recent parent meeting was February 1. The month of February is Dental Health Month. Our field trip to the Washington County Public Library will be on February 28. Our Valentine Card exchange will be February 14. The 2nd big event, the Valentine Dance will be on February 9 and the theme is "Sneaker Ball". We had a parent/child activity day on Feb. 2 with educational art/craft activities for the children to do with their loved ones. The next Parent Meeting will be on March 7.

DIRECTORS REPORT

Kim went over the numbers reported on the monthly Directors Report to Policy Council. She noted that while we are not yet at our 10% requirement for disabilities, there are several in the referral process and once services are started for these children, we will be over the 10% requirement. She also noted the reasons that not all the home visits were completed for the month.

FINANCIAL REPORTS

The budgets are still set to zero due to outstanding bills that are still needed to close out the previous grant. Only half of the budget is received and will be put in as soon as everything is submitted and up to date. Kim went over the spending on each of our credit accounts.

The SF 429 shows real property owned by Tri-County Community Council. The SF 425 gives a report of cash on hand and what has been disbursed so far. The 941 reports the taxes withheld from staff wages for this quarter. The 990 gives information regarding the return of organization exempt from income tax. The audit was shared with the council and presented at the January board meeting. There was no findings during the audit.

OLD BUSINESS

NEW BUSINESS

FYI/DISCUSSION

Monthly Training- Kim explained the collection of In-kind and what types of things can be claimed as in-kind. All staff, volunteers, policy council and board members are trained on our eligibility requirements. Kim went over the process used to determine eligibility and how a child is selected for acceptance into the program. A point system determines where eligible children fall on the waitlist with the highest points being accepted first.

Self-Assessment

Every year we are required to do a self-assessment. Data is gathered during this process and staff; BOD and Policy Council members are asked to look over the information and decide how certain areas can be improved.

SWOT

Kim asked for suggestions on strengths, weaknesses, opportunities, and threats, as these things will be considered during the self-assessment process. For strengths Samantha McClaren stated that communication with parents and the extra activities that allow for parent involvement are strengths of our program. Stephanie Combee stated that children get quality learning experiences. Shronda Sanders stated that the additional resources provided to the family should be considered a strength. Kim went over the weaknesses reported by staff so far and asked for more input. Stephanie Combee stated that staffing issues due to wages is an ongoing issue. Kim went over the opportunities suggested from staff. Samantha McClaren added that Class DOJO is a great opportunity to strengthen communication even further. Shronda mentioned that the Walton Center uses Class Dojo, and it has been successful. Kim went over the threats listed by staff so far and asked if anyone had other suggestions. No one had anything to add.

Under-enrollment Plan

Our staff have received social media training and there will be more training over the next couple of days regarding strengthening our policies. We are tracking the things we are doing to try to improve the under-enrollment issue.

Change of Scope

The change of scope was submitted on 2/1/24. The plan is to try to start up the new classroom created from the conversion/reduction request, along with other changes at the end of the Head Start school year.

Annual Report

The report was sent out in last weeks mail out. The report gives information about services provided and received from Tri-County as a whole, not just Head Start.

PI

The program information regarding federal reporting of standard forms 425 and 428 was shared in the mail out.

APPROVALS

The SWOT/Self-Assessment as discussed earlier in meeting.

New Hires: Kim discussed the following

Amber Braddy for Westville Parent in Training

Jami Crowningshield for EHS cook

Lisa Blue for Westville teacher

Motion: Samantha McClaren Second: Shronda Sanders Pending phone poll.

ANNOUNCEMENTS

The next policy council meeting will be held on March 4, 2024.

ADJOURNMENT

Stephanie Combee adjourned the meeting at 12:50pm.

An email poll was conducted on February 5, 2024 and February 8, 2024, on all approvals. Mikayla Appelt responded with her approval of all items.

As recorded by Nicole Thomas

SECRETARY

DATE

\$HEAD START/EARLY HEAD START REPORT TO POLICY COUNCIL AND BOARD OF DIRECTORS

DATE: March 1, 2024

MONTH: February 2024

ENROLLMENT

ITEM	CHIPLEY	WALTON	WESTVILLE	HS TOTAL	EHS			EHS TOTAL
					West	DFS		
						CB	HB	
Funded	20	106	77	203	8	24	4	36
Actual in Center/Home- Base	19	73	37	129	8	24	2	34

ERSEA

ITEM	CHIPLEY	WALTON	WESTVILLE		EHS		
			HS	EHS	CB	HB	
Waiting List	9	27	8	13	15	0	
Eligible	8	14	3	10	12	0	
Over income	1	13	5	3	3	0	
Vacancies	0	1 transferred to Westville	6	0	0	2	
How Long	*	*	4 days, still working on filling 5 slots		n/a	n/a	No one on wait list
Attendance	87%	87%	88%	90%	86%	N/A	
Overall Monthly Attendance for School Year	87%			88%			

DISABILITY

ITEM	CHIPLEY	WALTON	WESTVILLE	EHS	TOTAL		Percentage	
					HS	EHS	HS	EHS
Diagnosed with an IEP/IFSP and receiving services	1	3	8	5	12	5	9% (actual enrolm ent)	14%
Dropped children with an IEP/IFSP						0		
In waiting/further evaluation/referral process/staffing	0	3	0	0	3	1	3	1

MENTAL HEALTH REFERRALS AND VISITS

CHIPLEY		WALTON		WESTVILLE		EHS	
Referral/s	Visits	Referral/s	Visits	Referral/s	Visits	Referrals	Visits
0	0	0	0	0	0	0	0

EHS HOME-BASE

Required Home Visits for the Month	Attempted Home Visits for the Month	Actual Home Visits for the Month	Required Socializations for the Month	Actual Socializations for the Month
6	6	5	2	2

IN-KIND TOTALS

ADMIN.	CHIPLEY	WALTON	WESTVILLE	EHS DFS	EHS Westville	TOTAL	Percentage
Required non-federal share for HS/EHS \$404,630 received a waiver Will continue to work to collect in-kind. HS - \$249,851; EHS - \$154,779							
\$485.78	\$6,528.99	\$14,966.60	\$2,987.52	\$5,018.09	\$1,398.42	\$24,968.89/ \$6,416.51	10%/4%

USDA

ITEM	CHIPLEY	WALTON	WESTVILLE	EHS	TOTAL	
January Meals						
Breakfast	313	1095	694	348	2450	
Lunch	311	1094	695	349	2449	
Snack	281	997	641	324	2243	
Total Meals	905	3186	2030	1021	7142	
January Cost						
ITEM	CHIPLEY	WALTON	WESTVILLE	EHS		TOTAL
				Westville	DFS	
Expenses	\$2,397.83	\$8,925.07	\$5,047.37	\$1,304.79	\$2,482.58	\$20,157.64
Reimbursement	\$2,455.90	\$8,635.32	\$5,491.06		\$2,758.72	\$19,341.00
Difference	+\$58.07	-\$289.75	+\$443.69	-\$1,304.79	+\$276.14	-\$816.64

STAFF STATUS

ITEM	ADMIN.	ChipleY	WALTON	WESTVILLE	EHS	TOTAL
Reported	10	4	15	10	7	46
Hired/Transfer	0	0	0	2	1	3
Resigned/Let Go	3	0	0	0	0	3
Floater/Extended Care	2	0	0	0	0	2
Parent in Training	0	0	1	1	0	2
Substitute/Temporary	0	2	0	0	0	2
Total	12	6	16	13	8	53
Vacant Position	2	0	5	3	0	10

Community Events/Collaboration COMMENTS

- ChipleY had one drop in January and needs a four-year-old to be able to fill the vacancy.
- Walton had one transfer to Westville slot not fill yet.

Annual Report
Self-Assessment
Program Summary

PIR
Outcomes
Community Assessment

Tri-County Community Council, Inc.
Head Start/Early Head Start

Part: 1302 Program Operations

Subpart: B-Program Structure

Section: 1302.21 Center-based Option

Subject: Center-based Option

Policy:

Tri-County Community Council provides the full range of comprehensive services in the center-based option for Head Start and Early Head Start. Comprehensive services include Education and Child Development, Health, Family and Community Engagement, Child with Disabilities, and Transition program services.

