

**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 12, 2026 at 5:00 p.m. at the
Head Start Conference Room, 2499 Cypress Street, Westville, FL 32464.
The hybrid meeting will allow for in person or virtual attendance.

JOIN THE BOARD MEETING

Google Meet meet.google.com/irz-gmvz-odu

OR

Call 1-205-832-1434

When prompted, enter PIN: 559 631 005 followed by the # sign

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

Finance & Board Development 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 12, 2026
AGENDA

- I. Call to Order
- II. Invocation & Pledge to the Flag
- III. Roll Call – **Approval** – Ashley Thompson, Secretary
 - a. Board Minutes for January – **Approval** – Enclosure (1) Pink
- IV. Board Committee Reports –
 - a. Board Development Committee – Ashley Thompson, Chair - **Approval**
 - b. Finance Committee – Heather Craft, CFO - Finance Training & Report – **Approval**
 - 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. Annual Head Start Form 429 - Enclosure (7) Blue
 - vii. Head Start Form 428 - Enclosure (8) Pink
 - viii. Banking Update
 - ix. TD Non-Sponsored Cash Match Report 10%
 - x. FORM 990 - Separate Enclosure
- V. Other Reports
 - a. Head Start Reports – **Approval** – Separate Enclosure
 - i. Head Start Director’s Report – Kim Gillis, Head Start Director
 - ii. Policy Council Report – Janice Flowers, HS Liaison
 - b. CSBG Annual Report - Separate Enclosure
 - c. Program Reports – **Info Only** – Enclosure (9) Yellow
 - d. Customer Satisfaction Reports – **Info Only** – Enclosure (10) Green
 - e. Executive Director’s Report – Joel Paul, Jr.
 - f. Chair – Tara Finch – **Approval**
 - i. HS Carryover Request (w/o non-federal share amount - Item to Ratify)
- VI. ROMA Training – Angie Moore, Certified Trainer - Enclosure (11) Blue
- VII. New Business - **Approval**
 - a. Community Action Plan Update - Separate Enclosure
 - b. Florida Commerce 2023-24 Financial Monitoring Report - Separate Enclosure
- VIII. Old Business – None
- IX. Public Comments
- X. Adjournment

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

**MINUTES
BOARD OF DIRECTOR'S MEETING**

JANUARY 8, 2026

Tri-County Community Council, Inc., Board of Directors met on January 8, 2026 via hybrid format.

The meeting was called to order by Danny Glidewell, Vice-Chair. Invocation was given and the Pledge of Allegiance was recited.

The 2025 roll was called and a quorum declared with fourteen members present.

<u>MEMBER</u>	<u>SECTOR</u>	<u>PRESENT</u>	<u>ABSENT</u>	<u>STAFF</u>
Edward Crutchfield	Low-Income Elected	[X]	[]	Joel Paul
Jerrie Faircloth	Low-Income Elected	[]	[X]	Sharon Kent
Tara Finch	Low-Income Elected	[X]	[]	Heather Craft
Janice Flowers	Low-Income Elected	[X]	[]	Kim Gillis
Danny Glidewell	Public	[X]	[]	Angie Moore
Lesley Hatfield	Low-Income Elected	[X]	[]	Hope Sharpe
Russ Henderson	Low-Income Elected	[]	[X]	
John Hofstad	Low-Income Elected	[X]	[]	
Ron Kelley	Public	[X]	[]	
Patricia Latson	Private	[]	[X]	
Ashlynn Marquez	Private	[X]	[]	
Chris Moore	Private	[X]	[]	
Tabitha Morris	Public	[X]	[]	
Wilmer Stafford	Private	[X]	[]	
Willie Spires	Low-Income Elected	[X]	[]	
Ashley Thompson	Public	[X]	[]	
Shawn Ward	Public	[X]	[]	
VACANT	Private	[]	[]	
VACANT	Low-Income Elected	[]	[]	

ATTORNEY

Jeff Carter	[X]	[]
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Lesley Hatfield made motion to approve the 2025 roll call and Tara Finch seconded. Motion carried.

BOARD DEVELOPMENT COMMITTEE REPORT – presented by Sharon Kent.

APPOINTMENTS

PUBLIC SECTOR 2026

Bay County – Chris Moore
Holmes County – Wilmer Stafford
Jackson County – Willie Spires
Okaloosa County – John Hofstad

**BOARD OF DIRECTOR'S MEETING
 JANUARY 8, 2026
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APPOINTMENTS - continued

PUBLIC SECTOR 2025

Santa Rosa County – Shawn Ward
 Walton County – Danny Glidewell
 Washington County – Ashlynn Marquez

LOW-INCOME SECTOR 2026-27

Bay County – Janice Flowers
 Holmes County – Patricia Latson
 Jackson County – Edward Crutchfield
 Walton County – Pat Carter

PRIVATE SECTOR – 2026-27

Holmes County – Lesley Hatfield

BOARD OFFICERS 2026

Chair – Tara Finch
 Vice Chair - Danny Glidewell
 Treasurer - Lesley Hatfield
 Secretary – Ashley Thompson
 Member-at-Large – Tabitha Morris

Three board vacancies remain: Jackson County Private Sector, Okaloosa Low-Income Representative and Walton County Private Sector, each with potential prospects. We anticipate being fully seated by the March 2026 meeting.

Danny Glidewell made motion to approve and Ashley Marquez seconded. Motion carried.

The 2026 roll was called. A quorum was declared with fourteen members present.

<u>MEMBER</u>	<u>SECTOR</u>	<u>PRESENT</u>	<u>ABSENT</u>	<u>STAFF</u>
Pat Carter	Low-Income Elected	[X]	[]	Joel Paul
Edward Crutchfield	Low-Income Elected	[X]	[]	Sharon Kent
Tara Finch	Low-Income Elected	[X]	[]	Heather Craft
Janice Flowers	Low-Income Elected	[X]	[]	Kim Gillis
Danny Glidewell	Public	[X]	[]	Angie Moore
Lesley Hatfield	Private	[X]	[]	Hope Sharpe
Russ Henderson	Private	[]	[X]	
John Hofstad	Public	[X]	[]	
Patricia Latson	Low-Income Elected	[]	[X]	
Ashlynn Marquez	Public	[X]	[]	
Chris Moore	Public	[X]	[]	
Tabitha Morris	Private	[X]	[]	
Wilmer Stafford	Public	[X]	[]	
Willie Spires	Public	[X]	[]	
Ashley Thompson	Low-Income Elected	[X]	[]	

**BOARD OF DIRECTOR'S MEETING
JANUARY 8, 2026
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Shawn Ward	Public	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VACANT	Low-Income Elected	<input type="checkbox"/>	<input type="checkbox"/>
VACANT	Private	<input type="checkbox"/>	<input type="checkbox"/>
VACANT	Private	<input type="checkbox"/>	<input type="checkbox"/>

ATTORNEY

Jeff Carter		<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Danny Glidewell made motion to approve the 2026 roll call and Tabitha Morris seconded. Motion carried.

Incoming Chair Tara Finch assumed the chair and presided over the meeting at this time.

November 2025 BOARD MINUTES - the minutes were reviewed. Ashlynn Marquez made motion to approve and Lesley Hatfield seconded. Motion carried.

FINANCE COMMITTEE REPORT – Ms. Lesley Hatfield, Committee Chair will present the report following Tyler Dunaway’s presentation of the 2024-25 Annual Audit.

Annual Audit – Mr. Dunaway of Carr, Riggs & Ingram reviewed key sections of the audit for the year ended, noting the issuance of an unmodified (highest level) independent auditor’s opinion with no material misstatements identified. The audit was completed on January 7, 2026, slightly over 90 days after year-end, which is well within the typical 180-day timeframe. He commended Heather and staff, speaking highly of the agency’s operations.

Mr. Dunaway reviewed the Statement of Financial Position, noting the agency maintains approximately two months of operating expenses in cash, as required by several grants, and carries a significant grants receivable due to expenditures made in advance of reimbursement. The agency was found to be in compliance with all grantor requirements. He explained that nonprofit grant funding does not allow excess funds beyond expenditures and that reserves can only be generated through investment income. He recognized Heather and Joel for effectively managing investments, including CDs, allowing the agency to break even in a challenging environment.

Administrative costs were highlighted as a key performance measure, with Tri-County reporting an administrative rate of 8.8% for the year. He also referenced the Notes to the Financial Statements for additional detail.

Kameron Strickland presented the compliance portion of the audit, including the Schedule of Expenditures of Federal Awards, which outlines all grants and related expenditures. The Government Auditing Standards (GAS) audit and Uniform Guidance audit resulted in no findings related to internal controls or compliance. The Schedule of Findings and Questioned Costs reflected a clean audit, with an unmodified opinion issued for both the federal Head Start cluster and the state Commission for Transportation Disadvantaged (CTD) program.

Tyler concluded the report and offered to answer any questions. There were no questions. Chair, Tara Finch thanked Tyler and Kameron and reiterated praise for staff and the positive report.

**BOARD OF DIRECTOR'S MEETING
JANUARY 8, 2026
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Lesley presented the remainder of the Finance report stating the committee had reviewed the following:

Financial Status Reports - the financial status report through December 31, 2025 and no changes were recommended.

Credit Card Purchases - the credit card purchases, with no out-of-the ordinary purchases noted.

Balance Sheet – the balance sheet reflects the agency's financial position, including assets and liabilities.

Head Start Semi-Annual Form 425 – reflects amount spent and collected from December 1, 2024 through November 30, 2025.

Items over \$10,000 – an RFP for an IT consultant was issued. One response received, from the agency's existing consultant. The bid was accepted.

Non-Sponsored Grant Cash Match (10%) – we haven't met the match yet but it is anticipated to be met by the end of the funding on June 30th.

Danny Glidewell made motion to approve the Finance Reports to include the 2024-25 Audit. Wilmer Stafford seconded which carried unanimously.

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

There has been one Policy Council meeting since the board met in November. A quorum was established and all January items were approved.

Board Training Topic: School Readiness and Head Start Eligibility. Kim provided an overview of School Readiness, noting five key areas. She explained that three checkpoints are conducted annually to monitor children's progress and ensure they are prepared for kindergarten. Eligibility for children ages zero to five is based on age and income. Children may also be categorically eligible if they are homeless, in foster care, or receiving public assistance such as SNAP. Parents complete an application which is reviewed by staff using a point system. Kim noted that there is a policy in place to address falsification of information by parents or staff.

January Policy Council Meeting:

Presented the following for discussion:

...Policy Council Training Topic – Eligibility

...Waivers for Teachers Update – waivers for Head Start have been submitted; there are no waivers for EHS but professional development is documented

...From the Regional Office – carryover update

...Monitoring Summary Aug – Oct 2025

...CLASS & Focus Two Monitoring

...Annual Self-Assessment

...SWOT Analysis – requested input from Board & Policy Council

...Annual Training – February 12, 2026

**BOARD OF DIRECTOR'S MEETING
JANUARY 8, 2026
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HEAD START POLICY COUNCIL REPORT – Janice Flowers, Chair reported the following

January Approvals

- ...November minutes
- ...Director's Report – November & December
- ...Spring Festival in March \$125
- ...Monitoring Summary Aug – Oct 2025

Janice stated Policy Council reviewed the SWOT analysis and provided input. She also stated that policy council receives all relevant information, that meetings are always open, and the parents appear comfortable sharing information and concerns.

Danny Glidewell made a motion to approve Head Start reports. Ashley Thompson seconded. Motion carried.

LIHEAP ANNUAL REPORT - presented for information.

PROGRAM REPORTS - presented for information.

COMMUNITY SERVICES CUSTOMER SATISFACTION REPORTS - presented for information.

EXECUTIVE DIRECTOR REPORT - Joel Paul reported the following:

...Vehicles have begun arriving since the last meeting and have been put into service once lettered and inspected. Maintenance and repair costs are expected to decrease for most of the transportation fleet in the coming months.

...The next potential government shutdown is approaching if action is not taken to maintain federal funding. Tri-County is in a strong financial position to continue operations in the event of a short-term shutdown. The next funding deadline is January 30, 2026 if federal appropriations are not approved to complete the 2026 fiscal year.

...The next major upcoming task for Tri-County is insurance renewals due by June 1. The board will be kept updated in the coming months regarding health, auto, and workers' compensation costs. Insurance expenses are a key factor in remaining competitive for staff recruitment and retention, as well as delivering quality services to clients. On a positive note, fuel prices have decreased in recent months.

Mr. Paul concluded his report by thanking everyone for their contributions to the excellent audit report. He noted that many hours of hard work are required to maintain maximum accountability and stated the board should be proud of the organization. He expressed appreciation for the board's time, service and involvement.

**BOARD OF DIRECTOR'S MEETING
JANUARY 8, 2026
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CHAIR REPORT -

...Tara requested approval to ratify the EHS Non-Federal Share Waiver. The request along with supporting information was sent to the Executive Committee in November 2025 and was approved unanimously.

...Annual Board Training is scheduled for February 12, 2026 and members are encouraged to attend.

...Board members were reminded to complete and return the forms included in the packet as soon as possible, as they are required and time sensitive.

NEW BUSINESS -

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

The agency's Annual Report was distributed at the meeting and emailed to all other members prior to the meeting. It will be posted on the agency's website as well.

Danny Glidewell made a motion to approve both the Annual Resolution and the Annual Report. Lesley Hatfield seconded. Motion carried.

OLD BUSINESS - None

PUBLIC COMMENTS - None

The meeting adjourned at 5:39 p.m.

CHAIR

DATE

SECRETARY

DATE

As recorded by Sharon Kent, Board Liaison – 1/8/2026

Fund Description	CURRENT FISCAL YEAR INFORMATION				GRANT YEAR INFORMATION				
	Period Jan. 1 - Feb. 28, 2026		Fiscal Year to Date Oct. 1, 2025 - Sept. 30, 2026		Revenue vs. Expense Grant Period		BUDGET vs EXPENSE		
	Revenue	Expense	Revenue	Expense	Revenue	Expense	GRANT BUDGET	VARIANCE	
1 Operating Fund	\$ 1,909.21	\$ (215,898.32)	\$ 8,200.11	\$ (603,153.76)	\$ 8,200.11	\$ (603,153.76)	\$ 350.00	\$ 603,503.76	
16 TRANS: DEV SERVICE10/25-9/26	\$ 10,362.30	\$ 15,970.74	\$ 31,433.68	\$ 47,315.44	\$ 31,433.68	\$ 47,315.44	\$ 132,000.00	\$ 84,684.56	
17 FDOT 5311	\$ 2,395.31	\$ 184,525.82	\$ 2,395.31	\$ 184,525.82	\$ 2,395.31	\$ 184,525.82	\$ 1,185,000.00	\$ 1,000,474.18	
19 TRANS: AGENCY FEES(10/25-9/26)	\$ 5,164.69	\$ 1,203.35	\$ 16,004.85	\$ 7,120.38	\$ 16,004.85	\$ 7,120.38	\$ 11,250.00	\$ 4,129.62	
31 DOT 5339	\$ -	\$ -	\$ 271,373.32	\$ 271,373.32	\$ 488,290.32	\$ 488,290.32	\$ 634,346.00	\$ 146,055.68	
32 FDOT 5339	\$ 190,458.96	\$ 190,458.96	\$ 190,458.96	\$ 190,458.96	\$ 190,458.96	\$ 190,458.96	\$ 190,459.00	\$ 0.04	
40 PAYROLL	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 200.00	\$ 200.00	
43 HS 12/25-11/26	\$ 245,469.41	\$ 266,985.59	\$ 326,235.60	\$ 363,002.01	\$ 326,235.60	\$ 363,002.01	\$ 1,704,443.00	\$ 1,341,440.99	
44 HEADSTART USDA 10/25-9/26	\$ 37,084.07	\$ 49,992.98	\$ 77,849.95	\$ 131,977.59	\$ 77,849.95	\$ 131,977.59	\$ 207,091.00	\$ 75,113.41	
46 EHS 12/25-11/26	\$ 110,520.80	\$ 117,133.20	\$ 150,211.89	\$ 162,085.14	\$ 150,211.89	\$ 162,085.14	\$ 1,055,724.00	\$ 893,638.86	
47 HEAD START IK (12/25-11/26)	\$ 12,459.00	\$ 12,459.00	\$ 12,459.00	\$ 12,459.00	\$ 12,459.00	\$ 12,459.00	\$ 426,111.00	\$ 413,652.00	
49 EHS IK (12/25-11/26)	\$ 10,912.85	\$ 10,918.85	\$ 10,918.85	\$ 10,918.85	\$ 10,918.85	\$ 10,918.85	\$ 263,931.00	\$ 253,012.15	
50 AGENCY	\$ -	\$ 715.31	\$ -	\$ 523.93	\$ -	\$ 523.93	\$ 300.00	\$ (223.93)	
53 Lileap	\$ 72,685.05	\$ 67,001.17	\$ 101,480.38	\$ 168,481.55	\$ 113,457.32	\$ 180,458.49	\$ 653,102.37	\$ 472,643.88	
72 TRANS: NON SPONSOR 7/25-6/26	\$ 17,591.94	\$ 96,451.43	\$ 38,790.69	\$ 303,984.98	\$ 185,672.50	\$ 684,361.15	\$ 1,648,275.00	\$ 963,913.86	
90 CSBG ADMIN	\$ 17,854.67	\$ 18,198.71	\$ 17,854.67	\$ 36,053.38	\$ 17,854.67	\$ 36,053.38	\$ 124,649.00	\$ 88,595.62	
91 CSBG PROGRAM	\$ 27,483.36	\$ 61,632.20	\$ 27,483.36	\$ 89,115.56	\$ 27,483.36	\$ 89,115.56	\$ 515,134.00	\$ 426,018.44	
D2 DEPRECIATION	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,000.00	\$ 1,000.00	
D6 CANNING CENTER	\$ -	\$ 217.31	\$ -	\$ 381.39	\$ -	\$ 381.39	\$ 100.00	\$ (281.39)	
H3 FUNDRAISING	\$ 2,788.71	\$ 5,381.83	\$ 5,313.64	\$ 23,308.65	\$ 5,313.64	\$ 23,308.65	\$ 15,450.00	\$ (7,858.65)	
H5 PROJECT SHARE	\$ -	\$ 150.00	\$ -	\$ 150.00	\$ -	\$ 150.00	\$ -	\$ (150.00)	
H7 WALTON BOCC	\$ 3,400.00	\$ 2,600.00	\$ 3,400.00	\$ 6,000.00	\$ 3,400.00	\$ 6,000.00	\$ 16,000.00	\$ 10,000.00	
H8 WASH/HLIMS/JAX/BAY BOCC	\$ 3,750.00	\$ 1,300.00	\$ 9,500.00	\$ 3,500.00	\$ 9,500.00	\$ 3,500.00	\$ 17,000.00	\$ 13,500.00	
K1 EXT. DAY	\$ -	\$ 1,274.59	\$ -	\$ 21,644.71	\$ -	\$ 21,644.71	\$ -	\$ (21,644.71)	
FUNDS THAT HAVE ENDED									
14 FDOT 5311	\$ -	\$ -	\$ 253,214.70	\$ 253,214.70	\$ 1,231,868.28	\$ 1,231,868.28	\$ 1,219,000.00	\$ (12,868.28)	
22 CSBG ADMIN	\$ -	\$ -	\$ 7,989.23	\$ 7,989.23	\$ 17,914.81	\$ 17,914.81	\$ 17,914.81	\$ -	
23 CSBG PROGRAM	\$ -	\$ -	\$ 147,856.59	\$ 147,856.59	\$ 206,896.13	\$ 206,896.13	\$ 206,896.13	\$ -	
38 DOT 5339	\$ -	\$ -	\$ 95,229.48	\$ 95,229.48	\$ 190,458.96	\$ 190,458.96	\$ 190,459.00	\$ 0.04	
45 EHS 12/24-11/25	\$ -	\$ -	\$ 240,805.17	\$ 240,805.17	\$ 1,010,566.62	\$ 1,010,566.62	\$ 1,055,724.00	\$ 45,157.38	
48 EHS IK (12/24-11/25)	\$ -	\$ -	\$ 21,617.67	\$ 21,617.67	\$ 56,047.77	\$ 56,047.77	\$ 65,983.00	\$ 9,935.23	
57 HEAD START IK (12/24-11/25)	\$ -	\$ -	\$ 31,091.01	\$ 31,091.01	\$ 109,478.01	\$ 109,478.01	\$ 106,528.00	\$ (2,950.01)	
58 HS 12/24-11/25	\$ -	\$ -	\$ 254,691.33	\$ 254,691.33	\$ 1,704,443.00	\$ 1,704,443.00	\$ 1,704,443.00	\$ -	
AGENCY GRAND TOTAL	\$ 772,290.33	\$ 888,672.72	\$ 2,353,859.44	\$ 2,483,722.08	\$ 6,204,813.59	\$ 6,568,170.59	\$ 13,368,863.31	\$ 6,800,692.73	
hc022726	finance/bod/status								

Tri-County Community Council, Inc. (TRIFND)

Detailed Balance Sheet

As of: 2/28/2026

2/26/2026 3:57:24 PM

All Funds

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Assets

01-1002-000	FIRST FEDERAL ACCT# 8397	30,232.04
14-1002-000	FIRST FEDERAL ACCT# 8397	(158,823.45)
16-1002-000	FIRST FEDERAL ACCT# 8397	(245,764.51)
17-1002-000	FIRST FEDERAL ACCT# 8397	(20,473.09)
19-1002-000	FIRST FEDERAL ACCT# 8397	2,304,185.30
23-1002-000	FIRST FEDERAL ACCT# 8397	(87.67)
40-1002-000	FIRST FEDERAL ACCT# 8397	(637,420.37)
43-1002-000	FIRST FEDERAL ACCT# 8397	176,748.31
44-1002-000	FIRST FEDERAL ACCT# 8397	(30,046.88)
46-1002-000	FIRST FEDERAL ACCT# 8397	85,967.45
50-1002-000	FIRST FEDERAL ACCT# 8397	307,034.34
53-1002-000	FIRST FEDERAL ACCT# 8397	(17,668.97)
58-1002-000	FIRST FEDERAL ACCT# 8397	15.30
61-1002-000	FIRST FEDERAL ACCT# 8397	(227,987.39)
72-1002-000	FIRST FEDERAL ACCT# 8397	(811,512.91)
90-1002-000	FIRST FEDERAL ACCT# 8397	(5,678.21)
91-1002-000	FIRST FEDERAL ACCT# 8397	(23,693.88)
D2-1002-000	FIRST FEDERAL ACCT# 8397	217,670.76
D6-1002-000	FIRST FEDERAL ACCT# 8397	3,248.78
H3-1002-000	FIRST FEDERAL ACCT# 8397	113,261.35
H5-1002-000	FIRST FEDERAL ACCT# 8397	15,463.48
H8-1002-000	FIRST FEDERAL ACCT# 8397	7,300.00
K1-1002-000	FIRST FEDERAL ACCT# 8397	52,229.48
19-1004-000	PEOPLES SOUTH 0326	305,224.12
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	0.41
19-1018-000	TRANS - CDARS INVESTMENT	537,528.67
01-1024-000	FIRST FEDERAL ACCT# 8400	(29,106.73)
16-1024-000	FIRST FEDERAL ACCT# 8400	(3,637.35)
17-1024-000	FIRST FEDERAL ACCT# 8400	(159,816.95)
19-1024-000	FIRST FEDERAL ACCT# 8400	(1,039.00)
40-1024-000	FIRST FEDERAL ACCT# 8400	907,889.35
43-1024-000	FIRST FEDERAL ACCT# 8400	(207,622.71)
44-1024-000	FIRST FEDERAL ACCT# 8400	(23,723.85)
46-1024-000	FIRST FEDERAL ACCT# 8400	(96,441.18)
53-1024-000	FIRST FEDERAL ACCT# 8400	(53,219.69)
58-1024-000	FIRST FEDERAL ACCT# 8400	(15.30)
72-1024-000	FIRST FEDERAL ACCT# 8400	(32,034.64)
90-1024-000	FIRST FEDERAL ACCT# 8400	(12,566.66)
91-1024-000	FIRST FEDERAL ACCT# 8400	(36,937.98)
19-1040-000	CETERA INVESTMENT	267,888.61
19-1080-000	5 YR ANNUITY CONTRACT	(0.17)
19-1085-000	3 YR ANNUITY CONTRACT	(0.04)
16-1191-000	DUE TO/DUE FROM ACCOUNT	9.10
19-1191-000	DUE TO/DUE FROM ACCOUNT	1,662.25
23-1191-000	DUE TO/DUE FROM ACCOUNT	87.67
40-1191-000	DUE TO/DUE FROM ACCT	(1,130.00)
43-1191-000	DUE TO/DUE FROM ACCOUNT	(1,770.41)
46-1191-000	DUE TO/DUE FROM	(29.74)
50-1191-000	DUE TO/DUE FROM ACCOUNTS	396.99
53-1191-000	DUE TO/DUE FROM ACCT	526.67
72-1191-000	DUE TO/DUE FROM ACCOUNT	4,818.27
90-1191-000	DUE TO/DUE FROM ACCOUNT	(61.91)
91-1191-000	DUE TO/DUE FROM ACCOUNT	(603.11)

Tri-County Community Council, Inc. (TRIFND)

Detailed Balance Sheet

As of: 2/28/2026

2/26/2026 3:57:24 PM

All Funds

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H3-1191-000	DUE TO/DUE FROM	(5.78)
H7-1191-000	DUE TO/DUE FROM ACCOUNT	(2,600.00)
H8-1191-000	DUE TO/DUE FROM ACCOUNT	(1,300.00)
14-1196-000	GRANTS RECEIVABLE	158,823.45
72-1196-000	GRANTS RECEIVABLE	1,895.60
01-1301-000	LAND	203,736.13
01-1302-000	BUILDINGS	2,680,746.48
01-1303-000	EQUIPMENT	661,769.04
01-1304-000	VEHICLES	3,146,194.04
01-1349-000	ACCUMULATED DEPRECIATION	(4,494,457.23)

Total Assets

\$4,855,565.68

Liabilities

44-1502-000	A/P GENERAL ACCT	(58.56)
46-1502-000	A/P GENERAL ACCT	58.56
16-1509-000	STATE U/E TAX	3.70
17-1509-000	STATE U/E TAX	106.35
19-1509-000	STATE U/E TAX	0.78
40-1509-000	STATE U/E TAX	825.18
43-1509-000	STATE U/E TAX	163.77
44-1509-000	STATE U/E TAX	28.38
46-1509-000	STATE U/E TAX	85.24
53-1509-000	STATE U/E TAX	39.20
72-1509-000	STATE U/E TAX	34.49
90-1509-000	STATE U/E TAX	4.94
91-1509-000	STATE U/E TAX	24.93
72-1511-000	FICA WITHHOLDING	(0.01)
90-1511-000	FICA WITHHOLDING	0.01
72-1512-000	MEDICARE WITHHOLDING	(0.02)
90-1512-000	MEDICARE WITHHOLDING	0.02
40-1520-000	AFLAC	30.09
40-1521-000	AMERICAN GENERAL LIFE INS.	(88.60)
40-1522-000	VISION ASSURANT	1,014.06
43-1522-000	VISION ASSURANT	7.16
40-1524-000	COLONIAL INS.	9,493.57
40-1526-000	HEALTH INSURANCE	12,151.37
43-1526-000	HEALTH INSURANCE	1,644.60
40-1528-000	CINCINNATI LIFE INS.	(13.52)
16-1532-000	WORKERS COMPENSATION	50.72
17-1532-000	WORKERS COMPENSATION	1,689.71
19-1532-000	WORKERS COMPENSATION	11.14
40-1532-000	W/C CLERICAL (WO1)	47,374.14
43-1532-000	WORK COMP	2,407.62
44-1532-000	WORKERS COMPENSATION	386.20
46-1532-000	W/COMP	1,235.62
53-1532-000	W/C CLERICAL (WO1)	636.03
72-1532-000	WORKERS COMPENSATION	512.43
90-1532-000	WORKERS COMPENSATION	136.41
91-1532-000	WORKERS COMPENSATION	362.56
40-1534-000	DENTAL INS - HEALTH PLAN SVS	1,660.53
43-1534-000	DENTAL INS HEALTH PLAN SVS	96.64
16-1535-000	DENTAL INS FEE	0.56
17-1535-000	DENTAL INS FEE	11.46
19-1535-000	DENTAL INS. FEE	0.03
40-1535-000	DENTAL INS FEE	1,997.59

Tri-County Community Council, Inc. (TRIFND)

