

**Leon County Choose Life License Plates
Grant Program**

2007/08 GRANT APPLICATION

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DESCRIPTION OF THE GRANT PROCESS-PART ONE

SECTION ONE: INTRODUCTION

During the 1999 legislative session, House Bill 1509 was passed, effectively creating a specialty license plate entitled "Choose Life." Each county is eligible to receive funds generated from the sale of the specialty license plate within their respective counties. The Department of Highway Safety and Motor Vehicles shall be responsible for dispersing funds due to each county. Counties receiving funding shall allocate these monies according to provisions set forth in Florida Statute 320.08058(30). Subsequently, the Department of Highway Safety and Motor Vehicles will be responsible for monitoring counties' compliance with the respective legislation.

The statutes mandate that counties distribute funds from "Choose Life" license plate proceeds to non-governmental, not-for-profit agencies that reside within the boundaries of the respective county. Qualifying agencies must provide services that are limited to counseling and meeting the physical needs of pregnant women who are committed to placing their children for adoption. Furthermore, the statute dictates that the County may not distribute funds to any agency that is involved or associated with any pro-abortion activities. Additionally, funds may not be allocated to any agency that charges women for services received. Finally, Florida Statute 320.08062 requires counties to report on its compliance on an annual basis. The level of reporting is respective of the amount of revenue received.

Florida Statute 320.08062 states that all organizational recipients of any specialty license plate annual use fees authorized, not otherwise subject to an annual audit by the Office of Auditor General, shall submit an annual audit of the expenditures of annual use fees and interest earned from these fees. This is to ensure that expenditures are being made in accordance with the specifications outlined by law. The audit shall be prepared by a certified public accountant licensed under chapter 473 at the organizational recipient's expense.

Reporting of compliance, in accordance with Florida Statute 320.08062, in lieu of an annual audit, any organization receiving less than \$25,000 in proceeds, may annually report (in a format previously approved by the Department of Highway Safety and Motor Vehicles) that such proceeds were used in compliance with the governing statutes. At this time, it is expected that Leon County will receive less than \$25,000.

The "Choose Life" legislation did not establish specific procedures for allocating revenue generated by the sale of the specialty license plates. Therefore, each county is responsible for establishing its own process. In addition, each county must bear the burden of providing its own resources to administer processes associated with the receipt of this revenue.

SECTION TWO: DESCRIPTION OF FUND DISTRIBUTION PROCESS

A Notice of Funding Available will be advertised in the Tallahassee Democrat and the Capital Outlook about potential disbursements to qualifying agencies with a deadline date.

An application is provided for all requesting agencies. The contents of the application will request documentation to support that the agency meet the criteria outlined for this program.

Funds will be distributed evenly to agencies that qualify for this program.

SECTION THREE: FUNDING ELIGIBILITY REQUIREMENTS AND CONSTRAINTS

The statutes mandate that counties distribute funds from "Choose Life" license plate proceeds to non-governmental, not-for-profit agencies that reside within the boundaries of the respective county and:

1. *Qualifying agencies must provide services that are limited to counseling and meeting the physical needs of pregnant women who are committed to placing their children for adoption.*
2. *The statute dictates that the County may not distribute funds to any agency that is involved or associated with any pro-abortion activities.*
3. *Funds may not be allocated to any agency that charges women for services received.*
4. *Florida Statute 320.08062 requires counties to report on its compliance on an annual basis. The level of reporting is respective of the amount of revenue received.*
5. *An annual report and audit (per F.S. 320.08062 and Chapter 473) are due to Leon County within 60 days after the end of the fiscal year.*
6. *Agencies that receive the funds must use at least 70 percent of the funds to provide for the material needs of pregnant women who are committed to placing their children for adoption, including clothing, housing, medical care, food, utilities, and transportation. Such funds may also be expended on infants awaiting placement with adoptive parents.*
7. *The remaining funds may be used for adoption, counseling, training, or advertising, but may not be used for administrative expenses, legal, or capital expenditures.*

SECTION FOUR: GENERAL INSTRUCTIONS FOR SUBMISSION OF APPLICANT PACKET AND CONTACT PERSONS

No applications will be accepted after 5:00 p.m. on Wednesday, April 30, 2008.