Procedure:

1. In each Head Start classroom there will be a teacher and teacher assistant in every four-year-old classroom with a maximum of 20 children. There will be a teacher and teacher assistant in every three-year-old classroom with a maximum of 17 children.
2. In Early Head Start, there will be two teachers in every infant and toddler classroom with a maximum of eight infant/toddlers.
3. An annual calendar will be developed using the public-school calendar. The public-school children attend school 178-180 days a year. Early Head Start's annual calendar will be increased by 48-50 days more than the public-school calendar days to ensure that Early Head Start infant/toddlers attend at least 230 days. Attending 230 days ensures that Early Head Start infant/toddlers attend at least 1380 hours of planned class time.
4. An annual calendar will be developed using the public-school calendar for Head Start. The public-school children attend school 178-180 days a year. Attending 170 days ensures that Head Start children attend at least 1020 hours of planned class time.
5. If there are school closures due to weather or any other unforeseen events the days will be made up according to the public school scheduled make-up days. ~~during scheduled days off.~~ (Ex. Beginning of Christmas holidays, Spring break, etc.)
6. The Head Start and Early Head Start facilities meet the Florida licensing requirements.

Tri-County Community Council, Inc.
Head Start/Early Head Start

Part: 1302 Program Operations

Subpart: B- Program Structure

Section: 1302.22 Home-based Option

Subject: Home-based Option

Policy:

Tri-County Community Council Early Head Start provides the home-based option in addition to their center-based option. The home-based option provides the full range of services that include Education and Child Development (with the exception of 1302.30-1302.32), Health, Family and Community Engagement (with the exception of 1302.34), Children with Disability, and Transition program services.

Procedure:

1. The Early Head Start home-based option serves infant/toddlers and pregnant women.
2. The home visitor's caseload will not exceed 12 families.
3. The home visitor will visit each family 1.5 hours a week for a total of 46 visits a year.
4. The home visitor will visit pregnant women at least once every other week.
5. The home visitor will make every attempt to make-up home visits that are cancelled by the family. If the home visitor has to cancel a home visit, then the visit will be rescheduled with the family.
6. There will be a minimum of at least 16 Stay and Plays (Socializations) annually. There will be two a month with the exception of a couple of months when only one Stay and Play will be scheduled.
7. The home visitor will follow the following safety practices when choosing the locations to hold Stay and Plays – The area will be clean and free of pests; free from pollutants, hazards and toxins; free from all hazards that could cause harm to children; good lighting with emergency lighting available; well stocked first aid kit that includes fire safety supplies; free from harmful weapons; and defined areas for food prep, cooking, eating, and toileting/diaper changing areas.

Tri-County Community Council, Inc.
Head Start/Early Head Start

Part: 1302 Program Operations

Subpart: C-Education and Child Development Program Services

Section: 1302.31 Teaching and the Learning Environment

Subject: Dual Language Learning Plan for Classroom

Policy:

Classrooms must provide high-quality early education and child development program services, including children with disabilities, which promote children’s cognitive, social, and emotional growth for later success in school. Classrooms will recognize bilingualism and bi-literacy as strengths and implement research-based teaching practices that support children’s development as dual language learners. Teaching staff will incorporate Creative Curriculum Teaching Guide vocabulary words and instructions for Dual Language Learners. **Teaching staff will encourage families of dual-language learners to participate in the classroom. Translation app to support communication efforts between the teachers, staff, children, and families will be used in the classroom for teachers and children. The app can translate English to the home language and the home language to English.** Additional resources are available through the Education Coordinator.

Procedure:

Centers

- Children’s names in English and home language for tracing and letter writing practice
- Alphabet in children’s home language
- ~~Ask families for items from home for Pretend Station and English counterpart~~
- Books/songs on tape **devices** in listening station in English and home language
- **Books in home culture or dual language books**

~~Story Time/Large Group~~ Educational Supportive Activities

- Songs from home culture along with English words
- ~~Books in home culture or dual language books~~
- ~~Ask families for print items from home such as magazines, story books, etc.~~
- **Play games from home culture.**
- **Finger plays in English and home language**
- **Incorporating home culture into Creative Curriculum; for example – what types of trees grow in their home country.**

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Head Start/Early Head Start

- Small group educational activities to include visuals in English and home language when necessary
- Repetition/Rhyming of words in English and home language
- Use basic words, such as hello, good-bye, eat, and please, in the child's home language. (Resources will be provided.)

Posted in the Classroom

- Daily schedule in English and home language
- Pictures of people, objects, and places from their culture
- Environmental print, logos in English and home language

Labels

- Labels on bins in both English and home language, along with a picture. Home language is in a distinct color than English
- Child's name and symbol in English and home language (station signs, cubbies, etc.)
- Classroom jobs in English and home language
- English in blue, and Spanish in red.

~~Gross Motor~~ Family Engagement

- Play games from home culture.
- Invite parents to visit the classroom to talk about foods, clothes, celebrations, way of life, etc.
- Teachers talking with families about their cultural norms
- Ask families for print items from home such as magazines, story books, etc.
- Ask families for items from home for Pretend Station and English counterpart
- **Send home letters, notices, and other paperwork in English and home language**

~~Practices to Incorporate into Normal Classroom Routine~~

- ~~Use basic words, such as hello, good-bye, lunch, and please, in the child's home language. (Resources will be provided.)~~
- ~~Clapping syllables of words/names in English and home language~~
- ~~Sounding out words/names in English and home language~~
- ~~Repetition of words in English and home language~~
- ~~Rhyming of words in English and home language~~
- ~~Fingerplays in English and home language~~
- ~~Teachers talking with families about their cultural norms and sharing those during small and/or large group time~~
- ~~Incorporating home culture into Creative Curriculum; for example—what types of trees grow in their home country.~~
- ~~Invite parents to visit the classroom to talk about foods, clothes, celebrations, way of life, etc.~~
- ~~Translation app to use in the classroom for teachers and children. The app can translate English to the home language and the home language to English~~
- ~~Small group matching game using pictures of classroom objects such as door, table, cup, plate, silverware, and teacher, with English and home language captions. Have~~

Tri-County Community Council, Inc.

Head Start/Early Head Start

~~children match the pictures. As children become more proficient can match the letters, words~~

- ~~• Color, number, and alphabet matching games in English and home language~~

Tri-County Community Council, Inc.
Head Start/Early Head Start

Part: 1302 Program Operations

Subpart: C-Education and Child Development Program Services

Section: 1302.31 Teaching and the Learning Environment

Subject: Reading Stories-Effective Teaching Practices

Policy:

Head Start/Early Head Start teaching staff will establish a daily routine of reading and discussing stories with the children. The teaching staff will use teaching practices that are developmentally age-appropriate learning experiences in language, literacy, social and emotional development, math, science, social studies, creative arts, and physical development that are focused toward achieving progress outlined in the Head Start Early Learning Outcomes Framework: Ages Birth to Five. Head Start/Early Head Start teaching staff can use available community resources to support emerging literacy and language development.

Procedure:

1. The teaching staff will choose stories and books that are developmentally age appropriate and promote growth in the developmental progressions as prescribed in the Head Start Early Learning Outcomes Framework; Ages Birth to Five.
2. Teacher/home visitor will provide books and stories with repetitive verses, words and sounds or in which the pictures follow the text closely, so that children can relate what they hear to what they see.
3. Teacher/home visitor will plan activities, so children have memorable experiences with books.
4. ~~Head Start/Early Head Start teaching staff will use the libraries, museums, and other community resources to support emerging literacy and numeracy development in books and material to keep the children's attention and interest.~~
5. Children will have opportunities to participate by asking questions before, during, and after the story.

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Head Start/Early Head Start

6. The teaching staff will provide supportive feedback for learning, motivate children's continued effort, and support all children's engagement in the learning experiences and activities.
7. Children will not be forced to sit still and listen to the story.
8. If a child is having difficulty staying on task during story time, he/she will be provided an opportunity to select another quiet activity.

Tri-County Community Council, Inc.
Head Start/Early Head Start

Part: 1302 Program Operations

Subpart: C-Education and Child Development Program Services

Section: 1302.31 Teaching and the Learning Environment

Subject: Teaching and the Learning Environment

Policy:

The teaching staff and other relevant staff will provide responsive care, effective teaching practices, and an organized learning environment that promotes healthy **growth and development in all children** ~~development, and children's skills growth~~ that is aligned with the Head Start Early Learning Outcomes Framework: Ages Birth to Five ~~and children with disabilities~~. The teaching staff will provide aged appropriate equipment, materials, supplies, and space for functional learning. The teaching staff will rotate and change materials intentionally ~~and periodically~~ **as suggested in the curriculum's teaching guides** to reflect children's interests, development, learning, and the curriculum ~~on a weekly basis in the classroom~~.