Detailed Balance Sheet

As of: 2/28/2026

2/26/2026 3:57:24 PM

All Funds

Page 3

43-1535-000	DENTAL INS FEE	11.46
44-1535-000	DENTAL INS FEE	0.89
46-1535-000	DENTAL INS FEE	8.89
53-1535-000	DENTAL INS FEE	3.85
72-1535-000	DENTAL INS FEE	2.85
90-1535-000	DENTAL INS. FEE	0.74
91-1535-000	DENTAL INS FEE	2.77
16-1536-000	GARNISHMENT FEE	0.15
17-1536-000	GARNISHMENT FEE	5.77
40-1536-000	GARNISHMENT FEE	13,554.40
43-1536-000	GARNISHMENT FEE	7.05
46-1536-000	GARNISHMENT FEE	8.95
53-1536-000	GARNISHMENT FEE	13.03
72-1536-000	GARNISHMENT FEE	2.08
91-1536-000	GARNISHMENT FEE	6.97
17-1539-000	TCCC CONTRIBUTION	27.19
40-1539-000	CONTRIBUTIONS TO TCCC	861.56
43-1539-000	TCCC CONTRIBUTION	10.80
46-1539-000	TCCC CONTRIBUTION	5.02
53-1539-000	TCCC CONTRIBUTION	6.91
72-1539-000	TCCC CONTRIBUTION	1.23
90-1539-000	TCCC CONTRIBUTION	10.39
17-1556-000	PLAN MEMBER SECURITIES	(0.01)
90-1556-000	PLAN MEMBER SECURITIES	0.01
01-1612-000	ACCRUED LEAVE LIABILITY	69,048.31

Total Liabilities

\$167,726.34

Net Assets

01-1850-000	BEGINNING NET ASSETS (U)	784,386.58
16-1850-000	BEGINNING NET ASSETS (U)	(233,566.13)
19-1850-000	BEGINNING NET ASSETS (U)	3,359,532.20
40-1850-000	BEGINNING FUND BALANCES	26,441.90
50-1850-000	BEGINNING FUND BALANCES	279,656.39
53-1850-000	BEGINNING NET ASSETS	(4,059.84)
61-1850-000	BEGINNING NET ASSETS (U)	(227,987.39)
72-1850-000	BEGINNING NET ASSETS (U)	(572,192.44)
90-1850-000	BEGINNING NET ASSETS (U)	(230.59)
D2-1850-000	BEGINNING FUND BALANCES	217,670.76
D6-1850-000	BEGINNING FUND BALANCES	3,630.17
H3-1850-000	BEGINNING FUND BALANCES	4,514.14
H5-1850-000	BEGINNING NET ASSETS (U)	15,613.48
K1-1850-000	BEGINNING FUND BALANCES	73,874.19
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	30,509.67
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
	Excess Revenues Over Expenses	(129,862.64)

Total Net Assets

\$4,687,839.34

Tri-County Community Council, Inc. (TRIFND)

Detailed Balance Sheet

As of: 2/28/2026

2/26/2026 3:57:24 PM

All Funds

Page 4

Total Liabilities and Net Worth

=====
\$4,855,565.68
=====

TCCC MONTHLY CREDIT CARD REVIEW
DECEMBER 2025 ACTIVITY

	TOTAL CHARGES	DESCRIPTION
LOWE'S		
	\$ -	NO PURCHASES
	<u>\$ -</u>	
WALMART - CSBG		
	\$ -	NO PURCHASES
	<u>\$ -</u>	
WALMART - HEADSTART/EHS		
EFT 01/14/26	\$ 251.06	USDA (FOOD FOR CENTERS), CENTER SUPPLIES
	<u>\$ 251.06</u>	
WRIGHTS EXPRESS		
ADM, HS, SVCS, & TRANS	\$ 15,348.11	FUEL
EFT 01/23/26	<u>\$ 15,348.11</u>	
OFFICE DEPOT	\$0.00	NO ACTIVITY
PEOPLES SOUTH MASTERCARD	\$0.00	NO ACTIVITY

TCCC VISA REVIEW
DECEMBER 2025 ACTIVITY

ADMIN	TOTAL CHARGES	DESCRIPTION
CRAFT, HEATHER	\$ -	
KENT, SHARON	\$ 1,211.53	BACKGROUND/DL CHECK, SUBSCRIPTION RENEWALS, NEWSPAPER ADS, GOOGLE SUITE (AGENCY EMAILS)
PAUL, JR., JOEL	\$ -	
CSBG		
ARNOLD, ANITA	\$ 78.00	POSTAGE STAMPS
HARRIS, JESSICA	\$ 573.00	POSTAGE STAMPS, CLIENT EDUCATION/EMPLOYMENT ASSIST.
MATTHEWS, SHERRY	\$ -	
MCCREARY, LISA	\$ -	
MOORE, BETTY	\$ 1,286.52	FUEL, STAFF LUNCH, CLIENT EDUCATION/EMPLOYMENT ASSIST., HOTEL ROOM/TRAINING
ROMERO, CANDICE	\$ 27.99	FUEL
SHIRAH, CHARLOTTE	\$ 235.85	AGENCY VEHICLE MAINT., FUEL, OFFICE SUPPLIES, POSTAGE STAMPS
THOMPSON, VANESSA		
WISE, BETTY	\$ -	
HEAD START		
GILLIS, KIM	\$ 643.61	ADM/CENTER SUPPLIES
KELLEY, RUTH	\$ 585.47	USDA (FOOD FOR CENTERS)
THOMAS, MANDI	\$ 786.93	CENTER SUPPLIES, OFFICE CHRISTMAS PARTY/FOOD, USDA
TRANSPORTATION		
CASSIDAY, INEZ		
JONES, HELEN	\$ -	
STATEN, VINCE	\$ -	
TOTAL	\$ 5,428.90	

EFT 01/28/26

TCCC MONTHLY CREDIT CARD REVIEW
JANUARY 2026 ACTIVITY

	TOTAL CHARGES	DESCRIPTION
LOWE'S		
	\$ -	NO PURCHASES
	<u>\$ -</u>	
 WALMART - CSBG		
	\$ -	NO PURCHASES
	<u>\$ -</u>	
 WALMART - HEADSTART /EHS		
EFT 02/10/26	\$ 242.55	CENTER SUPPLIES, USDA (FOOD FOR CENTERS)
	<u>\$ 242.55</u>	
 WRIGHTS EXPRESS		
ADM, HS, SVCS, & TRANS	\$ 15,149.20	FUEL
EFT 02/23/26	<u>\$ 15,149.20</u>	
 OFFICE DEPOT	\$0.00	NO ACTIVITY
 PEOPLES SOUTH MASTERCARD	\$0.00	NO ACTIVITY

TCCC VISA REVIEW
JANUARY 2026 ACTIVITY

ADMIN	TOTAL CHARGES	DESCRIPTION
CRAFT, HEATHER	\$ 1,806.94	HOTEL/TRAINING, NORTON 360 RENEWAL, ROUTER, EFILE/PRINT/MAIL 1095'S
KENT, SHARON	\$ 2,016.86	BACKGROUND/DL CHECK, ANNUAL REPORT, WEBSITE UPGRADE, GOOGLE SUITE (AGENCY EMAILS), EFILE W-2'S
PAUL, JR., JOEL	\$ -	
 CSBG		
ANDERSON, JENNIFER	\$ 156.00	POSTAGE STAMPS
ARNOLD, ANITA	\$ 166.58	OFFICE SUPPLIES, POSTAGE STAMPS
HAYNES, HARTENSE	\$ 78.00	POSTAGE STAMPS
MATTHEWS, SHERRY	\$ 78.00	POSTAGE STAMPS
MCCREARY, LISA	\$ 787.02	CLIENT-EDUCATION/EMPLOYMENT-ASSIST.
MOORE, BETTY	\$ -	
ROMERO, CANDICE	\$ 241.13	FUEL, AGENCY VEHICLE MAINT., OFFICE SUPPLIES
SHIRAH, CHARLOTTE	\$ 125.00	FUEL, POSTAGE STAMPS
THOMPSON, VANESSA	\$ 78.00	POSTAGE STAMPS
 HEAD START		
GILLIS, KIM	\$ 1,015.49	ADM/CENTER SUPPLIES, LICENSE RENEWAL
KELLEY, RUTH	\$ 1,128.19	USDA (FOOD FOR CENTERS)
THOMAS, MANDI	\$ 1,461.05	POLICY COUNCIL MEAL, NORTON ANTIVIRUS, EMPLOYEE TRAINING, CENTER SUPPLIES, OBSERVER RECERTIFICATION
 TRANSPORTATION		
CASSIDAY, INEZ	\$ -	
MORRIS, AUBREY	\$ 4.50	TOLL FEE
STATEN, VINCE	\$ -	
TOTAL	\$ 9,142.76	
EFT 02/25/26		



Form **941 for 2025: Employer's QUARTERLY Federal Tax Return**
 (Rev. March 2025) Department of the Treasury — Internal Revenue Service

950124
 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/county Foreign postal code

Report for this Quarter of 2025
 (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. Employers in American Samoa, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, and Puerto Rico can skip lines 2 and 3, unless you have employees who are subject to U.S. income tax withholding.

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	103
2	Wages, tips, and other compensation	2	982840.93
3	Federal income tax withheld from wages, tips, and other compensation	3	58056.25
4	If no wages, tips, and other compensation are subject to social security or Medicare tax	<input type="checkbox"/> Check here and go to line 6.	

	Column 1		Column 2
5a	Taxable social security wages 1018768.08	x 0.124 =	126327.24
5b	Taxable social security tips 0.00	x 0.124 =	0.00
5c	Taxable Medicare wages & tips 1018768.08	x 0.029 =	29544.27
5d	Taxable wages & tips subject to Additional Medicare Tax withholding 0.00	x 0.009 =	0.00
5e	Total social security and Medicare taxes. Add Column 2 from lines 5a, 5b, 5c, and 5d	5e	155871.51
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	213927.76
7	Current quarter's adjustment for fractions of cents	7	0.13
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	213927.89
11	Qualified small business payroll tax credit for increasing research activities. Attach Form 8974	11	.
12	Total taxes after adjustments and nonrefundable credits. Subtract line 11 from line 10	12	213927.89
13	Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), or 944-X filed in the current quarter	13	213927.89
14	Balance due. If line 12 is more than line 13, enter the difference and see instructions	14	.
15	Overpayment. If line 13 is more than line 12, enter the difference		.

Check one: Apply to next return. Send a refund.

Name (not your trade name) TRI-COUNTY COMMUNITY COUNCIL, INC. Employer identification number (EIN) 59-1099586

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...

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.

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.

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 HOPE SHARPE 8505473689

Select a 5-digit personal identification number (PIN) to use when talking to the IRS. [1] [2] [3] [4] [5]

No.

Part 5: Sign here. You MUST complete both 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

[Handwritten signature]

Print your name here

JOEL PAUL, JR

Print your title here

EXECUTIVE DIRECTOR

Date 01/22/26

Best daytime phone 8505472444

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 (Rev. March 2024) Department of the Treasury - Internal Revenue Service

OMB No. 1545-0029

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 5 (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 schedule with Form 941, don't change your tax liability by adjustments reported on any Forms 941-X or 944-X. You must fill out this schedule and attach it to Form 941 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	Tax liability for Month 1 85072.95
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		

Month 2

1	9	17	25	Tax liability for Month 2 74060.67
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		

Month 3

1	9	17	25	Tax liability for Month 3 54794.27
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		

Fill in your total liability for the quarter (Month 1 + Month 2 + Month 3).
Total must equal line 12 on Form 941.

Total liability for the quarter

213927.89

FEDERAL FINANCIAL REPORT

(Additional Page)

Federal Agency & Organization : HHS-ADMINISTRATION FOR CHILDREN & FAMILIES

Federal Grant ID : 04CH01240602

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

UEI : KSHUE4AZMR39

UEI Status when Certified : ACTIVE (as of 02/19/2026)

EIN : 1591099586A1

Reporting Period End Date : November 30, 2025

Status : Report Certified/Pending Agency Approval

Remarks : NOA received 11/22/24 includes an approval for a waiver reducing the non-federal match requirement from \$690,042 to \$86,256 for the 24-25 budget period.
Total amount of USDA reimbursements: \$207,490.95.
Total Development & Administrative Expenditures: \$347,626.16 CAN#G044122
Unobligated: \$45,157.38

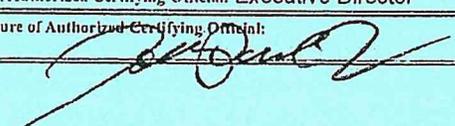
Federal Agency Review

Reviewer Name :
Phone # :
Email :
Review Date :
Review Comments :

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: 04CH012406		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:		Last Name: Sharpe	
Phone: (850) 547-3689			Phone Extension:		
Email: hope@tricountycommunitycouncil.com					
Fax: (850) 547-4796					
7. Report End Date (MM/DD/YYYY): 11/30/2025					
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: Joel			11c. Telephone (area code, number, extension):		
11b. Middle Initial:			11d. Email Address: joel@tricountycommunitycouncil.com		
11a. Last Name: Paul, Jr			11e. Date Report Submitted (MM/DD/YYYY): 01/29/2026		
11a. Title of Authorized Certifying Official: Executive Director			12. Agency use only.		
11b. Signature of Authorized Certifying Official: 					

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>) 9,644 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	

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>) 15,539 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	

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>) 6,429 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	

<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>) 11,934 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	

(Attach additional sheets if necessary for 14g):

14h. Has Federally required insurance coverage been secured for this property? *(See instructions for more details).* Yes No

14i. Are there any Uniform Relocation Act (URA) requirements applicable to this property? Yes No

14j. Are there any environmental compliance requirements related to the real property? Yes No

If yes, describe them *(Attach additional sheets if necessary for 14j):*

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?
 Yes No

If yes, describe them *(Attach additional sheets if necessary for 14k):*

15. Has a significant change occurred with the real property, or is there an anticipated change expected during the next reporting period? Yes No

If yes, describe the change *(Attach additional sheets if necessary for 15)*

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*) 11,935 or (*Btu*) 0 B. Petroleum (*Gal*) 0 C. Natural Gas (*cu ft*) 0

Other (Specify)

18. Remarks *(attach additional sheets if necessary):*

N/A

<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>) 11,935 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	

(Attach additional sheets if necessary for 14g):

14h. Has Federally required insurance coverage been secured for this property? *(See instructions for more details).* Yes No

14i. Are there any Uniform Relocation Act (URA) requirements applicable to this property? Yes No

14j. Are there any environmental compliance requirements related to the real property? Yes No

If yes, describe them *(Attach additional sheets if necessary for 14j):*

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?
 Yes No

If yes, describe them *(Attach additional sheets if necessary for 14k):*

15. Has a significant change occurred with the real property, or is there an anticipated change expected during the next reporting period? Yes No

If yes, describe the change *(Attach additional sheets if necessary for 15)*

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*) 11,935 or (*Btu*) 0 B. Petroleum (*Gal*) 0 C. Natural Gas (*cu ft*) 0

Other (Specify)

18. Remarks *(attach additional sheets if necessary):*

N/A

<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>) 11,935 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	

<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>) 11,935 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	

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>) 94,940 or (<i>Btu</i>) 0 B. Petroleum (<i>Gal</i>) 0 C. Natural Gas (<i>cu ft</i>) 0	
Other (<i>Specify</i>) 988	
18. Remarks (<i>attach additional sheets if necessary</i>):	
N/A	

(Attach additional sheets if necessary for 14g):

14h. Has Federally required insurance coverage been secured for this property? *(See instructions for more details).* Yes No

14i. Are there any Uniform Relocation Act (URA) requirements applicable to this property? Yes No

14j. Are there any environmental compliance requirements related to the real property? Yes No

If yes, describe them *(Attach additional sheets if necessary for 14j):*

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?
 Yes No

If yes, describe them *(Attach additional sheets if necessary for 14k):*

15. Has a significant change occurred with the real property, or is there an anticipated change expected during the next reporting period? Yes No

If yes, describe the change *(Attach additional sheets if necessary for 15)*

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*) 96,918 or (*Btu*) 0 B. Petroleum (*Gal*) 0 C. Natural Gas (*cu ft*) 0

Other (Specify)

18. Remarks *(attach additional sheets if necessary):*

N/A

(Attach additional sheets if necessary for 14g):

14h. Has Federally required insurance coverage been secured for this property? *(See instructions for more details).* Yes No

14i. Are there any Uniform Relocation Act (URA) requirements applicable to this property? Yes No

14j. Are there any environmental compliance requirements related to the real property? Yes No

If yes, describe them *(Attach additional sheets if necessary for 14j):*

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?
 Yes No

If yes, describe them *(Attach additional sheets if necessary for 14k):*

15. Has a significant change occurred with the real property, or is there an anticipated change expected during the next reporting period? Yes No

If yes, describe the change *(Attach additional sheets if necessary for 15)*

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*) 16,953 or (*Btu*) 0 B. Petroleum (*Gal*) 0 C. Natural Gas (*cu ft*) 0

Other (Specify)

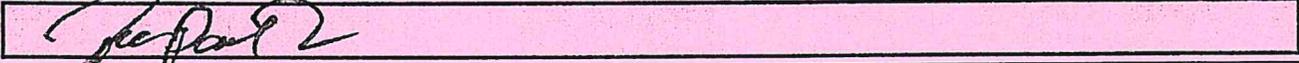
18. Remarks *(attach additional sheets if necessary):*

N/A

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>) 28,668 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	

TANGIBLE PERSONAL PROPERTY REPORT
SF- 428

OMB Number: 4040-0018
Expiration Date: 12/31/2027

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 04CH0902 / 04CH012406	3a. UEI KSHUE4AZMR39	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: FL: 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 type="checkbox"/> Final (Award Closeout) Report (SF-428-B) <input checked="" 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) 02/19/2026	10. Agency use only	

TANGIBLE PERSONAL PROPERTY REPORT

Disposition Request/Report SF-428-C

OMB Number: 4040-0018
Expiration Date: 12/31/2027

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

04CH0902 / 04CH012406

1. Request Disposition Instructions for:	For Agency Use Only
<p>a. Federally-owned Property (Select one or more and attach Supplemental Sheet SF-428S or recipient equivalent)</p> <p><input checked="" type="checkbox"/> (i) Request Federal Agency disposition instructions</p> <p><input type="checkbox"/> (ii) Other (Specify in Block 4 "Comments" or attach request)</p>	<p>Agency response to requested disposition of Federally owned property</p> <p><input type="checkbox"/> (i) Recipient request approved <input type="checkbox"/> denied</p> <p><input type="checkbox"/> (ii) Dispose in accordance with attached instructions:</p>
<p>b. Equipment Acquired under a Federal Award, as instructed by the Federal agency. (Select one or more and attach Supplemental Sheet SF-428S or recipient equivalent)</p> <p><input checked="" type="checkbox"/> (i) Request approval to retain, sell, or otherwise dispose of equipment with a current per unit fair market value of \$10,000 or less with no further obligation to the Federal awarding agency. Contact the awarding agency to determine if this form is required for items with a fair market value of \$10,000 or less.</p> <p><input type="checkbox"/> (ii) Request approval, and compensate the Federal awarding agency for its percentage of participation in the cost of the original purchase, to retain (the equipment for a purpose not originally intended) or sell the equipment with a current per unit fair market value in excess of \$10,000 or more. (If equipment is sold, the Federal awarding agency may permit the non-Federal entity to deduct and retain from the Federal share \$1,000 or ten percent of the proceeds, whichever is less, for its selling and handling expenses. See Line 2.b.(iv).)</p> <p><input type="checkbox"/> (iii) Request approval to transfer title to the Federal government or to an eligible party to use for the originally intended purpose, and compensate the non-Federal entity for its attributable percentage of participation of the current fair market value.</p> <p><input type="checkbox"/> (iv) Request Federal Agency Disposition instructions for any option not listed above.</p>	<p>Agency response to requested disposition of acquired equipment</p> <p><input type="checkbox"/> (i) Recipient request approved <input type="checkbox"/> denied</p> <p><input type="checkbox"/> (ii) Dispose in accordance with attached instructions:</p>
Authorized Awarding Agency Official:	
Signature	Date
Name	Phone
Title	E-Mail
<div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">Add Attachment</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">Delete Attachment</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">View Attachment</div>	

2. Report Disposition by Sale or Retention

a. Retention of acquired equipment for use on non Federally supported projects

b. Sale of acquired equipment
(Attach Supplemental Sheet SF-428S or recipient equivalent and complete worksheet below)

(i) <input type="checkbox"/> Sale proceeds or <input type="checkbox"/> Estimate of current fair market value	\$	<input style="width: 95%;" type="text"/>
(ii) Percentage of Federal participation		<input style="width: 95%;" type="text"/> %
(iii) Federal share	\$	<input style="width: 95%;" type="text"/>
(iv) Selling and handling allowance (\$1,000 or ten percent, which ever is less) of the Federal share amount listed in 2.b.(iii)	\$	<input style="width: 95%;" type="text"/>
(v) Amount remitted to the Federal Government	\$	<input style="width: 95%;" type="text"/>

3. Report Loss, Destruction or Theft of Federally-owned Property

Loss, Destruction, or Theft of Federally-owned property

(Attach Supplemental Sheet SF-428S or recipient equivalent and describe the circumstances in Block 4)

4. Comments

Add Attachment

Delete Attachment

View Attachment

DISPOSITION REQUEST/REPORT ATTACHMENT TO TPR

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 2025

FAMILIES SERVED _____

PEOPLE SERVED 165

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. Our children received gifts from Toys for Tots and a couple centers received gifts from the Kiwanis Club as well.

PROBLEM AREAS NOTED: Our office is starting to have some soft spots in the floor.

ACTION OR RESOLUTION: We will use precaution with the floor until we can get them fixed.

ANY OTHER INFO: Just a reminder that we will have a Focus Two monitoring this year. We are currently getting classrooms scheduled for the CLASS videoing monitoring due Feb. 13, 2026.

REPORTED BY: Kim Gillis

DATE: 1/8/2025

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

PROGRAM REPORT

PROGRAM: CSBG

FOR MONTH OF: DECEMBER 2025

TOTAL # FAMILIES SERVED: 42 TOTAL # PEOPLE SERVED: 53

INDIVIDUALS SERVED BY COUNTY:

BAY	HOLMES	JACKSON	OKALOOSA CRESTVIEW	OKALOOSA FT WALTON	SANTA ROSA	WALTON	WASHINGTON
2	6	0	8	4	2	21	10

SIGNIFICANT ACCOMPLISHMENTS: _____

PROBLEM AREAS NOT: _____

ACTION OR RESOLUTION: _____

ANY OTHER INFO: _____

REPORTED BY: Lisa McCreary DATE: 01/13/2026

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

PROGRAM REPORT

PROGRAM: LIHEAP

FOR MONTH OF: December 2025

TOTAL # FAMILIES SERVED: 483 TOTAL # PEOPLE SERVED: _____

INDIVIDUALS SERVED BY COUNTY:

BAY	HOLMES	JACKSON	OKALOOSA	SANTA ROSA	WALTON	WASHINGTON
n/a	37	n/a	169	159	64	54

SIGNIFICANT ACCOMPLISHMENTS: _____

PROBLEM AREAS NOTED: _____

ACTION OR RESOLUTION: _____

ANY OTHER INFO: _____

REPORTED BY: Lisa McCreary DATE: 01/13/2026

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 2025

TOTAL # FAMILIES SERVED: 238 TOTAL # PEOPLE SERVED: 654

INDIVIDUALS SERVED BY COUNTY:

BAY	HOLMES	JACKSON	OKALOOSA	SANTA ROSA	WALTON	WASHINGTON
n/a	n/a	n/a	n/a	n/a	189	465

SIGNIFICANT ACCOMPLISHMENTS: _____

PROBLEM AREAS NOTED: _____

ACTION OR RESOLUTION: _____

ANY OTHER INFO: _____

REPORTED BY: Lisa McCreary DATE: 01/13/2026

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

PROGRAM REPORT

PROGRAM: Transportation

FOR MONTH OF: December 2025

NUMBER SERVED:

COUNTY	INDIVIDUALS	MILES	TRIPS
HOLMES	48	8,334	332
SANTA ROSA	111	16,945	1,394
WALTON	171	16,416	1,908
WASHINGTON	56	9,944	579

SIGNIFICANT ACCOMPLISHMENTS: _____

PROBLEM AREAS NOTED: _____

ACTION OR RESOLUTION: _____

ANY OTHER INFO: _____

REPORTED BY: Aubrey Morris DATE: 1-13-26

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 2026

FAMILIES SERVED _____

PEOPLE SERVED 165

UNITS PROVIDED (if applicable) n/a

SIGNIFICANT ACCOMPLISHMENTS: We completed our CLASS review and all videos were accepted. Our reviewer let us know that it may be April before we get the results from the Office of Head Start. Our Focus Two review is scheduled to begin March 9th and they will be here for 3.5 days.

PROBLEM AREAS NOTED: We heard back from Office of Head concerning our teacher waiver requests. They are requesting additional information that shows staff are currently enrolled in college courses right not. I will be sending that. There is one of our teachers working on her CDA and they will not give her a waiver.

ACTION OR RESOLUTION: She is scheduled to complete her CDA around Feb. 13th. Once she gets that I will try to resubmit the request for her to be given a waiver. .

ANY OTHER INFO: We are reviewing and getting ready for our Focus Two review.

REPORTED BY: Kim Gillis

DATE: 2/4/2026

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

PROGRAM REPORT

PROGRAM: CSBG

FOR MONTH OF: January

TOTAL # FAMILIES SERVED: 50 TOTAL # PEOPLE SERVED: 72

INDIVIDUALS SERVED BY COUNTY:

BAY	HOLMES	JACKSON	OKALOOSA	SANTA ROSA	WALTON	WASHINGTON
4	5	0	9	13	34	7

SIGNIFICANT ACCOMPLISHMENTS: Staff have faced challenges with two new systems, yet remain committed to ensuring the needs of clients within our service area continue to be met.

PROBLEM AREAS NOTED: The new software mandated by the state has been very complicated for staff. There are now two separate systems for CSBG and LIHEAP, which require duplicate data entry and is time consuming. Completing the CSBG Annual Report was particularly challenging, as the data had to be generated in multiple sections.

ACTION OR RESOLUTION: _____

ANY OTHER INFO: _____

REPORTED BY: Lisa McCreary DATE: 2/23/2026

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

PROGRAM REPORT

PROGRAM: LIHEAP

FOR MONTH OF: January

TOTAL # FAMILIES SERVED: 516 TOTAL # PEOPLE SERVED: 1209

INDIVIDUALS SERVED BY COUNTY:

BAY	HOLMES	JACKSON	OKALOOSA	SANTA ROSA	WALTON	WASHINGTON
N/A	162	N/A	432	315	180	120

SIGNIFICANT ACCOMPLISHMENTS: Staff continue to work within CMS, the new state mandated system required for all Community Action Agencies.

PROBLEM AREAS NOTED: Staff have identified challenges in providing additional services such as crisis assistance and home energy, to clients who have applied online. The state and Promise have indicated this issue is currently being addressed. Additionally, agencies are no longer able to provide vendor payment status to clients as Promise is making those payments.

ACTION OR RESOLUTION: Staff are continuing to work to ensure clients needs are met.

ANY OTHER INFO: _____

REPORTED BY: Lisa McCreary DATE: 2/23/2026

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

TOTAL # FAMILIES SERVED: 244 TOTAL # PEOPLE SERVED: 662

INDIVIDUALS SERVED BY COUNTY:

BAY	HOLMES	JACKSON	OKALOOSA	SANTA ROSA	WALTON	WASHINGTON
N/A	N/A	N/A	N/A	N/A	188	474

SIGNIFICANT ACCOMPLISHMENTS: _____

PROBLEM AREAS NOTED: _____

ACTION OR RESOLUTION: _____

ANY OTHER INFO: _____

REPORTED BY: Lisa McCreary DATE: 2/23/2026

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

PROGRAM REPORT

PROGRAM: Transportation

FOR MONTH OF: January 2026

NUMBER SERVED:

COUNTY	INDIVIDUALS	MILES	TRIPS
HOLMES	57	10,154	367
SANTA ROSA	115	15,868	1,337
WALTON	164	17,658	2,086
WASHINGTON	56	12,513	667

SIGNIFICANT ACCOMPLISHMENTS: _____

PROBLEM AREAS NOTED: _____

ACTION OR RESOLUTION: _____

ANY OTHER INFO: _____

REPORTED BY: Audrey Monie DATE: 3-3-26



Tri-County Community Council, Inc.

Client Satisfaction Survey

County All Month December 2025
 Total Surveys Completed 204

Please respond based on your recent experiences	Circle Appropriate Response		
	Yes	No	N/A
The office was clean and comfortable	202	1	1
I was treated with courtesy and respect	203	1	0
My request for assistance was attended to as quickly as possible	203	1	0
The staff listened and responded to my concerns	203	1	0
Overall, I am very satisfied with the services I received	202	1	1
Please respond to questions below only if applicable			
The staff informed me about additional Community Action Programs that might be helpful to me	165	9	21
The staff helped me find other services/programs outside of Community Action Agency	135	33	28
If staff was unable to meet my needs the reason was clearly explained to me	102	14	61
Phone calls were quickly answered and my messages were returned	151	9	13
If I had a complaint(s), it was handled well	108	3	43

How can we improve our services? (Comments welcome) Service was great. Greta,! The women given great advice! The women in the office do not talk down to me. They provide lots of help, are kind and caring. No improvement needed, you don't get any nicer than this. Best over any other county. Love everything about my service. Thank you & be blessed. Very nice, understanding, and always speak intelligent. Keep doing what your doing. Vanessa is always very nice to me. Very helpful & polite.



Tri-County Community Council, Inc.