Please make sure your application is date stamped at the time of

submission.

Provide one original and two copies.

If you are applying as a lead agency for a coalition, all agencies in the coalition must also submit an application.

Return application packets to the following location:

Leon County
Division of Health & Human Services
918 Railroad Avenue
Tallahassee, FL 32310
(850) 606-1912

STAFF PERSON CAN BE REACHED AT THE FOLLOWING CONTACT NUMBERS:

Patrick R Casserleigh, MPA
Human Services Analyst, Leon County
Phone Number: 850-606-1912
Fax Number: 850-606-1901
Email: CasserleighP@leoncountyfl.gov

SECTION FIVE: SPECIFIC INSTRUCTIONS FOR COMPLETING THE APPLICATION

Please note, all information presented in Forms 1 through 5 should be based on a fiscal year.

A. Form One (1) - Organizational Information

This is the cover page for your application. This form includes overall agency contact information, the legal (corporate) name of your agency, applicable legal requirements and corporate signatures.

B. Form Two (2) - Organizational Representation

List the agency's clients, Board of Directors, and professional and support staff composition.

C. Form Three (3) - Organizational Overview

List the overall mission of the agency. Identify goals and objectives accomplished during the agency's current fiscal year as well as goals and objectives your agency projects to accomplish during the upcoming fiscal year.

D. Form Four (4) - Statement of Activities

Please highlight successful collaborative efforts that your agency has conducted or is presenting participating in during this current fiscal year. Identify agency fund-raising plans such as various activities to generate funds to support the agency and its program delivery structure. Please list all formal grants and in-kind donations.

E. Form Five (5) Program Summary

Describe the program that will utilize these funds, including types of services provided, how and by whom (staff, volunteers, etc.) they are provided, and any eligibility requirements for clients.

**CHOOSE LIFE LICENSE PLATE GRANT
APPLICATION - PART TWO**

FORM ONE: ORGANIZATIONAL INFORMATION

FORM ONE: ORGANIZATIONAL INFORMATION

AGENCY'S LEGAL NAME Brehon Institute for Family Services, Inc.

STREET ADDRESS 2222 Old St. Augustine Road

MAILING ADDRESS 2222 Old St. Augustine Road

CITY Tallahassee STATE FL

ZIP 32301

PHONE NUMBER (850) 656-7110

FAX NUMBER (850) 656-7127

AGENCY CONTACT : Jackie Malone, Executive Director

E-MAIL ADDRESS jmalone@brehoninstitute.com

The following are the minimum legal requirements. An agency must meet these criteria to qualify for funding. Please provide the requested information below:

Registration with the U. S. Department of Treasury, Section 501 (c) (3), Internal Revenue Service Code, for exempt status. Tax Exempt # 59-1865406

Registration with the Florida Department of Agriculture and Consumer Services, pursuant to Chapter 496. F.S. Registration # CH 46

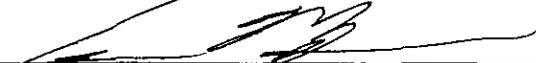
If your organization is exempt, as provided for in section 496.406, F.S., a copy of your exemption letter must be attached to this application.

If your organization is automatically excluded, pursuant to Section 496.403, F.S., check .

Your organization must be registered as a non-profit corporation with the Florida Department of State pursuant to Chapter 617. F.S. Registration # 744935

If your organization has a physical presence in Florida, you must be registered with the Florida Department of Revenue pursuant to Chapter 212.08.