Procedure:

1. The teaching staff must provide a nurturing, responsive environment, and a quality classroom.
2. The teaching staff must provide a well-organized learning environment with developmentally aged appropriate ~~schedules, lesson plans, and indoor and outdoor~~ learning experiences that provide adequate opportunities for choice play, exploration, and ~~experimentation~~ **investigations** ~~among a variety of learning, sensory, and motor experiences~~.
3. For infants and toddlers, staff will promote relational learning and include individualized and small group activities that integrate appropriate daily routines into a flexible schedule of learning experiences. And for an infant or toddler that is a dual language learner, staff will include teaching practices that focus on the development of the home language, when there is a teacher with appropriate language competency, and experiences that expose the child to English.
4. For preschool-age children, staff will include teacher-directed and child-initiated activities, active and quiet learning activities, and opportunities for an individual, small group, and large group learning activities. And for a preschool-age dual language learner, staff will include teaching practices that focus on both English language acquisition and the continued development of the home language.
5. The teaching staff will rotate the library, dramatic play theme, blocks, art activities, sand/water play, computer programs, and manipulative toys to reflect the Head Start Early Learning Outcomes Framework, Creative Curriculum for Infants Toddlers & Twos, Creative Curriculum Studies for Twos, Creative Curriculum Preschool & Teaching Guide Studies, Teaching Strategies GOLD Domains, ~~and the monthly theme~~.
6. The teaching staff will **follow the guidance provided in the teaching guides of each study when suggestions are given to enhance interest areas and activities when the materials/resources are**

Tri-County Community Council, Inc.
Head Start/Early Head Start

available. The teaching staff will provide their families with the parent letter prior to the start of a new study topic. The letter provides families with opportunities and ways that they can be involved and provide support to the study engagement. ~~provide aged appropriate equipment, materials, supplies, and space for functional learning. The teaching staff will rotate and change materials intentionally and periodically to reflect children's interest, development, learning and the curriculum on a weekly basis in the classroom.~~

7. The teaching staff must provide an intentional, age-appropriate approach to accommodate children's need to nap or rest. Preschool children are encouraged, but not forced, to rest or nap. Staff must provide an alternative quiet learning activity for children who do not need or want to rest or nap.
8. During naptime or when assisting children to sleep, staff are not allowed to lie down with children under any circumstance.
9. The teaching staff must implement snacks and mealtimes in ways that support development and learning. For bottle-fed infants, this approach must include holding infants during feeding to support socialization. Snacks and mealtimes must be structured and used as learning opportunities that support teaching staff-child interactions and foster communication ~~skills and conversations~~ that contribute to a child's learning, development, and socialization.
10. All staff will participate in family-style meals and engage in appropriate table conversation when eating with the children. Staff will also provide sufficient time for children to eat, not use food as a reward or punishment, and not force children to finish their food or drink all their milk.
11. The teaching staff must ~~use approach routines and transitions, such as hand washing and diapering, and transitions between activities,~~ as opportunities for strengthening development, learning, and skill growth.
12. The teaching staff will intentionally plan and integrate movement and physical activity into curricular activities and daily routines in ways that support health and learning.
13. The teaching staff will not use physical activity as a reward or punishment.

**Tri-County Community Council, Inc.
Head Start/Early Head Start**

Part: 1302 Program Operations

Subpart: C-Education and Child Development Program Services

Section: 1302.32 Curricula

Subject: Curricula

Policy:

The Head Start/Early Head Start Program will implement the Creative Curriculum for Infant Toddlers & Twos, Creative Curriculum Studies for Twos, and Creative Curriculum for Preschool, which is a developmentally appropriate, research-based, early childhood curriculum, which provides additional curricular enhancements.

Procedure:

1. The teaching staff will receive standardized ongoing training on the Creative Curriculum, the curricula enhancement materials, and the Teaching Strategies GOLD (the ongoing assessment tool) to effectively implement daily teaching strategies and activities to provide a well-balanced program of instruction.
2. The teaching staff will use the Creative Curriculum along with the Head Start Early Learning Outcomes Framework: Ages Birth to Five and, teaching practices as appropriate, state early learning and development standards; to provide content-rich instructions and an environment to promote measurable progress toward development and learning outlined in the framework.
3. The teaching staff will implement Creative Curriculum which contains an organized developmental scope and sequence that integrates instructions across developmental domains that include plans and materials for learning experiences based on developmental progressions and how children learn.
4. The Coach/Education Specialist will provide support/feedback to teachers/home visitors on how to effectively implement the curriculum to fidelity along with best teaching practices. ~~teaching practices and fidelity. Staff will also provide the teaching staff with feedback on the teaching practices and Curriculum Fidelity.~~
5. The Education Coordinator will monitor the curricula implementation and Fidelity for continuous improvement of its implementation through the system of training and professional development.

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Head Start/Early Head Start

6. The Education Coordinator will share information with the Coach on a regular basis.

Tri-County Community Council, Inc.
Early Head Start/Head Start

Part: 1302 Program Operations
Subpart: C-Education and Child Development Program Services
Section: 1302.32 Curricula
Subject: Fieldtrip Preparation

Policy:

~~The Teacher will have all necessary supplies, documentation, and other materials available to ensure children's safety and care while participating in field trips.~~

Procedure:

- ~~1. The day prior to the scheduled field trip, the Center Director will call the field trip site to confirm the planned trip.~~
- ~~2. The day prior to the scheduled field trip, the teacher will assemble a field trip folder of materials. The folder must include the following items:
 - ~~a. Emergency contact information for each child.~~
 - ~~b. A copy of classroom allergy reports.~~
 - ~~c. A copy of all children's medical treatment in case of illness or injury.~~
 - ~~d. Payment needed.~~
 - ~~e. First aid kit~~
 - ~~f. USDA meal roster~~~~
- ~~3. The teacher or designated person will make sure the transport vehicle contains a first aid kit.~~
- ~~4. All children will wear Head Start/Early Head Start t-shirts.~~
- ~~5. The Program will temporarily discontinue field trips for the health and safety of the children and staff. (Applicable during a Pandemic or other catastrophic emergency only).~~

Tri-County Community Council
Head Start/Early Head Start

Part: 1302 Program Operations
Subpart: C-Education and Child Development Program Services
Section: 1302.32 Curricula
Subject: Fieldtrip Request

Policy:

The Head Start/Early Head Start Program uses field trips to expand the curriculum and provide opportunities for new experiences for the children. The program plans field trips in the local counties in which we provide services such as Holmes County, Washington County, and Walton County. Field trips must be pre-planned and documented on lesson plans.

Procedures:

1. Center Director and teachers will collaborate to decide on the field trips taken during the school year.
2. Center Director and teachers will complete a Fieldtrip Request Form by the 25th of the month prior to the field trip and submit the request form to the Education Coordinator for approval. The Center Director will provide the necessary information about the event or facilities of the field trip along with the request. The request will indicate the mode of transportation by either bus or walking.
3. The Education Coordinator will review the request and forward the approval/disapproval back to the Center Director. If the Education Coordinator approves the field trip, the Center Director will request a credit card from the Head Start/Early Head Start Director to pay for the field trip.
4. The Education Coordinator will give the approved request to the Center Director to make necessary arrangements for the field trip.
5. The Center Director will inform the cook of a menu change for the field trip.
6. The Center Director will complete the field trips planning such as transportation, reservations, and scheduling.

- ~~7. The Center Director will return receipts and/or cash to the Head Start Administrative Assistant. The Head Start Administrative Assistant will turn in receipts and /or cash to the Administrative Assistant at Tri County Community Council in Bonifay.~~

~~*Note: The definition of a field trip is anytime children leave the center for a planned activity, excluding medical or dental visit.~~

DELETE

**Tri-County Community Council, Inc.
Head Start/Early Head Start**

- Parts:** 1302 Program Operations & 1303 Financial & Administrative Requirements
- Subparts:** C-Education and Child Development Program Services and F-Transportation
- Sections:** 1302.32 Curricula and 1303.74 Safety Procedures
- Subjects:** Early Head Start Field Trips
-

Policy:

The Early Head Start Program uses field trips to expand the curriculum and provide opportunities for new experiences for children. Field trips must be pre-planned, posted, and documented on the lesson plan. The teacher will have all necessary supplies, documentation, and other materials available to ensure children's safety and care while participating in field trips. Active supervision standards apply at all times away from the center. The Center Director is responsible for ensuring that designated staff maintain the care and safety of children while participating in field trips. Field Trips include parking lot activities and location perimeter. No off-site functions are permitted for Early Head Start. All procedure steps must be followed.