Client Satisfaction Survey

County All Month January 2026
 Total Surveys Completed 238

Please respond based on your recent experiences	Circle Appropriate Response		
	Yes	No	N/A
The office was clean and comfortable	238	0	0
I was treated with courtesy and respect	237	0	0
My request for assistance was attended to as quickly as possible	237	0	0
The staff listened and responded to my concerns	237	0	1
Overall, I am very satisfied with the services I received	237	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	181	21	31
The staff helped me find other services/programs outside of Community Action Agency	169	17	43
If staff was unable to meet my needs the reason was clearly explained to me	135	10	80
Phone calls were quickly answered and my messages were returned	165	13	47
If I had a complaint(s), it was handled well	127	13	82

How can we improve our services? (Comments welcome)

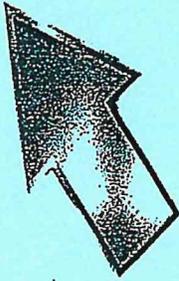
Services are a blessing; Staff is friendly and does a good job; Grateful for the assistance; LH application has too many pages

The Results Oriented Management and Accountability Cycle

ROMA TRAINING
Board Training
March 12, 2026

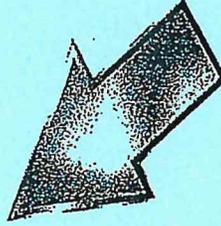
Assessment

Community needs and resources,
agency data



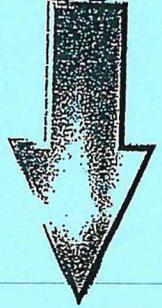
Evaluation

Analyze data, compare with
benchmarks



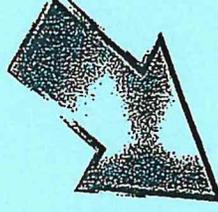
Achievement of Results

Observe and report progress



Planning

Use agency mission statement and
assessment data to identify results
and strategies



Implementation

Services and strategies produce
results

ROMA TRAINING

Board Training

March 12, 2026

Assessment —

Is when the Community Need Assessment is completed. There are different ways for an agency to complete the Community Need Assessment. In our agency, the different departments at TCCC meet with other agencies and organizations to discuss what each sees as a need for their community. We use a Community Assessment Survey that helps get data to determine what the communities see as a need. At the meeting, we look at the previous community need assessment survey and reevaluate the questions on the survey to update or add any new issues. The updated Community Assessment Survey will be distributed to organization, agencies, TCCC staff, TCCC board members, and clients to complete to get their aspect as what is a needs in the communities they live and work in. Once the data is collected, it is analyzed to see what the top needs of the communities we serve are. The top 5 needs will be what, if applicable, our agency will target.

Planning —

Once the top 5 needs have been identified, they will be evaluated, to determine if the need is something the agency is capable of administering, determine the services needed to achieve results, and how it will be implemented. At this point, work plans are completed identifying what areas will be targeted and the number of clients the agency anticipates serving.

Implementation-

Is when the needs targeted during the Planning stage and the services/strategies defined will be implemented. The services will be provided to the clients and the results of the service and the outcome of the service will be documented.

Achievement of Results —

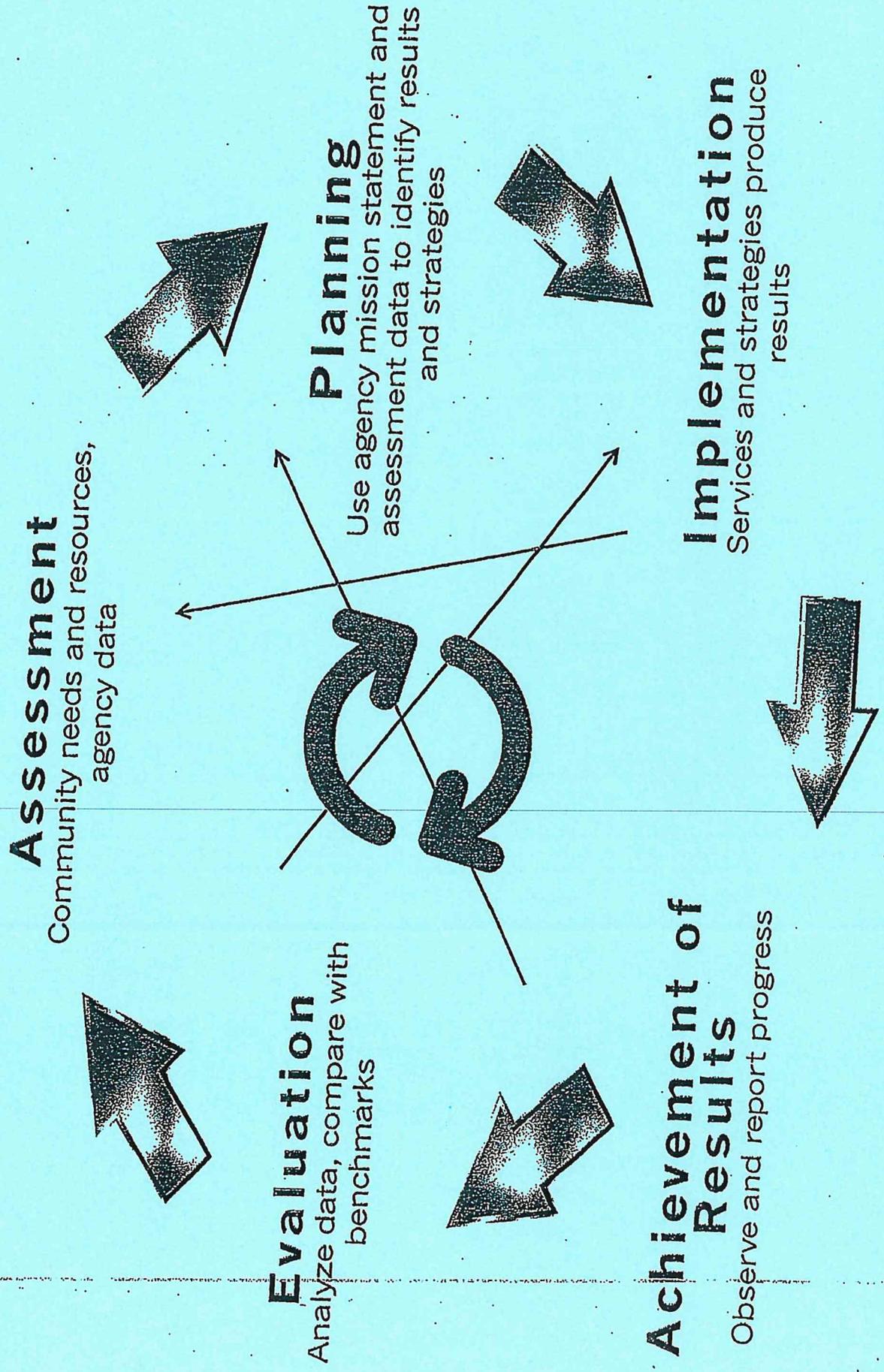
Data from the services provided to the clients will be used to report the results. Monthly and quarterly reports are submitted to the supervisor. An annual report is submitted to DEO with both the target numbers and the achieved numbers.

Evaluation —

At this time, data is analyzed to ensure that the services provided produce the results to match the needs addressed in the Community Need Assessment. If the data indicates that the results was not achieved, then the Community Assessment and identified need will have to be readdressed to get an indication of why it was not successful.

The Results Oriented Management and Accountability Cycle

ROMA TRAINING
Board Training
March 12, 2026



EXTENDED TO AUGUST 17, 2026

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)

2024

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

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

A For the 2024 calendar year, or tax year beginning OCT 1, 2024 and ending SEP 30, 2025

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 F Name and address of principal officer: JOEL PAUL, JR. 302 OKLAHOMA STREET, BONIFAY, FL 32425 G Gross receipts \$ 10,814,899. H(a) Is this a group return for subordinates? No H(b) Are all subordinates included? No I Tax-exempt status: 501(c)(3) J Website: N/A K Form of organization: Corporation L Year of formation: 1965 M State of legal domicile: FL

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1. Mission: IMPROVING LIVES, ENHANCING OPPORTUNITIES AND ELIMINATING POVERTY. 2-7. Governance metrics. 8-12. Revenue: Total revenue 10,794,633. 13-19. Expenses: Total expenses 10,802,259. 20-22. Net Assets or Fund Balances: Total assets 5,218,135.

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 2.3.26. Preparer: Preparer's name ASHLEY H. STAFFORD Preparer's signature ASHLEY H. STAFFORD Date 01/22/26 PTIN P00248001 Firm's name CRI ADVISORS, LLC Firm's EIN 99-4625061 Firm's address 1117 BOLL WEEVIL CIRCLE ENTERPRISE, AL 36330 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? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] 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 \$ 2,426,768. including grants of \$) (Revenue \$) TRANSPORTATION - RURAL TRANSPORTATION SERVICES TO NEEDY INDIVIDUALS

4b (Code:) (Expenses \$ 2,696,169. including grants of \$) (Revenue \$) HEAD START - EDUCATIONAL SERVICES FOR YOUNG CHILDREN OF LOW INCOME FAMILIES.

4c (Code:) (Expenses \$ 524,162. 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 \$ 4,219,082. including grants of \$) (Revenue \$)

4e Total program service expenses 9,866,181.

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or 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? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

Form 990 (2024) table with columns for question number, description, and Yes/No responses. Includes sections for employees reported, unrelated business income, foreign accounts, prohibited tax shelter transactions, and various organizational requirements.

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

Section A. Governing Body and Management

	1a	1b	2	3	4	5	6	7a	7b	8a	8b	9	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	19													
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.														
b 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
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?														X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:														
a The governing body?										X				
b Each committee with authority to act on behalf of the governing body?										X				
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O														X

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

	10a	10b	11a	12a	12b	12c	13	14	15a	15b	16a	16b	Yes	No
10a Did the organization have local chapters, branches, or affiliates?														X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?														
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?			X											
b Describe 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										
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?				X										
c 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?														
a The organization's CEO, Executive Director, or top management official									X					
b Other officers or key employees of the organization									X					
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.														
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?														X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?														

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed 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 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.	5,657.	
(2) SHARON KENT HR DIRECTOR	40.00			X				0.	8,825.	
(3) KIMBERLY GILLIS HEADSTART DIRECTOR	40.00			X				0.	8,132.	
(4) HEATHER S. CRAFT FISCAL OFFICER	40.00			X				0.	6,780.	
(5) BETTY A. MOORE COMMUNITY RESOURCE DIRECTO	40.00			X				0.	9,792.	
(6) VINCE STATEN TRANSPORTATION OPERATIONS	40.00			X				0.	9,568.	
(7) DANNY GLIDEWELL VICE CHAIR	1.00	X					0.	0.	0.	
(8) CHRIS MOORE BOARD MEMBER	1.00	X					0.	0.	0.	
(9) WILMER STAFFORD BOARD MEMBER	1.00	X					0.	0.	0.	
(10) ASHLYNN MARQUEZ BOARD MEMBER	1.00	X					0.	0.	0.	
(11) SHAWN WARD BOARD MEMBER	1.00	X					0.	0.	0.	
(12) WILLIE SPIRES BOARD MEMBER	1.00	X					0.	0.	0.	
(13) ASHLEY THOMPSON 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) TABITHA MORRIS BOARD MEMBER	1.00	X						0.	0.	0.
(19) JANICE FLOWERS 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) LESLEY HATFIELD TREASURER	1.00	X						0.	0.	0.
(23) JOHN HOFSTAD BOARD MEMBER	1.00	X						0.	0.	0.
1b Subtotal								430,044.	0.	48,754.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								430,044.	0.	48,754.

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		2,864,231.
FLORIDA INSURANCE TRUST 20 N ORANGE AVE # 500, ORLANDO, FL 32801		499,575.
BLUE CROSS BLUE SHIELD OF FLORIDA P O BOX 660299, DALLAS, TX 75266		442,619.
FLORIDA TRANSPORTATION SYSTEMS INC 6041 ORIENT ROAD, TAMPA, FL 33610		442,022.
WEST FLORIDA ELECTRIC COOP 805 ST JOHNS RD, BONIFAY, FL 32425		431,669.

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)	10,543,169.				
	f All other contributions, gifts, grants, and similar amounts not included above	79,658.				
	g Noncash contributions included in lines 1a-1f					
	h Total. Add lines 1a-1f		10,622,827.			
Program Service Revenue	2 a PROGRAM REVENUE	900099	104,767.	104,767.		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		104,767.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		73,136.	73,136.		
	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					
	c Gain or (loss)					
	d Net gain or (loss)					
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		4,435.				
b Less: direct expenses		20,266.				
c Net income or (loss) from fundraising events					-15,831.	
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	9,734.	9,734.		
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d		9,734.			
12 Total revenue. See instructions		10,794,633.	187,637.	0.	-15,831.	

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	420,346.	119,809.	300,537.	
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	3,038,645.	2,819,205.	219,440.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	102,971.	85,703.	17,268.	
9 Other employee benefits	65,023.	55,135.	9,888.	
10 Payroll taxes	263,415.	224,260.	39,155.	
11 Fees for services (nonemployees):				
a Management				
b Legal	55,629.		55,629.	
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	288,012.	261,719.	26,293.	
14 Information technology				
15 Royalties				
16 Occupancy	160,925.	134,547.	26,378.	
17 Travel	14,568.	11,566.	3,002.	
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	484,041.	429,909.	54,132.	
23 Insurance	797,226.	681,185.	116,041.	
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	4,073,035.	4,073,035.		
b REPAIRS	404,750.	397,172.	7,578.	
c PURCHASED TRANSPORTATIO	219,440.	219,440.		
d MISCELLANEOUS	164,527.	162,402.	2,125.	
e All other expenses	249,706.	191,094.	58,612.	
25 Total functional expenses. Add lines 1 through 24e	10,802,259.	9,866,181.	936,078.	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	1,663,051.	1	1,702,106.	
	2	Savings and temporary cash investments		2		
	3	Pledges and grants receivable, net	1,153,869.	3	812,003.	
	4	Accounts receivable, net	8,458.	4	8,543.	
	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	10a	6,089,291.		
	b	Less: accumulated depreciation	10b	4,494,457.	10c	1,594,834.
	11	Investments - publicly traded securities		11		
	12	Investments - other securities. See Part IV, line 11	1,058,425.	12	1,100,649.	
	13	Investments - program-related. See Part IV, line 11		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		15		
16	Total assets. Add lines 1 through 15 (must equal line 33)	5,306,676.	16	5,218,135.		
Liabilities	17	Accounts payable and accrued expenses	481,350.	17	400,435.	
	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	481,350.	26	400,435.	
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	4,825,326.	27	4,817,700.	
	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	4,825,326.	32	4,817,700.	
33	Total liabilities and net assets/fund balances	5,306,676.	33	5,218,135.		

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	10,794,633.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,802,259.
3	Revenue less expenses. Subtract line 2 from line 1	3	-7,626.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,825,326.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain 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	4,817,700.

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
b	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	
c	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	
b	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 (2024)

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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,021,731.6	1,044,355.1	895,051.2	820,314.4	1,062,282.7	4,843,735.0
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	1,021,731.6	1,044,355.1	895,051.2	820,314.4	1,062,282.7	4,843,735.0
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.						4,843,735.0

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	1,021,731.6	1,044,355.1	895,051.2	820,314.4	1,062,282.7	4,843,735.0
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,544.	-7,370.	29,828.	64,404.	73,136.	162,542.
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.)	26,205.	22,507.	413.	12,676.	9,734.	71,535.
11 Total support. Add lines 7 through 10						4,867,142.7
12 Gross receipts from related activities, etc. (see instructions)					12	502,624.
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 2024 (line 6, column (f), divided by line 11, column (f))	14	99.52 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	98.91 %
16a 33 1/3% support test - 2024. 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 - 2023. 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 - 2024. 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 - 2023. 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

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 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

Table with 3 columns: Description, Value, Percentage. Row 15: Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2023 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Value, Percentage. Row 17: Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2024. 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 - 2023. 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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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 - provide details in Part VI)	5
6	Other distributions (describe in Part VI). 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 (provide details in Part VI). See instructions.	8
9	Distributable amount for 2024 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-2024	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2024		
a	From 2019		
b	From 2020		
c	From 2021		
d	From 2022		
e	From 2023		
f	Total of lines 3a through 3e		
g	Applied to under distributions of prior years		
h	Applied to 2024 distributable amount		
i	Carryover from 2019 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2024 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2024 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2025. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2020		
b	Excess from 2021		
c	Excess from 2022		
d	Excess from 2023		
e	Excess from 2024		

Schedule A (Form 990) 2024

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)
(Rev. December 2024)
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

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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?, 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?

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).
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.
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?
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 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
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.
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:

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

Schedule D (Form 990) (Rev. 12-2024)

LHA 432051 01-02-25

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 in 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:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations? | 3a(i) | |
| (ii) Related organizations? | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 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		2,280,227.	1,682,097.	598,130.
c Leasehold improvements				
d Equipment		3,287,620.	2,568,886.	718,734.
e Other		360,554.	243,474.	117,080.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				1,594,834.

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	300,284.	END-OF-YEAR MARKET VALUE
(B) REGIONS	268,027.	END-OF-YEAR MARKET VALUE
(C) TRANS-INVESTMENT	532,338.	END-OF-YEAR MARKET VALUE
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	1,100,649.	

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, line 13, col. (B))		

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, line 15, col. (B))	

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, line 25, col. (B))	

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	10,815,957.
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	1,058.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	20,266.	
e	Add lines 2a through 2d		2e	21,324.
3	Subtract line 2e from line 1		3	10,794,633.
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	10,794,633.

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	10,823,583.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	1,058.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	20,266.	
e	Add lines 2a through 2d		2e	21,324.
3	Subtract line 2e from line 1		3	10,802,259.
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	10,802,259.

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 20,266.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES REPORTED ON FORM 990, PART VIII, 8B 20,266.

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 instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

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

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
LOW-INCOME HOME ENERGY ASSISTANCE
EXPENSES \$ 4,219,082. 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
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 12, 2026

Call to order, Welcome

Roll Call

Seat New Members (if needed)

Approval of Minutes from January 5, 2026

Reports

Center Committees

Director's Report.

Financial Reports

Form 990

941 for 2025: Employer's Quarterly Federal Tax Return

2025 Audit

Old Business

New Business

FYI/Discussion

Monthly Training Topic – Shared Governance (after meeting)

Under-enrollment Completed

CLASS & Focus Two Monitoring

Teacher Waiver Request Update

Transfers within program

SWOT Analysis Results

Annual Self-Assessment

Approvals

Hires

Nancian Meek - Teacher Westville

David Byrd – Cook Westville

Crystal Lassiter – Teacher assistant Westville

Approval

Approval

Approval

Adjourn

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

January 5, 2026

Present:
Kayla Williams
Bridgette Capps
Patty Baxley
Leana Andrews
Jabrona Lee
Jennifer Underwood

Absent:
Shannon Medina
Sydney Slay
Mykenzi Straw

Staff:
Kim Gillis
Nicole Thomas

Guests:
Janice Flowers

Nicole Thomas called the meeting to order at 12:05 PM and called roll with four members present and three absent. A quorum was present. Kayla Williams made a motion to seat Patty Baxley as the new Washington County representative and Leana Andrews as the new Westville Head Start Parent representative. Bridgette Capps seconded the motion, with all in favor. New roll call results in six members present and three absent. Jennifer Underwood made the motion to approve the minutes from the November 3, 2025, meeting. Bridgette Capps seconded the motion with all in favor.

CENTER COMMITTEE REPORTS

Jennifer Underwood gave the report for the EHS center:

Today is the first day school is back in session after the holiday break.

Nicole Thomas read the report on behalf of the Westville Center:

A parent meeting was held on 12/2/25. Christmas movie night event was held on December 12. The Kiwanis Club donated gifts to each child and Santa visited on December 19. Toys for Tots donations were distributed the week before Christmas break. The parent committee discussed the idea of creating a center wide yearbook and parents like the idea.

No report provided for the Walton Center.

Nicole Thomas read the report on behalf of the Chipley Center:

A parent meeting was held on 11/4/25. The next parent meeting is January 13. The center will have a parent/child activity day on January 16 to do a winter art activity. The women's Club of Chipley will do an art activity with the children on January 23. Mrs. Patsy Justice from the Chipley Kiwanis Club will do her monthly visit for story time. The parent committee is requesting \$125 for the 2nd big event, which will be a spring festival in March. Patty Baxley made the motion to approve the funding and Jennifer Underwood seconded, with all in favor.

DIRECTORS REPORT

Kim Gillis went over the numbers for November and December. She pointed out that we would usually have met the 10% disability requirement by now, but there are still several children who are in the referral process. If any of them are determined eligible for services, it will increase our percentage to meet requirement. Also, for in-kind, we ended up being about 11 thousand short the EHS program and a waiver has been submitted.

FINANCIAL REPORTS

Kim Gillis went over the budget reports for November and December, explaining that any areas that are overspent will be compensated from other line items that had funds left over. Our full amount for the new budget year was received shortly after the lift of the government shut down that took place recently. The Walmart, Visa, Lowes, and Wex accounts were also shared with the group, and no questions were asked about the spending.

OLD BUSINESS

NEW BUSINESS

FYI/DISCUSSION

Eligibility Training

Kim explained that eligibility requirements training is mandated in our performance standards, therefore this training is provided to the policy council members twice a year. Kim discussed the eligibility requirements and explained staff's responsibilities in verifying eligibility and how children are selected from the waitlist according to point priority criteria. She also addressed the policy regarding the consequences for the intentional violation of eligibility determination procedures.

Waiver Updates

Waivers were submitted for five Head Start staff and 1 Early Head Start staff who are in the process of getting required credentials. Due to the shutdown, we were not able to communicate with the Program Specialists about the waiver. Documents were provided showing the class staff are enrolled in as well as their professional development plans. We were notified that EHS does not provide waivers for this, so tracking was submitted showing our attempts to hire people with qualifications.

Monitoring Summary

Kim Gillis went over the monitoring plan and the summary of findings from the first quarter of the school year.

CLASS

CLASS observations end on February 13. Education team is working on getting ready for the observations to be recorded and submitted to the review team by figuring out the best placement for cameras and setting up times for observation to be recorded.

Annual Assessment

It is time for our annual self-assessment to get started and part of that is conducting a SWOT Analysis.

SWOT Analysis

Kim explained that each center will hold a staff meeting to record their thoughts and ideas for the program's strengths, weaknesses, opportunities, and threats. The policy council is also invited to share their thoughts on what they feel needs to go into this assessment. Janice Flowers stated that she thinks that the way we share information with the policy council is a strength and that by providing the information that will be discussed a week ahead of time, it allows everyone the opportunity to become familiar with what will be presented, give input, and have any questions ready to ask. Nicole will send out an email with some examples of topics for the SWOT analysis so that members can respond with what they feel impacts our program the most or list their own ideas.

Regional Office

Kim received an email from the grant specialist about the waiver request for the in-kind, stating it would need to be for the full amount, however since we were only 11 thousand short, that did not make sense to her, so they have been emailing back and forth. Since the request is not clear, they will be meeting on January 7 to discuss what is needed to move forward with both the in-kind waiver and carryover request from last year. Kim will update the council on the results of these meetings and explain any additional approvals that may be needed.

Annual Training

Our annual program governance training will be on February 12, with guest speaker Delores Peace. The group agreed to change the date of our February meeting to the same day as the training. The next policy council meeting will be held on February 12 at 10:00 am with the training to follow from 11 am-1 pm. Kim encouraged all members who can to attend in person, but zoom will be offered for those that need it.

APPROVALS

Monitoring Summary

Motion: Patty Baxley seconded: Jennifer Underwood Motion carried.

ANNOUNCEMENTS

The next policy council meeting will be held on February 12,2026.

ADJOURNMENT

The meeting was adjourned at 1:01 pm.

As recorded by Nicole Thomas

SECRETARY

DATE

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

DATE February 1, 2026

MONTH: January 2026

ENROLLMENT

ITEM	CHIPLEY	WALTON	WESTVILLE	HS TOTAL	EHS		EHS TOTAL
					West	DFS	
Funded	17	71	37	125	16	24	40
Actual in Center/Home- Base	17	71	37	125	16	24	40

ERSEA

ITEM	CHIPLEY	WALTON	WESTVILLE	EHS	
				Westville	Walton
Waiting List	4	17	4	3	19
Eligible	2	12	2	1	16
Over income	2	5	2	2	3
Vacancies	0	1	3	1	3
How Long	n/a	Dropped 1/30/26	4 days		17 days
Attendance	77%	81%	86%	88%	80%
Overall Monthly Attendance for School Year	82%			85%	

DISABILITY

ITEM	CHIPLEY	WALTON	WESTVILLE	EHS	TOTAL		Percentage	
					HS	EHS	HS	EHS
Diagnosed with an IEP/IFSP and receiving services	2	4	5	3	11	4 (1 is an IEP)	9%	10%
Dropped children with an IEP/IFSP/ IEP/IFSP closed	1	0	1	3	1	2		
Concerns/In waiting/further evaluation/referral process/staffing	3	2	3	0	8	0		
Referral Follow- up parent has not followed through	0	0	0	0	0	0		

MENTAL HEALTH REFERRALS AND VISITS

CHIPLEY		WALTON		WESTVILLE		EHS	
Referral/s	Visits	Referral/s	Visits	Referral/s	Visits	Referrals	Visits
0	0	0	1	0	0	0	0

IN-KIND TOTALS

ADMIN.	CHIPLEY	WALTON	WESTVILLE	EHS DFS	EHS Westville	TOTAL	Percentage
Required non-federal share for HS/EHS \$690,042 In-kind for - HS - \$426,111; EHS - \$263,931							
\$137.70	\$1,694.73	\$2,283.16	\$801.87	\$1,613.71	\$4,354.2	\$4,917.46 HS \$5,967.91 EHS	1%/2%

USDA

ITEM	CHIPLEY	WALTON	WESTVILLE	EHS		TOTAL
				Westville	Walton	
December Meals						
Breakfast	210	858	617	323		2008
Lunch	208	832	613	303		1956
Snack	192	797	576	283		1848
Total Meals	610	2487	1806	909		5812
December Cost/Expense						
ITEM	CHIPLEY	WALTON	WESTVILLE	EHS		TOTAL
				Westville	DFS	
Reimbursement	\$1,778.76	\$7,195.86	\$5,250.34	\$2,637.37		\$16,862.33
Expenses	2,537.11	10,605.37	6,013.37	2,473.53	2,748.78	24,378.16
Difference	-\$758.35	-\$3,409.51	-\$3,236.56	-\$111.41		-\$7,515.83

STAFF STATUS

ITEM	ADMIN.	Chipley	WALTON	WESTVILLE	EHS		TOTAL
					West	Wal	
Reported	9	4	16	7	3	7	46
Hired	0	0	0	2	0	0	2
Transfer	0	0	0	0	1	1	2
Resigned/Let Go	0	0	0	0	0	0	0
Floater	2	0	0	0	0	0	2
Parent in Training	0	0	0	0	0	0	0
Substitute/Temporary	0	2	0	0	0	0	2
Total	11	6	16	9	4	8	54
Vacant Position	0	0	0	0	1	0	1

**Community Events/Collaboration
COMMENTS**

Annual Report
Self-Assessment
Program Summary

PIR
Outcomes
Community Assessment

SWOT Results 2025-2026

Strengths

Teamwork (C)

Communication (C)

Listen to each other (C)

Respect/Boundaries (C)

Great Center Director (C)

We work well together as a team and each person is willing to help out wherever needed (H)

Provide high quality education for low income families who otherwise may not have the opportunity (H)

We offer early Head Start to families who have infants in need (H)

Working together and getting through difficult situations, even while staff shortages continue (H)

Meet most Goals (EHS-D)

Independent (EHS-D)

Communication ex. If staff need to tap out and help is available, it is given (EHS-D)

Offering help without being asked (being checked on) (EHS-D)

Reported maintenance issues are handled promptly (EHS-D)

We love the kids (EHS-D)

We are fully enrolled (EHS-D)

We stay in contact with family (EHS-D)

Monitoring staying on top of things (EHS-D)

We show up for the kids (EHS-D)

Office staff are smart and motivated (office)

Started coaching earlier this year (office)

Community partnership (office)

Most staff are dependable (office)

You Tube (office)

Survey Monkey (office)

AI (time saver) (office)

Opportunities

Communication with Parents (C)

More Outreach (Like a Booth) (C)

More Flyers (C)

Teaching staff having the opportunity to higher their education (H)
 Staff having the opportunity to earn credentials and degrees(H)
 We have and can continue to create opportunities to improve the lives of our young children-and our own lives as professionals (H)

Outside volunteers – grandma program (EHS-D)

Community involvement (EHS-D)

More opportunities to participate in out of town trainings (EHS-D)

Team building day (not during pre-service) (EHS-D)

New credential (FCCPC) (FSA) (office)

TEACH Scholarship (office)

Increase Child Plus usage (office)

Conferences are being provided in person (office)

You Tube (office)

DCF Courses are now free (office)