F.S. State Sales Tax Exempt # 85-8012559260C-1



CHIEF VOLUNTEER OFFICER
(Board President or Chair Signature Required)

4/4/08

DATE



CHIEF PROFESSIONAL OFFICER
(Director, Executive Director or President Signature Required)

4-4-08

DATE

FORM TWO: ORGANIZATIONAL REPRESENTATION

Please complete the following grid concerning the composition of your clients, Board of Directors, and staff at the close of the 2006/07 fiscal year.

	A Client Composition (Number)	B Board of Directors (Number)	C Program/ Professional Staff (F.T.E.)	D Support Staff (F.T.E.)	E TOTAL STAFF (F.T.E.)
BY RACE:					
1. Caucasian	187	5	5.5	1	6.5
2. African American	1149	3	15.5	0	15.5
3. American Indian or Alaskan Native	0	0	1	0	1
4. Hispanic	30	0	0	1	1
5. Asian or Pacific Islander	0	0	0	0	0
6. Other	5	0	0	0	0
7. TOTAL:	1371	8	22	2	24
BY GENDER:					
8. Male	543	2	0	0	0
9. Female	828	6	22	2	24
10. TOTAL:	1371	8	22	2	24
BY AGE:					
11. Birth - 5	491				
12. 6-12	165				
13. 13-18	109				
14. 19-25	307				
15. 26-39	172	3	9	1	10
16. 40-54	108	4	13	1	14
17. 55 and above	19	1	0	0	0
18. TOTAL:	1371	8	22	2	24
19. No. of persons with disabilities	21	0	0	0	0
BY RESIDENCE:					
20. Leon County	422	8	11	1	12
21. Franklin Co.	0	0	0	0	0
22. Gadsden Co.	686	0	8	1	9
23. Jefferson Co.	0	0	1	0	1
24. Liberty Co.	0	0	0	0	0
25. Madison Co.	119	0	1	0	1
26. Taylor Co.	138	0	1	0	1
27. Wakulla Co.	2	0	0	0	0

28. All Others	4	0	0	0	0
29. TOTAL:	1371	8	22	2	24

FORM THREE -- ORGANIZATIONAL OVERVIEW

Narratives should be written in a concise manner. If necessary, attach one additional sheet.

1. Please state the agency's overall mission and purpose.

The **mission** of Brehon Institute for Family Services, Inc. is to improve the health and well-being of pregnant women, infants and children in North Florida. Brehon's services include four programs: (1) Brehon House (a maternity home in Leon County); (2) Project S.A.F.E. (Support and Family Education) in Madison and Taylor counties; (3) Healthy Families Gadsden; and (4) Healthy Families Leon. The **purpose** of these services is to provide transitional housing, adoption support and parent education to improve pregnancy outcomes and to stabilize at-risk families. The goal is to develop self-sufficient families through acquisition of new skills, knowledge and resources.

2. Please identify goals and objectives planned for your 2007/08 fiscal year (or current fiscal year).

GOAL: To improve the health and well-being of pregnant women, their infants and families through education, support, and transitional housing services.

CURRENT OBJECTIVES:

1. By September 30, 2008, 100% of birth mothers residing at Brehon House that desire to place their infants for adoption will be able to do so.
2. By September 30, 2008, 100 % of birth mothers residing at Brehon House that choose adoption will receive appropriate counseling and support services.
3. By September 30, 2008, Brehon House will provide transitional housing services for at least 30 mothers and their newborns.
4. By September 30, 2008, 95% of pregnant women (all programs) will deliver healthy babies.
5. By September 30, 2008, provide 6,136 hours of individual case management sessions (all programs).
6. By September 30, 2008, ensure that 90% of clients (in all programs) keep at least 80% of the goals they set for themselves.
7. By September 30, 2008, provide 450 hours of classroom education to Brehon House residents on the following topics: pregnancy spacing, parenting skills, life management skills, budgeting, conflict resolution, employment skills, anger management, and self-esteem building.
8. By September 30, 2008, provide at least 300 referrals (all programs combined) to medical or social services providers to enable all clients to meet their individual service plan goals.
9. By September 30, 2008, volunteers will donate 100 hours of in-kind assistance to the Brehon Institute for Family Services.