Planning Procedure:

1. The Center Director and teachers will collaborate to decide on the field trips taken during the school year.
2. The Center Director and teachers will complete a Fieldtrip Request Form one month before the field trip and submit the request form to the Education Coordinator for approval. The Center Director will provide the necessary information about the event or facilities of the field trip along with the request. The request will indicate the mode of transportation by either bye-bye buggies or walking.
3. The Education Coordinator will review the request and forward the approval/disapproval back to the Center Director.
4. The Center Director can now make arrangements such as planning community resources.

Preparation Procedure:

1. The day before the field trip, the Center Director will call the community resource site to confirm the planned activities.
2. Two days before the scheduled field trip, designated staff will assemble field trip materials. The materials will include the following items:

Tri-County Community Council, Inc.
Head Start/Early Head Start

- a. Communication device fully charged
 - b. Make sure a first-aid kit is ready to take and keep on your person. (Including emergency medical treatment)
 - c. Post time, date, and location on the parent board.
 - d. Make sure all permission forms are signed and dated.
 - e. Periodic roll calls for all staff who will be attending.
3. On The day of the field trip or off-site function get water and cups ready.

Implementation Procedure:

1. An extra Early Head Start staff per classroom will need to assist during field trip functions.
2. Early Head Start staff must provide active supervision at all times. Children must never be left unattended.
3. Bathroom breaks have to be provided to all children at appropriate times or as needed. Active supervision must still be followed.
4. Roll call times must still be conducted at appropriate times and should be on all staff's person at all times.
5. Have first aid kits and emergency medical treatment on your person at all times.
6. Water and cups must be available and offered to children.
7. Make sure to take the sign-in and out sheet/clipboard with you.
8. Communication device on your person for emergencies.
9. Follow all emergency evacuation procedures in the event of an emergency.
10. Failure to comply with the Fieldtrip Safety Policy to ensure the safety of the children participating on field trips may result in termination of employment.

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Head Start/Early Head Start

Parts: 1302 Program Operations & 1303 Financial & Administrative Requirements

Subparts: C-Education and Child Development Program Services and F- Transportation

Sections: 1302.32 Curricula and 1303.74 Safety Procedures

Subject: Head Start Field Trips

Policy:

The Head Start Program uses field trips to expand the curriculum and provide opportunities for new experiences for children. Field trips must be pre-planned, posted, and documented on the lesson plan. The teacher will have all necessary supplies, documentation, and other materials available to ensure children's safety and care while participating in field trips. Active supervision standards apply at all times away from the center. The Center Director is responsible for ensuring that designated staff maintain the care and safety of children while participating in field trips. The program plans field trips in the local counties in which we provide services such as Holmes County, Washington County, and Walton County. All procedure steps must be followed.

Planning Procedure:

1. The Center Director and teachers will collaborate to decide on the field trips taken during the school year.
2. The Center Director and teachers will complete a Fieldtrip Request Form one month before the field trip and submit the request form to the Education Coordinator for approval. The Center Director will provide the necessary information about the event or facilities of the field trip along with the request. The request will indicate the mode of transportation by either bus or walking.
3. The Education Coordinator will review the request and forward the approval/disapproval back to the Center Director. If the Education Coordinator approves the field trip, the Center Director will request a credit card from the Head Start/Early Head Start Director to pay for the field trip.

Tri-County Community Council, Inc.
Head Start/Early Head Start

4. The Center Director can now make arrangements such as planning transportation, reservations, and scheduling.
5. The Center Director will inform the cook of a menu change for the field trip. (If applicable)

Preparation Procedure:

1. The day before the scheduled field trip, the Center Director will call the field trip site to confirm the planned trip and transportation.
2. Two days before the scheduled field trip, designated staff will assemble field trip materials. The materials will include the following items:
 - a. Emergency contact information for each child.
 - b. Communication device fully charged.
 - c. A copy of the classroom allergy report.
 - d. A copy of all children's medical treatment in case of illness or injury.
 - e. Payment needed. (If applicable)
 - f. Make sure the first-aid kit is on the bus and stocked with all supplies.
 - g. Make sure a first-aid kit is ready to take and keep on your person.
 - h. USDA meal roster. (If applicable)
 - i. Head Start t-shirts washed and ready.
 - j. Post time, date, and location on the parent board.
 - k. Make sure all permission forms are signed and dated.
 - l. Periodic roll calls for all staff who will be attending.
 - m. Copies of the Pre/Post Bus logs are ready.

3. On The day of the field trip or off-site function get water and cups ready.

Implementation Procedure:

1. An extra Head Start staff per classroom will need to assist during field trip functions.
2. Head Start staff must provide active supervision at all times. Children must never be left unattended.
3. All Head Start children must wear the Head Start t-shirts to and from the field trip. Staff will not remove T-shirts before returning to the center.
4. All children will ride the bus to be paid and accounted for. Parents are not allowed to sign their children out during field trips or any off-site functions.
5. If parents decide to transport their child to and from the field trip, the parents and child(ren) will have to pay separate admission as a private party; Tri-County Head Start is not liable for any injuries or accidents that may occur during transport or while on the field trip.

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Head Start/Early Head Start

6. In the event a meal is provided for a field trip or off-site function, all USDA requirements must be followed including milk temperature checks, proper child portions, hand washing, and lunch provided at appropriate time.
7. Bathroom breaks have to be provided to all children at appropriate times or as needed. Active supervision must still be followed.
8. Roll call times must still be conducted at appropriate times and should be on all staff's person at all times.
9. Staff must log children on and off of the bus using the Bus Log alongside of the Periodic Roll Call during field trips (including walking field trips.)
10. Emergency kits and all paperwork must be with you on field trips and off-site functions.
11. Water and cups must be available and offered to children.
12. Make sure to take the sign-in and out sheet/clipboard with you.
13. Communication device on your person for emergencies and to call for departure transportation.
14. In the event transportation is required, all transportation procedures must be followed including safe riding practices, boarding and leaving the vehicle, and safety procedures in crossing the street to and from the vehicle.
15. The designed staff will log in all children and staff going on the field trip (including a walking field trip) on the Bus Log and a copy of the Pre/Post Bus Log must be sent to the Health Services/Transportation Coordinator on the morning of the field trip and after the field trip by Center Director.
16. Follow all emergency evacuation procedures in the event of a transportation emergency.
17. Failure to comply with the Fieldtrip Safety Policy to ensure the safety of the children participating on field trips may result in termination of employment.

***Note: The definition of a field trip is anytime children leave the perimeters and safety of the center for a planned activity, excluding medical or dental visit.**

Tri-County Community Council, Inc.
Head Start/Early Head Start

Part: 1302 Program Operations

Subpart: C-Education and Child Development Program Services

Section: 1302.33 Child Screening and Assessments

Subject: Input into Teaching Strategies Gold

Policy:

All Head Start/Early Head Start children will be assessed on an ongoing basis using Teaching Strategies GOLD Assessment tool. Head Start/Early Head Start **teaching** staff is required to input as much documentation as needed to document that a child has obtained a specific skill or goal for each domain per checkpoint period. Documentation must consist of observations, anecdotal notes, **audio**, pictures, or a video.