<p>Information Shared (Policy Council) Information Sent out in advance (Policy Council) Teachers who genuinely care about children x3 (Policy Council) Children's growth in social skills, behavior, and readiness for kindergarten x 2 (Policy Council) Safe. Welcoming classrooms and centers x2 (Policy Council) Staff who help families access resources (food, housing, health care, etc.) x 2 (Policy Council) Strong communication from teachers and family advocates x 2 (Policy Council) Cultural routines that help children feel secure x 2 (Policy Council) Consistent Routines that help children feel secure x 2 (Policy Council) Further education for staff (Walton) Helping the community with child care (Walton)</p>	<p>More parent workshops (job skills, budgeting, parenting, mental health) x 2 (Policy Council) Family events at varied times(evening/weekends) x 3 (Policy Council) Partnerships that bring services onsite (vision, dental, counseling) (Policy Council) Expanded volunteer and classroom involvement opportunities x 3 (Policy Council) Stronger transition support to kindergarten x 2 (Policy Council) Parent mentoring or buddy systems (Policy Council) Parents (outward) free child care & keeping them up on health, IEPs, and home life (Walton) (internal) staff can get their education (Walton)</p>
<p>Weaknesses</p> <p>Change (C) Monitor for parent parking lot in classroom (C) Tri-County Head Start turnover rate (C) Do not have enough resources or community partners (H) Lack of parent involvement(H) No breakroom/area for teaching staff to take breaks(H) Not being able to get ahold of admin or supervisors when needed in a timely manner (H) Supplies not being ordered in a timely manner (H) We need to strengthen our problem solving skills by engaging in positive discussions and focusing on solutions rather than the problems. (H) Negative talk continues to spread among and within different centers, and at times even involves parents and families. (H) We need to improve our understanding that our personal actions directly affect the organizations reputation and our short and long –term mission. (H) Confidentiality even though it is stressed that confidentiality is important (EHS-D)</p>	<p>Threats</p> <p>Not in the public school loop ie: active shooter, escape fugitive – Alert service C) Government shut down (H) Lack of proper funding (H) Lack of pay rate causing staff turnover(H) Competitive centers (H) If we do not move forward and make necessary changes, we risk being outdated and unable to meet the needs of our mission (H) Families not participating or cooperating with activities and policies (EHS-D)</p>

<p>Not taking a step back in a heated/stressful moment (EHS-D)</p> <p>Our playground (EHS-D)</p> <p>Paperwork (EHS-D)</p> <p>Staff turnover (EHS-D)</p> <p>Too many sick children staying in teachers get sick and then come to work sick because we can't take time off to fully get well (EHS-D)</p> <p>No indoor play space for inclement weather (EHS-D)</p> <p>Not being able to be more creative in lesson plans when you have it already planned for you (EHS-D)</p> <p>In consistent communication between centers (office)</p> <p>Extra training days (office)</p> <p>Internet issues (technically) (office)</p> <p>Older buildings (office)</p> <p>Turnover (office)</p> <p>Limited Funding (office)</p> <p>Emails (checking) (office)</p> <p>Time management/compliance (office)</p> <p>Non-federal share (office)</p> <p>Communication gaps (late notices, unclear messages, language barriers) x2 (Policy Council)</p> <p>Limited program hours that don't align with work schedules x2 (Policy Council)</p> <p>Inconsistent staffing or frequent substitute teachers' x 2 (Policy Council)</p> <p>Not enough parent training or leadership opportunities x 2 (Policy Council)</p> <p>Transportation challenges or limited bus routes (Policy Council)</p> <p>Long waitlists or difficulty enrolling (Policy Council)</p> <p>Difficulty navigating paperwork and requirements (Policy Council)</p> <p>Pay (Walton)</p> <p>Buildings and Safety (Walton)</p> <p>Retirement (Walton)</p> <p>Payed leave/no comp time (Walton)</p> <p>Paperwork (Walton)</p> <p>Staff can't receive services (Walton)</p> <p>Home visits & wear/tear on personal vehicles & gas reimbursement (Walton)</p>	<p>More need specific in depth training with existing teachers and new hires (EHS-D)</p> <p>Prior families that were not happy when they left talking about our program (EHS-D)</p> <p>The threat of government shut down (EHS-D)</p> <p>Lack of funding (EHS-D)</p> <p>Lack of programs that service children with behavioral issues (EHS-D)</p> <p>Lack of space (EHS-D)</p> <p>Limited community partnership (office)</p> <p>VPK- D programs (office)</p> <p>Transportation (EHS) (office)</p> <p>Uncertain outside sources (Shutdown) (office)</p> <p>Workforce competition (office)</p> <p>Rising cost (office)</p> <p>Staff turnover affecting children attachment and trust x 3 (Policy Council)</p> <p>Health outbreaks affecting attendance and continuity x2 (Policy Council)</p> <p>Burnout among teachers and family service staff (Policy Council)</p> <p>Protection/Security/Buildings (Walton)</p> <p>Closure & recompetete (Walton)</p> <p>Home visits (internal) (Walton)</p>
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Additional thoughts from Policy Council

Use logic and not feelings

They do a great job at getting parents more involved

Regrouping

Who cares

They all do a great job

Unprofessional staff

No response from the board except the comment from the board liaison at the Policy Council meeting. The comment is included with the Policy Council input.



Tri-County Community Council Head Start/Early Head Start

Policy Council Meeting
March 2, 2026

Call to order, Welcome

Roll Call

Seat New Members (if needed)

Approval of Minutes from February 12, 2026

Reports

- Center Committees
- Director's Report.
- Financial Reports
- Real Property Status Report SF-429
- SF 428 - Disposal
- SF-425 Federal Financial Report

Old Business

New Business

FYI/Discussion

- Monthly Training Topic – Finance/Budget Development/In-kind
- Focus Two Monitoring
- Annual Self-Assessment
- Impasse/Internal Dispute Resolution Procedures
- Waiver for additional staff

Approvals

Waiting List	Approval
Attendance, Tracking, and Addressing Chronic Absenteeism & Tardiness	Approval
Eligibility	Approval
Eligibility Training	Approval
Enrollment	Approval
Recruitment	Approval
Selection	Approval
Choking Prevention	Approval
Head Start/Early Head Start Meals	Approval
Heights and Weights	Approval
Vision/Hearing Screening	Approval
Center-Based Option	Approval
Impasse/Internal Dispute Resolution Procedures	Approval

Hires

Samantha Rodriguez – Westville Early Head Start Teacher

Approval

Adjourn

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

February 12, 2026

Present:	Absent:	Staff:	Guests:
Kayla Williams	Bridgette Capps	Kim Gillis	Rochelle Howard
Jennifer Underwood	Patty Baxley	Nicole Thomas	
Mykenzi Straw	Shannon Medina		
Leana Andrews	Jabrona Lee		

Nicole Thomas called the meeting to order with only three members present. Since a quorum was not present the members elected to move forward with the meeting with any approvals pending a poll of other members after the meeting. Nicole reported that Rochelle Howard needs to be seated as the new Walton Center parent representative, and members will vote on this as well as the January 2026 meeting minutes with the other approvals at the end of the meeting. A fourth member joined the meeting at this time, but five were needed for a quorum, thus the meeting continued as described above.

CENTER COMMITTEE REPORTS

Nicole Thomas gave the reports for all centers as follows:

The Walton Center reported the most recent parent meeting was on 1/30/26. All classrooms held a parent child activity on 2/6/26 for Valentine box/bag decorating. The event generated a lot of in-kind hours. On 2/13/26 the classes will distribute valentine cards to classmates. Rochelle Howard was elected as the parent representative for the Walton Center by the parent committee.

The Westville Center has a parent meeting scheduled for 2/13/26. The Father Engagement activity went well on 2/6/26 and another is scheduled to take place today. There will be a parent meeting and valentine dance on 2/13/26 and the health department is coming to read on 2/25/26. The center is asking for volunteers to help with getting the center ready for the Focus Two Review by helping sort clothing and moving furniture as well as cleaning and tidying up common spaces.

The Early Head Start Center held a parent meeting on 1/29/26. One classroom held a Father Engagement activity on 1/30/26. Parent child activities were planned the week of February 2nd, 2026. Valentine's Day boxes and bags were decorated in all classrooms. The parent suggestions were that they want to do Easter pictures in the center.

The Chipley Center held a parent meeting on 1/13/26. The next parent meeting is March 10th. They will have a parent child activity day on February 13th to do a winter Valentine educational art activity. They are looking forward to the monthly story time with Patsy Justice from the Chipley Kiwanis Club and the visit from the Women's Club of Chipley to do an art activity. The second big event of the school year will be held in March for a spring fling. The

center is requesting \$125.00 for the May graduation which will be voted on at the end of the meeting and pending a poll of an additional member.

DIRECTORS REPORT

Kim went over the numbers reported on the monthly directors' report. There were no questions regarding this information.

FINANCIAL REPORTS

Kim explained to the members how the budget report are set up and how each line item contains different information based on the amount spent each month. For the Lowe's account nothing was ordered or purchased for last month. For the Walmart account, they have changed their way of how they report purchases for the business account. The receipts for those items were shared with the council. The Wex account covers the cost of fuel the 2nd and 4th lines of the document apply to what the Head Start and Early Head Start programs paid.

Kim explained that the annual 990 form, which was provided prior to the meeting, shows the annual taxes paid. She also went over the form 941 which shows the quarterly income tax amount paid for October through December for the entire agency. No questions were asked regarding this information.

The audit for 2025 was shared with the group. Kim pointed out that there was no findings.

OLD BUSINESS

NEW BUSINESS

FYI/DISCUSSION

Training Topic- Program Governance

Delores Peace will be the speaker for the program governance training to follow today's meeting.

Under Enrollment Completed

Kim reported that we have been fully enrolled for over a year therefore we have been removed from the under-enrollment plan that we were previously under.

CLASS & Focus Two monitoring

All class observations have been completed, and the Focus Two review is scheduled for March 9th, 2026. Kim reported that we are hoping to have more info soon. The reviewers will request to talk to parents during this review so if any policy council parents are interested in participating please let us know.

Teacher Waiver Request Update

There are two teachers in Westville that needed degrees and one of them has moved to an Early Head Start position and the other moved to a teacher assistant position so that a four-year

degree holder could be hired for the Westville teaching position. As for the Walton center, we did get 2 waivers for two of the teachers without a degree who currently have a CDA. The third teacher, who still needs a degree, did not get approved because her CDA is not completed yet and a new waiver will have to be requested once the CDA has been completed, which will hopefully be in a few days.

Transfers Within Program

There have been a few internal transfers of staff members that took place recently. Kim explained that a teacher at the Westville Head Start transferred to a teaching position in an Early Head Start classroom. The teacher from the Head Start classroom who did not have a degree transferred to the Westville Head Start teacher's assistant position. This left a position open for a new staff member to be hired who currently holds a bachelor's degree. Another one of the Early Head Start teachers at Westville transferred to a position that was open at the DeFuniak location.

SWOT Analysis Results

Kim explained the different threats and weaknesses that were reported in the SWOT analysis by staff and policy council members. She explained how these results will play a role in the production of our self-assessment plan. Any items that are within our control will be identified as areas to focus on for our self-assessment.

Annual Self-Assessment

Staff members, parents, policy council, and board members are all invited to participate in the annual self-assessment. Kayla Williams asked about getting a survey sent out to parents to get feedback on this. Jennifer Underwood recommended having an exit interview conducted when parents remove their children from the program voluntarily. Jennifer stated she could prepare a feedback survey for parents within the next week.

APPROVALS

Rochelle Howard for Walton's parent representative

motion: Jennifer Underwood second: Kayla Williams pending poll

January 5th, 2026, meeting minutes

motion: Jennifer Underwood second: Kayla Williams pending poll

\$125.00 for the Chipley graduation

motion: Jennifer Underwood second: Leana Andrews pending poll

New Hires

Kim explained that Nancian Meek was hired as a teacher for Westville and has a four-year degree. David Byrd was hired for the Westville cook position. Crystal Lassiter was transferred from teacher at Westville to teacher assistant at Westville

.Motion: Jennifer Underwood second: Kayla Williams pending poll

ANNOUNCEMENTS

The next policy council meeting will be held on March 2nd, 2026.

ADJOURNMENT

The meeting was adjourned at 10:55 AM.

As recorded by Nicole Thomas

SECRETARY

DATE

An e-mail poll was conducted on 2/12/2026 with two additional members responding. Bridget Capps and Shannon Medina both responded with approval to all above items. All motions carried.

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

DATE March 1, 2026

MONTH: February 2026

ENROLLMENT

ITEM	CHIPLEY	WALTON	WESTVILLE	HS TOTAL	EHS		EHS TOTAL
					West	DFS	
Funded	17	71	37	125	16	24	40
Actual in Center/Home- Base	17	71	37	125	16	24	40

ERSEA

ITEM	CHIPLEY	WALTON	WESTVILLE	EHS	
				Westville	Walton
Waiting List	3	11	2	4	19
Eligible	1	6	1	1	16
Over income	2	5	1	3	3
Vacancies	0	2	1 from last month	0	1 D-2/21/26
How Long	n/a	20 & 21 days to fill	30 days to fill	n/a	Working on filling
Attendance	88%	84%	83%	85%	85%
Overall Monthly Attendance for School Year	84%			85%	

DISABILITY

ITEM	CHIPLEY	WALTON	WESTVILLE	EHS	TOTAL		Percentage	
					HS	EHS	HS	EHS
Diagnosed with an IEP/IFSP and receiving services	2	3	4	4	9	4 (1 is an IEP)	7%	10%
Dropped children with an IEP/IFSP/ IEP/IFSP closed	2	1	0	2	3	2		
Concerns/In waiting/further evaluation/referral process/staffing	3	3	4	2	3	2		
Referral Follow- up parent has not followed through	0	0	0	0	0	0		

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	1	0	0

IN-KIND TOTALS

ADMIN.	CHIPLEY	WALTON	WESTVILLE	EHS DFS	EHS Westville	TOTAL	Percentage
Required non-federal share for HS/EHS \$690,042 In-kind for - HS - \$426,111; EHS - \$263,931							
\$526.03	\$3,437.39	\$5,893.84	\$3,422.07	\$3,551.99	\$9,053.89	\$13,279.33 HS \$12,605.88 EHS	3%/5%

USDA

ITEM	CHIPLEY	WALTON	WESTVILLE	EHS		TOTAL
				Westville	Walton	
January Meals						
Breakfast	205	1009	782	352		2348
Lunch	201	1004	797	361		2363
Snack	187	944	792	343		2266
Total Meals	593	2957	2371	1056		6977
January Cost/Expense						
ITEM	CHIPLEY	WALTON	WESTVILLE	EHS		TOTAL
				Westville	DFS	
Reimbursement	\$1,725.82	\$8,596.20	\$6,830.92	\$3,068.80		\$20,221.74
Expenses	3,225.55	5,941.28	3,077.23	1,448.26	2,661.24	16,353.56
Difference	-\$1,499.73	+\$2,654.92	+\$2,305.43	+\$407.56		+\$3,868.18

STAFF STATUS

ITEM	ADMIN.	Chipley	WALTON	WESTVILLE	EHS		TOTAL
					West	Wal	
Reported	9	4	16	9	4	8	50
Hired	0	0	0	0	1	0	1
Transfer	0	0	0	0	0	0	0
Resigned/Let Go	0	0	0	0	0	0	0
Floater	2	0	0	0	0	0	2
Parent in Training	0	0	0	0	0	0	0
Substitute/Temporary	0	2	0	0	0	0	2
Total	11	6	16	9	5	8	55
Vacant Position	0	0	0	0	0	0	0

COMMENTS

Tri-County Community Council, Inc.
Head Start/Early Head Start

Part: 1302 Program Operations
Subpart: A- Eligibility, Recruitment, Selection, Enrollment, and Attendance
Section: 1302.14 Selection Process
Subject: Waiting List

Policy:

A waiting list of eligible children will be maintained and updated throughout the year by the Family Service/~~ERSEA~~ Coordinator. ~~throughout the year.~~ Eligible children will be ranked according to the program's approved selection criteria.

Procedure:

1. The Family Service/~~ERSEA~~ Coordinator will establish and maintain a waitlist for each center that ranks applicants according to the child's selection criteria point total.
2. If an enrolled child ~~leaves-withdraws the program and wants~~ requests to return within 30 days, the child may ~~do so without reapplying~~ be considered for re-enrollment without submitting a new application, provided eligibility is still valid and a vacancy exists. The child will be placed on the waitlist if there are no current vacancies. Prioritization will be assigned according to the most current selection criteria list. If no vacancy exists, the child will be placed on the waiting list and prioritized according to the most current selection criteria.
3. When openings occur, the Family Service Advocate or Center Director will contact the Family Services/~~ERSEA~~ Coordinator to enroll the child with the highest selection criteria points on the criteria sheet and to have child's name removed from the waiting list.
4. ~~The staff members authorized to make selections will also consider, along with the points, the needs of the child and family that make enrollment critical for this child. In addition to point totals, staff may consider documented child and family needs that are reflected in the program's approved selection criteria to ensure children with the greatest need are prioritized.~~
5. ~~The application is sent to the Center Director or Family Service Advocate for enrollment at center. Once eligibility and selection are verified, the application is forwarded to the Center Director or Family Service Advocate for enrollment.~~
6. ~~If, after three attempts, the family is unable to be contacted, the child's acceptance into the program will be withdrawn, and they will be placed back on the waitlist. Attempts must be documented on the applicant interview form. If the family cannot be contacted after at least three documented attempts using multiple methods (e.g., phone, email,~~

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letter), the child's offer of enrollment will be withdrawn, and the vacancy will be offered to the next eligible child on the selection waiting list. All contact attempts must be documented in ChildPlus.

- ~~7. Applications for children considered over income will be placed on a waiting list. Selection of over income is conducted on a case by case basis. They would be considered for placement in the classroom if there are no other income eligible children on the waiting list. Children from the over income waiting list are not selected without permission from the Family Services/ERSEA Coordinator or Director. Applications for over-income children will be included on the ChildPlus waiting list and identified accordingly. Over-income children may be considered for enrollment only when no income-eligible children are available for enrollment and when the program remains within the allowable over-income percentage established by 1302.12(c). Selection of over-income children must be reviewed and approved by the Family Service Coordinator and Program Director.~~

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Part: 1302 Program Operations

Subpart: A- Eligibility, Recruitment, Selection, Enrollment and Attendance

Section: 1302.16 Attendance

Subject: Attendance, Tracking, and Addressing Chronic Absenteeism & Tardiness

Policy:

Tri-County Head Start/Early Head Start will promote regular attendance for each child. Attendance will be tracked to ensure that each child is receiving the maximum benefit of HS/EHS services. Absenteeism will be addressed with the family when a child's attendance drops to 85%.

Procedure:

Part A: Attendance

1. During enrollment, the staff conducting the enrollment will inform parents that children are expected to maintain regular attendance.
 - a. Parents/guardians are given a Parent Handbook that explains attendance expectations ~~and fills out and signs an Attendance Agreement~~ at enrollment.
 - b. Parents/guardians are given copies of school calendars that list days of operation, holidays, and any other scheduled closure days.
2. Parents are informed by the Family Service Advocate and/or Center Director, at orientation and in the Parent Handbook, that they are to contact the center if the child is absent.
 - a. The Family Service Advocate and/or Center Director documents parent communication and reason for child's absence on ~~the attendance report and updates~~ Child Plus with absence information.
 - b. If a child does not arrive at the center and a parent has not given notice, the Family Service Advocate/Center Director or the child's Teacher (if necessary) is required to contact the family to determine that the child is safe within the first hour of the program's start time. If the family is not able to be reached, emergency contacts must be notified.
 - c. Absences may be recorded as "Excused" for limited reasons to include:
 - Illness or doctor appointment-verified with doctors' note
 - If a child is sent home by staff due to illness according to the *Short-Term Exclusion* policy.
 - Death in the immediate family (parents, grandparents, siblings, aunt/uncles)
 - Preapproved family travel (case-by-case basis, with written notification provided at least one week prior to leave date.)

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3. If a child is absent two consecutive days, and if no contact is made, or there are two consecutive unexplained absences, the Family Service Advocate or Center Director will conduct a home visit. As a last resort, the Family Service/~~ERSEA~~ Coordinator may conduct the home visits when other staff are unable to do so. If no contact can be made with the family for five consecutive days, ~~the child will be considered dropped from the program. the slot will be considered vacant.~~ Any concerns about the child's safety must be reported to law enforcement for a welfare check.
4. The Family Service Advocate and/or Center Director makes a minimum of three attempts to conduct a home visit and documents the attempts in Child Plus.
5. Any staff required to conduct home visits should consult with their Center Director regarding any concerns related to completing a home visit.
6. Weekly ~~attendance~~ Family Service reports will be turned into the Family Services/~~ERSEA~~ Coordinator—the Friday of the current week for tracking and monitoring purposes.
7. If a family is having transportation issues, the program will utilize community resources, if possible, to provide transportation for the child.

Part B: Tracking

1. ~~When a parent or authorized adult signs a child in or out of the center, ChildPlus automatically records the time of arrival and departure through the electronic sign-in/sign-out process. ChildPlus serves as the program's official attendance record and automatically identifies children who arrive after 8:30 a.m. as tardy and children who depart before 1:45 p.m. as leaving early. Staff are responsible for reviewing and ensuring the accuracy of attendance records daily in ChildPlus. Any discrepancies will be addressed promptly. Attendance data may also be supported by classroom attendance tracking procedures. The Family Service Advocate or Center Director enters the day's attendance into Child Plus, and will mark the child as present, tardy or absent using the drop-down box. If the child is absent, a reason for absence must be selected. If the child arrives after 8:30 am, they must be marked tardy, and the time of arrival must be entered. If a child leaves before 1:45 pm, they must be marked as Left Early, and the time of departure must be entered. This information will also be documented on the Daily Attendance Form.~~
2. Family Service Advocates and/or Center Directors will use Child Plus reports ~~#2301~~ to identify children who are at risk of chronic absenteeism.
 - a. Reports should be run weekly using the moderate selection (10-20%) to identify children who are at risk.

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- b. When a child's attendance falls below 85% for a 30-day period they are considered to have irregular attendance.
3. The weekly ~~attendance report~~Family Service Report is turned into the Family Service/~~ERSEA~~ Coordinator. ~~— then compared to the entries in Child Plus to ensure data matches.~~
 - a. When the weekly average falls below 85%, the Family Service/~~ERSEA~~ Coordinator will report it to the Director along with the causes of absenteeism on the Family Service Weekly Report.
 - b. If the absences are due to a result of illness or other well-documented reasons, no special action is required the Family Service Advocate will document the reason and continue to monitor attendance to ensure it returns to acceptable levels.
 - c. If ~~the~~ absences result from other factors, it will be addressed using Part C of this policy ongoing, unexplained, or preventable factors, the Family Service Advocate will work with the family to identify barriers to attendance and implement appropriate support strategies, in accordance with Part C of this policy.
4. ~~Attendance is reviewed weekly by the Family Service Advocates and reported on the Family Service Weekly Report in Child Plus.~~
5. ~~If the program's monthly average daily attendance falls below 85%, the program will review causes of absenteeism to determine a possible cause and solution to improve attendance.~~

Part C: Addressing Chronic Absenteeism

1. When a child's attendance drops below 85%, notice will be given to the family.
 - a. The Family Service Advocate or Center Director will contact the family to advise them of the child's absenteeism and determine the reason and support the parent or guardian in finding a solution to improve attendance.
 - b. Any time a child has more than three (3) unexcused late arrivals, the Family Service Advocate or Center Director will contact the family to determine the reason for the child's late arrivals and see if the family needs any assistance to ensure the child arrives at school on time.
 - c. ~~All contact with the family will be documented in Child Plus under the Events tab with "Chronic Problem" as the event type.~~
2. If chronic attendance issues persist, the Family Service Advocate will schedule a meeting with the parent or guardian, and Center Director, ~~and Family Services/ERSEA Coordinator~~ to discuss the issues surrounding the child's absenteeism.
3. An Attendance Action Plan will be developed that identifies the steps the parent/guardian will take to ensure their child is in attendance and how the program will initiate proper support procedures.

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4. Contacts with the family must emphasize the benefits of regular attendance, while at the same time remaining sensitive to any special family circumstances influencing attendance patterns. All contacts with the child's family—as well as special family support service activities provided by program staff—must be documented.
5. If the tardiness/attendance issue does not improve and the child is no longer attending regularly even after efforts of reengagement have been made and documented, then the slot will be considered vacant and can be filled from the waiting list. If a child's attendance remains below 85% for three consecutive months, with no just cause for absences, the Family Service/~~ERSEA~~ Coordinator will explain to parents that the child will be withdrawn from the program due to noncompliance with attendance expectations.

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Part: 1302 Program Operations
Subpart: A- Eligibility, Recruitment, Selection, Enrollment, and Attendance,
J- Program Management & Quality Improvement
Section: 1302.12 Determining, Verifying, and Documenting Eligibility,
1302.101 Management Systems
Subject: Eligibility

Policy:

It is the policy of Tri-County Head Start/Early Head Start Program to review all applications for services to ensure that only qualified families are enrolled into the program. Any family enrolled into Tri-County Head Start/Early Head Start must have eligibility documentation reviewed and signed by the Family Services/~~ERSEA~~ Coordinator and all documentation must be kept with the client's file until that file is destroyed. Children of staff members will follow the same ~~guidelines for enrollment as other children applying for~~ enrollment guidelines as other children applying to the program, as determined by the performance standards.

Procedure:

1. Only children who reside in the Tri-County service area, which includes Holmes, Walton and Washington Counties, will be considered eligible for enrollment. Exceptions may be made for homeless children, or children in foster care consistent with 1302.12.
2. To determine eligibility for Head Start/Early Head Start services, program staff receiving an application must:
 - a. Verify that the address listed on the application is within our service area. If it is suspected that the family lives outside of the designated service area, the family will be required to provide proof of residency.
 - b. Conduct an in-person, or by telephone interview with each family.
 - c. Document meeting on the Applicant Interview Form.
 - d. The Family Service Advocate or Center Director will review the application to see if it is completed, ~~and includes proof of income/proof of categorical eligibility and a copy of the child's birth certificate is recommended but not required.~~
 - e. Forward the completed application to the Family Services/~~ERSEA~~ Coordinator.
3. The Family Services/~~ERSEA~~ Coordinator will verify all information provided to ensure that a child is an eligible age to participate in Head Start/Early Head Start, and that the family qualifies as eligible under the criteria described in this policy.
4. Applications will be forwarded to two ERSEA trained staff members to verify eligibility documentation, calculate the income and verify the age of the child. If all is correct, the staff verifying the information will sign and date the ERSEA Verification Form.

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5. All family information is then entered into Child Plus by the Family Service/~~ERSEA~~ Coordinator.
6. An Eligibility Determination Record must be created for each applicant which includes the HS/EHS Intake Application, and any provided documents related to the eligibility of the applying family.

Procedures for Determining Eligibility:

1. Age Eligibility and Verification

- a. Children who are 36 months of age or below are considered age eligible for the EHS Program.
- b. Children aged three to five are considered age eligible for the HS program.
- c. Program staff must verify the age of a child whose parent or guardian are applying for HS/EHS services. Age may be verified by a copy examination of the child's birth certificate, hospital birth record, medical record, or other official documents.
 - i. Age verification documents will be collected, when possible, unless doing so creates a barrier for the family to enroll the child.

2. Income and Categorical Eligibility

- a. Program staff must verify a family's eligibility based on income or categorical status. A child is eligible for HS/EHS services if:
 - i. The family's income is equal to or below the federal poverty line.
 - ii. The family is eligible or, in the absence of childcare, would be potentially eligible for public assistance. Public assistance includes only:
 1. Temporary Assistance for Needy Families (TANF)
 2. Supplemental Security Income (SSI)
 3. Supplemental Nutrition Assistance Program (SNAP)
 - iii. The child is homeless as defined in part 1305 of the Performance Standards.
 - iv. The child is in foster care.

3. Over Income Applications

- a. If a family does not meet the criteria as listed, the program may enroll a child who would benefit from HS/EHS services, provided that these participants make up no more than 10% of the program's enrollment. Priority for this 10% includes children with disabilities.
- b. While federal regulations allow enrollment of families up to 130% of the poverty line, Tri-County Head Start prioritizes families at or below 100% due to community need and selection criteria. A program may enroll an additional 35% of families whose income is below 130% of the poverty line but currently Tri-county Head Start has not implemented this procedure as we consider those at 100-130% of the poverty line as over income.

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4. Verifying Income and Categorical Eligibility

- a. To verify eligibility based on income:
 - i. Program staff must use tax forms, pay stubs, or other proof of income to determine the family income for the relevant time period.
 - ii. The relevant time period is defined as:
 1. The 12 months preceding the month in which the application is submitted; or
 2. The calendar year preceding the calendar year in which the application is submitted.
 - iii. If a family cannot provide tax forms, pay stubs, or other proof of income for the relevant time period, staff may accept written statements from employers, including individuals who are self-employed, that identify income amounts.
 - iv. To calculate annual income, the following multipliers should be used:
 1. For weekly income, multiply the average gross amount received by 52.
 2. For income received every two weeks, multiply the average gross amount received by 26.
 3. For income received every month, multiply the average gross amount received by 12.
 4. Hourly wages may also be used to calculate annual income by using the following formula: Average Hours Worked Per Week X Hourly Wage X 52.
 - v. For families who work seasonally, the annual income amount may be prorated accordingly based on the number of weeks or months worked.
 - vi. If a family reports no income for the relevant time period, HS/EHS may accept the family's SIGNED Declaration of No Income. In this case, staff should attempt to verify information regarding the applying family's eligibility status by the third-party permission to contact form. Written consent from the family is required before attempting to contact any third party. Once eligibility has been confirmed, staff should document the confirmation using the applicant interview form.
 - vii. If the third-party permission to contact form is not used and the applying family does not give written consent to contact a third party, then the family's SIGNED declaration of no income may be accepted.
- b. To verify eligibility based on public assistance:
 - i. Program staff must use documentation from the state or local agency that shows that the family receives public assistance (TANF, SSI, or SNAP), or shows that the family is potentially eligible to receive public assistance in the absence of childcare.
- c. To verify eligibility based on a family's homelessness status:
 - i. Documentation from a homeless services provider, school personnel, or other service agency attesting that the family is experiencing homelessness may be used as verification of a family's eligibility for services.