FORM FOUR: Statement of Activities

A. Please highlight successful collaborative efforts that your agency has conducted or is presenting or participating in during this current fiscal year.

coordinate service delivery and avoid duplication of services. During each resident's weekly case management session, referrals are reviewed, appointments verified, and new referrals made as appropriate for each resident. We collaborate with **Florida Baptist Children's Home, Children's Home Society, Catholic Charities** and other organizations as well as **attorneys** to assist birth mothers in placing their newborns for adoption. We also collaborate with **Refuge House** to assist residents that are Domestic Violence survivors. Brehon works with **Lutheran Social Services' Inn Between Program** and **ECHO's Bethany Apartments** to place Brehon House residents in more permanent housing once they complete the program at Brehon. In 2006-2007, **Brehon had a 100% placement rate** of residents that completed Brehon House program into more permanent housing.

Brehon House provides quality services through collaboration with **80+ partners** who participate in the implementation of our mission and annual goals. (The comprehensive list of collaborative partners is on our website at www.brehoninstitute.org). To further development and implementation, Brehon has: obtained in-kind donations; co-located services with other agencies; developed partnerships with other agencies to further staff development and resident care and education; established regular communication for referrals; partnered with organizations in fundraising endeavors, and provided information to agencies on Brehon's services and changes in our program requirements. Participation in meetings of professional community groups that have common goals, such as **Big Bend Coalition for the Homeless** and **Whole Child Leon**, has provided opportunities to enhance coordination and communication. Brehon Institute for Family Services believes strongly that no single strategy or organization is a sole remedy. The synergy derived from working together is invaluable to Brehon, its partners and the community at large.

B. Identify FY 2007-08 fund-raising plans to generate funds to support the agency and its program delivery structure.

Event	Date	Possible Dollar Results or Specific Results if the Event Has Been Completed
4 th Annual Blue Ribbon Ball	April 25, 2008	\$30,000
Golf Tournament	September 2008	\$15,000
Alternative Christmas Markets	December 2008	\$1,000

Ten Thousand Villages	December 2008	\$200
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PROJECTED TOTAL: \$46,200

C. Please list all formal grants and in-kind donations for your most recently completed fiscal year.

Represents Funding for All Brehon Programs for 2007-2008:

Community Human Services Partnership:	\$89,953
United Way Rural	\$21,500
Big Bend Community Based Care	\$120,000
Ounce of Prevention Fund of FL	\$694,462
Cash Donations/Special Events	\$41,503.65
In-Kind Donations	\$105,763.91

D. Do you participate in any pro-abortion activities? Yes _____ No X.

E. Do you charge women for services received? Yes _____ No X.

FORM FIVE: PROGRAM SUMMARY

(Complete FORM 5 for each program for which you are requesting funding)

AGENCY NAME: Brehon Institute for Family Services, Inc.

PROGRAM NAME: Brehon House

PROGRAM SERVICE: Maternity Home for Homeless, Pregnant Women and Healthy Families Leon

A. PROGRAM RESOURCES

BREHON HOUSE PROGRAM:

Program Resource Input	2006/07 Actual	2007/08 Projected
Total Program Budget	\$146,307	\$147,760
Program Staff (FTE)	# 3.5	# 3.5
*Program Volunteers (value)	70 vols. (\$7,000)	90 vols. (\$9,000)
Specify how many volunteer hours were donated in FY06/07: 350		
Program In-Kind Donations	\$ 13,759	\$ 15,000
		\$ 16,500

HEALTHY FAMILIES LEON PROGRAM:

	2006/07 Actual	2007/08 Projected	2008/09 Proposed
Total Program Budget	\$ 701,633	\$702,133	\$706,162
Program Staff (FTE)	# 8.5	# 8.5	# 8.5
*Program Volunteers (value)	70 vols. (\$7,000)	90 vols. (\$9,000)	110 vols. (\$11,000)
Specify how many volunteer hours were donated in FY06/07: 350			
Program In-Kind Donations	\$145,009	\$ 150,000	\$155,000

B. PROGRAM DESCRIPTION

1. Narrative Description of Program(s):

Succinctly describe the program including types of services provided, how and by whom (staff, volunteers, etc.) they are provided, and any eligibility requirements for clients.