Procedure:

1. Teacher/home visitor will use the Teaching Strategies GOLD **Documentation Status Report Implementation Plan** as a guide to determine which domains to input for any given week/**day**. This does not limit the number of domains staff can work on and input on a weekly basis. The **TSG Documentation Status Report Plan** is to ensure that the teaching staff is reviewing each domain on a regular basis **for each child** during **each** the checkpoint period.
2. The teacher/home visitor will enter the observations/anecdotal notes, ~~and pictures, or a videos,~~ **or audio recordings using the MyTeacher app or your Teaching Strategies account.** ~~according using the instructions provided by Teaching Strategies GOLD.~~
3. ~~The Development and Learning Report will be printed at the end of each checkpoint period and shared with the parent/guardian.~~
4. ~~For Dual Language Learners, the Developmental Learning Report will be printed out in English and Spanish at the end of each checkpoint period and shared with the parent/guardian in the child's home language and English.~~
5. The teacher/home visitor will ~~complete a Child Outcome Worksheet and print the Class Profile Report to analyze their children's progress and to guide their planning after each checkpoint~~ **period.**

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Head Start/Early Head Start

6. The Education Specialist/~~Assistant~~ and the Education Coordinator will monitor Teaching Strategies GOLD domain documentation input to ensure that all children are being assessed in all objectives/domains throughout the checkpoint periods. ~~monthly~~. If a follow-up monitoring takes place, the teaching staff will have the required documentation inputted into Teaching Strategies Gold prior to the follow-up date. If the teaching staff fails to complete the task, the follow-up monitoring report will then be sent to the director for further action steps and to enforce consequences described in bullet point #8.
7. The Coach Specialist/Education Specialist will support teaching staff in their understanding of assessing all children in all objectives/domains through professional development/training as needed.
8. The consequences for not inputting into Teaching Strategies GOLD on a regular basis during the Fall, Winter, and Spring Checkpoint periods are:

First Offense - Verbal Warning

Second Offense – Corrective Action

*In case of a Pandemic or emergency, Checkpoint will be completed by the teacher with the information or documentation on hand at the designated time.

Tri-County Community Council, Inc.
Head Start/Early Head Start

Part: 1302 Program Operations

Subpart: C-Education and Child Development Program Services

Section: 1302.34 Parent and Family Engagement in Education and Child Development Services

Subject: Home Visits

Policy:

The teaching staff will complete two educational home visits per program year for each child enrolled in center-based Head Start/ Early Head Start. The Educational home visits provide an opportunity for teaching staff and parents to discuss the child's growth, learning, and development. The teaching staff will complete the first home visit in August/September and the second home visit will be completed in February/March. If the program enrolls a child in Head Start/Early Head Start in the month of January or thereafter of the current program year, the teaching staff is required to do a documented Educational Orientation ~~in the home~~ after two weeks of the child's entry date. Then the teaching staff will resume following home visit schedule.

Procedure:

1. The teaching staff will schedule and conduct two educational home visits per program year for each child's family to engage the parent/guardian in the child's learning and development. During the first home visit, the teaching staff will explain the Teaching Strategies Gold assessment process, Creative Curriculum, teacher/parent expectations, routines, daily schedule, communication teacher/family App, and encourage volunteering with the family.
2. When scheduling a home visit with the parents, the teaching staff will notify the parent/guardian in writing using the Tri-County Head Start/Early Head Start Home Visit Scheduling Notice to Parents form. The home visit will give the teaching staff the opportunity to provide feedback on Creative Curriculum and instructional materials used in the classroom, share information about ~~the purpose of and the results from~~ their child's screenings and assessments, and discuss their child's progress.
3. All home visits should be friendly, positive, and purposefully done. Staff will encourage parents to ask questions, express their thoughts, ideas, feelings, and discuss any concerns or expectations they may have for their child.
4. The home visit will take place in the child's home. Home visits may take place at the program site or another safe location that affords privacy at the parent's written request or if a visit to the home presents significant safety hazards for staff. The parent's request must be in writing with the parent's signature and date, stating the reason for the location

Tri-County Community Council, Inc.
Head Start/Early Head Start

change. If the teaching staff deems a home to have significant safety hazards and schedules the visit at a safer location, then the teaching staff must document the hazard, sign, and date. All additional documentation must be attached to the back of the required forms.

5. The teaching staff will take the created Teaching Strategies family conference form (2nd home-visit), Teaching Strategies Development and Learning Report (2nd home visit), any screening/assessment results, the Tri-County Head Start/Early Head Start home visit form or coversheet, portfolios, and any educational materials or parent resources to be provided and shared with the parent during the home visit.
6. During the home visit, staff will encourage parents to ask questions and discuss their expectations of the Head Start/Early Head Start Program. Staff will ask parents to give their input on what they think the teachers can do to help their child. ~~Home visits should be friendly, positive, and purposefully done.~~
7. The teaching staff will complete the Educational Home visit form in its entirety during the visit and require it to be signed and dated at the end of the home visit. During the second home visit, the teaching staff will use the 2nd home visit cover sheet along with the Teaching Strategies GOLD Parent Conference form to complete the home visit. Staff will file the completed home visit forms and any additional documentation in the child's Education file.
8. If the parent identifies a need during the home visit, the teaching staff are responsible for forwarding the information to their Center Director and the Family Advocate immediately. The Center Director or Family Advocate will forward the information to the appropriate Program Coordinator or designated person to assist the parent. The teaching staff must have signed and dated documentation of this follow-up and all additional required follow-up information. It must be filed in the child's Education file along with the associated home-visit forms.
9. The teaching staff will give the Center Director a list of the completed home visits at the end of the designated period. The Center Director will input the completed home visits into Child Plus.
10. The Education Coordinator will monitor the home visits in Child Plus.
11. If the teaching staff does not complete the home visit due to the lack of family participation, there must be a running documentation that the home visit was scheduled on several occasions and the home visit was canceled or a no-show by the parent. The documentation will be filed in place of the home visit forms until the home visit is conducted, in which those forms would be filed on top of the documentation.
12. The teaching staff will complete home visits in person.

*Applicable during a Pandemic or other catastrophic emergency. The Program will inform staff when to use face-to-face via Zoom, Class DoJo, or telephone conversation for parent home visits.

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Head Start/Early Head Start

Part: 1302 Program Operations

Subpart: C-Education and Child Development Program Services

Section: 1302.34 Parent & Family Engagement in Education and Child Development Services

Subject: Parent Conference

Policy:

The teaching staff will complete two parent conferences per program year for each child enrolled in center-based Head Start/ Early Head Start. Parent Conferences will provide an opportunity for the parent and teaching staff to discuss the child's educational and developmental progress and to get parent input on the assessment of their child. Teaching staff will complete two parent conferences with all children enrolled in Head Start/Early Head Start. The teaching staff will complete the first parent conference by the end of November/December. Head Start teaching staff will complete the second parent conference by the end of May. Early Head Start teaching staff will complete the second parent conference by the end of July. If a child starts at the end of the checkpoint period and a conference is due, then the teaching staff will use the Tri-County Head Start/Early Head Start Parent Conference form. Then the teaching staff will resume following the parent conference schedule.

Procedure:

1. The teaching staff must conduct two parent conferences for each child's family per program year to engage the parent/guardian in the child's learning and development. During the 1st Parent Conference, the teaching staff will review the items from informational checklist provided on the 1st Parent Conference cover sheet, TSG Family Conference form, and TSG Fall Development and Learning report. During the 2nd conference, the teaching staff will review the items from the informational checklist provided on the 2nd Parent Conference cover sheet, TSG Family Conference form, and TSG Spring Development and Learning report. If a child starts at the end of the checkpoint period and a conference is due, then the teaching staff will use the Tri-County Head Start/Early Head Start Parent Conference form. Then the teaching staff will resume following the parent conference schedule.
2. The teaching staff will schedule the conferences at the convenience of the parent. When scheduling a Parent Conference with the parent/guardian, the teaching staff will notify parents in writing using the Tri-County Head Start/Early Head Start

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Parent Conference Scheduling Notice to Parents form. ~~of the scheduled conference.~~ The conferences will provide parents and teachers an opportunity to discuss the child's developmental progress, parent input on the assessment of their child, and the child's participation in the program.

3. All parent conferences should be friendly, positive, and purposefully done. Staff will encourage parents to ask questions, express their thoughts, ideas, feelings, and discuss any concerns or expectations they may have for their child.
4. The Parent Conferences will take place in person at the program site. Staff will generate the parent conference form and the Development and Learning report using Teaching Strategies GOLD. The teaching staff will also use the 1st or 2nd Parent Conference coversheet. The teaching staff and parents will sign, and date all of the forms and the TSG Learning and Development report at the time of the conference. Staff will file the conference forms in the child's education file in the Contact/Parent Conference/Home Visit section and the Development and Learning report in the Assessment section.
5. If the parent identifies a need during the conference, teaching staff are responsible for forwarding the information to the Center Director and/or the Family Advocate immediately. The Center Director/Family Advocate will forward the information to the appropriate Program Coordinator or designated staff to assist with the parent's need.
6. The teaching staff will give the Center Director a list of the completed parent conferences at the end of the designated period.
7. The Center Director will input all parent conferences into Child Plus in a timely manner.
8. The Education Coordinator will monitor the parent conferences in Child Plus.
9. If the teaching staff does not complete the parent conference due to the lack of family participation, there must be running documentation that the conference was scheduled on several occasions and the conference was canceled or a no-show by the parent. The documentation will be filed in place of the Parent Conference forms until the conference is conducted, in which those forms would be filed on top of the documentation.
10. ~~The teaching staff will complete the Parent Conference in person.~~

*Applicable during a Pandemic or other catastrophic emergency. The Program will inform staff when to use face-to-face via Zoom, Class DoJo, or telephone conversation for parent home visits.