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- ii. Any other documentation that indicates that the applying family is experiencing homelessness, including documentation from a public or private entity, a declaration, information gathered on enrollment or application forms, or notes from interviews with staff to establish a family's homelessness status are also acceptable to be used as evidence of a family's eligibility for services.
- iii. If it is necessary to gain information from third parties regarding the family's homelessness status, the third-party permission to contact form may be used. Should verbal confirmation be necessary, written consent must be obtained from the applying family and any confirmation of the family's homelessness status should be documented on the applicant interview form.
- d. To verify eligibility for children in foster care:
 - i. To verify eligibility for children in foster care, HS/EHS may accept a court order, placement letter, or proof of a foster care payment.
- e. To verify eligibility based on Excessive Housing Costs:
 - i. Families whose income exceeds the poverty guidelines may still be considered for enrollment if they demonstrate that they spend more than 30% of their income on housing costs.
 - ii. Families seeking consideration under this provision must submit documentation which may include:
 - Rent or mortgage payment statements
 - Homeowners or renters' insurance documents
 - Utility bills (i.e. electric, propane gas, water, sewer, and trash)
 - Records of interest and taxes on the home
 - iii. The submitted documents will be reviewed by the Family Service/ERSEA Coordinator to determine eligibility based on housing cost.
 - iv. If a family chooses not to submit the required documentation, their application will be processed solely based on the initial income eligibility criteria, without consideration for the housing cost.
 - v. Families who submit the required documentation will have their points adjusted according to the housing cost criteria.
 - vi. The selection committee will take all information into account during their review of over-income applicants, ensuring that all relevant factors are considered before making final enrollment decisions.
 - vii. Excessive housing costs are considered as part of the program's selection criteria, not as a sole basis for eligibility.

5. Eligibility Duration

- a. If a child is determined to be eligible for HS/EHS services, that individual will remain eligible for one year from the date of application. Applications expire after one year and must be renewed at that time. Updated eligibility information and documents must be collected when renewing an application.
- b. A child who becomes enrolled in the EHS program remains eligible for the

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- duration of time that he or she is enrolled in the program.
- c. A child who becomes enrolled in the HS program, who is income or categorically eligible, remains eligible through that enrollment year and the immediate succeeding enrollment year. Family Service Advocates will have families of returning children fill out a Returning Child Application at the end of each school year and submit it to the Family Services/ERSEA Coordinator. A child returning to the Head Start program for a third year must complete a new application and go through the re-certification process. All families will have to update enrollment forms with the staff before the new school year.
 - d. Children enrolled as income eligible that are transitioning from Early Head Start to Head Start must have eligibility ~~reverified~~verified.
 - e. If a family applied but is not enrolled during the year that the family applied, then that family must submit updated income for reverification.
 - f. If a family is over-income the first year, then they must reapply annually to determine if a needier family needs to be considered for enrollment.
 - g. If a child is in foster care or is homeless and is moving to a different service area, staff will make every effort to maintain the child's enrollment and will assist in the child's transition to a program in another service area according to the family's needs.
 - h. If a child exits the program for less than 30 days and the family wishes to re-enroll, eligibility does not need to be ~~reverified~~verified.

6. Documenting Eligibility

- a. The program must keep records for each participant. These records ~~must~~should include the intake application, and any documents related to the family's eligibility status.
- b. Records may be kept digitally, by hard copy, or both. HS/EHS standard is to maintain both a hard copy and a digital copy of any applications received, including eligibility determination documents.
- c. Eligibility determination records must include, at a minimum, the following:
 - i. Copies of any documents or statements, including declarations, that are necessary to verify the age of eligible children and the income or categorical eligibility of the applying family.
 - ii. A statement that staff have made reasonable efforts to verify information by:
 - 1. Conducting an in-person or telephone interview with the applying family.
 - 2. Describing efforts made to verify eligibility, such as collecting documents from third parties, family's written consent to contact each third party; the third party's names, titles, and affiliations, and information given regarding the family's eligibility.
 - iii. A statement that identifies the family's eligibility category.
 - 1. The family's income is below income guidelines for its size and lists family size.
 - 2. The family is eligible for, or in the absence of childcare, potentially eligible for public assistance.

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3. The child is homeless or placed in foster care.
- iv. The program must keep eligibility determination records for those currently enrolled, as long as they are enrolled, and for five years after the child exits the program.~~they either have stopped receiving services or are no longer enrolled.~~

7. Consequences for Intentional Violation of Eligibility Determination Regulations

- a. Falsification of eligibility documents in any form will not be tolerated. There will be consequences for an employee or participant that intentionally provides false documentation for a child to be eligible to enter the program.
- b. **Any staff who intentionally violates federal and program eligibility determination regulations and enroll families that are not eligible to receive services will be considered placing the program at risk and will be reprimanded through guidance of the Administrative Offices of Tri-County and the policies and procedures that govern the entire agency.**
 - i. Staff ~~must~~**will** submit all information submitted by family with application.
 - ii. Staff ~~must~~**will** report possible false information provided by the family to the Family Services/~~ERSEA~~ Coordinator or Director. If there is reason to believe that an employee or participant has provided false documentation, an investigation will be conducted. ~~proof that an employee or participant may have provided false documentation, there will be an investigation into the information provided and into the circumstances that brought it to light.~~
 - iii. The information will be reviewed by the Executive Director, Director, and Family Service/~~ERSEA~~ Coordinator.
 - iv. If the investigation confirms that an employee intentionally provided false documentation, disciplinary action up to and including termination will be taken. If it is determined that the employee did intentionally provide false documentation for a family to be accepted into the program, that employee will be terminated.
 - v. If the investigation confirms that a participant intentionally provided false documentation, the program will take appropriate action, which may include removal from the program, in accordance with agency policy. ~~If it is determined that a participant did intentionally provide false documentation for their family to be accepted into the program, that child will be dropped from the program.~~
 - vi. Staff who knowingly withhold information relevant to eligibility determination ~~withholding any information~~ will face disciplinary action up to and including termination.

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Part: 1301 Program Governance, 1302 Program Operations
Subpart: A- Eligibility, Recruitment, Selection, Enrollment, and Attendance
I-Human Resources Management

Section: 1301.5 Training,
1302.12 Determining, Verifying and Documenting Eligibility,
1302.92 Training and Professional Development

Subject: Eligibility Training

Policy:

The program will provide initial and ongoing eligibility ~~conduct regular~~ trainings with staff who are responsible for the determination of family's eligibility statuses, as well as with the governing body and the policy council to ensure a working knowledge of the eligibility requirements outlined in the Head Start Program Performance Standards.

Procedure:

1. Program must train management and staff members who make eligibility determinations within 90 days of hiring new staff, prior to performing eligibility determinations, and annually thereafter. All staff members will receive training annually during pre-service. Staff that are hired after pre-service will receive training during their orientation, prior to conducting eligibility determinations.
2. Training for the governing body, as well as for the policy council, will be conducted within 180 days of the beginning of a new term. The Policy Council will receive eligibility training in October and April. The Board of Directors will receive eligibility training in October and May.
3. The provided trainings for the governing body, policy council, management and staff who determine eligibility must include, at a minimum:
 - a. Methods on how to collect accurate and complete eligibility information from families and third-party sources.
 - b. Strategies for treating families with dignity and respect and for dealing with possible issues of domestic violence, stigma, and privacy.
 - c. An explanation of program policies and procedures that describe actions taken against staff, families, or participants who attempt to provide or intentionally provide false information.
 - d. Additional training on how income is calculated and determining whether a child is eligible will be provided to staff responsible for determining eligibility.
4. The program will maintain ongoing ~~records of all trainings required by this~~ policy documentation of all eligibility trainings, including dates, content and participant

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| attendance.

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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. The program will maintain funded enrollment and fill vacancies as soon as possible and no later than 30 days, when feasible. Three-year-old income-eligible or categorically eligible children and the neediest families will be considered first. Priority for enrollment will be given to income-eligible and categorically eligible children, including children experiencing homelessness, children in foster care, and children with disabilities, consistent with the program's approved selection criteria. The program must ensure, whenever possible, that the child receives HS/EHS services until enrolled in school. Continuity of services for eligible children until they transition to kindergarten.~~

Procedure:

1. A child that is selected using the policies established by performance standard 1302.14 is then considered accepted. An appointment is made by the center's Family Service Advocate or Center Director 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 Family Advocate or Center Director explains each form to the parent/guardian and ensures that they understand.
 - c. The family will complete the needs assessment. The assessment can be completed interview style (directly into Child Plus) or on paper. All assessment information will be entered in Child Plus, ~~in the Enrollment section under the Needs Assessment tab.~~
 - d. Within 30 days of the child's start date, Family Service Advocates/Center Directors will complete the Family Outcomes under the Family Service tab.
 - e. Within ~~90~~60 days of the child's start date, the family will develop a family goal with the assistance of the Family Advocate or Center Director.
 - f. This information will be utilized in the family engagement process by family service staff e.g., information and referral processes, family partnership agreement development, etc.

2. The Family Advocate or Center Director will work with the family to obtain any additional required information and documentation to support the enrollment process.
 - a. The Family Advocate or Center Director will review documents provided and explain the need and deadlines for any further documentation such as physicals,

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shot records, etc.

3. The Family Advocate or Center Director will fill out each form completely and ensure that forms completed by the parent/guardian are complete and accurate.
 - a. Family Advocates or Center Directors enter the information from the enrollment packet into Child Plus if paper version is used.
 - b. Family Advocates or Center Directors will place completed enrollment forms and the child's application in a family file in the designated sections, using the checklist as a guide, with the most recent documents placed on top.
4. Family Advocates, Center Directors, and Administrative Staff will work to assign a child to a classroom.
 - a. The child's age, needs, family preferences, etc. may be taken into consideration.
5. Upon the first date that the child attends Head Start/Early Head Start, staff will update the status of the participant from "Accepted" to "Enrolled" in Child Plus.
6. The program may temporarily 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 30 days. If a reserved slot is not filled within 30 days, then that slot becomes vacant and must be filled according to standard enrollment procedures.
7. If there are no eligible children on the waiting list when a vacancy occurs after September 1, the 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.
8. The program must comply with state immunization, enrollment, and attendance policies.
9. The program will examine their enrollment process annually to implement improvements to enhance the enrollment experience for families.

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Part: 1302 Program Operations

Subpart: A- Eligibility, Recruitment, Selection, Enrollment, and Attendance

Section: 1302.13 Recruitment of Children

Subject: Recruitment

Policy:

The program will develop and implement a recruitment and outreach process ~~that is designed to inform families with Head Start and Early Head Start eligible children within the recruitment area HS/EHS services to~~ inform families of Head Start and Early Head Start Services within the program's recruitment area.

Procedure:

1. For the recruitment of eligible children, the Family Services/~~ERSEA~~ Coordinator will develop a recruitment and outreach plan. The plan will include:
 - a. Analysis of past recruitment efforts
 - b. A list of community partners and how recruitment interaction commonly takes place with them.
 - c. A list of possible community events that the program may be able to participate in for the purposes of outreach and/or recruitment.
 - d. Any other relevant information
2. Family ~~Service~~ Advocates or Center Directors will maintain a recruitment log in Child Plus of all efforts made to perform outreach in the community. This log will be reviewed by the Family Services/~~ERSEA~~ Coordinator monthly. Any circumstances or challenges that have affected recruitment for that month must be documented on this log.
3. Applications are accepted year-round, but a concentrated effort takes place between March and June.
4. Family Service Advocates or Center Directors will send out Returning Child Application forms to parents/guardians of three-year-old (and younger) enrollees to inquire about the family's interest in their child attending the program the following year before the end of the school year. All collected Returning Child Applications will be submitted to the Family Service/~~ERSEA~~ Coordinator.
5. Staff will collaborate closely with community agencies that serve children with disabilities, homeless children, and children in foster care to actively recruit children in the most need of services.

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Part: 1302 Program Operations

Subpart: A- Eligibility, Recruitment, Selection, Enrollment, and Attendance

Section: 1302.14 Selection Process

Subject: Selection

Policy:

Children will be selected for enrollment according to the criteria approved by the policy council. The criteria ~~involves a point system, which indicates children in most need of Head Start/Early Head Start services.~~ Involve a point system to prioritize children most in need of Head Start/Early Head Start services.

Procedure:

1. A criteria list, which identifies the number of points assigned to a particular criterion, is established and/or revised by the HS/EHS management team and approved at least annually by the policy council or as adjustments are made throughout the year. New criteria will take effect immediately upon the Policy Council and Board approval. Criteria will be based on needs identified in the community needs assessment that include family income, homelessness, if child is in foster care, child's age and if child is eligible for special education and related services as well as any other relevant family or child risk factors.
2. In selecting the children and families to be served, the Head Start/Early Head Start program considers the income of the eligible families, the age of the child, and the extent to which the child/family meets the criteria established.
3. The criteria form is completed by the Family Services/~~ERSEA~~ Coordinator or designated staff member with each application received.
4. After a child's application is processed and the ERSEA verification is complete, the applicants for each center are prioritized according to the highest points calculated on the criteria form. The child is placed on a waiting list maintained by the Family Service/~~ERSEA~~ Coordinator and in Child Plus.
5. The Head Start program must prioritize younger children as part of the selection criteria if service area offers a high quality publicly funded pre-kindergarten for a full school day.
6. Children ~~will be selected based on the point system. However, the child's age and classroom vacancy will be taken into consideration when filling an opening are selected primarily based on the point system; age and classroom vacancy may be considered as secondary factors.~~ will be selected based on the point system; age and classroom vacancy may be considered as secondary factors.

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7. If it is determined that a child is best served by transitioning to another classroom, the vacancy will open in the class the child leaves. This determination is made with input from the Center Director, teaching staff, administrative staff and the child's family.
8. Points will be assigned on the criteria sheet for current HS/EHS employees that are completing an application for their own child.
9. ~~Applicants for Head Start that are currently enrolled in the Early Head Start program will receive extra points to assist with the child's continuum of care. Transitioning into Head Start or another program should take place as soon as possible after the child's third birthday. As the EHS child nears their third birthday, the teaching staff and the Center Director will begin a transition for the family to allow the child every opportunity to move into a Head Start program or childcare program of the parents' choice by the child's third birthday. See also Classroom/Program Transition policy for exceptions and further guidance. EHS children transitioning to Head Start receive additional points to support continuity of care. Transition planning begins three months prior to child's third birthday, in collaboration with teaching staff, the Center Director, and the family, to ensure a smooth transition. (See Classroom/Program Transition Policy for exceptions.)~~
10. The program will not deny enrollment based on a disability or chronic health condition or its severity.
11. Not less than 10% of the total number of enrolled Head Start/Early Head Start participants must be children with disabilities.
12. If selection requirements have been met, children eligible for services under IDEA will be prioritized for the available slots in accordance with the program's selections criteria.
13. Over-income families will be listed on a separate waitlist and be awarded points based on information provided on their application and will be considered only if no income-eligible children are available. Selections for over-income children will be made two weeks prior to the beginning of the school year.
14. ~~Applications for the upcoming school year will be processed using the most recent Federal Poverty Guidelines once they are released. Updated guidelines will be applied at the start of the new program year to determine eligibility and calculate points. Applications on the waitlist will be updated with the latest Federal Poverty Guidelines within one month of the time of release each year. Updates to the Federal Poverty Guidelines are normally released around the end of January each calendar year. Updated Federal Poverty Guidelines may be used to consider applicants' eligibility as soon as they are released.~~
- 14.15. Selection and enrollment are nondiscriminatory and inclusive, regardless of race, ethnicity, religion, gender, disability, or family status.

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Head Start/Early Head Start

Part: 1302 Program Operations
Subpart: D- Health Program Services
Section: 1302.44 Child Nutrition
Subject: Choking Prevention

Policy:

Foods served to Head Start/Early Head Start children during the school day will be of size and consistency appropriate to their chewing and swallowing ability, in compliance with USDA/CACFP policies.

Procedure:

1. Children will be watched during meals and snacks to ensure they:
 - a. Sit quietly.
 - b. Eat slowly.
 - c. Chew food well before swallowing.
 - d. Eat small portions and take only one bite at a time.
 - e. Finish swallowing before leaving the table.

2. Foods will be prepared so that they are easy to chew:
 - a. Round foods, like hot dogs, will not be served unless they are cut lengthwise into thin strips.
 - b. Fish will not be served with bones.
 - c. Peanut butter will be mixed with yogurt or jelly, then spread thinly and never served from a spoon.
 - d. Seeds and pits will be removed from fruit.
 - e. Foods will be prepared in a manner consistent with USDA/CACFP recipes developed for children.

3. The following foods will not be served to children younger than four years of age due to risk of choking:
 - a. Whole hot dog rounds
 - b. Hard candy
 - c. Whole peanuts
 - d. Whole grapes
 - e. Cherries with pits
 - f. Popcorn
 - g. Chunks of carrot, celery, or other raw hard vegetables
 - h. Chewing gum
 - i. Large spoonfuls or chunks of peanut or other nut butters
 - j. Large chunks of meat
 - k. Chips

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- l. Pretzel nuggets
 - m. Nuts
 - n. Cheese cubes
 - o. Any food that is of similar shape and size of the trachea/windpipe.
4. Food for infants must be cut into pieces $\frac{1}{4}$ inch or smaller, food for toddlers must be cut into pieces $\frac{1}{2}$ inch or smaller to prevent choking.

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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 Director, center assistant, teachers, teacher assistants, family service worker, cook) and volunteers will eat family style with the

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Head Start/Early Head Start

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 Director 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 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. Centers must also post 4 items mandated by the CCFP (Child Care Food Program). These will be current copies of the “And Justice for All” poster, “WIC” poster, “Building for the Future” poster in both English and Spanish. These postings will be provided to the Center Director by the Nutrition staff. These postings must be displayed prominently in a location where all parents entering the center will see them, they must also be posted in any room where CCFP meals are served. A dated, current, and correct menu must also be posted in the same locations.
16. All vendors serving Head Start/Early Head Start food service operations will be licensed by the state of Florida.
17. 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 Director. ~~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.~~

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18. 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.
19. Drinking water will be available to all children at all times during the program day.
20. 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.
21. Highchairs will only be used in toddler classrooms for children who are not developmentally capable of safely entering and exiting a regular child-size chair on their own. Only children who are able to sit up on their own will be placed in highchairs. Children are only allowed to be placed in highchairs for the duration of the meal. When they are done eating, they must be removed from the chair in a timely manner.
Highchairs will not be used for any purpose other than feeding.

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Part: 1302 Program Operations

Subpart: D-Health Program Services
J- Program Management & Quality Improvement

Section: 1302.42 Child Health Status and Care
1302.101 Management Systems

Subject: Heights and Weights

Policy:

It is the policy of Tri-County Community Council, Inc. Head Start/Early Head Start to monitor children's heights and weights and make referrals as necessary. Each Head Start Center will obtain heights and weights each year in September and February. School physicals and PanCare visits to the center can be used to meet this requirement as long as height/weight is recorded on the form.

Procedure:

1. Informed consent will be obtained from the child's parent or guardian at the time of enrollment.
2. Enter date measurements taken, child's name (in alphabetical order), sex, and date of birth on the height/weight form. For confidentiality, each child will be weighed and measured in private, and no numbers will be said aloud.
3. Shoes are taken off; hat removed; pigtails, etc., should not be in the way.
4. Remove any sweaters, jackets, or coats.
5. To measure height:
 - a.) student stands on flat surface, heels slightly apart and flat on the floor.
 - b.) Back straight as possible; knees should not be bent.
 - c.) Heels, buttocks, and shoulder blades touch the wall or measuring surface.
 - d.) Arms hang naturally to the side; shoulders relaxed
 - e.) Looking forward – eyes straight ahead.
 - f.) Lower headboard until it touches crown of head firmly.
 - g.) Read measurement to the nearest 0.1cm or 1/8 inch, make note of first measurement.
 - h.) Move headboard away, check posture and repeat.
 - i.) Measurements should agree within 0.1cm or 1/8 inch.
 - j.) If measurements do not agree within 0.1 cm or 1/8 in., remeasure, and record the average of the two measurements.
 - k.) Record the height on the height/weight form in inches.
6. To measure weight:
 - a.) Make sure the scale is balanced at zero.
 - b.) Student stands straight in center of platform.

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- c.) Arms hand naturally at the side.
 - d.) Student is looking forward.
 - e.) Read measurement to the nearest 1/4th pound, make note of first measurement.
 - f.) Have the student step off the scale and take the second measurement, repeating steps above.
 - g.) Measurements should agree within 1/4th pound.
 - h.) If measurement do not agree within 1/4th pound, remeasure until this standard is met.
 - i.) Record measurement on the height/weight form in pounds and ounces.
7. The Nutrition Coordinator will be available to speak at parent meetings or to individual parents to discuss BMI findings and healthy weight and eating habits.
8. For infants under (1) year of age, the child will be placed on a table scale without excess clothing to have their height and weight measured.
9. The Family Service Advocates or Center Director must record heights and weights in Child Plus by adding a Health Event, then select Growth Assessment to input the information.

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Part: 1302 Program Operations
Subpart: D-Health Program Services
Section: 1302.42 Child Health Status and Care
Subject: Vision/Hearing Screening

Policy:

A vision and hearing screening will be completed or obtained on each child enrolled in Head Start/Early Head Start within 45 calendar days of their first day of attendance.

Procedure:

1. A vision and hearing screening will be completed annually on each enrolled child.
2. The vision and hearing screening should be done at the child's physician's office at the time of the annual physical examination.
3. If a vision test is not included on the physical exam, the Family Service Advocate, Center Director, or Health Services Coordinator will administer a vision test using the LEA Symbols Flipchart or a vision chart. For Early Head Start children, the Family Service Advocate, Center Director, Health Services Coordinator, or Nurse Consultant will administer a vision test by having the infant/toddler follow an object or light [or by using the Welch-Allyn Spot tester](#). Parent/guardian consent must be obtained prior to conducting the test.
4. If a hearing test is not included on the physical exam, the Family Service Advocate, Center Director, Nurse Consultant, or Health Services Coordinator will administer a hearing test using the whisper test method. For Early Head Start children, a hearing test will be performed by the Center Director, Health Services Coordinator, or Nurse Consultant using the following:
 - a. Infant's birth -3 months: responds to loud noises or quiets to parent/familiar voice.
 - b. 4-6 months: turns head toward source of sound, responds to parent/familiar voice.
 - c. 6-10 months: responds to own name, can respond to ringing sound, turns head toward sound.
 - d. 10-12 months: recognizes and localizes source of sound, can imitate words and sounds.
 - ~~d.~~ e. [Health Services Coordinator can also use the Welch-Allyn spot tester to test hearing.](#)Parent/guardian consent must be obtained before conducting the test.
5. The Family Service Advocate or Center Director will notify the parent/guardian of the results of the vision and hearing screening.

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Part: 1302 Program Operations

Subpart: B-Program Structure

Section: 1302.21 Center-based Option
1302.90 Personnel Policies

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. Teaching staff will be primarily responsible for providing ongoing personal contact, important learning activities, direct supervision, ongoing assessment, and immediate care as needed to protect children's well-being.
- 4-2. 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 (1:10 ratio). There will be a teacher and teacher assistant in every three-year-old classroom with a maximum of 17 children (1:9 ratio).
3. In Early Head Start, there will be two teachers in every infant and toddler classroom with a maximum of eight infant/toddlers (1:4 ratio).
4. Teaching staff will maintain staff/child ratio at all times during hours of operation including indoors and outdoors, and an extra person is needed on field trips (HS only).
- 2-5. Whenever possible, teaching staff will reflect the cultural diversity of our children and families.
- 3-6. 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.
- 4-7. 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.

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~~5-8.~~ 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. (Ex. Beginning of Christmas holidays, Spring break, etc.)

~~6-9.~~ The Head Start and Early Head Start facilities meet the Florida licensing requirements.

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Part: 1301 Program Governance

Section: 1301.6 Impasse procedures

Subject: Impasse/Internal Dispute Resolution Procedures

Policy:

Tri-County Community Council Head Start/Early Head Start program will provide standard mechanisms for resolving issues of impasse or nonoccurrence surrounding matters arising between the Head Start Policy Council and Tri-County Community Council, Inc. Board. Impasse occurs when the Grantee Board of Directors and the Policy Council does not agree to or approve of the required action. Such an amendment requires the establishment of an arbitration committee at the local program level to settle such disputes. Arbitration action will occur within 15 days after extensive good faith negotiations have failed.

Procedure:

1. Arbitration procedures will only be used after the normal process of negotiation and exchange of ideas between the Policy Council and the Tri-County Community Council, Inc. Board has failed to produce an agreement. The arbitration procedure is a last resort and should not be used as a substitute for the establishment of a process which facilitates a working system which will help create harmony, mutual respect, and understanding between the Policy Council and the Tri-County Community Council Board.
2. An arbitration committee will be an ad hoc committee, which comes into existence when an impasse situation is created. An impasse comes about when the hiring or discharge of an employee is proposed by the Board but not concurred in by the Policy Council or vice versa or when a Head Start budget is presented by the grantee Board to the Policy Council or vice versa but not concurred within 15 days.
3. The Arbitration Committee will meet within 15 days after notification of impasse and will be made up of three (3) people, all of whom must be from outside the Tri-County Community Council, Inc. agency and the Head Start Policy Council. In other words, three (3) people being disinterested parties. One (1) person will be selected by the Policy Council to represent them. One (1) will be selected by the Tri-County Community Council, Inc. Board to represent them. Those two (2) representatives will mutually agree upon the selection of a third committee member who will serve as the committee chairperson.
4. The findings and decisions of the Arbitration Committee will be binding on all parties who are part of the dispute. The Tri-County Community Council, Inc. Board Chair, the Head Start Policy Council Chair, the Executive Director, and the Head Start Director each will be notified of the Arbitration Committee's decision within five (5) days after the decision is rendered.
5. The arbitration procedure shall state the commitment of the Tri-County Community Council Board and the Policy Council to enter into binding arbitration, at the local level,

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in the event of impasse between the Policy Council and the grantee board, on the following issues:

- a.) Hiring or discharge of a Head Start Program Director or any staff member.
 - b.) Approval of grant request, proposed work program or major changes in budget and work program while program is in operation.
 - c.) Establishing and approval of the criteria for selection of children with applicable laws and ACF guidelines.
 - d.) Establishing and approval of the program goals and plans.
 - e.) Any other issue that requires mutual agreement from both parties.
6. ~~The Impasse/Internal Dispute Resolution will be reviewed, discussed, and approved by Tri-County Community Council Board and Policy Council members annually. The Impasse/Internal Dispute Resolution will reflect this policy and procedures and will be signed by the Board chair and the Policy Council chair annually.~~

~~Signature _____
Policy Council Chairperson _____ Date _____~~

~~Signature _____
Board of Directors Chairperson _____ Date _____~~

FY 2025 CSBG Annual Report

Module 4, Section A: Individual and Family National Performance Indicators (FNPIs) - Data En
Goal 1: Individuals and Families with low incomes are stable and achieve economic security

Employment Indicators

Name of CSBG Eligible Entity Reporting:		Tri-County Community Council, Inc.		UEI:	
State:		Florida			
	Employment (FNPI 1)	I.) Number of Individuals Served in program(s) (#)	II.) Target (#)	III.) Actual Results (#)	IV.) Percentage Achieving Outcome [III/ I = IV] (% auto calculated)
FNPI 1a	The number of unemployed youth who obtained employment to gain skills or income.		0		
FNPI 1b	The number of unemployed adults who obtained employment <u>(up to a living wage)</u> .		0		
FNPI 1c	The number of unemployed adults who obtained and maintained employment for at least 90 days <u>(up to a living wage)</u> .		0		
FNPI 1d	The number of unemployed adults who obtained and maintained employment for at least 180 days <u>(up to a living wage)</u> .		0		
FNPI 1e	The number of unemployed adults who obtained employment <u>(with a living wage or higher)</u> .	15	18	12	80%
FNPI 1f	The number of unemployed adults who obtained and maintained employment for at least 90 days <u>(with a living wage or higher)</u> .	11	13	4	36%

FNPI 1g The number of unemployed adults who obtained and maintained employment for at least 180 days <u>(with a living wage or higher)</u> .		0		
Employment (FNPI 1)				
I.) Number of Individuals Served in program(s) (#)	II.) Target (#)	III.) Actual Results (#)	IV.) Percentage Achieving Outcome [(III/ I = IV) (% auto calculated)	
FNPI 1h The number of employed participants in a career-advancement related program who <u>entered or transitioned</u> into a position that provided increased income and/or benefits.	4	5	3	75%
FNPI 1h.1 The number of employed participants in a career advancement related program who increased income from employment through <u>wage or salary amount increase</u> .	4	3	3	75%
FNPI 1h.2 The number of employed participants in a career advancement related program who increased income from employment through <u>hours worked increase</u> .	0	1	0	
FNPI 1h.3 The number of employed participants in a career advancement related program who <u>increased benefits</u> related to employment.	0	1	0	
Other Employment Outcome Indicator (FNPI 1z)				
Please briefly describe the other indicator and specify the units used (number of individuals or households)				
FNPI 1z.1				
FNPI 1z.2				

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Module 4, Section B: Individual and Family Services - Data Entry Form

Goal 1: Individuals and Families with low-incomes are stable and achieve economic security.