BREHON HOUSE PROGRAM

Brehon House provides transitional housing, education, and support services for adult homeless, pregnant women and their infants. The residential facility has space to accommodate a maximum of 8 women plus their newborns and toddlers. Often, the women desire to place their newborns for adoption. **All services are provided at no cost to the client.** The average stay by residents is four to seven months. Brehon House is located close to a bus stop and bus passes are provided at no cost to residents.

The maternity home is a **24-hour operation** consisting of three full-time staff, four part-time respite workers, and the Executive Director who provides oversight. The Assistant Executive Director supervises the Program Director and coordinates volunteer and community outreach efforts. The full time Program Director provides weekly case management sessions and ensures residents' compliance with program requirements. The Resident Assistant lives at the home in an adjacent apartment and is available to the clients in the evenings (Sundays – Thursdays). Respite Workers provide resident supervision on the weekends and during holidays.

Staff members assist residents in developing Individual Service Plans (ISP) to lead them to achieve positive pregnancy outcomes and self-sufficiency goals. The Program Director provides weekly individual counseling sessions to **provide guidance and to track each client's progress** toward her individualized goals. Staff links residents to resources, including adoption support and counseling.

The major **eligibility criteria** is that (a) clients are pregnant at the time of their enrollment, (b) they are presently homeless or in a dangerous living environment from which they wish to escape, (c) they have no criminal history that would pose a danger to other residents or to staff, and (d) they are willing to abide by house rules.

HEALTHY FAMILIES LEON PROGRAM

Healthy Families Florida is an effective community-based program designed to prevent child abuse and neglect. Through Healthy Families Leon, support services are offered to overburdened families who are expecting a baby or have recently given birth to a baby. **Services may begin at the birth of the baby or prenatally and are offered to families for up to five years. These services are voluntary and are offered at no cost to families.** Through weekly home visits, trained Family Support Workers help families to identify their needs and goals. Workers assist participants in the development of Family Support Plans (FSP) that guide them in achieving positive pregnancy outcomes, positive parenting and self-sufficiency goals. Through this process, families are given the tools necessary to cope during stressful times and to help their children grow and develop in a healthy manner.

Family Support Workers perform several roles including: advocate, coach, collaborator, consultant, facilitator, mediator, service broker, mentor, motivator, record-keeper, supporter, and teacher. As a service broker, the Family Support Worker often identifies other community resources for clients and teaches them how to access those programs and services such as America's Second Harvest Food Bank. As a teacher, the Family Support Worker may help the client learn how to use public transportation if that is a resource they need to move toward self-sufficiency. Since the Family Support Worker visits the family in their homes at a mutually agreed upon time, our services are accessible regardless of the participant's current transportation status.

To increase the clients' life skills and to facilitate their progress toward self-sufficiency, supportive and educational services are provided beyond the provision of basic needs. Information is offered by our Healthy Families Family Support Workers including topics

Information is offered by our Healthy Families Family Support Workers including topics such as pregnancy and nutrition, labor and delivery, care of newborns, the risks associated with tobacco and substance use during pregnancy, child development, parenting skills, the prevention of Shaken Baby Syndrome, domestic violence, anger management, communication skills, money management, household budgeting, and adoption information and adoption support.

The **eligibility criteria** is that (a) families must be expecting a baby or have a baby under 3 months of age; (b) have a place to call "home" for home visiting services to occur; and (c) live in Leon County with the following zipcodes: 32301, 32303, 32304, 32305, 32308, 32310, or 32311.