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Head Start/Early Head Start

Part: 1302 Program Operations

Subpart: C-Education and Child Development Program Services

Section: 1302.34 Parent and Family Engagement in Education and Child Development Services

Subject: Parent & Family Engagement and Involvement

Policy:

Head Start/Early Head Start will recognize the parents/guardians as the child's primary teachers, and encourage parents to engage in their child's education. The program will provide parents/guardians and family members an opportunity to be involved in the program's education services and policies.

Procedure:

1. The parents and family members will be welcome to visit the centers during all hours of operation.
2. The teaching staff will communicate regularly with parents about their child's routines, activities, and behavior.
3. The teaching staff will conduct two parent conferences per program year for each child's family, to enhance the knowledge and understanding of both staff and parents of the child's education and developmental progress and activities in the program.
4. The parents will be encouraged to attend the program site's parent meeting, serve on the Education Advisory Committee, and to serve on the Policy Council.
5. ~~The parents and family members will be encouraged to volunteer in the classroom, on field trips, and participate in the monthly parent/child activity day.~~ **The program will welcome and encourage families to participate in the child/parent activities, volunteer in the classroom, on field trips, and encourage the families to participate in all other activities at the center.**
6. The teaching staff will inform parents about the purposes of and the results of screenings, assessments, ~~and~~ discuss their child's progress, **and review any results.**

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Head Start/Early Head Start

7. The teaching staff will conduct at least two home visits per program year for each child's family to engage the parent in the child's learning and development.
8. The home visits may take place at the program site or another safe location that affords privacy at the parent's request, or if the parent does not want to do the home visit at their home, they will need to provide a written statement to that effect.
9. ~~The program will welcome and encourage families to participate in the child/parent activities, volunteer in the classroom, and encourage the families to participate in all other activities at the center.~~
10. Family Engagement and Involvement in the classroom will be limited when there are issues that affect the health and safety of the children and staff.

*(Applicable during a Pandemic or other catastrophic emergency only). Field trips will be temporarily discontinued. If feasible and the weather permits, we will follow CDC guidelines on any Family Engagement and Involvement activities.

Tri-County Community Council, Inc.
Head Start/Early Head Start

Part: 1302 Program Operations
Subpart: D- Health Program Services
Section: 1302.44 Child Nutrition
Subject: Head Start/Early Head Start Meals

POLICY:

It is the policy of Tri-County Community Council, Inc. Head Start/Early Head Start to provide nutritious meals as well as opportunities for learning to all children attending the program.

PROCEDURE:

1. Head Start/Early Head Start will use USDA/CCFP funds to provide meals.
2. Head Start/Early Head Start will conduct its food service operation using guidelines set forth in the Policy and Procedure Manual for Sponsoring Organizations of Child Care Centers participating in the Child Care Food Program.
3. Foods served will be nutrient dense and low in sugar, salt and fat. A variety of foods will be served to broaden each child's food experiences.
4. All meals served will comply with USDA/CCFP meal patterns for both components and quantity.
5. As a full day program, Head Start/Early Head Start will provide enrolled children with 2/3 of their daily nutritional needs, including a nourishing breakfast. Any child arriving after breakfast has been served, but more than an hour before lunchtime, will be served a nutritious breakfast containing all the components for breakfast as required by USDA/CCFP. If a child arrives less than an hour before lunchtime and is hungry they will be given a snack of fruit and/or milk to tide them over to lunch, but not ruin their appetite for lunch.
6. Parents of enrolled children will be provided with educational opportunities to assist them with food preparation and healthy eating decisions through parent meetings and newsletter articles.
7. Food will not be used as punishment or reward. Children will be encouraged, but not forced, to eat or taste their food and beverages.
8. To contribute to the socialization and development of each child enrolled in the program, all Head Start center staff (center coordinator, center assistant, teachers,

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Head Start/Early Head Start

teacher assistants, family service worker, cook) and volunteers will eat family style with the children and will eat the same menu as the children. If a staff person cannot eat the same food as the children, they must provide their Center Coordinator and the Nutrition Staff with a written statement from their medical provider stating the condition and the foods not allowed.

9. Infants and toddlers will be fed at the level of developmental readiness of each individual child.
10. Family style service includes children serving themselves at meal service. Children should serve themselves all food items per USDA/CCFP guidance either by themselves or with adult assistance. When a food is served by an adult, because it is hot or messy (ex. soup), the adult will be provided with and will use serving utensils in the correct portion size to meet the CCFP Meal Pattern requirement. When adults serve meal components they will not serve partial portions of required meal components.
11. Children will use silverware appropriate in size and type for the foods served (i.e., spoon for cereal, soup; fork for spaghetti, turkey breast).
12. Each child will be allowed sufficient time to eat their meal.
13. Staff will provide enrolled children the opportunity to participate in food related activities that are developmentally appropriate and nutritionally sound.
14. Centers will post evidence of compliance with applicable state, tribal and local food safety and sanitation laws through inspection reports in an area that is readily accessible to the public.
15. All vendors serving Head Start/Early Head Start food service operations will be licensed by the state of Florida.
16. All food served in the center will be prepared at the center by center staff and/or properly trained volunteers unless prior approval has been given by the Nutrition Staff and the Center Coordinator. Any foods brought from home must conform to all Head Start/Early Head Start policies regarding food safety, wellness and nutrition. In addition, foods to be shared among the children must be either whole fruits or commercially prepared packaged foods in factory-sealed containers.
17. Parents, staff, and appropriate community agencies will be involved in menu planning and evaluation of Head Start/Early Head Start nutrition services. This involvement will include surveys, the self-assessment process, and menu approval by the Policy Council and the Health Services Advisory Committee to ensure menus are culturally and developmentally appropriate.
18. Drinking water will be available to all children at all times during the program day.

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19. Infants are never laid down with a bottle. Bottle fed children are always cuddled in an upright position when being fed a bottle, they are never laid down with a bottle, and bottles are never to be propped for a child.

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Head Start/Early Head Start**

Part: 1302 Program Operations

Subpart: D- Health Program Services

Section: 1302.44 Child Nutrition

Subject: Infant/Toddler Gram

POLICY:

Information regarding children under one year of age will be recorded on the Infant/Toddler Gram to be shared between the caregiver and the family daily. (t) The information recorded and shared would include the infant/toddler's sleeping, eating, toileting, developmental, and social activities. (will be shared between the caregiver and the family daily.)

PROCEDURE:

1. The Caregiver will complete the form during the day as an activity occurs.
2. The parent will review the completed form in the afternoon before the child goes home and initial each day, leaving comments if they choose.
3. The Caregiver will file the form in the classroom at the end of each week.
4. A copy of the form will be given to the parent, if requested.

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Part: 1302 Program Operations
Subpart: D- Health Program Services
Section: 1302.44 Child Nutrition
Subject: Mealtimes – Head Start/Early Head Start

Policy:

Any changes to USDA mealtimes must be pre-approved by the Nutrition Staff.

Approved CCFP Mealtimes posted on the MIPS website; Breakfast 8:00-9:30, Lunch 10:30-12:00, and Afternoon Snack 1:00-2:00.

Procedure:

1. Mealtimes must be approved each year by USDA/CCFP. Adherence to approved mealtimes is a component of the USDA/CCFP meal review. Failure to comply with approved mealtimes can result in meals being disallowed.
2. Any children coming into the Head Start center needing to be fed will be fed, no matter what time. If the meal is served outside the approved USDA/CCFP times, it will not be credited. A meal served outside the approved times is not required to meet USDA Meal Pattern Requirements.
3. (Mealtimes are currently approved as follows: Breakfast - 8:30am (A.M.); Lunch - 11:00am (A.M.); Snack - 1:30pm (P.M.). Note: Some centers do have approved mealtimes slightly different than those listed above to better meet the needs of their center. Center mealtimes can be found on their CCFP Site Form.)
Approved CCFP mealtimes are;
Breakfast 8:00am-9:30am
Lunch 10:30am-12:00 noon
Afternoon Snack 1:00-2:00
4. If these times need to be altered for any reason, the Center Director must submit a Mealtime Change Request form to the Nutrition Staff. For non-emergency situations, the form should be submitted at least one week before the date of the requested change. Mealtimes cannot be changed to a time outside of their approved CCFP mealtime window.
5. Mealtimes are not to be changed until approved by the Nutrition Staff.