Employment Services

Name of CSBG Eligible Entity Reporting:	Tri-County Community Council, Inc.	
State:	Florida	UEI:
		KSHUE4AZMR:
Employment Services (SRV 1)		Unduplicated Number of Individuals Served
Skills Training and Opportunities for Experience (SRV 1a-f)		
SRV 1a Vocational Training		
SRV 1b On-the-Job and other Work Experience		
SRV 1c Youth Summer Work Placements		
SRV 1d Apprenticeship/Internship		
SRV 1e Self-Employment Skills Training		
SRV 1f Job Readiness Training		
Career Counseling (SRV 1g-h)		
SRV 1g Workshops		
SRV 1h Coaching		
Job Search (SRV 1i-n)		
SRV 1i Coaching		
SRV 1j Resume Development		
SRV 1k Interview Skills Training		
SRV 1l Job Referrals		
SRV 1m Job Placements		15
SRV 1n Pre-employment physicals, background		
Post Employment Supports (SRV 1o-p)		
SRV 1o Coaching		
SRV 1p Interactions with employers		
Employment Supplies (SRV 1q)		
SRV 1q Employment Supplies		

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Module 4, Section A: Individual and Family National Performance Indicators (FNPIs) - Data Entry Form
 Goal 1: Individuals and Families with low incomes are stable and achieve economic security.

Education and Cognitive Development Indicators

Name of CSBG Eligible Entity Reporting:		Tri-County Community Council, Inc.			UEI:		KSHUE4AZMR39	
State:		Florida						
Education and Cognitive Development (FNPI 2)	I.) Number of Individuals Served in program(s) (#)	II.) Target (#)	III.) Actual Results (#)	IV.) Percentage Achieving Outcome (III/II = IV) (% auto calculated)	V.) Performance Target Accuracy (III/II = V) (% auto calculated)			
FNPI 2a The number of children (0 to 5) who demonstrated improved emergent literacy skills.								
FNPI 2b The number of children (0 to 5) who demonstrated skills for school readiness.	85	75	52	61%	69%			
FNPI 2c The number of children and youth who demonstrated improved positive approaches toward learning, including improved attention skills. (auto total).	0	0	0					
FNPI 2c.1 Early Childhood Education (ages 0-5): The number of children and youth who demonstrated improved positive approaches toward learning, including improved attention skills.								
FNPI 2c.2 1st grade - 8th grade: The number of children and youth who demonstrated improved positive approaches toward learning, including improved attention skills.								
FNPI 2c.3 9th grade - 12th grade: The number of children and youth who demonstrated improved positive approaches toward learning, including improved attention skills.								
FNPI 2d The number of children and youth who are achieving at basic grade level (academic, social, and other school success skills). (auto total)	0	0	0					
FNPI 2d.1 Early Childhood Education (ages 0-5): The number of children and youth who are achieving at basic grade level (academic, social, and other school success skills).								
FNPI 2d.2 1st grade - 8th grade: The number of children and youth who are achieving at basic grade level (academic, social, and other school success skills).								

FY 2025 CSBG Annual Report

Module 4, Section B: Individual and Family Services -

Data Entry Form

Goal 1: Individuals and Families with low-incomes are stable and achieve economic security.

Education and Cognitive Development Services

Name of CSBG Eligible Entity Reporting:		Tri-County Community Council, Inc.
State:	Florida	UEI: KSHUE4AZMR39
Education and Cognitive Development Services (SRV 2)	Unduplicated Number of Individuals Served	
Child/Young Adult Education Programs (SRV 2a-j)		
SRV 2a Early Head Start	85	
SRV 2b Head Start	229	
SRV 2c Other Early-Childhood (0-5 yr. old) Education		
SRV 2d K-12 Education		
SRV 2e K-12 Support Services		
SRV 2f Financial Literacy Education		
SRV 2g Literacy/English Language Education		
SRV 2h College-Readiness Preparation/Support		
SRV 2i Other Post Secondary Preparation		
SRV 2j Other Post Secondary Support	4	
School Supplies (SRV 2k)		
SRV 2k School Supplies	2	
Extra-curricular Programs (SRV 2l-q)		
SRV 2l Before and After School Activities	134	
SRV 2m Summer Youth Recreational Activities	9	
SRV 2n Summer Education Programs	7	
SRV 2o Behavior Improvement Programs (attitude, self-esteem, Dress-for-Success, etc.)		
SRV 2p Mentoring		
SRV 2q Leadership Training		
Adult Education Programs (SRV 2r-z)		
SRV 2r Adult Literacy Classes		
SRV 2s English Language Classes		
SRV 2t Basic Education Classes	3	

SRV 2u High School Equivalency Classes	
SRV 2v Leadership Training	
SRV 2w Parenting Supports (may be a part of the early childhood programs identified above)	
SRV 2x Applied Technology Classes	21
SRV 2y Post-Secondary Education Preparation	
SRV 2z Financial Literacy Education	
Post-Secondary Education Supports (SRV 2aa)	
SRV 2aa College applications, text books, computers, etc.	16
Financial Aid Assistance (SRV 2bb)	
SRV 2bb Scholarships	
Home Visits (SVR 2cc)	
SRV 2cc Home Visits	

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Module 4, Section A: Individual and Family National Performance Indicators (FNPIs) - Data Entry Form

Goal 1: Individuals and Families with low incomes are stable and achieve economic security.

Income and Asset Building Indicators

Name of CSBG Eligible Entity Reporting:	Tri-County Community Council, Inc.			UEI:	KSHUE4AZMR39
State:	Florida				
	I.) Number of Individuals Served in program(s) (#)	II.) Target (#)	III.) Actual Results (#)	IV.) Percentage Achieving Outcome [(III/II = IV) (% auto calculated)]	V.) Performance Target Accuracy [(III/II = V) (% auto calculated)]
Income and Asset Building (FNPI 3)					
FNPI 3a The number of individuals who achieved and maintained capacity to meet basic needs for <u>90 days</u> .	12	10	4	33%	40%
FNPI 3b The number of individuals who achieved and maintained capacity to meet basic needs for <u>180 days</u> .		0			
FNPI 3c The number of individuals who opened a <u>savings account or IDA</u> .		0			
FNPI 3d The number of individuals who <u>increased their savings</u> .		0			
FNPI 3e The number of individuals who used their savings to <u>purchase an asset</u> .		0			
FNPI 3f The number of individuals who purchased a home.		0			
FNPI 3g The number of individuals who <u>improved their credit scores</u> .		0			
FNPI 3h The number of individuals who <u>increased their net worth</u> .		0			
FNPI 3i The number of individuals engaged with the Community Action Agency who report <u>improved financial well-being</u> .		0			

Name of CSBG Eligible Entity Reporting:	Tri-County Community Council, Inc.			UEI:	KSHUE4AZMR39
State:	Florida				
	I.) Number of Individuals Served in program(s) (#)	II.) Target (#)	III.) Actual Results (#)	IV.) Percentage Achieving Outcome [(III/II = IV) (% auto calculated)]	V.) Performance Target Accuracy [(III/II = V) (% auto calculated)]
Other Income and Asset Building Outcome Indicator (FNPI 3z)					
FNPI 3z.1					

FY 2025 CSBG Annual Report

Module 4, Section B: Individual and Family Services - Data Entry Form

Goal 1: Individuals and Families with low incomes are stable and achieve economic security.

Income and Asset Building Services

Name of CSBG Eligible Entity Reporting:	Tri-County Community Council, Inc.	UEI:	KSHUE4AZMR39
State:	Florida		
Income and Asset Building Services (SRV 3)		Unduplicated Number of	
		Individuals Served	
Training and Counseling Services (SRV 3a-f)			
SRV 3a Financial Capability Skills Training			
SRV 3b Financial Coaching/Counseling			
SRV 3c Financial Management Programs (including budgeting, credit management, credit repair, credit counseling, etc.)			
SRV 3d First-time Homebuyer Counseling			
SRV 3e Foreclosure Prevention Counseling			
SRV 3f Small Business Start-Up and Development Counseling Sessions/Classes			
Benefit Coordination and Advocacy (SRV 3g-i)			
SRV 3g Child Support Payments			
SRV 3h Health Insurance			
SRV 3i Social Security/SSI Payments			
SRV 3j Veteran's Benefits			
SRV 3k TANF Benefits			
SRV 3l SNAP Benefits			
Asset Building (SRV 3m-o)			
SRV 3m Saving Accounts/IDAs and other asset building accounts			
SRV 3n Other financial products (IRA accounts, MyRA, other retirement accounts, etc.)			

SRV 3o VITA, EITC, or Other Tax Preparation programs	
SRVs 3p Loans And Grants (SRV 3p-q)	
SRV 3p Micro-loans	
SRV 3q Business incubator/business development loans	

FY 2025 CSBG Annual Report

Module 4, Section A: Individual and Family National Performance Indicators (FNPIs) - Data Entry |

Goal 1: Individuals and Families with low incomes are stable and achieve economic security.

Housing Indicators

Name of CSBG Eligible Entity Reporting:		Tri-County Community Council, Inc.			UEI:	
State:		Florida				
Housing (FNPI 4)	I.) Number of Individuals Served in program(s) (#)	II.) Target (#)	III.) Actual Results (#)	IV.) Percentage Achieving Outcome [(III/ I = IV) (% auto calculated)]		
FNPI 4a The number of individuals experiencing homelessness who obtained <u>safe temporary shelter</u> .		0				
FNPI 4b The number of individuals who obtained <u>safe and affordable housing</u> .	6	6	5	83%		
FNPI 4c The number of individuals who maintained safe and affordable housing for <u>90 days</u> .		0				
FNPI 4d The number of individuals who maintained safe and affordable housing for <u>180 days</u> .		0				
FNPI 4e The number of individuals who <u>avoided eviction</u> .	127	125	123	97%		
FNPI 4f The number of individuals who <u>avoided foreclosure</u> .	14	8	13	93%		
FNPI 4g The number of individuals who <u>experienced improved health and safety</u> due to improvements within their home (e.g. reduction or elimination of lead, radon, carbon dioxide and/or fire hazards or electrical issues, etc).		0				

FNPI 4h The number of individuals with <u>improved energy efficiency</u> and/or <u>energy burden reduction</u> in their homes.	4000	3902	3902	98%
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Other Housing Outcome Indicator (FNPI 4z)	I.) Number of Participants Served in program(s) (#)	II.) Target (#)	III.) Actual Results (#)	IV.) Percentage Achieving Outcome [III/ I = IV] (% auto calculated)
FNPI 4z.1				
FNPI 4z.2				
FNPI 4z.3				
FNPI 4z.4				
FNPI 4z.5				

FY 2025 CSBG Annual Report

Module 4, Section B: Individual and Family Services - Data Entry Form

Goal 1: Individuals and Families with low incomes are stable and achieve economic security.

Housing Services

Name of CSBG Eligible Entity Reporting:	Tri-County Community Council, Inc.	
State:	Florida	UEI: KSHUJ4AZMR39
Housing Services (SRV 4)	Unduplicated Number of Individuals Served	
Housing Payment Assistance (SRV 4a-e)		
SRV 4a Financial Capability Skill Training		
SRV 4b Financial Coaching/Counseling		
SRV 4c Rent Payments (includes Emergency Rent Payments)	123	
SRV 4d Deposit Payments		
SRV 4e Mortgage Payments (includes Emergency Mortgage Payments)	13	
Eviction Prevention Services (SRV 4f-h)		
SRV 4f Eviction Counseling		
SRV 4g Landlord/Tenant Mediations		
SRV 4h Landlord/Tenant Rights Education		
Utility Payment Assistance (SRV 4i-l)		
SRV 4i Utility Payments (LIHEAP-includes Emergency Utility Payments)	3836	
SRV 4j Utility Deposits		
SRV 4k Utility Arrears Payments	2042	
SRV 4l Level Billing Assistance		
Housing Placement/Rapid Re-housing (SRV 4m-p)		
SRV 4m Temporary Housing Placement (includes Emergency Shelters)		
SRV 4n Transitional Housing Placements		

SRV 4o Permanent Housing Placements	
SRV 4p Rental Counseling	
Housing Maintenance & Improvements (SRV 4q)	
SRV 4q Home Repairs (e.g. structural, appliance, heating systems. etc.) (Including Emergency Home Repairs)	
Weatherization Services (SRV 4r-t)	
SRV 4r Independent-living Home Improvements (e.g. ramps, tub and shower grab bars, handicap accessible modifications, etc.)	
SRV 4s Healthy Homes Services(e.g. reduction or elimination of lead, radon, carbon monoxide and/or fire hazards or electrical issues, etc.)	
SRV 4t Energy Efficiency Improvements (e.g. insulation, air sealing, furnace repair, etc.)	4

FY 2025 CSBG Annual Report

Module 4, Section A: Individual and Family National Performance Indicators (FNPIs) - Data Entry Form

Goal 1: Individuals and Families with low incomes are stable and achieve economic security.

Health and Social/Behavioral Development Indicators

Name of CSBG Eligible Entry Reporting:		Trit-County Community Council, Inc.		KSHUE4AZMR39	
State:		Florida		UEI:	
	I.) Number of Individuals Served in program(s) (#)	II.) Target (#)	III.) Actual Results (#)	IV.) Percentage Achieving Outcome [(III/I = IV) (% auto calculated)]	V.) Performance Target Accuracy [(III/I = V) (% auto calculated)]
Health and Social/Behavioral Development (FNPI 5)					
FNPI 5a The number of individuals who demonstrated <u>increased nutrition skills</u> (e.g. cooking, shopping, and growing food).		0			
FNPI 5b The number of individuals who demonstrated <u>improved physical health</u> and well-being.	5	4	4	80%	100%
FNPI 5c The number of individuals who demonstrated <u>improved mental and behavioral health</u> and well-being.		0			
FNPI 5d The number of individuals who <u>improved skills</u> related to the adult role of parents/ caregivers.		0			
FNPI 5e The number of parents/caregivers who <u>demonstrated increased sensitivity and responsiveness</u> in their interactions with their children.		0			
FNPI 5f The number of <u>seniors (65+)</u> who maintained an independent living situation.	395	700	395	100%	56%
FNPI 5g The number of <u>individuals with disabilities</u> who maintained an independent living situation.	1214	550	1213	100%	221%
FNPI 5h The number of <u>individuals with a chronic illness</u> who maintained an independent living situation.		0			
FNPI 5i The number of individuals with <u>no recidivating event</u> for six months.	0	0	0		
FNPI 5i.1 The number of youth (ages 14-17) with no recidivating event for six months.					
FNPI 5i.2 The number of adults (ages 18+) with no recidivating event for six months.					

FY 2025 CSBG Annual Report

Module 4, Section B: Individual and Family Services -

Data Entry Form

Goal 1: Individuals and Families with low incomes are stable and achieve economic security.

Health and Social/Behavioral Development

Name of CSBG Eligible Entity Reporting:		Tri-County Community Council, Inc.
State:	Florida	UEI: KSHUE4AZMR39
Health and Social/Behavioral Development Services (SRV 5)		Unduplicated Number of Individuals Served
Health Services, Screening and Assessments (SRV 5a-j)		
SRV 5a Immunizations		
SRV 5b Physicals		
SRV 5c Developmental Delay Screening		
SRV 5d Vision Screening		
SRV 5e Prescription Payments		
SRV 5f Doctor Visit Payments		
SRV 5g Maternal/Child Health		
SRV 5h Nursing Care Sessions		
SRV 5i In-Home Affordable Seniors/Disabled Care Sessions (Nursing, Chores, Personal Care Services)		
SRV 5j Health Insurance Options Counseling		
Reproductive Health Services (SRV 5k-o)		
SRV 5k Coaching Sessions		
SRV 5l Family Planning Classes		
SRV 5m Contraceptives		
SRV 5n STI/HIV Prevention Counseling Sessions		
SRV 5o STI/HIV Screenings		
Wellness Education (SRV 5p-q)		
SRV 5p Wellness Classes (stress reduction, medication management, mindfulness, etc.)		4

SRV 5q Exercise/Fitness	
Mental/Behavioral Health (SRV 5r-x)	
SRV 5r Detoxification Sessions	
SRV 5s Substance Abuse Screenings	
SRV 5t Substance Abuse Counseling	
SRV 5u Mental Health Assessments	
SRV 5v Mental Health Counseling	
SRV 5w Crisis Response/Call-In Responses	
SRV 5x Domestic Violence Programs	
Support Groups (SRV 5y-aa)	
SRV 5y Substance Abuse Support Group Meetings	
SRV 5z Domestic Violence Support Group Meetings	
SRV 5aa Mental Health Support Group Meetings	



Health and Social/Behavioral Development Services (Cont'd.)	Unduplicated Number of Individuals Served
Dental Services, Screenings and Exams (SRV 5bb-ee)	
SRV 5bb Adult Dental Screening/Exams	
SRV 5cc Adult Dental Services (including Emergency Dental Procedures)	
SRV 5dd Child Dental Screenings/Exams	
SRV 5ee Child Dental Services (including Emergency Dental Procedures)	
Nutrition and Food/Meals (SRV 5ff-jj)	
SRV 5ff Skills Classes (Gardening, Cooking, Nutrition)	
SRV 5gg Community Gardening Activities	
SRV 5hh Incentives (e.g. gift card for food preparation, rewards for participation, etc.)	
SRV 5ii Prepared Meals	
SRV 5jj Food Distribution (Food Bags/Boxes, Food Share Program, Bags of Groceries)	3037
Family Skills Development (SRV 5kk-mm)	
SRV 5kk Family Mentoring Sessions	
SRV 5ll Life Skills Coaching Sessions	
SRV 5mm Parenting Classes	
Emergency Hygiene Assistance (SRV 5nn-oo)	
SRV 5nn Kits/boxes	
SRV 5oo Hygiene Facility Utilizations (e.g. showers, toilets, sinks)	

Module 4, Section A: Individual and Family National Performance Indicators (FNPIs) - Data Entry Form
Goal 1: Individuals and Families with low incomes are stable and achieve economic security.

Outcomes Achieved Across One or More Domains

BG Eligible Entity Reporting:		Tri-County Community Council, Inc.		KSHUE4AZMR39	
		Florida		UEI:	
	I.) Number of Individuals Served in program(s) (#)	II.) Target (#)	III.) Actual Results (#)	IV.) Percentage Achieving Outcome [III/ I = IV] (% auto calculated)	V.) Performance Target Accuracy (III/II = V) (% auto calculated)
Outcomes Achieved Across One or More Domains (FNPI 7)					
number of individuals who achieved one or more of the identified National Performance Indicators in one or more domains.	10500	7800	9067	86%	116%
Other Outcome Indicator (FNPI 7z)					

FY 2025 CSBG Annual Report

Module 4, Section B: Individual and Family Services - Data Entry Form

Goal 1: Individuals and Families with low-incomes are stable and achieve economic security.

Services Supporting Multiple Domains

Name of CSBG Eligible Entity Reporting:	Tri-County Community Cour
State:	Florida
Services Supporting Multiple Domains (SRV 7)	Unduplicated Number of Individuals Served
Case Management (SRV 7a)	
SRV 7a Case Management	50
Eligibility Determinations (SRV 7b)	
SRV 7b Eligibility Determinations	10549
Referrals (SRV 7c)	
SRV 7c Referrals	
Transportation Services (SRV 7d)	
SRV 7d Transportation Services (e.g. bus passes, bus transport, support for auto purchase or repair; including emergency services)	1112
Childcare (SRV 7e-f)	
SRV 7e Child Care subsidies	
SRV 7f Child Care payments	
Eldercare (SRV 7g)	
SRV 7g Day Centers	
Identification Documents (SRV 7h-j)	
SRV 7h Birth Certificate	
SRV 7i Social Security Card	
SRV 7j Driver's License	
Re-Entry Services (SRV 7k)	
SRV 7k Criminal Record Expungements	
Legal Assistance (includes emergency legal assistance) (SRV 7l)	
SRV 7l Legal Assistance	
Emergency Clothing Assistance (SRV 7m)	
SRV 7m Emergency Clothing Assistance	
Mediation/Customer Advocacy Interventions (debt forgiveness, negotiations or issues with landlords, coordinating with other services or government) (SRV 7n)	
SRV 7n Mediation/Customer Advocacy Interventions	

FY 2025 CSBG Annual Report

Module 4, Section C: All Characteristics Report - Data Entry Form

Goal 1: Individuals and Families with low-incomes are stable and achieve economic security.

Name of CSBG Eligible Entity Reporting:	Tri-County Community Council, Inc.	UEI:	KSHUE4AZMR39
State:	Florida		

A. Total unduplicated number of all INDIVIDUALS about whom one or more characteristics were obtained:	10,549
B. Total unduplicated number of all HOUSEHOLDS about whom one or more characteristics were obtained:	4,343

C. INDIVIDUAL LEVEL CHARACTERISTICS

1. Sex	Number of Individuals	6. Ethnicity/Race	Number of Individuals
a. Male	4171	a. Ethnicity	
b. Female	6378	a.1. Hispanic, Latino or Spanish Origins	503
c. TOTAL (auto calculated)	10549	a.2. Not Hispanic, Latino or Spanish Origins	9960
		a.3. Unknown/not reported	86
		a.4. TOTAL (auto calculated)	10549

Section C.6a Status	
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2. Age	Number of Individuals	b. Race	Number of Individuals
a. 0-5	415	b.1. American Indian or Alaska Native	31
b. 6-13	728	b.2. Asian	49
c. 14-17	293	b.3. Black or African American	3215
d. 18-24	172	b.4. Native Hawaiian and Other Pacific Islander	23
e. 25-44	752	b.5. White	5919
f. 45-54	325	b.6. Other	352
g. 55-59	187	b.7. Multi-race (two or more of the above)	859
h. 60-64	246	b.8. Unknown/not reported	101
i. 65-74	277	b.9. TOTAL (auto calculated)	10549
j. 75+	118		
k. Unknown/not reported	7036		
l. TOTAL (auto calculated)	10549		

Section C.6b Status	
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3. Education Levels	Number of Individuals	7. Military Status	Number of Individuals
a. Grades 0-8	177	a. Veteran	64
b. Grades 9-12/Non-Graduate	201	b. Active Military	3
c. High School Graduate	75	c. Never Served in the Military	1697
d. GED/Equivalency Diploma		d. Unknown/not reported	313
e. 12 grade + Some Post-Secondary	8	e. TOTAL (auto calculated)	2077
f. 2 or 4 years College Graduate	1		
g. Graduate of other post-secondary school	0		
h. Unknown/not reported	3		
	40		

Section C.7 Status	
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8. Work Status (Individuals 18+)	Number of Individuals
a. Employed Full-Time	343

i. TOTAL (auto calculated) 465 1905

Section C.3 Status

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b. Employed Part-Time	163
c. Migrant or Seasonal Farm Worker	1
d. Unemployed (Short-Term, 6 months or less)	300
e. Unemployed (Long-Term, more than 6 months)	306
f. Unemployed (Not in Labor Force)	536
g. Retired	299
h. Unknown/not reported	129
i. Total (autocalculated)	2077

Section C.8 Status

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4. Disconnected Youth
 a. Youth ages 14-24 who are neither working or in school 2

5. Health

	Number of Individuals		
	Yes	No	Unknown
a. Disabling Condition	1608	462	8479
b. Health Insurance*	2021	1488	7040

*If an individual reported that they had Health Insurance please identify the source of health insurance below.

Health Insurance Sources

c.1. Medicaid	1120
c.2. Medicare	594
c.3. State Children's Health Insurance Program	150
c.4. State Health Insurance for Adults	186
c.5. Military Health Care	62
c.6. Direct-Purchase	46
c.7. Employment Based	98
c.8. Unknown/not reported	11
c.9. TOTAL (auto calculated)	2267

Section C.5 Status

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D. HOUSEHOLD LEVEL CHARACTERISTICS

9. Household Type	Number of Households
a. Single Person	737
b. Two Adults NO Children	155
c. Single Parent Female	492
d. Single Parent Male	42
e. Two Parent Household	143
f. Non-related Adults with Children	5
g. Multigenerational Household	46
h. Other	2
i. Unknown/not reported	2721
j. TOTAL (auto calculated)	4343

Section D.9 Status

10. Household Size	Number of Households
a. Single Person	737
b. Two	330
c. Three	255
d. Four	137
e. Five	92
f. Six or more	52
g. Unknown/not reported	2740
h. TOTAL (auto calculated)	4343

Section D.10 Status

11. Housing	Number of Households
a. Own	1330
b. Rent	2702
c. Other permanent housing	0
d. Homeless	0
e. Other	10
f. Unknown/not reported	301
g. TOTAL (auto calculated)	4343

Section D.11 Status

12. Level of Household Income (% of HHS Guideline)	Number of Households
a. Up to 50%	473

13. Sources of Household Income

a. Income from Employment Only	173
b. Income from Employment and Other Income Source	15
c. Income from Employment, Other Income Source, and Non-Cash Benefits	44
d. Income from Employment and Non-Cash Benefits	160
e. Other Income Source Only	436
f. Other Income Source and Non-Cash Benefits	496
g. No Income	181
h. Non-Cash Benefits Only	100
i. Unknown/not reported	2738
j. TOTAL (auto calculated)	4343

Section D.13 Status

Below, please report the types of Other income and/or non-cash benefits received by the households who reported sources other than employment

14. Other Income Source	Number of Households
a. TANF	11
b. Supplemental Security Income (SSI)	243
c. Social Security Disability Income (SSDI)	232
d. VA Service-Connected Disability Compensation	8
e. VA Non-Service Connected Disability Pension	2
f. Private Disability Insurance	2
g. Worker's Compensation	148
h. Retirement Income from Social Security	13
i. Pension	61
j. Child Support	2
k. Alimony or other Spousal Support	4
l. Unemployment Insurance	15
m. EITC	11
n. Other	12
o. Unknown/not reported	764

Section D.14 Status

15. Non-Cash Benefits	Number of Households
a. SNAP	1475
b. WIC	172
c. LIHEAP	357
d. Housing Choice Voucher	65



Please provide comments on any errors, warnings, or outliers that exist in the data that the CSBG eligible entities within your state are submitting to OCS. Thank you for your efforts on this submission of the Fiscal Year 2025 (FY25) CSBG Annual Report!

State	Agency	Module	Section	Data Point	Action Required	Justification
Florida	Tri-County Community Council, Inc.	M_2	Resources	C.3.		We do not administer Weatherization, but have always counted our LIHEAP clients here since receiving LIHEAP benefits will help with an energy reduction
		M_2	Resources	C.3b.3.		We do not administer Weatherization, but have always counted our LIHEAP clients here since receiving LIHEAP benefits will help with an energy reduction
		M_4	Characteristics	ACR D.15a.	Staff inputting data incorrectly	Will train staff on new CMS system to avoid these issues
		M_4	Characteristics	ACR D.15c.	Staff inputting data incorrectly	Will train staff on new CMS system to avoid these issues
		M_4	Characteristics	ACR D.14.	Staff inputting data incorrectly	Will train staff on new CMS system to avoid these issues
		M_4	Services	SRV 5		SRV 5 does show services



FLORIDA COMMERCE

Community Services Block Grant (CSBG)

Community Action Plan

Submission Date:

FFY:

Agency Contact Person Regarding the Community Action Plan:

Name:	Joel Paul, Jr.
Title:	Executive Director
Phone:	850-547-3689
Email:	joel@tricountycommunitycouncil.com

Certification of Community Action Plan and Assurances

The undersigned hereby certify that this agency complies with the Assurances and Requirements of this FFY 2026 Community Action Plan (CAP) and the information in this CAP is correct and has been authorized by the governing body of this organization.

Board Chairperson (signature)

Date

Executive Director (signature)

Date

Certification of ROMA Trainer or Implementer

The undersigned hereby certifies that this organization's Community Action plan and strategic plan document the continuous use of the full Results Oriented Management and Accountability (ROMA) cycle or comparable system (assessment, planning, implementation, achievement of results, and evaluation).

NCRT/NCRI

Date

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Agency Information

Agency Name:	Tri-County Community Council, Inc.	
Address:	302 North Oklahoma Street; P.O. Box 1210	
	Bonifay, FL 32425	
Phone:	850-547-3689	
Website:	www.tricountycommunitycouncil.com	
ED/CEO:	Joel Paul, Jr.	
Board Chair:	Ron Kelley	
Type of Agency:	Local Government	
	Farmworker	
	Nonprofit	X

Geographic Service Area

The Tri-County Community Council, Inc. operates an anti-poverty program in accordance with the Community Services Block Grant Act through funds allocated by the Secretary of the Florida Department of Commerce (FloridaCommerce) and the U.S. Department of Health and Human Services.

List all Counties Served through CSBG:

Bay
Holmes
Jackson
Okaloosa
Santa Rosa
Walton
Washington

Provide the location for all service centers, including the main office, below OR attach a listing of all service centers at **Attachment A**.

Geographic Service Area map

Attach a map of the Agency's service area at **Attachment B**.

Vision Statement

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

Date approved by Tripartite Board (most recent): October 10, 2024

(For reference, refer to Organizational Standards Category 4: Organizational Leadership.)

Type your agency's Vision Statement below.

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.

Mission Statement

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

Date last reviewed and approved by Tripartite Board (most recent): October 10, 2024

(For reference, refer to Organizational Standard 4.1.)

Type your agency's Mission Statement below.

Our mission is to identify and provide needed services to the citizens in our communities.

Community Needs Assessment (CNA)

(For reference, refer to Organizational Standards 1.1, 1.2, 2.2, and Category 3: Community Assessment.)

Date of the most recently completed CNA: April 2025

Timeframe: 2022 - 2027
(enter the timeframe the CNA covers)

Date approved by Tripartite Board (most recent): May 8, 2025
(For reference, refer to Organizational Standard 3.5)

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

Agency needs assessments shall identify the processes used to collect the most applicable information. Describe how the agency ensures that the needs assessment reflects the current priorities of the low-income population in the service area, beyond the legal requirement for a local public hearing of the community action plan. Also, the Agency must consider how its efforts ensure representation across the entire geographical area and capture needs of the full eligible community.

Please note how each of the activities below were used in conducting the needs assessment. For each, please state when the activity was conducted; how many people participated and what sector they represented. For example, client, partner agency, staff, board, and what counties were represented. If the activity was not used, please type N/A or Not Used and add a comment as to why.

ACTIVITY	WHEN	HOW MANY	WHO PARTICIPATED	COUNTIES REPRESENTED
Focus Groups	Oct 2024 thru Sep 2025	Various	Staff – Executive Director, Community Resource Director/Director's Assistant, Community Specialists; CareerSource staff; Community Partners	Bay, Holmes, Jackson, Okaloosa, Santa Rosa, Walton & Washington
Asset Mapping	N/A			
Surveys	March 2025	757	Partnering Agencies; Board Members; Community	Bay, Holmes, Jackson, Okaloosa, Santa

			Organizations; Clients; Staff; Public	Rosa, Walton & Washington
Community Dialogue	March 4, 2025	9	TCCC Lead Staff from Administration, Community Services, Low-Income Home Energy Assistance Program, Transportation, Head Start/Early Head Start, Senior Center	Bay, Holmes, Jackson, Okaloosa, Santa Rosa, Walton & Washington
Interviews	March 2025		Lead staff at various organizations/agencies to include but not limited to: FL Dept. of Health, Salvation Army, Goodwill, Coalition for the Homeless, Hospitals, Churches, Council on Aging	Bay, Holmes, Jackson, Okaloosa, Santa Rosa, Walton & Washington
Public Records	Mar-Apr 2025	Various	TCCC Staff used U.S. Census Data, Community Commons, United Way's A.L.I.C.E.: Asset Limited, Income Constrained, Employed system for data	Bay, Holmes, Jackson, Okaloosa, Santa Rosa, Walton & Washington

Define Your Community Needs Assessment (CNA) Process

1. Describe your agency's approach or system for collecting, analyzing, and reporting customer satisfaction data to the governing board. (Organizational Standard 1.1)

Offices receive feedback from client satisfaction surveys from clients. Results compiled into one report and included in Board Packet at every Board of Director's meeting. Client satisfaction surveys are located on agency website and outreach offices.

2. Describe how the agency analyzes information collected from low-income individuals as part of the community needs assessment process (methodology). (Organizational Standard 1.2)

Information collected at Community Meetings with low-income participants, through surveys submitted to low-income individuals when applying for assistance, and input from Board and Staff members. Data compiled and analyzed to determine the results. Top needs are identified as well as emerging needs that may need addressing now or in the future.

3. How has the Agency ensured that outreach and collection of data represents eligible constituents throughout the entire region of coverage?

The agency ensured that outreach and data collection represented all constituents across the service area by using a multi-layered approach. Surveys were distributed and data gathered through multiple formats, including electronic surveys, social media platforms, the agency website, and paper copies available at outreach offices and partner organizations. Surveys were also provided in additional languages as needed. Distribution and responses were tracked by geographic area, social service program, agency or department, and member category.

4. For each key sector of the community listed below, summarize the information gathered from each sector and how it was used to assess needs and resources during the needs assessment process (or other planning process throughout the year). (Organizational Standard 2.2)

Community-Based Organizations	Input from Board Members, Community Meetings, & Surveys as part of Community Needs process. Staff participate in community meetings from various business/organizations. Input is communicated to management team by staff who attended meetings. Surveys were distributed to individuals targeting all of the required sectors.
Faith-Based Organizations	Input from Board Members, Community Meetings, & Surveys as part of Community Needs process. Representative from Faith-Based organization(s) currently serving on the Board of Directors. Staff participate in community to management team by staff who attended meetings. Surveys were distributed to individuals targeting all of the required sectors.
Private Sector	Input from Board Members, Community Meetings, & Surveys as part of Community Needs process. Board of Director's have representative(s) from Private Sector(s) currently on the board. Staff participate in community meetings from various private businesses. Input is communicated to management team by staff who attended meetings. Surveys were distributed to individuals targeting all of the required sectors.
Public Sector	Input from Board Members, Community Meetings, & Surveys as part of Community Needs process. Board of

	Directors have representative(s) from Public Sector(s) currently on the board. Staff participate in community meetings that include members from the public sector. Input is communicated to management team by staff who attended meetings. Surveys were distributed to individuals targeting all of the required sectors.
Educational Institutions	Input from Board Members, Community Meetings, & Surveys as part of Community Needs process. Board of Director's have representative(s) from Educational institution(s) currently on the board. Staff participate in community meetings that include members from the educational community. Input is communicated to management team by staff who attended meetings. Surveys were distributed to individuals targeting all of the required sectors.
Other	Input from Board Members, Community Meetings & Surveys as part of Community Needs process. Board of Directors have representatives from all sectors currently on the board. Board members relay community needs and concerns to staff. Staff participates in a wide variety of community meetings covering all individuals. Surveys were distributed community wide ensuring all required sectors were covered.

5. For each data point listed below, provide the information from the CNA that was collected as part of the process and a summary of how it was used. (Organizational Standard 3.2)

Poverty and Gender	Income and gender collected on surveys as part of Community Needs process. Census data and demographic data from the Community Action Partnership was used a guidelines and comparisons in the analysis and interpretation of the data collected.
Poverty and Age	Income and age collected on surveys as part of Community Needs process. Census data and demographic data from the Community Action Partnership was used as guidelines and comparisons in the analysis and interpretation of the data collected.
Poverty and Race/Ethnicity	Income and race/ethnicity collected on surveys as part of Community Needs process. Census data and demographic data from the Community Action Partnership was used as guidelines and comparison in the analysis and interpretation of the data collected.

6. Briefly summarize the type of both qualitative and quantitative data collected and analyzed as part of the needs assessment process. (Organizational Standard 3.3)

Qualitative	Full community involvement was sought by the used of surveys made available in multiple formats and locations ranging from placement in outreach offices to agency website for public access and convenience. In
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	addition, surveys were distributed to other social service to ensure all groups were reached. Data collected from staff participation in focus groups and community meetings was used as part of the process as well.
Quantitative	A total of 757 completed surveys were processed. Census data and demographic information from the Community Action Partnership website was used in the analysis of data.

Describe the findings and results of your Community Needs Assessment

Top Five Needs	Agency Priority (Yes/No)	Description of programs/services /activities	Coordination	Geographic Area(s)
1. Housing	Yes	Rental/mortgage assistance which includes past due and 1 st month's rent; referrals to local HUD; Section 8; subsidized apartments.	Addressed directly with emergency assistance through funding. Coordination: Housing for clients through local landlords and apartment complexes; Mortgages for clients through banks and mortgage companies; referrals - HUD and Section 8 assisting clients with rental needs; Clients receive assistance for subsidized apartments.	Bay, Holmes, Jackson, Okaloosa, Santa Rosa, Walton & Washington Counties

2. Employment	Yes	Self Sufficiency Program assists families/individuals in obtaining and maintaining employment.	Directly with funding to pay for supports for employment. Coordination: Partnership with Post-Secondary schools, Technical schools and CareerSource. Vendors for employment supports. Local businesses provide employment opportunities.	Bay, Holmes, Jackson, Okaloosa, Santa Rosa, Walton & Washington Counties
3. Emergency Assistance	Yes	Emergency Services assists with rent, utilities, water, food, obtaining certificates & identification etc.	Partnership with local landlords, housing authorities, Section 8 providers, utility companies, food banks, & health care providers.	Bay, Holmes, Jackson, Okaloosa, Santa Rosa, Walton & Washington Counties
4. Healthcare	Yes	Assistance for medical needs provided with CSBG dollars in employment and family supports and emergency assistance; Clients are encouraged to apply for insurance in the Marketplace through the Affordable Healthcare Act.	Directly: Funding provides assistance for some medical needs. Coordination: Qualifying clients receive care through clinics or Health Departments	Bay, Holmes, Jackson, Okaloosa, Santa Rosa, Walton & Washington Counties

			with sliding scales based on income; Department of Children & Families assist clients with medical payments if unable to qualify for insurance programs.	
5.Childcare	Yes	CSBG dollars provide assistance for child participation in before and after school programs	Direct: Funding assists with before/after school programs. Coordination: Local schools provide afterschool programs; Head Start Programs has before and after school care in some counties; Daycares provide before and after school care.	Bay, Holmes, Jackson, Okaloosa, Santa Rosa, Walton & Washington Counties

Top Five needs: List the top five needs from your most recent Needs Assessment and how they vary across the counties served

Agency Priority: Please describe how the agency will address these priorities across the service area. If the need will not be addressed this year, please provide an explanation.

Description of programs/services/activities: Provide details of the program, service or activity that your entity will directly provide to address the need. Key details should include: a description of what will be provided, and to whom including population and geographic reach.

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

Geographic Area(s): Please describe how the agency will address these priorities across the service area(s). If the need will not be addressed this year in a particular area, please provide an explanation.

Service Delivery System

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

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

Tri-County Community Council, Inc.’s service delivery system ensures that individuals seeking services through other agency programs are referred to CSBG Services for assistance as well. For example, an individuals seeking transportation services would be referred to CSBG services for assistance with co-pays, employment etc. Clients are referred to partnering agencies for services outside of those agency provides. Clients are served through offices during office hours by walk in and appointments. During the intake process that need is identified and application process begins at that time.

2. Provide a copy of your agency’s most current CSBG Workplan at **Attachment C**.
3. How do your services/programs differ from those of other providers?

Our services are truly comprehensive in the delivery process. The agency administers several programs which allows for the bundling of services. Staff in all programs refer to other agency programs. In addition, if a client needs assistance in an area not serviced by the agency, they are referred to the many agencies we partner with. Family issues are addressed with the Family Self-Sufficiency Program (FSSP). For example, a FSSP participant may need financial support for employment and also needs assistance in other areas. The needs are identified during the interview process with the case worker who then refers them to other programs administered by the agency or a partnering agency if we do not perform the needed service.

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

Services funded through CSBG are closely aligned with the top priorities identified in the Community Needs Assessment (CNA). Housing was identified as the most pressing need in both the 2025 and 2022 CNA cycles. CSBG funds help address this need by providing rental assistance in emergency situations and covering first month's rent for qualifying individuals and families. A significant portion of CSBG funding supports the Family Self-Sufficiency Program (FSSP), which focuses on employment — ranked as the second-highest need in both the 2025 and 2022 CNAs, and previously identified as the top need in 2020 and 2017. Employment assistance includes support for education, job-related supplies, testing, uniforms, and other services necessary to gain and maintain employment. Emergency Assistance ranked as the third highest need in the 2025 CNA. CSBG addresses this through services such as emergency rent support, transportation, and medical assistance. Healthcare remained the fourth highest need in 2025, consistent with its ranking in 2022. CSBG funds contribute by helping cover the cost of medical and dental appointments, medications, and diagnostic tests. When funding is limited or restricted by grant guidelines, referrals are made to partner agencies to ensure continued access to care. Childcare was identified as the fifth top need in 2025, dropping from third place in previous CNA cycles. CSBG assists families by supporting costs related to before- and after-school care as well as participation in extracurricular activities.

Strategic Plan (or Comparable Planning Document for Public CAAs)

(For reference, refer to Organizational Standards 4.3 and Category 6.)

Date approved by Tripartite Board (most recent): August 11, 2022

(For reference, refer to Organizational Standard 6.1.)

1. Describe your agency's strategic planning process, including how the agency used ROMA in completing the plan. (Organizational Standard 4.3)

The Community Needs Assessment process began with a series of meetings with community representatives, staff, Board of Directors and participation in committees in the community. Multiple activities were utilized in this Community Needs Assessment process with surveys being the predominant tool. Results were analyzed with the top five needs identified and emerging trends noted. Agency SWOT analysis assisted in the planning process and strategy formation. Budgets are formulated based on results of Community Needs Assessment and adjusted to address newly identified needs. On-going monitoring and progress will be documented via reports on family, community, and agency levels. Results or projections versus outcomes will be evaluated. This date will assist in preparing for the new cycle.

2. Describe how the strategic plan addresses reduction of poverty, revitalization of low-income communities, and/or empowerment of people with low incomes to become more self-sufficient. (Organizational Standard 6.2)

The action plan indicates how the agency will address these elements. Several areas overlap in addressing multiple elements such as employment, transportation, childcare & education. Examples include the reduction of poverty being addressed by researching way to expand transportation routes and provide for childcare supporting individuals in obtaining and retaining employment. As well, the empowerment of people with low incomes to become more self-sufficient is specifically addressed in the area of employment which is accomplished by CSBG funding and networking with Colleges, School Boards, Career Source Boards and employers to assist with employment needs. Meeting housing needs supports the revitalization of low income communities.

3. Describe the family, agency and/or community goals contained in the strategic plan. (Organizational Standard 6.3)

Family goals include childcare assistance, meeting housing needs, employment supports, emergency assistance, healthcare, and childcare needs. Agency goals include maximizing use of funds to expand transportation routes to ensure clients have access to reliable transportation and lowering co-pays. Expansion of infant & toddler childcare and conversion of slots to address changes in childcare needs and networking with additional entities to ensure no gaps in service are also agency goals.

4. Describe the customer satisfaction data and customer input contained in the strategic plan along with a brief explanation of how this data was used. (Organizational Standard 6.4)

Customer satisfaction data and input was included in the Community Needs Assessment. Input was reviewed and valid issues are addressed in a timely manner if funding and other conditions permit. If issues cannot be met by agency, appropriate referrals to partnering agencies are made as is appropriate. Data is carried forward to the Strategic Planning Process to be discussed and included in long term planning if applicable.

Linkages and Funding Coordination

(For reference, refer to Organizational Standard 2.1.)

1. Describe the process utilized by your agency to link services and coordinate funding in your service area.
 - a. Indicate how staff was involved, i.e. attended community meetings, I&R, etc.

Staff participate in various community meetings for agencies including but not limited to educational, medical, faith-based, low-income, and the elderly. In addition, Executive Director serves on multiple boards addressing issues related to Community Action Agencies. Awareness of the service offered by other entities allows for collaboration and/or partnerships

- b. Describe how services are targeted to low income individuals and families.

Tri-County Community Council, Inc. and partnership organizations address specific groups such as homelessness, domestic violence, the elderly, and underprivileged children. We also collaborate with organizations such as Rescue Missions, Goodwill and Salvation Army. Many of these entities serve the low income population. Services provided by Tri-County Community Council, Inc. are targeted toward low-income families or individuals with income levels currently at or below the 200% poverty level in order to receive CSBG assistance.

- c. Describe how linkages will be developed to fill identified gaps in services.

Linkages and partnerships have been developed with area coalitions and other social service agencies if possible, gaps in services will be met through additional collaborations or partnerships. New trends will be monitored and the agency will aggressively pursue partnerships with organizations who can meet the specified needs.

- 2. Explain if there is a formalized coalition of social service providers in your service area. If so list the coalitions by name, describe the mission of the coalition, who participates, geographic service area and methods used by the coalition to coordinate services/funding.

The United Way 2-1-1 system is the formalized coalition in our area. Within the system is an extensive list of resources for assisting clients. In addition to this coalition, Tri-County Community Council, Inc. has MOUs with the Council on Aging in the service areas and CareerSource / Workforce Development Boards.

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

Existing CareerSource Memorandums of Understanding are in place and Infrastructure Funding Agreements are updated annually.

Tripartite Board of Directors

(For reference, refer to Organizational Standards Category 5: Board Governance.)

- 1. What is the total number of Board members as stated by your Bylaws? 19
- 2. Identify how many current Board members represent each sector:

Low Income Community Representatives	Elected Officials	Private Sector
7	7	5

3. Vacancy Resolution Plan – Does your board currently have any vacancies? Yes No
 If yes, please complete the table below for each vacant seat.

Position	Date Vacancy Occurred	Estimated Date to be Filled	Reason for Vacancy	Steps taken to fill Vacancy
Private – Jackson County	Aug 14, 2025	Unknown	Removed due to family – unable to commit to serving.	Contacted Chamber, Partnering Agencies, & requested Board member recommendations.
Low-Income Walton County	Aug 14, 2025	January 8, 2026	Removed due to lack of participation and communication.	Requested board member recommendations, Partnering Agencies, Churches, for possible interest.

Add rows as needed

Agency Bylaws

Date Approved by Tripartite Board (Most Recent): May 9, 2025
 (For reference, refer to Organizational Standards Category 5.)

Date Reviewed by an Attorney (Most Recent): September 19, 2024
 (For reference, refer to Organizational Standard 5.3.)

Date Bylaws Last Distributed to Board Members (Most Recent): October 9, 2025
 (For reference, refer to Organizational Standard 5.4.)

Agency-Wide (or Department-Wide) Organizational Chart

Does your agency have an agency-wide organizational chart? Yes No
 If not, what document does your agency and board use to identify positions within your agency?
 (For reference, refer to Organizational Standard 7.3.)

Agency-Wide (or Department-Wide) Budget

Does your agency have an agency-wide budget? Yes No
 If not, what document does your agency and board use track annual funding?
 (For reference, refer to Organizational Standards 8.7 and 8.9.)

Agency Succession Plan

Does your agency have an agency succession plan? Yes No

If not, what policies are in place in the event of an unplanned emergency absence by key staff members?

Does the plan cover unplanned short-term absences? Yes No
 Does the plan cover long-term (planned or not) absences? Yes No

Date Approved by Tripartite Board (Most Recent): October 9, 2014
 (For reference, refer to Organizational Standard 4.5.)

Agency-Wide (or Department-Wide) Comprehensive Risk Assessment

Does your agency have a comprehensive risk assessment? Yes No
 If not, what policies are in place to ensure the agency does not put itself at risk?

Date Reported to the Tripartite Board (Most Recent): October 9, 2025
 (For reference, refer to Organizational Standard 4.6.)

Agency-Wide (or Department-Wide) Disaster Recovery Plan or Continuity of Operations Plan?

Does your agency have a disaster recovery or continuity of operations plan?
 Yes No

Annual Analysis of the Agency's Outcomes

Does your agency provide an annual analysis or report to the governing board to include the following:

Report Type	Yes	No	Date Provided to the Board (Most Recent)
Update on the success of the specific strategies include in this Community Action Plan	X		August 14, 2025
Update on the progress of meeting the goals of the strategic plan	X		August 14, 2025
An analysis of the agency's outcomes and any operational or program adjustment and improvements identified	X		August 14, 2025

(For reference, refer to Organizational Standards 4.4, 6.5, 9.3)

Federal Assurances and Certification

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

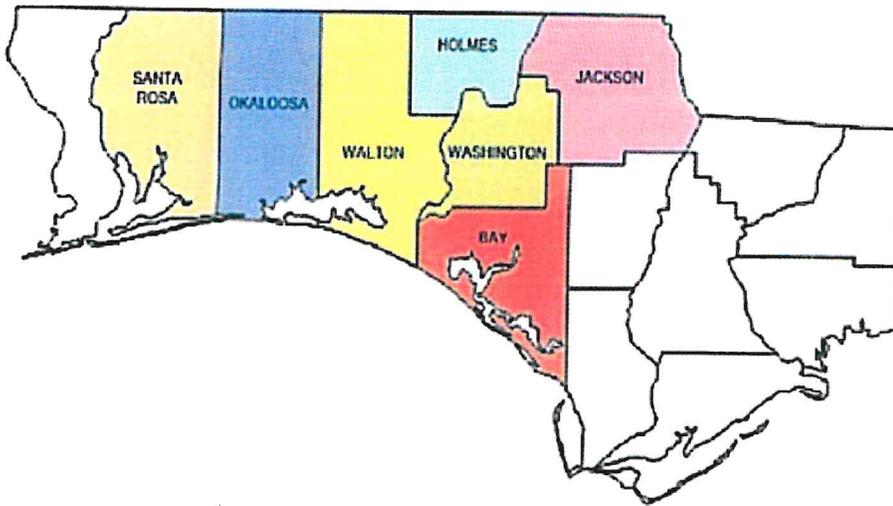
Attachment A

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

OUTREACH OFFICES

Administrative Office – Holmes County Tri-County Community Council, Inc. 302 North Oklahoma Street / P.O. BOX 1210 Bonifay, FL 32425	850-547-3689
Bay County 949 Jenks Avenue, Suite 1 Panama City, FL 32401	850-215-0173
Holmes County – Services Office 330 West Hwy 90 Bonifay, FL 32425	850-547-4263
Jackson County 2944 Penn Avenue, Suite D Marianna, FL 32448	850-394-4064
Okaloosa County – Crestview 209 Martin Luther King Avenue Crestview, FL 32536	850-306-1134
Okaloosa County – Ft. Walton Beach 913-H Beal Parkway Fort Walton Beach, FL 32547	850-200-4425
Washington County 623 Hwy 273 Chipley, FL 32428	850-638-4520
Walton County 41 West Main Street DeFuniak Springs, FL 32435	850-892-3615
Santa Rosa County 6607 East Elva Street Milton, FL 32570	850-981-0036

Attachment B



Attachment C

CSBG BUDGET FORMS CSBG WORKPLAN

Subrecipient: TRI-COUNTY COMMUNITY COUNCIL, INC.

Agreement #: E2260

Module 2, Section A: CSBG Expenditures by CSBG Eligible Entity

A2 CSBG Expenditures Domains	Estimated CSBG Funds
A2a Employment	\$96,036.00
A2b Education and Cognitive Development	\$121,000.00
A2c Income, Infrastructure, and Asset Building	\$0.00
A2d Housing	\$130,408.00
A2e Health and Social/Behavioral Development (includes nutrition)	\$32,210.00
A2f Civic Engagement and Community Involvement	\$2,000.00
A2g Services Supporting Multiple Domains	\$147,000.00
A2h Linkages (e.g. partnerships that support multiple domains)	\$8,900.00
A2i Agency Capacity Building (detailed below in Table A.4)	\$107,229.00
A2j Other (e.g. emergency management/disaster relief)	\$0.00
A2k Total CSBG Expenditures	\$639,783.00

A3 Of the CSBG funds reported above, report the estimated amount to be used for Administration.	\$95,967.00
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A4 Details on Agency Capacity Building Activities Funded by CSBG:	
<i>Please identify which activities that will be funded by CSBG under Agency Capacity in Table B (above). Please check all that apply ("X").</i>	
Community Needs Assessment	X
Strategic Planning	X
Data Management & Reporting	X
Training & Technical Assistance	X
*Other (Please specify others below):	
-	
-	
-	

Module 2, Section B: CSBG Eligible Entity Capacity Building

B2 Hours of Agency Capacity Building (e.g. training, planning, assessment):	Estimated Hours
B2a Hours of Board Members in capacity building activities	45
B2b Hours of Agency Staff in capacity building activities	2200

B3 Volunteer Hours of Agency Capacity Building (e.g. program support, service delivery, fundraising):	Estimated Hours
B3a Total number of volunteer hours donated to the agency	1200
B3a 1 Of the above, the total number of volunteer hours donated by individuals with low incomes	960

B4 The number of staff who hold certifications that increase agency capacity to achieve family and community outcomes, as measured by one or more of the following:	Number
B4a Number of Nationally Certified ROMA Trainers	1
B4b Number of Nationally Certified ROMA Implementers	1
B4c Number of Certified Community Action Professionals (CCAP)	2
B4d Number of Staff with a child development certification	0
B4e Number of Staff with a family development certification	0
B4f Number of Pathways Reviewers	0
B4g Number of Staff with Home Energy Professional Certifications	0
B4g 1 Number of Energy Auditors	0
B4g 2 Number of Retrofit Installer Technicians	0
B4g 3 Number of Crew Leaders	0
B4g 4 Number of Quality Control Inspectors (QCI)	0
B4h Number of LEED Risk Certified assessors	0
B4i Number of Building Performance Institute (BPI) certified professionals	0
B4j Number of Classroom Assessment Scoring System (CLASS) certified professionals	0
B4k Number of Certified Housing Quality Standards (HQS) Inspectors	0
B4l Number of American Institute of Certified Planners (AICP)	0
B4m *Other (Please specify others below):	
-	0

Attachment C

		0
B5	Number of organizations, both public and private, that the CSBG Eligible Entity actively works with to expand resources and opportunities in order to achieve family and community outcomes:	Unduplicated Number of Organizations
B5a	Non-Profit	97
B5b	Faith Based	49
B5c	Local Government	36
B5d	State Government	22
B5e	Federal Government	19
B5f	For-Profit Business or Corporation	151
B5g	Consortiums/Collaborations	4
B5h	School Districts	8
B5i	Institutions of Post-Secondary Education/Training	11
B5j	Financial/Banking Institutions	5
B5k	Health Service Organizations	23
B5l	Statewide Associations or Collaborations	7

Module 2, Section C: Allocated Resources per CSBG Eligible Entity

C2 Amount of CSBG funds allocated to reporting entity	\$639,783.00
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C3 Federal Resources Allocated (Other than CSBG)	Non-CSBG Funds
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C3a Weatherization (DOE) (include oil overcharge \$\$)	\$0.00
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C3b Health and Human Services (HHS)	
--	--

C3b 1 LIHEAP - Fuel Assistance (include oil overcharge \$\$)	\$452,770.00
C3b 2 LIHEAP - Weatherization (include oil overcharge \$\$)	\$0.00
C3b 3 Head Start	\$1,704,443.00
C3b 4 Early Head Start	\$1,055,724.00
C3b 5 Older Americans Act	\$0.00
C3b 6 Social Services Block Grant (SSBG)	\$0.00
C3b 7 Medicare/Medicaid	\$0.00
C3b 8 Assets for Independence (AFI)	\$0.00
C3b 9 Temporary Assistance for Needy Families (TANF)	\$0.00
C3b 10 Child Care Development Block Grant (CCDBG)	\$0.00
C3b 11 Community Economic Development (CED)	\$0.00
C3b 12 Other HHS Resources	
C3b 12.i	CFDA# 93.499
C3b 12.ii	CFDA# \$0.00
C3b 12.iii	CFDA# \$0.00
C3b 12.iv	CFDA# \$0.00
C3b 13 Total Other HHS Resources	\$0.00

C3c Department of Agriculture (USDA)	
---	--

C3c 1 Special Supplemental Nutrition for Women, Infants, and Children (WIC)	\$0.00
C3c 2 All USDA Non-Food programs (e.g. rural development)	\$0.00
C3c 3 All other USDA Food programs	\$207,091.00

C3d Department of Housing and Urban Development (HUD)	
--	--

C3d 1 Community Development Block Grant (CDBG) - Federal, State, and Local	\$0.00
C3d 2 Section 8	\$0.00
C3d 3 Section 202	\$0.00
C3d 4 Home Tenant-Based Rental Assistance (HOME TBRA)	\$0.00
C3d 5 HOPE for Homeowners Program (H4H)	\$0.00
C3d 6 Emergency Solutions Grant (ESG)	\$0.00
C3d 7 Continuum of Care (CoC)	\$0.00
C3d 8 All other HUD programs, including homeless programs	\$0.00

C3e Department of Agriculture (USDA)	
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C3e 1 Workforce Innovation and Opportunity Act (WIOA) *previously WIA	\$0.00
C3e 2 Other DOL Employment and Training programs	\$0.00
C3e 3 All other DOL programs	\$0.00

C3f Corporation for National and Community Service (CNCS) programs	\$0.00
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C3g Federal Emergency Management Agency (FEMA)	\$0.00
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Attachment C

C3h Department of Transportation		\$997,931.00
C3i Department of Education		\$0.00
C3j Department of Justice		\$0.00
C3k Department of Treasury		\$0.00
C3l Other Federal Resources		
C3l.i	CFDAH	\$0.00
C3l.ii	CFDAH	\$0.00
C3l.iii	CFDAH	\$0.00
C3l.iv	CFDAH	\$0.00
C3m Total Other Federal Resources		\$0.00
C3n Total: Non-CSBG Federal Resources Allocated		\$4,417,959.00
C4 State Resources Allocated		State Funds
C4a State appropriated funds used for the same purpose as Federal CSBG funds		\$0.00
C4b State Housing and Homeless programs (include housing tax credits)		\$0.00
C4c State Nutrition programs		\$0.00
C4d State Early Childhood Programs (e.g. Head Start, Day Care)		\$0.00
C4e State Energy programs		\$0.00
C4f State Health programs		\$0.00
C4g State Youth Development programs		\$0.00
C4h State Employment and Training programs		\$0.00
C4i State Senior programs		\$0.00
C4j State Transportation programs		\$1,615,451.00
C4k State Education programs		\$0.00
C4l State Community, Rural and Economic Development programs		\$0.00
C4m State Family Development programs		\$0.00
C4n Other State Resources		
C4n.i		\$0.00
C4n.ii		\$0.00
C4n.iii		\$0.00
C4n.iv		\$0.00
C4o Total Other State Resources		\$0.00
C4p Total: State Resources Allocated		\$1,615,451.00
C4q <i>If any of these resources were also reported under Item C.3n. (Federal Resources), please estimate the amount.</i>		\$0.00
C5 Local Resources Allocated		Local Funds
C5a Amount of unrestricted funds appropriated by local government		\$0.00
C5b Amount of restricted funds appropriated by local government		\$56,000.00
C5c Value of Contract Services		\$0.00
C5d Value of in-kind goods/services received from local government		\$35,000.00
C5e Total: Local Resources Allocated		\$91,000.00
C5f <i>If any of these resources were also reported under Item C.3n. or C.4p. (Federal or State Resources), please estimate the amount.</i>		\$0.00
C6 Private Sector Resources Allocated		Estimated Local Funds
C6a Funds from foundations, corporations, United Way, other nonprofits		\$6,000.00
C6b Other donated funds		\$3,000.00
C6c Value of other donated items, food, clothing, furniture, etc.		\$100,000.00
C6d Value of in-kind services received from businesses		\$0.00
C6e Payments by clients for services		\$55,000.00
C6f Payments by private entities for goods or services for low income clients or communities		\$10,000.00
C6g Total: Private Sector Resources Allocated		\$174,000.00
C6h <i>If any of these resources were also reported under Item C.3n., C.4p. or C.5e. (Federal, State or Local Resources), please estimate the amount.</i>		\$0.00
C7 Total Non-CSBG Resources Allocated: (Federal, State, Local & Private)		\$6,298,410.00
C8 Total Resources in CSBG Eligible Entity (including CSBG)		\$6,938,193.00

(Updated 6/21/2023)

Attachment C

CSBG BUDGET FORMS CSBG WORKPLAN

Subrecipient: TRI-COUNTY COMMUNITY COUNCIL, INC.