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6. If mealtimes need to be changed to accommodate a field trip the requested change will be noted on the Field Trip Request Form as well as the Mealtime Change Request Form.
7. Infants and young toddlers will always be fed on demand, feed on demand continues to one year of age.

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Part: 1302 Program Operations
Subpart: D-Health Program Services
Section: 1302.42 Child Health Status and Care
Subject: Source of health care

Policy:

Within 30-90 calendar days of enrollment in the program Head Start/Early Head Start must consult with families to determine whether each child has an ongoing source of continuous, accessible health care. If the child does not have such a source of ongoing care and health insurance coverage or access to care, the program must assist families in accessing a source of care and health insurance that will meet these criteria, as quickly as possible.

Procedure:

1. At enrollment the Family Service Advocate/Home Visitor/Staff will consult with families to determine whether each child has an ongoing source of continuous, accessible health care and health insurance.
2. If the child does not have an ongoing source of continuous, accessible health care and health insurance the Family Service Advocate/Home Visitor/Staff will assist the family with applying for an ongoing source of continuous, accessible health care and health insurance.

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Part: 1302 Program Operations
Subpart: A- Eligibility, Recruitment, Selection, Enrollment, and Attendance
Section: 1302.15 Enrollment
Subject: Enrollment

Policy

The program must maintain its funded enrollment and fill any vacancy as soon as possible. The program must fill any vacancy during the school year within 30 days. ~~Four-year-old~~ Three-year-old income eligible children and the neediest families will be considered first. The program must ensure, whenever possible, that the child receives Head Start services until enrolled in school.

Procedure

1. If a child is determined eligible and is enrolled in the Head Start program, he or she remains eligible through that enrollment year and the immediate succeeding enrollment year; however, all children must go through the re-certification process prior to enrolling for a third year.
2. Early Head Start children with a more severe disability transitioning into Head Start will receive multi-disciplinary staffing upon acceptance to ensure that all staff and parents have a clear understanding of any special needs the child may have.
3. A child that is selected using the policies established by performance standard 1302.14 is then considered as accepted. An appointment is made by the center's Family Service Advocate for the family to come in and complete enrollment paperwork.
 - a. The application packet is reviewed for completion and accuracy at the appointment.
 - b. The advocate explains each form to the parent/guardian and ensures that they understand.
 - c. The family will develop a family goal with the assistance of the advocate.
 - d. The family will complete the needs assessment. The assessment can be completed interview style (directly into Child Plus) or on paper. All assessment information to include narrative responses will be entered in Child Plus in the Family Service domain under the Family Outcome tab within 48 hours.
 - e. This information will be utilized in the family engagement process by family service staff e.g., information and referral process, family partnership agreement development, etc.
4. The advocate will work with the family to obtain any additional required information and documentation to support the enrollment process.
 - a. The advocate will review documents provided and explain the need and deadlines for any further documentation such as physicals, shot records, etc.

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5. The advocate will fill out each form completely and ensure that forms completed by the parent/guardian are complete and accurate.
 - a. Staff enters information from the enrollment packet into Child Plus.
 - b. Completed enrollment forms and child's application will be placed in a family file and placed in designated sections, using the checklist as a guide, with the most recent documents placed on top.
6. Center staff will work to assign a child to a classroom.
 - a. The child's age, needs, family preferences, etc. may be taken into consideration.
7. Upon the first date that the child attends Head Start, staff will update the status of the participant from "Accepted" to "Enrolled" in Child Plus.
8. The program may reserve up to 2 of its slots for children who are experiencing homelessness. A slot reserved under this clause may be reserved for up to ~~thirty~~ 30 days. If a reserved slot is not filled within ~~thirty~~ 30 days, then that slot becomes vacant and must be filled according to standard enrollment procedures.
9. If there are no eligible children on the waiting list a vacancy may be filled with children who are three years of age but were younger than three on September 1st of the program year, and, therefore, not considered for enrollment at the beginning of the year. Early Head Start Children will receive extra points to ensure entry into the Head Start Program (if qualified) as they turn three and will be given first consideration when filling a vacant three-year-old Head Start slot to assist in the transition from Early Head Start to Head Start as stated in PS 1302.70 (b)(2) that transitions into Head Start or another program should take place as soon as possible after the child's third birthday.
10. The program must comply with state immunization enrollment and attendance policies.
- ~~11. The program does not consider children for enrollment if they are funded through another source, including private pay.~~

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Head Start/Early Head Start

Part: 1302 Program Operations
Subpart: A- Eligibility, Recruitment, Selection, Enrollment and Attendance
Section: 1302.17 Suspension and Expulsion
Subject: Multi-Disciplinary Team

Policy

The multi-disciplinary team will consist of Education/~~Disability~~ Coordinator, ~~Mental Health & Disabilities Coordinator~~, ~~Family Service Coordinator~~, Health Service Coordinator and Director as needed. The team will meet with center staff members to address concerns on children suspected of having special needs.

Procedure

1. The ~~Mental Health & Disabilities Coordinator~~ ~~Family Service Coordinator~~ will arrange a multi-disciplinary team meeting to discuss children who have a suspected disability or other special need.
2. The ~~Mental Health & Disabilities Coordinator~~ ~~Family Service Coordinator~~ will coordinate the meeting, provide information, and guide discussion while all parties are encouraged to provide input.
3. The meeting will include at least one parent/guardian, if possible, child's teacher, Center Director, ~~Mental Health & Disabilities Coordinator~~ ~~Disabilities Specialist~~, Family Service Advocate, and the multi-disciplinary team.
4. The meeting will be documented on a staffing form and the original form will be kept in the child's family file and a copy in the education file.
5. The ~~Mental Health & Disabilities Coordinator~~ ~~Family Service Coordinator~~ will assist the educational staff in implementing the short-term objective and the long-term goals.
6. The ~~Mental Health & Disabilities Coordinator~~ ~~Family Service Coordinator~~ will be responsible for making referrals and monitoring the child's progress.

Tri-County Head Start/Early Head Start

Eligibility Priority Criteria

For Agency Use Only

Child's Name _____

DOB _____

Center(s) Applied for: _____

Year 1 2 3

Instructions: Check one box in each area based upon information from the application and/or other sources. When appropriate, write in comments to document reason for selection. Sign the form below and attach it to the application.

Categorically Eligible (homeless, SNAP/TANF/SSI benefit recipient, or foster/kinship care):		100
Area		Score
Age By Sept. 1 st	3 years old	95
	4 years old	85
	Turns 3 years after September 1 st	75
Income	Low Income 100 - 75% below poverty guidelines	95
	Low Income 74 - 50% below poverty guidelines	85
	Low Income 49 - 25% below poverty guidelines	75
	Low Income 24 - 0% below poverty guidelines	65
	Over Income 1 - 24% over poverty guidelines	25
	Over Income 25 - 50% over poverty guidelines	15
	Over Income 51% and over poverty guidelines	05
Disability	Confirmed Disability (Has medical diagnosis, IEP or IFSP)	75
	Suspected (parental or physician concern delay; No IEP or IFSP)	65
	No Disability	00
Parental Status	Foster Parent	95
	Guardian: Grandparent ____ Relative ____	85
	Incarcerated Parent	80
	Teen Parent	80
	One Parent	75
	Two Parent	65
Other Factors	Multiple Factors (combo of 2 below)	100
	Dual Language Learner	65
	Medicaid	60
	Transition from EHS	55
	No Apparent Social Service or Special Need	00
Risk Factors	Combination of two or more risk factors	125
	Social Service Involvement (has case plan, safety plan, etc.)	95
	Agency Referral	85
	History of Family Trauma (domestic violence, substance misuse, DCF involvement, etc.)	75
	High Risk Pregnancy/Lack of Prenatal Care	65

Over Income ____ Eligible ____

Total Points _____

Status Accepted _____(date) Enrolled _____(date)

Staff Completing Form

Date

Tri-County Head Start/Early Head Start

Eligibility Priority Criteria

For Agency Use Only

Child's Name _____

DOB _____

Center Applied for: Early Head Start

Year 1 2 3 4

Instructions: Check one box in each area based upon information from the application and/or other sources. When appropriate, write in comments to document reason for selection. Sign the form below and attach it to the application.