Agreement #: E2260

Module 4, Section A: Individual and Family National Performance Indicators (FNPIs)

Goal 1: Individuals and Families with low incomes are stable and achieve economic security.

----- Employment Indicators -----

FNPI 1 Employment	Target (#)
FNPI 1a The number of unemployed youth who obtained employment to gain skills or income.	0
FNPI 1b The number of unemployed adults who obtained employment (up to a living wage).	0
FNPI 1c The number of unemployed adults who obtained and maintained employment for at least 90 days (up to a living wage).	0
FNPI 1d The number of unemployed adults who obtained and maintained employment for at least 180 days (up to a living wage).	0
FNPI 1e The number of unemployed adults who obtained employment (with a living wage or higher).	18
FNPI 1f The number of unemployed adults who obtained and maintained employment for at least 90 days (with a living wage or higher).	13
FNPI 1g The number of unemployed adults who obtained and maintained employment for at least 180 days (with a living wage or higher).	0

FNPI 1 Employment	Target (#)
FNPI 1h The number of employed participants in a career-advancement related program who entered or transitioned into a position that provided increased income and/or benefits.	5
FNPI 1h 1 Of the above, the number of employed participants who increased income from employment through wage or salary amount increase.	3
FNPI 1h 2 Of the above, the number of employed participants who increased income from employment through hours worked increase.	1
FNPI 1h 3 Of the above, the number of employed participants who increased benefits related to employment.	1

FNPI 1z Other Employment Outcome Indicator	Target (#)
FNPI 1z 1 The number of individuals or households	0

General Comments:

----- Education and Cognitive Development Indicators -----

FNPI 2 Education and Cognitive Development	Target (#)
FNPI 2a The number of children (0 to 5) who demonstrated improved emergent literacy skills.	0
FNPI 2b The number of children (0 to 5) who demonstrated skills for school readiness.	75
FNPI 2c The number of children and youth who demonstrated improved positive approaches toward learning, including improved attention skills. (auto total).	0
FNPI 2c 1 Early Childhood Education (ages 0-5)	0
FNPI 2c 2 1st grade-8th grade	0
FNPI 2c 3 9th grade-12th grade	0
FNPI 2d The number of children and youth who are achieving at basic grade level (academic, social, and other school success skills). (auto total)	0
FNPI 2d 1 Early Childhood Education (ages 0-5)	0
FNPI 2d 2 1st grade-8th grade	0
FNPI 2d 3 9th grade-12th grade	0
FNPI 2e The number of parents/caregivers who improved their home environments.	0

Attachment C

FNPI 2f	The number of adults who demonstrated improved basic education.	0
FNPI 2g	The number of individuals who obtained a high school diploma and/or obtained an equivalency certificate or diploma.	0
FNPI 2h	The number of individuals who obtained a recognized credential, certificate, or degree relating to the achievement of educational or vocational skills.	11
FNPI 2i	The number of individuals who obtained an Associate's degree.	0
FNPI 2j	The number of individuals who obtained a Bachelor's degree.	0
FNPI 2z Other Education and Cognitive Development Outcome Indicator		Target (#)
FNPI 2z 1	The number of individuals or households	0

General Comments:

----- Income and Asset Building Indicators -----

FNPI 3 Income and Asset Building Indicators		Target (#)
FNPI 3a	The number of individuals who achieved and maintained capacity to meet basic needs for 90 days .	10
FNPI 3b	The number of individuals who achieved and maintained capacity to meet basic needs for 180 days .	0
FNPI 3c	The number of individuals who opened a savings account or IDA .	0
FNPI 3d	The number of individuals who increased their savings .	0
FNPI 3e	The number of individuals who used their savings to purchase an asset .	0
FNPI 3e 1	Of the above, the number of individuals who purchased a home .	0
FNPI 3f	The number of individuals who improved their credit scores .	0
FNPI 3g	The number of individuals who increased their net worth .	0
FNPI 3h	The number of individuals engaged with the Community Action Agency who report improved financial well-being .	0
FNPI 3z Other Income and Asset Building Outcome Indicator		Target (#)
FNPI 3z 1	The number of individuals or households	0

General Comments:

----- Housing Indicators -----

FNPI 4 Housing		Target (#)
FNPI 4a	The number of household members experiencing homelessness who obtained safe temporary shelter .	0
FNPI 4b	The number of household members who obtained safe and affordable housing .	6
FNPI 4c	The number of household members who maintained safe and affordable housing for 90 days .	0
FNPI 4d	The number of household members who maintained safe and affordable housing for 180 days .	0
FNPI 4e	The number of household members who avoided eviction .	125

Attachment C

FNPI 4f	The number of household members who <u>avoided foreclosure</u> .	8
FNPI 4g	The number of household members who <u>experienced improved health and safety</u> due to improvements within their home (e.g. reduction or elimination of lead, radon, carbon dioxide and/or fire hazards or electrical issues, etc).	0
FNPI 4h	The number of household members with <u>improved energy efficiency and/or energy burden reduction</u> in their homes.	6,300
FNPI 4z Other Housing Outcome Indicator		Target (#)
FNPI 4z 1	The number of individuals or households	0

General Comments:

----- Health and Social/Behavioral Development Indicators -----

FNPI 5	Health and Social/Behavioral Development	Target (#)
FNPI 5a	The number of individuals who demonstrated <u>increased nutrition skills</u> (e.g. cooking, shopping, and growing food).	0
FNPI 5b	The number of individuals who demonstrated <u>improved physical health</u> and well-being.	2
FNPI 5c	The number of individuals who demonstrated <u>improved mental and behavioral health and well-being</u> .	0
FNPI 5d	The number of individuals who <u>improved skills</u> related to the adult role of parents/ caregivers.	0
FNPI 5e	The number of parents/caregivers who <u>demonstrated increased sensitivity and responsiveness</u> in their interactions with their children.	0
FNPI 5f	The number of <u>seniors (65+)</u> who maintained an independent living situation.	700
FNPI 5g	The number of <u>individuals with disabilities</u> who maintained an independent living situation.	550
FNPI 5h	The number of <u>individuals with chronic illness</u> who maintained an independent living situation.	0
FNPI 5i	The number of individuals with <u>no recidivating event</u> for six months.	0
FNPI 5i 1	Youth (ages 14-17)	0
FNPI 5i 2	Adults (ages 18+)	0
FNPI 5z Other Health and Social/Behavioral Development Outcome Indicator		Target (#)
FNPI 5z 1	The number of individuals or households	0

General Comments:

----- Civic Engagement and Community Involvement Indicators -----

FNPI 6	Civic Engagement and Community Involvement Indicators	Target (#)
FNPI 6a	The number of Community Action program participants who increased skills, knowledge, and abilities to enable them to work with Community Action to improve conditions in the community.	0
FNPI 6a 1	Of the above, the number of Community Action program participants who <u>improved their leadership skills</u> .	0
FNPI 6a 2	Of the above, the number of Community Action program participants who <u>improved their social networks</u> .	0
FNPI 6a 3	Of the above, the number of Community Action program participants who gained other skills, knowledge and abilities to <u>enhance their ability to engage</u> .	0
FNPI 6z Other Civic Engagement and Community Involvement Outcome Indicator		Target (#)
FNPI 6z 1	The number of individuals or households	0

General Comments:

Attachment C

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----- Outcomes Across Multiple Domains -----

FNPI 7 Outcomes Across Multiple Domains	Target (#)
FNPI 7a The number of individuals who achieved one or more outcomes as identified by the National Performance Indicators in various domains.	7,800
FNPI 7z Other Outcome Indicator	Target (#)
FNPI 7z 1 The number of individuals or households	0

General Comments:

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(Updated 5/21/2024)

**Independent Accountants' Report on
Financial Monitoring Results**

Tri-County Community Council, Inc.

2023-24 Financial Monitoring Report
Period Monitored: October 1, 2022 – September 30, 2024



**Independent Accountants' Report on
Financial Monitoring Results
Tri-County Community Council, Inc.
2023-24 Financial Monitoring Report
*Period Monitored: October 1, 2022 – September 30, 2024***

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September 18, 2025

State of Florida Department of Commerce
Tallahassee, Florida

We have performed specific financial compliance consulting services as described in the purchase order C4460C and task order C4061-T11. These services were contracted by the Florida Department of Commerce (FloridaCommerce) to comply with its oversight and monitoring responsibilities as outlined in the following applicable federal regulations and program guidance.

- 45 Code of Federal Regulations (CFR) § 75.342(a), USDHHS, *Monitoring and reporting program performance*,
- 2 CFR § 200.329(a), *Monitoring and reporting program performance*,
- 2 CFR § 200.332(e), *Requirements for pass-through entities*,
- 42 U.S.C. Ch. 106 - Community Service Block Grant Program (CSBG) Sec. 9914,
- Low-Income Home Energy Assistance Act of 1981 (LIHEAP) Sec. 2605(10).

These consulting services were conducted in accordance with the Statement on Standards for Consulting Services (SSCS) established by the American Institute of Certified Public Accountants. FloridaCommerce is solely responsible for the sufficiency of the procedures performed. Consequently, we make no representation regarding the sufficiency of the procedures performed, either for the purpose for which this report has been requested or for any other purpose.

We performed financial compliance consulting services over the Tri-County Community Council, Inc. (the Subrecipient) as summarized in the approved financial monitoring tool. Detailed descriptions of the procedures performed, and our related findings begin on page 3 of this report.

These consulting services were not designed to express an opinion on the business, operational, and internal control risks associated with the Subrecipient's compliance with the previously described financial management standards as outlined in applicable Office of Management and Budget Uniform Grant Guidance, Code of Federal Regulations, or other state and federal requirements. Accordingly, we do not express such an opinion. Additionally, because of inherent limitations of internal control systems, the procedures performed should not be relied upon to prevent or detect errors or fraud associated with grant related revenues or expenditures. Had we performed additional procedures, other matters might have come to our attention that would have been reported to FloridaCommerce.



This report is intended solely for the information and use of FloridaCommerce and FloridaCommerce's management and is not intended to be and should not be used by anyone other than these specified parties.

Thomas Howell Ferguson P.A.

Thomas Howell Ferguson P.A.
Tallahassee, Florida

SUMMARY TABLE OF FINANCIAL MONITORING RESULTS

Category	Finding(s)	Other Noncompliance Issue	Observation(s)	Technical Assistance
1.0 - PCAP Implementation	-	-	-	-
2.0 - Financial Management and Internal Control Systems	-	-	2	-
3.0 - Purchasing	-	1	2	-
4.0 - Contracting	-	-	-	-
5.0 - Subrecipient Monitoring	-	-	-	-
6.0 - CSBG Specific	1	-	4	-
7.0 - LIHEAP Specific	-	-	1	-
Total	1	1	9	-

DEFINITIONS APPLICABLE TO FINANCIAL MONITORING

1. Finding – A high-risk issue that directly impacts the integrity or effectiveness of financial operations or could potentially result in major financial deficiencies or noncompliance (e.g., lack of accounting records or no system of accounting, no documentation to support expenditures, lack of internal controls, lack of fully executed contracts, issues indicative of systemic problems in financial operations, has the appearance of fraud or abuse, potential questioned costs, etc.). Findings are expected to be responded to in the Corrective Action Plan (CAP).
2. Other Noncompliance Issue (ONI) – A medium-risk finding that results in deviation from process or practice not likely to result in failure of the management system or process but has a direct impact on financial operations and compliance (e.g., missing financial elements, failure to timely conduct follow-ups, etc.) ONIs could potentially be upgraded to a finding over time based on the nature of the deficiency (e.g., repeat violations, issues indicative of systemic problems in financial operations, questioned costs, etc.). ONIs are expected to be responded to in the CAP.
3. Observation – A low-risk issue that is intended to offer constructive comments and an opportunity to improve current local practices, processes, and procedures that result in positive financial and compliance outcomes. Observations are not expected to be responded to in the CAP except when requested.
4. Technical Assistance – Any assistance provided by the financial monitoring team to staff.

Financial Monitoring Results

Prior Year Corrective Action Follow-Up

Not Applicable.

FY 2022-2024 Financial Monitoring Results

Thomas Howell Ferguson P.A. performed financial monitoring based on the elements described in the Community Services Block Grant (CSBG) and the Low Income Home Energy Assistance Program (LIHEAP) 2024-2025 Financial Monitoring Tools issued by the FloridaCommerce Bureau of Economic Self-Sufficiency (BESS). The results of financial monitoring testing are described below.

Financial Monitoring Results

Findings

Finding #1 – Misallocation of CSBG Funds

Category: Community Services Block Grant (CSBG) Fiscal Review

Condition: A sampled organizational utility expense was charged entirely to the Community Services Block Grant (CSBG) program, even though the cost supported activities under both CSBG and the Low-Income Home Energy Assistance Program (LIHEAP). The Subrecipient stated the full charge to CSBG was due to a temporary delay in LIHEAP funding; however, no correcting entry was made once funding resumed.

Criteria: Per 2 CFR §200.405(a), costs must be allocated to a federal award in proportion to the relative benefits received.

Cause: The Subrecipient charged the full cost to CSBG during a period when LIHEAP funds were delayed but did not process a post-correction entry once funding was restored. Internal procedures did not require follow-up or reallocation of shared costs once temporary funding issues were resolved.

Effect: The cost allocation did not reflect the actual benefit received by both programs, resulting in an overcharge to CSBG. While the charge may have been intended as a temporary measure, the lack of adjustment reduced accuracy in grant reporting.

Required Action: This issue requires a formal Preventative Corrective Action Plan (PCAP) be submitted by the Subrecipient to FloridaCommerce within thirty (30) calendar days of receipt. This PCAP should address the Subrecipient's plan to address the underlying cause and conditions stated above. Such plans should include at a minimum the following corrective actions:

- The Subrecipient should review its current policies and procedures for cost allocation. Such allocation methodologies should be based on the relative benefits received.
- Changes to the policy should be carefully considered and formally adopted by the Subrecipient's Board of Directors.
- The Subrecipient should provide training and guidance for relevant staff.
- The Subrecipient should implement the new policies once adopted to ensure compliance with the applicable standards.
- Any additional corrective actions the Subrecipient deems appropriate.

Other Noncompliance Issues

Other Noncompliance Issue #1 – Procurement of Computer Services

Category: Purchasing

Condition: In 2020, the Subrecipient entered a one-year contract for computer services that included an option for annual renewals. However, no formal procurement actions or written contract extensions were executed after the initial term expired. Despite the absence of a valid agreement, services continued to be rendered and paid for beyond the contract period.

Tri-County Community Council, Inc. Report Summary
2022-24 Financial Monitoring Report
Period Monitored: October 1, 2022 – September 30, 2024

Financial Monitoring Results

Criteria: Per 45 CFR §75.327, all procurement transactions must be conducted in a manner providing full and open competition and must be supported by a documented contract or agreement.

Cause: The Subrecipient did not initiate a formal renewal of the service contract following its expiration, and documentation supporting continued procurement activity was not retained. This oversight resulted in payments being made without a valid agreement or procurement record on file.

Effect: Inadequate documentation of procurement and renewal activities increases risk of noncompliance with federal purchasing and contracting requirements.

Required Action: This finding requires a formal Preventative Corrective Action Plan (PCAP) be submitted by the Subrecipient to FloridaCommerce within thirty (30) calendar days of receipt. This PCAP should address the Subrecipient's plan to address the underlying cause and conditions stated above. Such plans should include at a minimum the following corrective actions:

- Review documentation during the period 10/1/2022-present for any other matters that meet the criteria above.
- The Subrecipient should review its current policies and procedures for procurement and contracting.
- Changes to the policy should be carefully considered and formally adopted by the Subrecipient's Board of Directors.
- The Subrecipient should provide training and guidance for relevant staff.
- The Subrecipient should implement the new policies once adopted to ensure compliance with the applicable standards.
- Any additional corrective actions the Subrecipient deems appropriate

Observations/Technical Assistance

Observation #1 – Financial Management and Internal Control – Cost Allocation Plan Compliance

During the inspection of facility cost allocations, one rental expense was found to be split evenly between the Community Services Block Grant (CSBG) and Low-Income Home Energy Assistance Program (LIHEAP) based on employee headcount. While the allocation appears reasonable given the shared use of space, it does not align with the Subrecipient's approved cost allocation plan, which identifies square footage as the required basis for allocating facility-related costs.

This inconsistency highlights the importance of applying the approved allocation methodology consistently to support internal controls and ensure compliance with the Subrecipient's own policies. The Subrecipient should consider revisiting this allocation or consider updating the cost allocation plan to allow for limited, documented exceptions where alternative methods are appropriate and justifiable.

Tri-County Community Council, Inc. Report Summary
2022-24 Financial Monitoring Report
Period Monitored: October 1, 2022 – September 30, 2024

Financial Monitoring Results

Observation #2 – Financial Management and Internal Control – Outstanding Checks in Excess of 60 Days

An inspection of bank statements for July 2023 and July 2024 identified multiple checks that remained outstanding for more than 60 days, including several that had not cleared in over a year. The Subrecipient reported that periodic reviews are performed and that most checks are eventually resolved; however, the presence of long-outstanding items indicates an opportunity to strengthen the timeliness and consistency of check reconciliation practices.

Implementing more frequent and structured monitoring of aged checks—particularly those exceeding 60 days—would improve the accuracy of financial records, enhance oversight of grant-related disbursements, and support audit preparedness.

Observation #3 – Purchasing – Inconsistent Adherence to Internal Policies

While the Subrecipient generally follows federal procurement requirements, reviews of noncompetitive (sole source) procurements revealed inconsistent adherence to its internal procurement policy. Specifically, for both the Cougar Mountain accounting software and the Santa Rosa County lease, procurement amounts exceeded the Subrecipient’s \$2,000 micro-purchase threshold, yet neither file included sufficient documentation justifying the use of sole source procurement. Written explanations or other evidence demonstrating why a competitive process was not feasible were missing from both files.

Although the Subrecipient’s policy outlines allowable conditions for noncompetitive procurement, it lacks detailed procedural guidance—such as required approval levels and the type of documentation that must accompany sole source justifications (e.g., written rationale or market research). This lack of clarity may contribute to inconsistent application and incomplete records. In the Cougar Mountain example, no documentation was available for the original procurement, which occurred approximately 20 years ago, making it unclear whether the acquisition was competitively solicited or justified under sole source provisions.

To strengthen internal controls and promote consistent application, the Subrecipient should revise its procurement policy to provide clearer guidance on noncompetitive procurement requirements, including specific documentation standards and approval protocols. Improved policy clarity and supporting records will enhance transparency and ensure continued compliance with procurement best practices.

Observation #4 – Purchasing – Procurement Policy

The Subrecipient’s procurement policy does not fully align with federal procurement standards outlined in 45 CFR Part 75, and several key provisions are either missing or insufficiently detailed. During on-site review, the following gaps were identified:

- **Time and Materials Contracts:** The policy does not address the use of time and materials contracts, including the requirement to establish a ceiling price as outlined in 45 CFR §75.327(j).
- **Noncompetitive Proposals:** Although the policy permits noncompetitive procurement under specific circumstances (e.g., emergencies, sole source), it does not clearly define the approval requirements or documentation standards for such purchases. This increases the risk of inconsistent application and reduced accountability.

Tri-County Community Council, Inc. Report Summary
2022-24 Financial Monitoring Report
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Financial Monitoring Results

- **Recovered Materials:** The policy does not reference the procurement of recovered materials as required under 45 CFR §75.331. While this may have limited current applicability, including the provision supports compliance readiness and is considered a best practice.
- **Record Availability:** While the policy includes general record retention language, it does not address the requirement to make procurement records available to the federal awarding agency or pass-through entity, as required by 45 CFR §75.333.

Enhancing the procurement policy to address these areas will improve alignment with federal regulations, support consistent application of procedures, and strengthen the Subrecipient's internal control framework.

Observation #5 – CSBG Specific - Tripartite Board Vacancy

During the review of the Subrecipient's tripartite board composition, it was noted that one private sector seat had remained vacant for more than 90 days. While the Subrecipient is actively onboarding a new member and provided documentation of outreach efforts, the extended vacancy period does not align with the CSBG Program Manual and the requirements set forth in Section 678B of the CSBG Act (42 U.S.C. § 9914), which emphasize the need for maintaining full and balanced board representation across the public, private, and low-income sectors. Prolonged vacancies, particularly in the private sector, may limit input and reduce effectiveness in representing the population served.

Observation #6 – CSBG Specific – Client files Incomplete Lease Waiver Documentation

During expenditure testing, a lease waiver was used in place of a formal rental agreement. Although signed by both the landlord and property manager, the waiver lacked key details such as the rental amount, property address, and payment terms. These omissions limit the Subrecipient's ability to verify the client's housing obligation and justify rental assistance payments. To strengthen compliance and reduce the risk of unsupported expenses, the Subrecipient should update its lease waiver template to include all essential information. We recommend that the Subrecipient consult with Florida Commerce to confirm acceptable alternative documentation necessary when formal lease agreements are unavailable.

Observation #7 – CSBG Specific – Discrepancies Between SHAH System and General Ledger Records

Discrepancies were noted between client payment records maintained in the SHAH system and actual benefits paid. Several records in SHAH reflected payment amounts that were not supported by actual disbursements, including instances where payments had been voided or not issued. While the Subrecipient asserts that request for reimbursement are based off the accounting records, not the SHAH listing, this highlights a risk for noncompliance with reporting requirements. To improve data integrity and financial oversight, the Subrecipient should implement a regular reconciliation process between SHAH and the payment support to ensure internal databases accurately reflect completed payments and voided transactions.

Tri-County Community Council, Inc. Report Summary
2022-24 Financial Monitoring Report
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Financial Monitoring Results

Observation #8 – CSBG Specific – Gaps in Community Needs Assessment

While the Subrecipient’s Community Needs Assessment identifies broad areas of need, it does not provide a detailed breakdown across key stakeholder levels—specifically family, agency, and community. This level of segmentation is a core component of the ROMA (Results-Oriented Management and Accountability) framework and supports more targeted service planning.

Without this breakdown, it may be challenging to design programs that directly address the distinct challenges faced by each stakeholder group. Including this detail in future assessments would enhance strategic planning, focus service delivery, and promote more effective use of resources.

Observation #9 – LIHEAP Specific – Inconsistent HUD Documentation Between LIHEAP Components

During client file testing, HUD-related documentation—such as lease agreements or housing verification—was consistently found in LIHEAP Crisis Assistance files but was not present in LIHEAP Home Energy Assistance files. Per Florida Commerce’s LIHEAP Manual, Part 900.08(a–f), agencies are required to obtain a copy of the applicant’s rental agreement or HUD documentation when the applicant is receiving rent supplements.

Ensuring this documentation is collected consistently across both LIHEAP components would promote uniform application of eligibility requirements and support compliance with program guidance.

Financial Monitoring Dates: May 19, 2025 – May 22, 2025

Financial Monitoring Sample Period: October 1, 2022 – September 30, 2024

NAME	Agency	Entrance Conference	Exit Conference
The joint entrance conference with Tri-County Community Council, Inc. staff was conducted on May 19, 2025. The financial monitoring exit conference was conducted on May 30, 2025. The entrance/exit conference attendees are listed below:			
Name	Agency	Entrance Conference	Exit Conference
Timothy Robbins	THF	x	x
Ana Delgado	THF	x	x
Joel Paul, Jr.	TCCC	x	x
Heather Craft	TCCC	x	x
Sharon Kent	TCCC	x	x
Betty (Angie) Moore	TCCC	x	x

**Monitoring Summary Report
2022 – 2024 Financial Monitoring**

Community Action Agency Name	Tri-County Community Council
Executive Director name: Phone Number: E-mail address:	Joel Paul, Jr. (850) 547-3689 joel@tricountycommunitycouncil.com
Fiscal Primary: Phone Number: E-mail address:	Heather Craft (850) 547-3689 (x232) heather@tricountycommunitycouncil.com
Monitoring Details:	
<p>FloridaCommerce conducted a financial monitoring review during February 2025. This review utilized a sample period from October 1, 2021, to September 30, 2024, and was carried out in partnership with Thomas Howell Ferguson, a certified public accountant. The results of the monitoring revealed several findings, compliance issues, and proposed actions for Tri-County Community Council to improve financial oversight and accountability.</p> <p>Finding #1 – Misallocation of CSBG Funds Category: Community Services Block Grant (CSBG) Fiscal Review</p> <p><u>Corrective Action/Commitment:</u></p> <ol style="list-style-type: none"> 1. The CFO will notify staff of a delay in funding & the process for coding expenses. 2. The CFO will monitor this process monthly to ensure timely adjustments. <p><u>TCCC Updates:</u></p> <p>The Board approved our policies on August 14, 2025, and the matter was not included due to an oversight. We have always received grant awards before the start date and have been directed not to spend without an award in hand, this situation was not expected. At this time, we believe reinforcing the existing practice is sufficient.</p> <p><u>TCCC Response:</u></p> <p>Policies are reviewed at least annually and updated as needed following Board approval of any policy changes. The CFO will conduct refresher training with relevant staff to reinforce current purchasing and contracting practices.</p>	

Other Non-compliance Issue #1 – Procurement of Computer Services**Category: Purchasing**Corrective Action/Commitment:

1. The CFO will work with the HR Director in compiling a competitive bid advertisement with the scope.
2. Once the date has closed on the advertisement the bid will be opened by the Executive Director in the presence of the HR Director & CFO.
3. The contract will be awarded to the best candidate.
4. All contracts awarded will be monitored by the CFO quarterly to ensure the contracts on file are current.

Completion date: Completed **December 1, 2025**.

TCCC Updates:

1. We have reviewed our policies and updated the purchasing thresholds as required.
2. The Board approved these updates on **August 14, 2025**.
3. Staff have been informed of the changes and provided guidance to ensure compliance.
4. After reviewing documentation back to **October 1, 2022**, we did not identify any additional matters meeting the criteria related to this issue.

TCCC Response:

Attached & highlighted page 35. Policies are reviewed at least annually and updated as needed following Board approval of any policy changes. The CFO will conduct refresher training with relevant staff to reinforce current purchasing and contracting practices.

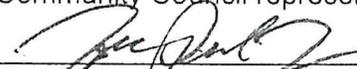


FloridaCommerce response:

FloridaCommerce has approved the proposed corrective actions. Please let us know if you need training and technical assistance.

I acknowledge receipt of this monitoring report and will address the areas of concern within the proposed dates.

- Tri-County Community Council representative name: Joel Paul, Jr.

Signature: 

Date: 12/26/25

- FloridaCommerce representative name: Asma Odeh

Signature: 

Date: 12/29/2025