Categorically Eligible (homeless, SNAP/TANF/SSI benefit recipient, or foster/kinship care):		100
Area		Score
Age	Age Eligible 0-3 Age at application _____	***
Income	Low Income 100 - 75% below poverty guidelines	95
	Low Income 74 - 50% below poverty guidelines	85
	Low Income 49 - 25% below poverty guidelines	75
	Low Income 24 - 0% below poverty guidelines	65
	Over Income 1 - 24% over poverty guidelines	25
	Over Income 25 - 50% over poverty guidelines	15
	Over Income 51% and over poverty guidelines	05
Disability	Confirmed Disability (Has medical diagnosis, IEP or IFSP)	75
	Suspected (parental or physician concern delay; No IEP or IFSP)	65
	No Disability	00
Parental Status	Foster Parent	95
	Guardian: Grandparent _____ Relative _____	85
	Incarcerated Parent	80
	Teen Parent	75
	One Parent	75
	Two Parent	65
Other Factors	Multiple Factors (combo of 2 below)	95
	Dual Language Learner	75
	Medicaid	50
	No Apparent Social Service or Special Need	00
Risk Factors	Combination of two or more risk factors	125
	Social Service Involvement (has case plan, safety plan, etc.)	95
	Agency Referral	85
	History of Family Trauma (domestic violence, substance misuse, DCF involvement, etc.)	75
	High Risk Pregnancy/Lack of Prenatal Care	65

Over Income _____ Eligible _____

Total Points _____

Status Accepted _____(date) Enrolled _____(date)

Staff Completing Form

Date

Tri-County Community Council Head Start
 Washington County Calendar
 2024-2025

July 23, 2024	Teaching Staff Return
August 5, 2024 August 12, 2024	All Staff Return Classes Begin for Children
September 2, 2024	Labor Day Holiday (Center Closed)
October 14, 2024	Fall Day (Center Closed)
November 11, 2024 November 25-29, 2024	Veteran's Day Holiday (Center Closed) Thanksgiving Holidays (Center Closed)
December 20, 2024 December 23, 2024 - January 1, 2025	Early Release Christmas Holidays (Center Closed)
January 2, 2025 January 6, 2025 January 20, 2025	Staff Return Children Return Martin Luther King Holiday (Center Closed)
February 17, 2025	President's Day Holiday (Children Out)
March 17-21, 2025	Spring Break (Center Closed)
May 23, 2025 May 26, 2025 May 30, 2025	Early Release Children's Last Day Memorial Day Holiday Staff's Last Day
<p><u>Holidays</u> - Labor Day-September 2, Veteran's Day- November 11, Thanksgiving Holidays-November 25-29, Christmas Holidays-December 23-January 6, Martin Luther King-January 20, President's Day-February 17, Memorial Day-May 26.</p> <p><u>Early Release Days</u>- December 20, May 23.</p> <p><u>Children Days and Hours</u> - 180 days, 1076 hours</p>	

Tri-County Community Council Head Start
Walton County Calendar
2024-2025

July 23, 2024	Teaching Staff Return
August 5, 2024	All Staff Return
August 12, 2024	Classes Begin for Children
August 30, 2024	Early Release
September 2, 2024	Labor Day Holiday (Center Closed)
October 11, 2024	Early Release
October 14, 2024	Center Closed (Staff workday)
November 11, 2024	Veteran's Day Holiday (Center Closed)
November 25-29, 2024	Thanksgiving Holidays (Center Closed)
December 23, 2024 - January 1, 2025	Christmas Holidays (Center Closed)
January 2, 2025	Staff Return
January 8, 2025	Children Return
January 20, 2025	Martin Luther King Holiday (Center Closed)
February 17, 2025	President's Day Holiday (Children Out)
March 13, 2025	Early Release
March 14, 2025	Center Closed (Children Out)
March 17-21, 2025	Spring Break (Center Closed)
April 18, 2025	No School Day
May 26, 2025	Memorial Day
May 30, 2025	Children's Last Day
June 6, 2025	Staff's Last Day
<u>Holidays</u> - Labor Day-September 2, Veteran's Day- November 11, Thanksgiving Holidays-November 25-29, Christmas Holidays-December 23-January 1, Martin Luther King-January 20, President's Day-February 17, Memorial Day-May 26. <u>Early Release Days</u> - August 30, October 11, March 13 <u>Days and Hours</u> - 180 days, 1074 hours	

Tri-County Community Council Early Head Start
Center-Based Calendar
2024-2025

August 12, 2024	Classes Begin for Children
September 2, 2024	Labor Day Holiday (Center Closed)
November 11, 2024 November 28-29, 2024	Veteran's Day Holiday (Center Closed) Thanksgiving Holidays (Center Closed)
December 23, 2024 - January 1, 2025	Christmas Holidays (Center Closed)
January 2, 2025 January 20, 2025	Children and Staff Return Martin Luther King Holiday (Center Closed)
February 17, 2025	President's Day Holiday (Children out)
March 17-21, 2025	Spring Break (Center Closed)
May 26, 2025	Memorial Day Holiday
July 4, 2025 July 31, 2025	Fourth of July Holiday Early Release/Children's Last Day
<p><u>Holidays</u> - Labor Day-September 2, Veteran's Day- November 11, Thanksgiving Holidays-November 28-29, Christmas Holidays-December 23-January 1, Martin Luther King-January 20, February 17-President's Day, Memorial Day-May 26, July 4.</p> <p><u>Early Release Days</u> - November 9, March 29, July 31</p> <p><u>Days and Hours</u> -230 days, 1380 hours</p>	

Tri-County Community Council Head Start
Holmes County Calendar
2024-2025

July 23, 2024	Teaching Staff Return
August 5, 2024 August 12, 2024	All Staff Return Classes Begin for Children
September 2, 2024	Labor Day Holiday (Center Closed)
October 4, 2024 October 31 & November 1, 2023	Center Closed Fall Break (Center Closed)
November 11, 2024 November 25-29, 2024	Veteran's Day Holiday (Center Closed) Thanksgiving Holidays (Center Closed)
December 20, 2024 December 23, 2024 - January 1, 2025	Early Release Christmas Holidays (Center Closed)
January 2, 2025 January 7, 2025 January 20, 2025	Staff return Children return Martin Luther King Holiday (Center Closed)
February 17, 2025	President's Day Holiday (Children Out)
March 17-21, 2025	Spring Break (Center Closed)
March 24, 2025	Classes Resume
May 26, 2025 May 28, 2025 May 30, 2025	Memorial Day Early Release/Children's Last Day Staff's Last Day
<u>Holidays</u> - Labor Day-September 2, Veteran's Day- November 11, Thanksgiving Holidays-November 25-29, Christmas Holidays-December 23 -January 1, Martin Luther King-January 20, President's Day-February 17, Memorial Day-May 26 <u>Early Release Days</u> - December 20, May 28. <u>Days and Hours</u> 179 days, 1070hours	

Tri-County Community Council Early Head Start
Westville Center-Based Calendar
2024-2025

August 12, 2024	Classes Begin for Children
September 2, 2024	Labor Day Holiday (Center Closed)
October 14, 2024	Center Closed
November 11, 2024	Veteran's Day Holiday (Center Closed)
November 25-29, 2024	Thanksgiving Holidays (Center Closed)
December 20, 2024	Christmas Holidays (Center Closed)
December 23, 2024 - January 1, 2025	Children and Staff Return
January 2, 2025	Martin Luther King Holiday (Center
January 20, 2025	Closed)
February 17, 2025	President's Day Holiday (Children out)
March 17-21, 2025	Spring Break (Center Closed)
May 26, 2025	Memorial Day Holiday
July 4, 2025	Fourth of July Holiday
July 31, 2025	Children's Last Day
<u>Holidays</u> - Labor Day-September 2, Veteran's Day- November 11, Thanksgiving Holidays-November 25-29, Christmas Holidays-December 23-January 1, Martin Luther King-January 20, February 17-President's Day, Memorial Day-May 26, July 4. <u>Early Release Days</u> - 0 <u>Days and Hours</u> - 230 days, 1380 hours	